

Rights, we should convert all of the tax deductions to credits, so that those who seek to use these tax incentives are all on a level playing field, and so that the Treasury's scarce resources go to those most in need of help.

The following is data from a March, 1999 report to HHS prepared by LifePlans, Inc., entitled, "A Descriptive Analysis of Patterns of Informal and Formal Caregiving among Privately Insured and Non-Privately Insured Disabled Elders Living in the Community." The data shows how LTC insurance is disproportionately held by those in the upper incomes and with the most assets—and how deductions will help those people far more than they will help the lower income. A credit would be a far fairer tool to help encourage the purchase of LTC insurance.

| Socio-demographic characteristics | All privately-insured home care claimants (in percent) | All elders age 65 and over (in percent) ^{1,2} |
|---|--|--|
| Race: | | |
| White (not Hispanic) | 97 | 85 |
| Non-White | 3 | 15 |
| Living arrangement: | | |
| Alone | (n=694) 34 | 34 |
| With spouse | 44 | 53 |
| With relative | 11 | 13 |
| Other | 11 | |
| Total income: | | |
| ≤\$30,000 | (n=492) 52 | 65 |
| >\$30,000 | 48 | 35 |
| Total income: | | |
| Less than \$10,500 | (n=432) 7 | 319 |
| \$10,501—\$19,999 | 22 | 28 |
| \$20,000—\$30,000 | 28 | 19 |
| \$30,001—\$39,999 | 13 | 11 |
| \$40,000—\$49,999 | 9 | 8 |
| \$50,000—\$74,999 | 11 | 8 |
| ≥75,000 | 10 | 8 |
| Estimated current value of home: | | |
| Less than \$50,000 | (n=431) 7 | 425 |
| \$50,000—\$99,999 | 28 | 37 |
| \$100,000—\$149,999 | 19 | 18 |
| \$150,000—\$199,999 | 13 | 10 |
| \$200,000—\$249,999 | 11 | 4 |
| ≥\$250,000 | 22 | 7 |

¹ AOA (1998). *Prolife of Older Americans*. Washington, D.C.
² LifePlans, Inc. analysis of 1995 survey of 1,000 randomly selected individuals age 65 and over.
³ Money Income in the United States: 1997 Current Population Reports, Consumer Income. Note that data from census table is interpolated to assure comparability of intervals. Also note that among claimants, 15% of the respondents who were willing to indicate whether their income was greater or less than \$30,000 were not willing to answer the more detailed income questions. That is why there is a difference between the estimate for the proportion reporting incomes less than or equal to \$30,000 (52%) and the estimate derived when summing answers for those answering the detailed income question.
⁴ American Housing Survey for the U.S. in 1995. U.S. Census Bureau.

IN MEMORY OF THE LATE LOIS DEICKE

HON. PETER DEUTSCH
OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES
Thursday, January 27, 2000

Mr. DEUTSCH. Mr. Speaker, I rise today in honor of the memory of Lois Deicke, a long-time resident of Broward County, Florida, who passed away this past New Year's Eve at the age of 82. Lois will undoubtedly be remembered as one of the most prominent and generous philanthropists in South Florida.

A native of Houston, Texas, Lois moved to Illinois where she met her husband Edwin. Together, they moved to Plantation, Florida, around 1960 after a successful career as an insurance executive. Their impact was felt immediately in the South Florida community, as the Deickes exhibited an overwhelming generosity in donating to a variety of civic, philanthropic, and humanitarian causes.

Throughout her time in South Florida, Lois and her husband both contributed to nonprofit

agencies and projects throughout the community, patronizing the arts, cultural programming, and even research to benefit the disabled. Lois originally began her charitable work by giving to the West Broward Symphony Guild and the Plantation Community Church. She also made a substantial contribution to the city's community center, now commonly referred to as Deicke Auditorium.

Indeed, many organizations have benefitted from their relationship to Lois Deicke throughout the years. She actively supported the Broward Public Library Foundation, the Broward County Cultural Affairs Council, Holy Cross Hospital, and Nova Southeastern University, where she built the Deicke Dorm at the Ralph Baudhuin Oral School. It is also interesting to note that, though Lois was very proud of her residency in Plantation, by no means did her charity stop at South Florida's borders. She also gave to Midwestern universities and charities, founding the Deicke Center for Nursing Education at Elmhurst College in Illinois.

Particularly gratifying is the fact that Lois and her husband both showed a strong interest in programs for the deaf and blind. This interest was undoubtedly rooted in personal struggles: both she and her husband, who passed away in 1984, suffered from hearing loss. Her personal experiences led Lois to form a strong bond with the Fort Lauderdale Lighthouse for the Blind. In 1994, the Lighthouse formally recognized the extraordinary efforts she made in remodeling their facilities, another example of Lois Deicke freely giving of herself for the betterment of others.

Mr. Speaker, Lois Deicke's life can be characterized by her selfless devotion to others and, for that especially, we all owe her a debt of gratitude. Though the South Florida community is undoubtedly saddened by her passing, we should all rejoice in Lois' accomplishments and thank her for her tireless work improving the community around her.

COLORADO'S 2000 TEACHER OF THE YEAR, CRAIG COSWELL

HON. SCOTT McINNIS
OF COLORADO

IN THE HOUSE OF REPRESENTATIVES
Thursday, January 27, 2000

Mr. McINNIS. Mr. Speaker, I would like to take a moment to recognize Craig Coswell, who was recently named Colorado's 2000 Teacher of the Year.

Craig's innovative teaching methods are what likely earned him this wonderful award. In Craig's class, the textbooks stay closed. Instead, for instance, he charges his students with finding out who fired the first shot of the Revolutionary War by passing out eyewitness testimony of some of the British and Colonial soldiers who fought the famous Battle of Lexington. Innovative approaches like this have made Craig a wonderful asset to his school and our community.

Additionally, Craig does not test the same way as other teachers; instead, he gives "quests". These are a combination of tests and quizzes that measure if students are getting the major points of the material, rather than quoting memorization.

It is with this, Mr. Speaker, that I say thank you to Craig Coswell for his dedication to the

education of our youth and congratulations on receiving the Colorado 2000 Teacher of the Year. His commitment to the future of this great nation is deeply commendable and highly admirable. We are all grateful for his passionate service.

IN HONOR OF THIS YEAR'S "IRELAND'S 32" MILLENNIUM HONOREE, MR. ROCCO COVIELLO

HON. ROBERT MENENDEZ
OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES
Thursday, January 27, 2000

Mr. MENENDEZ. Mr. Speaker, I rise today to recognize Mr. Rocco Coviello of Bayonne, NJ, on being named one of this year's "Ireland's 32" Millennium honorees.

Using his success as a businessman and a proprietor, Mr. Coviello is recognized as a community leader and activist. Perhaps his most prided project, Mr. Coviello has tirelessly promoted the ideals and goals of the Milestones Program, an organization that treats developmentally impaired children. This early intervention program is a full service program, which affords families a resource center, as well as in-home treatment for children suffering from disabilities.

Through Mr. Coviello's efforts, the Milestones Program recently financed a building of its own in Bayonne to house the facility, resource center, and treatment areas. In September 1999, the building was dedicated as Chandelier House, in honor of Mr. Coviello's work.

In addition to the Milestones Program, Mr. Coviello has spearheaded the Chandelier Charity Golf Committee and has raised funds for charities, such as the Scoliosis National Foundation, the D.A.R.E Program, the Bayonne Police Vest Fund, and the Hudson County Hospice.

Mr. Coviello is an active member of the Bayonne Chapter of the Unico Club, as well as the local Rotary Club. He also serves as a board member of the Bayonne Hospital Foundation and is a member of the Bayonne Parking Authority.

Born in Summit, Mr. Coviello attended Summit High School and Fairleigh Dickenson University at Madison. He now lives in Bayonne with his wife, Janet, and their two children, Raquel and Rocky.

For his unyielding commitment to the Bayonne community, I ask my colleagues to join me in congratulating Mr. Rocco Coviello. His remarkable generosity on behalf of his community is truly inspiring.

LET'S STOP KILLING PATIENTS: THE NEED TO ENCOURAGE MAJOR SURGERIES TO BE DONE IN HIGH VOLUME FACILITIES

HON. FORTNEY PETE STARK
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES
Thursday, January 27, 2000

Mr. STARK. Mr. Speaker, I have introduced legislation for Medicare to encourage patients to use certain hospitals that provide better outcomes for sophisticated surgical operations—

i.e., fewer people die in surgery or in recovery. In exchange for saving lives, and giving certain hospitals higher volume of patients, the hospitals will give Medicare, the taxpayer, and the beneficiary some savings. It is truly a win-win proposal.

But some—mostly those who stand to lose business—oppose the idea. To be blunt, that puts them on the side of killing people in order to help their bottom line. It is, Mr. Speaker, a truly immoral position for so-called health care providers to take.

And don't take my word for it. Following is a memo from a physician on my staff that reviews some of the academic literature on the subject:

IS QUALITY OF CARE AFFECTED BY HOSPITAL AND PHYSICIAN VOLUMES?

It is a mark of the advancement of medicine that we have come to nearly take for granted the availability of highly specialized and technical diagnostic investigations, medical therapies, and surgical interventions. However, when we individually confront health problems we justifiably want to know that our physician or hospital has adequate experience to make an accurate diagnosis, to make the most informed decision about what should be done and to carry out sophisticated surgical procedures. The question is, do high volume centers really have superior outcomes?

Fortunately, a large body of medical literature exists on the relationship between hospital volume, physician volume and outcomes. Optimal results clearly require physicians with specialized expertise and well-trained staff. High volume centers are more likely to offer a wider range of therapeutic options that result in more targeted therapy. For example, the patient with angina due to narrowing of the coronary arteries may be treated with medication alone, angioplasty, a stenting procedure or a coronary bypass and each of these options would be the optimal decision under the right conditions. The cardiologist or cardiovascular surgeon who has extensive experience with all of these options is likely to make the best therapeutic decision. Sophisticated surgical procedures demand highly-trained, close-working health teams drawing upon the expertise of many health professionals including anesthesiologists, nurses, rehabilitation therapists, respiratory therapists, and dietitians. Stable health care teams promote better collaboration, communication, and continuous quality improvement based upon experiential learning.

A massive study by Hughes and colleagues in 1987 analyzed 503,662 case records from 757 hospitals and demonstrated a statistically significant correlation between greater hospital volume and better patient outcome for 8 of 10 surgical procedures evaluated: coronary artery bypass graft, cardiac catheterization, appendectomy, hernia repair, hysterectomy intestinal operations, total hip replacement, and transurethral prostatectomy.

Twenty years ago (1979) in the *New England Journal of Medicine*, Luft and colleagues reported that mortality following open-heart surgery, vascular surgery, and transurethral resection of the prostate, is reduced in high volume hospitals, with hospitals in which 200 or more of these operations performed annually having death rates 25-41 percent lower than low volume hospitals. Two decades ago, the authors concluded that the data supports the value of regionalization for these operations.

Numerous studies have specifically focused upon volume/outcome relationships in both medical and surgical interventions for car-

diac conditions: Jollis and colleagues (1994) evaluated 217,836 Medicare beneficiaries who underwent coronary angioplasty. Both in-hospital mortality and the rate of coronary bypass surgery following angioplasty were higher in low volume hospitals. These results indicated that if all study patients had received care in high volume hospitals, there would have been 381 fewer bypass operations and 300 fewer in-hospital deaths. These results were reproduced in papers by Cameron et al (1990) and Ellis et al (1997). Hannan and colleagues (1997) reported that both high hospital volume and high cardiologist volume were independently correlated with lower mortality following coronary angioplasty.

Showstack and colleagues (1987) analyzed the outcomes following 18,986 coronary bypass operations at 7 hospitals in California. They also found that higher volume hospitals had lower in-hospital mortality and concluded that the greatest improvement in average outcomes following bypass surgery would be achieved by closing low volume surgical units.

The significance of high physician volumes in determining outcome is highlighted by a series of papers examining patient outcomes following myocardial infarction: Jollis and colleagues (1996) examined mortality following MI for 220,535 Medicare patients and reported that patients treated by cardiologists were 12 percent less likely to die within one year than those treated by a primary care physician. Similarly, Casale and colleagues (1998) reported that following MI, treatment by a cardiologist resulted in a 17 percent reduction in hospital mortality. In addition, patients of all physicians who treated high volumes of patients with MI, had an 11 percent reduction in mortality. Nash and colleagues (1997) reported that not only mortality following MI was reduced by cardiologist's care, but also that these patients had a shorter length of hospital stay than those receiving care by primary care physicians. Both Thiemann et al and Chen et al in this year's *New England Journal of Medicine* also reported lower mortality following MI in higher volume hospitals or following admission to one of "America's Best Hospitals" for cardiology (as determined by U.S. News and World Report).

Children requiring surgical repair of congenital heart defects face a much lower risk of death when operated on in a hospital that performs more than 300 similar surgical procedures annually (Jenkins et al, 1995). Hannan and colleagues (1992) reported the identical relationship between hospital volume and mortality following abdominal aortic aneurysm surgery.

Cancer surgery frequently involves complex procedures which require special expertise. Accordingly, a number of studies have examined volume-outcome relationships following complex surgical oncologic procedures. Begg and colleagues (1998) analyzed the case reports of 5013 patients in the Surveillance, Epidemiology, and End Results (SEER)-Medicare linked database including patients who underwent pancreatectomy, esophagectomy, pneumonectomy, liver resection or pelvic exenteration for cancers of the pancreas, esophagus, lung, colon, rectum and genitourinary tract. Higher hospital volume was associated with lower mortality for all surgical procedures except for pneumonectomy. The most striking results were for esophagectomy and for pancreatectomy where operative mortality rose from 3.4% to 17.3% and 5.8% to 12.9% respectively in low-volume vs. high-volume hospitals. The pancreatectomy results were reproduced this year by Simunovic et al. (1999).

It has been suggested that national referral centers be developed for pancreaticoduodenectomy, also known as the Whipple pro-

cedure. Hospital volume was found to strongly influence both perioperative risk and long-term survival following the Whipple procedure as reported by Birkmeyer and colleagues (1999). The relationship between hospital volume and outcome of hepatic resection for hepatocellular carcinoma were analyzed by Choti et al (1998) and Glasgow et al (1999). The mortality rate rose from 1.5% to 7.9% in procedures performed in high volume vs. low volume hospitals. Moreover, Glasgow reported that three quarters of patients with liver cancer were treated at low volume hospitals with a record of 3 or fewer hepatic resections per year.

The identical volume-outcome relationships have been reported for renal diseases. The Agency of Health Care Policy and Research recently sponsored a study regarding referrals and specialty care within the Medicare system. Avon (1999), reported that when patients with renal failure received late referral to a kidney specialist (nephrologist), their risk of death was 33% higher. Pediatric renal transplantation has also been scrutinized for volume-outcome relationships. Schurman and colleagues (1999) reported superior survival of the transplanted kidney in high volume centers performing more than 100 transplants annually.

Research supporting a strong relationship between high hospital/physician volumes and improved patient outcomes spans two decades and multiple medical specialties. Both medical and surgical care at institutions with lower levels of experience clearly increases the risk of poorer outcomes including death, in a diverse range of medical conditions. A review of the literature demonstrates that there is strong evidence to support the development and implementation of Centers of Excellence for a range of medical and surgical conditions.

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IN MEMORY OF THE LATE BOB GROSS

HON. PETER DEUTSCH

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 27, 2000

Mr. DEUTSCH. Mr. Speaker, I rise today to honor the memory of Bob Gross, who passed away early last December at the age of 41. I am one of many who are saddened by this tremendous loss: South Florida has lost an outstanding community leader and activist.

Bob Gross is well known in Broward county as an energetic leader who was a strong presence at political club events and civic activities throughout South Florida. Demonstrating his large influence on politics in the State of Florida, Bob was president of the Young Democrats of Broward County. As President of the Broward Young Democrats (BYD), Bob's main responsibilities were membership recruitment, campaign training, candidate development, and event planning. In this vital position, he worked tirelessly to motivate the county party to become involved in many aspects of local, state, and national politics.

Bob was somewhat unique in the sense that he fully realized the importance of activism in society at large. Through his involvement in the BYD, he successfully promoted service to other young people. Because of Bob's hard work and dedication, the BYDs have formed an exemplary organization that fosters volunteerism and activities such as serving on local community boards, registering voters, and hosting social outreach events.

It is important to note that Bob Gross did not simply focus all of his attention on political matters. A resident of Hollywood, Florida, who attended Pinecrest High School, Bob worked as Program Planner for the Broward Employment and Training Administration (BETA). Indeed, his tremendous leadership undoubtedly benefitted BETA, as Bob held numerous important posts in the organization through the years such as Executive Vice President, Vice President for Political Affairs, and Treasurer.

Most importantly, however, Bob Gross was a devoted husband to his wife, Cindy Sherr. An attorney and the statewide president of the Young Democrats, I am confident that Cindy will carry on Bob's ongoing work in promoting service and activism within the South Florida community.

Mr. Speaker, while Bob Gross' passing is a tremendous loss for Broward County, I can say without hesitation that his memory will live on through the work of the many organizations to which he dedicated his life. There can be no doubt that we will all dearly miss Bob, but I would like to thank and praise him for his hard work and leadership in improving the community around him.

LEONARD HORN FEDERAL RANGE LIVESTOCKMAN OF THE YEAR, THE IRBY FAMILY

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 27, 2000

Mr. McINNIS. Mr. Speaker, I would like to take a moment to recognize the Leonard Horn Federal Range Livestockman of the Year Award winner, the Irby family of Gunnison, Colorado.

This award is presented by the Colorado Cattlemen's Association and recognizes individuals who graze livestock on Federal land and practice exceptional range, soil, water and wildlife management. James Dawson, District Ranger with the U.S. Forest Service, commended the Irby's for their cooperation in maintaining and improving range areas.

The Irby family includes: Bob and Irene Irby, Stan and Bonnie Irby, and Dale and Wendy Irby.

It is with this, Mr. Speaker, that I would like to extend my congratulations to the Irby family and thank them for their hard work.

IN HONOR OF MARTHA AND ANDRES SANDOVAL ON THEIR 50TH WEDDING ANNIVERSARY

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 27, 2000

Mr. MENENDEZ. Mr. Speaker, I rise today to recognize Martha Tafoya Sandoval and Andres Lopez Sandoval on the celebration of their 50th wedding anniversary. This remarkable milestone is truly a reflection of the devotion these extraordinary individuals share for one another.

On December 16, 1949, Martha and Andres married and began their life together. Through the years, the Sandoval's have used the love they have for each other to reach out to those in need. Together, they have been active civic leaders and successful business people, dedicating their time and resources to the League of United Latin American Citizens and the St. Joseph's Church in Bakersfield, California. However, their greatest accomplishment has been their incredible family.

This loving couple has been a wonderful example for their four children: Andrew, Rosalie, Alexander, and Vicki Ann; their children's spouses, Judy, Arnie, and Louisa; their nine grandchildren, Valerie, Kristian, Lisa, Andrea, Ernest, Evette, Alicia, Vanessa, and Joel; and their six great-grandchildren, Autumn, Eric, Marissa, Jessica, John, and Samuel. The dedication, patience, and wisdom they have demonstrated every day has provided a firm foundation on which all family members have developed and flourished.

For their unyielding strength and unparalleled inspiration, I ask my colleagues to join me in congratulating Mr. and Mrs. Sandoval on five decades of love, commitment, and perseverance. You both are truly wonderful role models for all of us. I wish you continued health and happiness.

BRISTOL-MYERS SQUIBB, YOU SURE WE CAN'T LOWER DRUG PRICES WITHOUT HURTING R&D?

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 27, 2000

Mr. STARK. Mr. Speaker, the pharmaceutical industry constantly tells us they need every dollar for R&D, so they can invent wonderful new drugs, and that Congress must not do anything to question how they price drugs.

A doctor sent me the following invitation he got from Bristol-Myers Squibb. As the doctor wrote:

Since the enclosed invitation to a dinner plus \$100 certificate continues to be commonplace, it makes me wonder how many go without needed medications that could be funded with these solicitations. I'm not sure whether it's the pharmaceutical executives or the physicians who are doing the soliciting . . . just like on the street.

Bristol-Myers Squibb: why not put the money you spend in these solicitations into R&D—or lower drug prices?