

is not the large number of HMOs in rural areas. There are many rural areas where there is no HMO whatsoever. So if one is planning a system that is based on having HMOs, already we have denied rural areas from having it.

Again, when I look at the plan, it says that if there is not more than two, we would increase the incentive to have two HMOs so that there would be some competition.

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A lot of people are going to fall through the cracks if indeed we do not put a structure there. For that reason, the Medicare structure certainly is simple, it is already known by providers, people are using it, individuals are comfortable with it, so it is a familiar assistance plan that people will use and the accessibility will be there.

The other is the cost. Again, we are going to provide senior citizens between 125 and 150 percent of poverty. Those are critical areas, but I can tell the Members that there are many people in eastern North Carolina, rural America, who are between 135 and 150 percent. If we are going to have a sliding scale based on poverty, and we are going to have a variation of a cost of those premiums, that is going to give the whole issue of affordability some serious concerns.

I doubt whether we could make the case that this would be affordable in urban areas, much less in rural areas. The variation of premium costs are more likely to be substantial, and if they are substantial, I can tell the Members, in rural areas we have lower incomes, in the same instance that persons receive their social security and they more likely are lower-income seniors, so that would also give them a problem.

So as we consider the prescription drug plan, I hope we will consider having those elements in principle that will mean affordability, accessibility, and simplicity.

The SPEAKER pro tempore (Mr. TOOMEY). Under a previous order of the House, the gentleman from Florida (Mr. FOLEY) is recognized for 5 minutes.

(Mr. FOLEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. SMITH) is recognized for 5 minutes.

(Mr. SMITH of Michigan addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

GOVERNOR ROBERT P. CASEY, A LEGACY OF PUBLIC SERVICE, COMPASSION, AND COURAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. HOYER) is recognized for 5 minutes.

Mr. HOYER. Mr. Speaker, at the end of our journey in this life, if we can answer a few questions in the affirmative, then I believe by most measures we will have led a blessed and well-lived life: Did we try to do our best? Did we try to do the right thing? Did we try to leave this world a better place than when we entered it?

When he passed from this life on May 30, surrounded by the love of his wonderful wife of 47 years, Ellen, his children, and his many grandchildren, there was no doubt that my friend, the former Governor of Pennsylvania, Robert Casey, had lived a blessed, full, and well-lived life. Those of us touched by it should count ourselves fortunate.

As both a private citizen and a public servant, Governor Casey leaves a rich legacy that all of us should strive to emulate. He was caring, compassionate, committed, idealistic, principled, honest, devoted, articulate, tenacious, and, of course, by any measure, he was courageous.

In the famous passage from Profiles in Courage, Senator John Kennedy, whom the Governor and I both admired, wrote, and I quote, "For without belittling the courage with which men have died, we should not forget those acts of courage with which men have lived. A man does what he must, in spite of personal consequences, in spite of obstruction and dangers and pressures, and that is the basis of all human morality."

Courage, Mr. Speaker, was a recurring theme throughout Robert Casey's life. The son of a coal miner, Governor Casey put himself through law school and won a seat in the Pennsylvania State House at the age of 30 before winning two terms as State Auditor General.

He overcame three early, unsuccessful campaigns for Governor, at a time when lesser men would have quit, to win that position not once but twice, the last victory by the largest margin in the history of Pennsylvania.

In the twilight of his career, he battled a rare disease that devastated his body but never, never extinguished his spirit. In June, 1993, he became only the sixth person in the United States to undergo a heart-liver transplant. Thereafter, he not only returned to the Governor's office, but also proposed and signed one of the most comprehensive State organ donor laws in the country.

Since 1994, more than 4,000 people in Pennsylvania and surrounding regions have received lifesaving organ transplants, due in large part to Governor Casey's leadership.

No one ever doubted that Governor Casey had the courage of his convictions. He never wavered from the principles that guided his life, including his core belief that government could level the playing field and protect the most vulnerable in society. He maintained to the end a deep commitment to education, the environment, workers' rights, and the underprivileged.

The Governor took heart from Franklin Delano Roosevelt's observa-

tion that, "In our democracy, officers of the government are the servants and never the masters of the people."

During Governor Casey's service, Pennsylvania enacted mandatory recycling reform, auto insurance reform, and the Child Health Insurance Program, which, as we know, became a national model. The State also broadened special education programs, rebuilt aging water and sewer systems through the PENNVEST program, and enacted a State Superfund to reclaim hazardous waste sites.

Governor Casey, Mr. Speaker, was also instrumental in bringing family and parental leave to Pennsylvania, initiating economic development and high-tech efforts from the Philadelphia port to the new Pittsburgh airport, and overhauling the workers' compensation system.

He did not seek public service for fame or glory, he sought simply to help people. In an era of unabashed cynicism towards public service and public servants, Governor Casey reminded us of why we serve. It is fitting that upon his passing, the Pittsburgh Post-Gazette wrote that Governor Casey left an example for all Pennsylvanians: to fight for what they believe in, to be unafraid of the odds, and to nobly accept the defeats along the way.

Governor Casey's legacy endures not only in the principles he stood for and the improvements he brought to his beloved Pennsylvania, but also in the wonderful family that he and Ellen have raised. They, too, carry their father's commitment to public service and community.

Mr. Speaker, it is proper to remember a man of such worth and dignity and character. Our Nation was blessed by Governor Casey's service.

REPUBLICANS SHOULD ABANDON PRIVATE HEALTH AND PRESCRIPTION DRUG INSURANCE SCHEME

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, I have an idea. What if we, say, break Medicare apart and ask seniors to shop in the private insurance market if they want to piece it back together. Seniors could buy one private plan to cover doctors visits, another to cover hospital stays, a third to cover home health services, and maybe a fourth to cover prescription drugs. Perhaps they could purchase an Aetna plan for outpatient care, a Kaiser plan for the physical therapy coverage, and maybe Golden Rule will offer insurance for medical equipment.

Does this sound absurd? Why is it less absurd to isolate prescription drugs and require Medicare beneficiaries to carry a separate private stand-alone you-are-on-your-own policy for that benefit?

That is what the Republican prescription drug plan is all about. It privatizes the prescription drug plan. It says to senior citizens, "Here is a voucher. Here is a little bit of money," although they give the money to the insurance company, actually not directly to the senior citizen. "Here is a plan, here is some money. Go out and find your own plan."

If the GOP prescription drug plan is a back door attempt to privatize Medicare, something that Republicans have wanted to do since 90 percent of them voted against the creation of Medicare 35 years ago, and occasionally say, in more recent years, that they want to privatize Medicare, my colleagues should come out and tell us that they want to privatize Medicare.

If their goal truly is to help America's elderly, my Republican colleagues need to go back to the drawing board. Better yet, follow our lead. The best way to complete the Medicare benefits package is to complete the Medicare benefits package. That means adding a new drug benefit to the existing Medicare program.

Medicare has worked for senior citizens in this country, half of whom had no health insurance 35 years ago. Medicare has worked for senior citizens in this country, making it probably the most popular government program in the history of this Nation. Why should we privatize it? Why should we take prescription drugs and make it into a private insurance stand-alone you-are-on-your-own kind of program?

It means we should add the new drug benefit to the existing Medicare benefits package. That is what works. We know that works. That is what this Congress should pass. Unless my colleagues can explain why the existing Medicare program somehow is not worthy of a prescription drug benefit, they should abandon their private insurance scheme and join us.

Last Friday, a week ago today, I chartered a bus and took about 20 senior citizens from Lorain County and Medina County, Ohio, on a 2½ bus trip to Windsor, Ontario, Canada. They took their prescriptions with them for medicine. Most of them were Medicare beneficiaries, some were younger than that.

They took their prescriptions with them. We got a doctor in Canada to write a similar prescription. We went to a drugstore in Windsor, Ontario, and every senior citizen on that trip, every single senior citizen on that trip, saved at least \$100 on prescriptions. On the average, the 15 or 20 senior citizens saved \$200, and some of them saved as much as \$300 to \$400 on one prescription, on the one prescription that they had brought with them.

The fact is, Canadians buy the same drugs, their drug stores sell the same dosage of the same prescription drugs made by the same company, usually an American company, for half the price that American drugstores charge. It is not the drugstores, it is the fact that

prescription drug companies, the big name brand drug companies in the United States of America, sell their drugs in Canada at half the price as they do in the United States.

We are the only country in the world, underscore that, we are the only country in the world, that allows the drug companies to unilaterally, monopolistically, discriminately sell their drugs to the United States with no interference.

In every other country in the world the prices are lower. In every other country in the world, from Germany to France to Israel to Nigeria to Brazil to Japan to England, none of those countries allows the drug companies to set their price in a monopolistic and discriminatory way. America's elderly pay twice as much for drugs as America's HMOs, big insurance companies, and the VA sell them for.

Americans buying drugs pay twice as much on the average as people in every other country in the world. Americans, in fact, pay more for their drugs out of pocket at a drugstore for the same drug than if they go into a pet store and buy the exact same drug and the exact same dosage for their pets.

Mr. Speaker, I ask that this Congress put aside the risky insurance scheme and pass a Medicare drug benefit.

THE CLINTON-GORE SECURITY GAP

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. HUNTER) is recognized for 5 minutes.

Mr. HUNTER. Mr. Speaker, the American people are viewing the Los Alamos tragedy, this latest tragedy of the losing of two hard drives in one of our most secure places in that nuclear weapons development institute, and having those hard drives lost for a long period of time, and it is still unclear exactly how long they have been lost, having them suddenly reappear behind a copy machine in a place that had been previously searched, and America debates what we should do with respect to this crisis; who should be fired, what reorganization should be made.

I think what we need to do now is to focus not just on this particular incident, but on four major occurrences that have taken place in the last 8 years that constitute in my estimation what I call the Clinton-Gore security gap.

Let me talk about the first of those things.

First, Dr. Wen Ho Lee was focused on in August of 1997 after we discovered that plans for the W-88 nuclear warhead had been stolen, and it appeared to be in the possession of the Communist Chinese. Dr. Wen Ho Lee, we focused on him and determined that he was a suspect in the theft of nuclear secrets. This was a very serious thing.

At that time, in August of 1997, the head of the FBI, Louis Freeh, met with the Clinton-Gore Department of En-

ergy head, the Secretary of Energy, then Mr. Pena, and the head of the FBI said, essentially, "This guy appears to be a spy of nuclear secrets. Right now he is sitting there with total access to America's most critical nuclear secrets. Get him out of there. Get him out of there." He said that in August of 1997.

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A few weeks earlier, he had met with Mr. Pena, Under Secretary of Energy, Elizabeth Moler, and according to Mr. Trulock, who was the head of security, told her the same thing, get this guy out of there, he may be a spy and may be accessing this very critical material. Seventeen months later, somebody looked around at Los Alamos, after the Cox Commission had started to investigate and said, hey, the suspected nuclear spy, is he still in the nuclear weapons vault with access to our most important secrets; and somebody else slapped their forehead and said, yes, I guess he is still there.

In the series of hearings that we had on this incident, there was lots of finger pointing. Elizabeth Moler said Mr. Trulock was supposed to fire him. Mr. Trulock said that she was very definitely told to get this guy out of there and that he told her how to go about doing it. And yet the Clinton-Gore administration allowed a suspected nuclear secrets spy to stay in place for 17 months after the head of the FBI personally met with the Secretary of Energy and said these are the circumstances, get him out of there.

Secondly, Mr. Speaker, we saw one of America's corporations, Loral Corporation, transfer missile technology to China in 1996. They allowed their scientists to engage with the Communist Chinese scientists and tell them what was wrong with their missiles, the Long March missile, because a lot of them were failing. Now, that is important, because that same Long March missile, besides carrying satellites, also carries nuclear warheads, some of which are aimed at American cities. And the Loral Corporation, in fact, according to the Cox Committee, did help Communist China make their missiles more reliable. A very serious thing.

Yet a few months after that, against the recommendation of his own Justice Department, and after he had received \$600,000 in campaign contributions from Bernard Schwartz, who was the President and CEO of Loral, President Clinton gave them another waiver to launch yet another satellite in Communist China.

Also, Mr. Speaker, the Clinton-Gore administration allowed 191 supercomputers between 1987 and 1998 to go to Communist China. Now, that is dangerous because they can use those supercomputers in making and designing nuclear warheads in their nuclear weapons complex. So they have an obligation, the Clinton-Gore administration had an obligation, under the law that we have, to go over and check on