

them were voluntary. Both of them were set up essentially so that a person had to have about \$1,000 out-of-pocket expense before they would get a benefit for the increased premiums that they would pay. And both of those bills' premiums were premised on the fact that 85 percent of seniors would sign up for the program.

Mr. Speaker, look at this data from 1999: 14 percent of senior citizens had no drug expenditures a couple of years ago; 36 percent had less than \$500; another 19 percent had less than \$1,000. That meant that 50 percent of the Medicare population had drug expenses that were less than what the cost of their premiums would have been under either the Republican or the Democratic plan last year. Under a voluntary plan, that becomes very questionable whether people will sign up for a benefit if it is going to cost them more than the benefit is worth.

Last year, when I talked about this on the floor, we had some predictions in terms of what those costs would be.

I remember back in 1988, I was not in Congress then, but I remember when Congress passed a catastrophic bill with a prescription drug benefit, passed it one year and repealed it the next because the senior citizens did not like the premium increases. I remember within 6 months the Congressional Budget Office had doubled their estimates for what the cost would be.

I think it is informative to look at what the estimates today are for what last year's House Republican and the Democratic bills were. Last year, the House Republicans estimated that the bill would cost \$150 billion. The new estimate in about a 6-month period of time is now, and if that bill were law, it would cost \$320 billion. So in a 6-month period, the estimate for the cost of the Republican bill, that passed this House, more than doubled.

How about the Democratic bill from last year, the Daschle bill? It was estimated last year that it would cost \$300 billion. This year the estimate, if that were law, it would cost \$550-\$600 billion.

Now, here are some figures that are mind-boggling. The CBO, the Congressional Budget Office, estimate for how much prescription drugs would cost senior citizens for the years 2002 to 2011 is \$1.456 trillion. Now, last year, we thought that the Federal Government would cover about, roughly speaking, 35 percent of that cost. That means that the estimate from last year, which was \$150 billion, would be today \$510 billion.

Last year, we estimated the cost at providing full coverage for low-income seniors to be something in the range of \$80 billion. Well, if we look at the new figures, if we are talking about covering prescription drugs for people who are below the poverty line, for 100 percent of people below the poverty line, we are now looking at an estimate of \$255 billion. If we move it up to 135 percent, it would be \$425 billion. If we

move it up to 175 percent, it would be \$600 billion.

Some of those costs are already being covered by Medicaid, so probably \$120 billion could be deducted from this, which means that if we are talking about covering low-income seniors, let us say from 135 percent of poverty to 175 percent of poverty, we are probably looking at needing at least \$300 billion just to do that.

Now, Mr. Speaker, I want my colleagues to listen to this. Under the current budget resolution which will probably come to the House in the next few days, we have only budgeted \$300 billion for a prescription drug benefit. That means that we would essentially cover low-income seniors and no one else. But I would bet that 6 months from now those estimates will be readjusted higher than they are now. That is just typically the way that it has been when we have tried to estimate prescription drug costs.

That is why I have a bill before Congress which I encourage my colleagues to sign onto that I think is realistic. It addresses the difference in cost between prescription drugs made in the U.S., but sold overseas, and helps fix the reimportation loopholes. It does that.

But for Medicare, it will help the low-income senior citizen who is not so poor that he or she is already on Medicaid, getting a drug benefit from Medicaid, but allow senior citizens up to 135 percent of poverty and then phased out to 175 percent of poverty to utilize the State Medicaid drug programs and pay for it from the Federal side. We are not requiring a match from the State legislatures or the State governors because a lot of them are finding that they are under budgetary constraints.

No cost share; we provide for this on the Federal side, but we utilize the State programs that are already in place. We do not have to duplicate the wheel. Those State programs have already negotiated discounts with the pharmaceuticals, and that benefit, I think, would fit within what we are talking about for a budget. And it is an important first step on this.

Mr. Speaker, it would help the senior citizen, the elderly widow who today is trying to pay her energy bills, her food, her housing, and her prescription drugs off of a Social Security check. She needs that help; and we can do that.

But I want to tell my colleagues what the really scary statistic is. That is that these 10-year projections for what the costs are going to be for prescription drug coverage, whether we are talking at the 35 percent level or a 50 percent level, they all go up, and this is really important, I hope my colleagues are listening to this, these estimates are all from 2002 to 2011.

□ 1715

I want to ask my colleagues something. What happens in the year 2012? I will tell my colleagues what happens. The baby boomers start to retire in

2012. That age wave, my demographic group, the baby boomers, start to retire. We will double the number of Medicare senior citizens in about 20 years, but we start that in the year 2012. If my colleagues think that this prescription drug program is expensive now, wait till 2012 when the baby boomers start to retire and we will not just see \$1.4 or \$1.5 trillion, we will see multiple trillions of dollars. And then we are going to have to ask ourselves, how do we find those funds? How do we keep the other aspects of Medicare such as hospital care going?

We cannot just think, Mr. Speaker, about a 10-year window. We have to take into account that in 2012, 1 year past this 10-year window, the baby boomers start to retire; and we are going to see astronomical increases in Medicare costs. I beg my colleagues, when we are looking at doing a benefit on prescription drugs, and next year when the elections start to roll closer and the pressures get heavy to get something done on prescription drugs, which I think we ought to, and I think we ought to help senior citizens who need it the most, let us look at a way to do this program that helps those that need it the most and then see where we are going to be past that 10-year window. Maybe Medicare reform will help on that. But I think we ought to see the proof in the pudding before we start committing ourselves, not just to \$1.5 trillion but to multiple, multiple trillions of dollars on a prescription drug benefit.

On that cheery news, Mr. Speaker, I remain eternally optimistic that we are going to muddle our way through, that we will pass a real patients' bill of rights through a lot of hard work and contention, and I am sincerely hopeful that we will be able to look at a prescription drug benefit and do the right thing for this.

PRESCRIPTION DRUG COVERAGE FOR SENIORS

The SPEAKER pro tempore (Mrs. CAPITO). UNDER the Speaker's announced policy of January 3, 2001, the gentleman from Texas (Mr. TURNER) is recognized for 60 minutes as the designee of the minority leader.

Mr. TURNER. Madam Speaker, I would like to talk about a subject this evening that has been ignored, I think, for the entire Congress that we have been in since the first of the year, an issue that many of us feel very strongly about, an issue that many of us campaigned on on both sides of the aisle, an issue that I think must be dealt with if we are going to have a budget that is honest and realistic, and that is dealing honestly with the problem of providing prescription drug coverage for our senior citizens.

Tomorrow, this House will vote on a budget that emerges from a conference committee. The details of that budget at this hour, at this late hour, are still very murky, but one thing is clear: a

promise that we all made to our senior citizens this past fall, a promise of affordable prescription drugs, is being shoe-horned into this budget as an afterthought. There are many of us who believe very strongly that prescription drug coverage under Medicare for our senior citizens should be our highest priority.

I am pleased to be joined today in this special order hour by several members of the Blue Dog Democrat Coalition. The Blue Dog Democrats have worked hard to advocate the inclusion of a meaningful and an honest prescription drug benefit for our seniors under Medicare. We all understand the skyrocketing prices that we are paying at our pharmacies. We understand that as a very stark reality. And instead when this House passed its budget, it included prescription drugs as a mere contingency item in a contingency fund that is far overloaded with items that need to be funded.

So we are here this evening to urge this Congress and this President to include a real prescription drug benefit under Medicare in the budget this Congress will pass tomorrow. When we have so many constituents out here who are having to choose every day between filling their prescription and paying their rent or buying their groceries, we cannot afford to ignore this problem. I have received many letters in the last few weeks from senior citizens who said, I heard a whole lot last Congress about solving this problem of prescription drugs. Some of them even write they saw television ads run by candidates for Congress, some of whom are reelected and are here in this Congress talking about taking care of our seniors. They ask, "Why haven't y'all done anything about it?"

The answer is very simple. This Congress has not placed a proper priority on providing prescription drug coverage for our seniors under Medicare. The budget that we will vote on tomorrow is created entirely around a tax cut that leaves very little room for anything else. The Blue Dogs presented a budget to this House. We lost by a handful of votes. Our budget included a meaningful prescription drug benefit under Medicare.

Now, we all favor significant tax relief. I do not find anybody in this Congress that does not understand that tax relief is an important priority for all the American people. But we have to balance that interest and that priority with the other priorities of government. One of those should be providing prescription drug coverage for our seniors. Everybody is quick to talk about this \$5.6 trillion surplus, but when we break it all down, we understand that much of that surplus has already been committed.

This Congress uniformly agrees that Medicare and Social Security trust funds should not be spent. That means almost half of that surplus cannot be spent by this Congress in either tax cuts, new spending programs, or any-

thing else. The Blue Dogs have advocated giving a substantial portion of that surplus toward paying down our national debt, and we believe very strongly in that. But in addition to those priorities, we must have a prescription drug plan that will work that makes common sense for our senior citizens.

Adding a prescription drug benefit under Medicare would require only about 6 percent of this \$5.6 trillion 10-year surplus that everybody hopes will show up around here over the next decade. It is small enough to fit within a responsible budget. It deserves more than being listed as a possibility under the 10-year budget that the Congress will pass tomorrow.

It just makes plain common sense. We must have a budget that balances our priorities, and our budget that we will vote on tomorrow does not do that. It neglects a promise that many of us made to our constituents, a promise that we would try to bring the high price of prescription drugs down and that we would provide a benefit for all seniors under Medicare.

Medicare is the roof that protects our senior citizens. It is 30 years old but it has dangerous leaks. Thirty-five years ago when Medicare was created, it did not include any coverage for prescription drugs because prescription drugs were not a big part of our health care costs. Since that time, we have had amazing advances, amazing discoveries, new prescription drugs that cure our ills.

We think it is very important to be sure that all of those remedies are available to all of the American people. The least we can do with this surplus that we are so proud of is to ensure that our senior citizens have a prescription drug benefit under Medicare. Many doctors and nurses from hospitals in my district have told me stories about the massive hospital bills that could have been prevented if the patient had merely taken the necessary prescription drugs. There is no question that providing prescription drug coverage is the right thing to do for our citizens. The only question is whether this Congress is going to stand up and face the problem or continue to put it aside and ignore it and try to deal with it at a later date.

There are some in this Congress who have hidden behind the issue of Medicare reform. They have said we are going to provide a prescription drug benefit in a Medicare reform package. Nobody, to my knowledge, knows clearly how this Medicare reform package is going to be put together nor what it is going to look like. We cannot wait for Medicare reform to deal with the problem of prescription drug coverage for our seniors.

All of us who believe in honoring our commitment to our senior citizens to providing the assistance that they need for a meaningful prescription drug plan want to do it now, not tomorrow. We have advocated a universal prescrip-

tion drug benefit under Medicare that will allow any senior citizen to walk in their local pharmacy and get the prescriptions that their doctor prescribes for their ailments and to do it at a reasonable cost under a reasonable plan.

Now, it is not a plan that is without some cost to the senior citizen. It has been estimated that it may cost \$25 to \$30 a month in a premium for a senior citizen to have this coverage because the government, frankly, cannot afford to pay for the entire plan. But we believe that a plan that would require \$25 or \$30 a month from our seniors, that would take care of the first \$4 or \$5,000 of their prescription coverage cost, at least pay half of that and then over the \$4 or \$5,000 pay all of it, is a plan that makes sense for our seniors.

We can afford to do that if we are willing to commit \$300 billion of this surplus over the next 10 years to doing that. They had a vote in the Senate just a few days ago when they were debating this budget. An amendment was offered that would provide \$300 billion for a real prescription drug plan for seniors under Medicare. When the votes were counted, it was 50 for and 50 against with the Vice President casting the deciding no vote. Later an amendment was offered that said that we will have a prescription drug plan and set aside \$300 billion of the contingency fund in this budget if we reform Medicare first, and that was adopted by one vote, the Vice President again casting the tie vote.

Those of us who know the reality of this problem for our seniors say that is not good enough, that surely in a country as generous and as compassionate as we like to claim we are, surely we can provide a basic, meaningful prescription drug benefit for our seniors under Medicare.

Now, we are not forcing this plan on anybody. It is an option under Medicare, just as your current part B Medicare is an option for your doctor coverage. So if you have got a plan that you like and you do not want to change, you do not need the coverage, do not sign up. But this plan should be available for the hundreds of thousands of seniors all across this country who are struggling today to pay for their prescription drugs.

We are fortunate to have on the floor with us tonight a Member of Congress, a fellow Blue Dog, the gentleman from Arkansas (Mr. ROSS), who is a pharmacist, who understands this problem all too well. It gives me a great deal of pleasure to yield to the gentleman from Arkansas to share his perspective on this very, very important issue.

Mr. ROSS. Madam Speaker, I might clarify one thing. I am not a pharmacist. I never was smart enough to be one. My wife is one. Together we do own a family pharmacy. I come from a small town in rural south Arkansas. It is a town called Prescott, a town of about 3,500 people. It is a town I love very much. For those Members who were raised in small towns or perhaps

still live in small towns like I do, they know what I am talking about when I say that in small towns, there are always one or two gathering places.

□ 1730

My wife and I are very fortunate that in our hometown of Prescott, the family pharmacy that we own is such a gathering place. It is a place where people come to share recent photographs of their children and grandchildren, to celebrate the good times together and, yes, to be there for one another during the difficult times.

I must say, I see way too many difficult times. Prior to being elected to the United States Congress last year, I worked in that pharmacy. This is an issue I do not just talk about. I worked with it. I saw seniors that were literally forced to choose between buying their medicine, paying their natural gas bill and buying their groceries.

Living in a small town, I would learn a week later where a senior would end up in the hospital running up a \$10,000 or \$20,000 Medicare bill or where a diabetic would lose a leg or spend in excess of half a million dollars of Medicare money receiving kidney dialysis before eventually dying, simply because they could not afford their medicine or could not afford to take it properly.

I do not just talk about this. I worked with it. I saw it. I can put names to the faces.

This is America, and I believe we can do better than that by our seniors. That is why I will continue to fight to modernize Medicare to include a voluntary, but guaranteed, prescription drug benefit.

Now what do I mean by that? When I say voluntary, that means if one has a plan, if they are fortunate enough to be one of the few seniors on Medicare in America who have medicine coverage from a previous employer, and they like it, they ought to be able to keep it. So it should be voluntary.

Just recently, during the spring district work period, I had a townhall meeting in conjunction with the National Committee to Preserve Social Security and Medicare in one of the more affluent counties in my 26-county district, Garland County. More than 100 seniors showed up for that townhall meeting on Social Security and Medicare, and I asked those who had medicine coverage of any kind to raise their hand. Less than 10 hands in the room went up. Then when I asked them to keep their hand up if they were confident they would be able to keep that coverage for the rest of their life, nearly every single hand in the room went down.

I come from a very rural and poor district. The average household income in my district is only \$19,000 a year. It is where very few seniors have any prescription drug coverage. So it should be voluntary, but it should be guaranteed. Just like under Medicare one can go to the doctor and they can go to the hos-

pital. This is very important to our seniors. This is an issue that I ran for the Congress on, an issue that I will not stop fighting for until we finally do truly modernize Medicare to include a prescription drug benefit that is voluntary but guaranteed just like going to the doctor, just like going to the hospital.

One of the problems we have in this country, I think, is created by the big drug manufacturers. I have bottles of medicine on the shelf of my pharmacy that cost more than I paid for a new car in 1979, and yet that same bottle is being sold in Canada and Mexico for ten cents on the dollar. We are talking about drugs that are being invented in America, oftentimes with government subsidized research. They are being made in America, and they are being shipped from America and sold for a fraction of the cost to these other countries.

So what does that mean? That means all of us in America are subsidizing the cost of health care for these other countries. I think it is time we stood up to the big drug manufacturers and said enough is enough. It is time we demanded the kind of rebates to help pay for a Medicare drug program from them that they are now dishing out left and right to the big HMOs and to our States' Medicaid programs. Now I know the debate so far in Congress has been about the budget and tax cuts, and I hope we can now move from that very important subject of the budget and tax cuts into spending some quality time making something happen that will truly modernize Medicare to include medicine for every single senior citizen in America who needs it and wants it.

Now we are hearing a lot of talk about this projected surplus, some \$5 trillion. Well, it is a projection over 10 years, and it is being projected by the same bureaucrats that missed it by the tune of hundreds of billions of dollars last year. Seventy-five percent of that surplus does not even get here until 2006 through 2011, based on their projections, if they are right. Nearly half that surplus is Social Security and Medicare Trust Fund money.

When we talk about the highway trust fund we do not dare talk about counting it in the surplus. I am not advocating that we do. The highway trust fund money ought to go to improve our roads. What I am advocating is that we stop talking about Medicare and Social Security when we talk about this Nation's surplus. That is why the first bill I filed as a Member of the United States Congress was a bill to tell the politicians in Washington to keep their hands off the Social Security Trust Fund, to keep their hands off the Medicare Trust Fund.

I urge my colleagues to work together. Let us put progress over partisanship, and let us give our seniors a Medicare prescription drug benefit that means something, one that they can count on.

Mr. TURNER. Mr. Speaker, I thank my colleague, the gentleman from Arkansas (Mr. ROSS), for his remarks; and I beg his forgiveness for mentioning that he was a pharmacist. I did recall that his wife is a pharmacist, but she makes the gentleman work in the pharmacy whenever he is at home. We are glad the gentleman has the perspective that he does to share with us because it is only by being there. I had the opportunity in my district to be in several pharmacies to talk about this issue, and just as I was there talking about the issue people would come in trying to fill their prescriptions. One lady came to the gathering that was just in a local grocery store, not too far from the pharmacy counter, and she said I am glad to hear what you are saying. I did not know you were going to be here, but I was just in here yesterday and left my prescription; and I was just back at the window to pick it up, and when the pharmacist told me how much it was, I told him he would have to just keep it.

Those are the kinds of problems that seniors are having today. They are very real. They are very serious and ones we must tend to in this Congress.

Mr. Speaker, I am pleased now to yield to a fellow colleague, the gentleman from Texas (Mr. SANDLIN), another Blue Dog who has worked hard to try to provide a meaningful prescription drug benefit for our seniors.

Mr. SANDLIN. Mr. Speaker, we need to ask ourselves, who built this country? Who built this country? It was built by people that got up every morning and made a sandwich and threw it in the pail, went to work, built a product, sent their kids to school, and lived the American dream. It was built by men and women, our veterans, who traveled the world in the cause of freedom, who took the red, white and blue, the symbol of freedom, brilliant with color, signifying the American way of life. It is now time for us to honor our senior citizens. It is time to honor our veterans. It is time to keep our promise and make sure that prescription drugs are available, accessible and affordable to the American public and particularly to our senior citizens.

The cost of prescription drugs continues to escalate. I am pleased, as are many of my colleagues, to see that the White House has recognized that this is a very, very serious problem in the United States and we must do something about it. However, we need to move toward a real prescription drug benefit.

Unspecified benefits that have been sent over by the White House are not adequate, and I think we need to tell the administration that placing the Medicare surplus in jeopardy to pay for these benefits is a complete nonstarter. In this time of alleged surpluses, certainly we can address issues that are important to our senior citizens, some of our most vulnerable citizens in this country. If indeed we have a surplus, then certainly we can share that surplus with those that built this country.

If, in fact, we will continue to develop some of the finest pharmaceuticals that the world has ever seen, those pharmaceuticals have to be available to American citizens.

Pharmaceutical companies have done an excellent job in developing drugs that have increased our life span, have given us a better quality of life, have allowed us to be with our families for a longer period of time. Most drugs have been developed on the backs of the American taxpayers. Research and development dollars are deductible, as they should be. It has been shown that as research and development dollars increase, the development of beneficial drugs increase and our public benefits.

There are also Federal grants for the development of drugs. That is as it should be, and we all share in the benefits. Mr. Speaker, if these drugs are developed with American taxpayer dollars, as they are, then these drugs have to be available to American taxpayers, particularly to our senior citizens. They should not be just available to our friends in Canada. They should not be just available to our friends in Mexico. They should not be available to everyone except for the American taxpayer who helps develop these drugs.

All of us, as we travel our districts across the country, hear stories from our constituents about the availability, accessibility, and affordability of prescription drugs.

Gilmer, Texas, is a small city in my district. I was approached recently by a man who had some heart medication. He showed me the medication, made in the United States, packaged in the United States, FDA approved. That drug can be manufactured in the United States, package it, ship it to Mexico and sell it and make a profit, both for the seller and for the pharmaceutical company for 1/2 of what that same drug cost in Gilmer, Texas. He could get a prescription for this heart medication for 30 days for the same cost as he could get the medication for 360 days in Mexico. Now something is just not right about that.

We also did a study in my district recently that showed on average senior citizens paying 101 percent more for prescription drugs than the preferred purchaser, such as HMOs, the insurance companies. Now that is not the result only of bulk purchasing. That is the result of a systematic and targeted effort by the pharmaceutical companies to raise prices to those people who need these drugs and those people who can least afford the increase. So senior citizens in my district, and I would assume it is the same across the country, are paying twice what the HMOs pay for the same drugs, twice plus a little bit more; and that is just not fair.

One estimate shows that more than one in eight of older Americans have been forced to choose between buying food and buying medicine. That is outrageous. We have the greatest, most powerful and richest country that the world has ever seen; and to have our

senior citizens choosing between rent and food and pharmaceuticals and clothing is just not right. We cannot put up with it in this country. We cannot stand idly by while senior citizens take one prescription and not the other, while they cut their pills in half, while we have spouses sharing medication and say I will take one pill one day, you take a pill the next day, or say we are going to have to live on macaroni and cheese this week because we have to get the medication.

Some are having, for example, three to four to five prescriptions; and they take two to three and not the others. That is just not right. We cannot do this in this country. We cannot ask our senior citizens who sacrificed their lives, who built this country up, who gave up opportunities to fight in wars, we cannot now ask them to suffer and allow citizens in other countries to reap the benefits of the research in this country.

Our seniors deserve better. As I said, we appreciate the fact that it has now been recognized as a serious problem by the administration, but let us keep our promises that we have already made. Let us keep Social Security inviolate and keep it off budget. Let us make sure that we keep that Medicare surplus where it is to answer the needs of Medicare. While we have a surplus, we can use the surplus money to address the needs of senior citizens for prescription drugs. We can do no less in this country. We have a moral and a legal obligation to do that.

As I have talked to my friends across the country from other districts, I have seen that this same problem exists district by district, State by State, all across this great country that we call America. It is our obligation to answer that call and to do something now, to do something immediately, to do something definitive that covers all Americans, especially all senior Americans; not targeted groups of Americans, not just Americans that are below the poverty level, not just those involved in some kind of catastrophic illness, but we should all share.

□ 1745

If the stock market is going to continue to have records, everyone should share. If we are going to continue to say we have a budget surplus in this country, everyone should share in those efforts, everyone should share in the benefits of that surplus.

So, as we move forward, we are asking for a definitive program, not just a notation in a budget, not just an indication that there is a problem, not just a statement that, well, we think that probably more than likely, under most circumstances, it looks possible that we may be able to address prescription drugs with some contingency in the budget.

We need to identify what we can do, how much it is going to cost, put it in the budget. And we need to do it. We need to answer it. We need to be defini-

itive. Nothing else is adequate. Nothing from the White House, nothing from the Congress, nothing else is adequate, but to say, here is a need and here is how we are going to address it.

We can do it. We have 435 people in here working hard. We have 100 people in the Senate. We have knowledge about these issues. We know what the issue is, we know what the need is. Let us not play around. Let us not do smoke and mirrors. Let us not say we can do this tax cut or that tax cut or give away this money or that money before we meet our commitments to the people that made this country great.

Mr. TURNER. Mr. Speaker, I thank my colleague from Texas. I have no doubt that what this group that is on the floor tonight is seeking is a definite commitment in the budget to a prescription drug plan for seniors.

Another fellow Member of the Blue Dog Democrat Coalition here on the floor with us tonight is our friend, the gentleman from Mississippi (Mr. SHOWS.) He also shares our deep commitment to dealing with this very serious problem for our seniors. I am honored to yield to the gentleman.

Mr. SHOWS. Mr. Speaker, it is a pleasure to be here. We appreciate the opportunity to speak.

Mr. Speaker, when I was campaigning in 1998, I had traveled around the State of Mississippi a good bit. I was a highway commissioner and State senator, and the highway commissioners in Mississippi travel thousands of miles across the district. I really was not involved in national legislation at that point in time, except for Federal funds.

But when I decided to run for Congress, I really did not know what the issues were going to be out there when we were approaching this level of politics. So, as I started out, I told the people in my campaign, I said, we are going to find out what this thing is all about.

Well, after about a week and a half out there, going door-to-door, driving around every community and talking to all the people, I came back to my office and the campaign staff and I said, you know what it is about; it is medicine and health care. That is what this campaign is going to be about. It was that way in 1998, it was that way in 1999, and it was the same topic in the last election we just won.

I think what happens is, when you think about your traveling across your district and the scenario does not change, we are still having people, these grandmothers and grandfathers, our parents, aunts and uncles, that cannot afford their medicine. It was an issue then and it is an issue now, and it does not really make sense.

We all hear the stories, and the gentleman that spoke before me talked about, our office will get calls, "We have to make the decision between paying our electric bill or buying food or buying medicine." Those stories,

they have got to get to you. They get to us, and I know it gets to my staff, and it really breaks your heart.

I will tell you the other people it gets to. You go to the little pharmacists in little towns in rural Mississippi and rural America, and you have to listen to them. Some of them actually give them to some of them to help them out.

Well, when we came to Washington we said we wanted to make a difference, and we did want to make a difference, and we did cosponsor the bill last year that the gentleman from Maine (Mr. ALLEN) introduced and cosponsored the bill he has now.

But you start comparing, why in the world should American citizens or the American people pay the highest prices in the world for their medicine? Certainly some of these medicines that are being discovered by the pharmaceutical companies are getting research dollars from the Federal Government, a certain percentage of them, heart medicines and some of the major medicines we need.

Yet the American citizens, for the rewarding of offering a free country, and these older folks that have a generation that helped make this country free, all of a sudden are put at a real big disadvantage, because they do not live in Mexico or Canada or Europe where they pay half-price for it.

But let us look at the price for what they are having to pay. In Mississippi, we did the survey, we surveyed 10 drugstores in my Congressional District, over the 15 counties, and I think everybody has got these same figures. Even the people who do not support our bill or our move to try to do something about prescription medicine have these same figures.

But in Mississippi, you pay \$110 for Zocor; in Canada, you pay \$46. Prilosec is \$117, which is for ulcers, which I take, in Mississippi; it is \$55 in Canada. Procardia, a heart medicine, in Mississippi, \$138; in Canada, \$74. Despite all the rhetoric and talk last year, we still have not got anything for the drug benefit program.

Let us think about the people that made this country free, the World War II veterans and these same parents and grandparents that went through the Depression, went through World War II and fought other major battles to make this country free, are now fighting for their own survival, their own war, and that is to buy their medicine.

I am proud of the drug companies and American pharmaceutical companies that have made this technology so available to our parents for medicine. But still what good does it do them to have the medicine if they cannot afford to buy it?

I have joined my colleagues in re-introducing the Prescription Drug Fairness for Seniors Act. It is a little different this time in the structure. They said they could not afford the other one, it would not work. So they are taking the average foreign price of

our medicines from Canada, France, Germany, Italy, Japan and the United Kingdom, and we are going to average our prices by what they are selling to them for.

Let us look at one thing. If they are making a profit in the United States, and we know they are making a tremendous profit, what kind of profit are they making in these other countries and getting half-price for what we are paying for in the United States? So let us take the average foreign price. If we do this, we could save those seniors 40 percent on their medicine. It is just like cutting taxes. That is a real tax cut. It may be survival for those folks that really need it. Let us quit price discrimination on our seniors.

They say, if you do this—and this is always the argument, they say, if you do this, we will not have the money for research. Well, you know, last year when I looked these numbers up, they spent \$17 billion on research, and I am glad they do, but they spent \$11 billion on entertainment. They say, this is why we cannot do it. Well, if you have got to raise prices, raise prices in Mexico or raise prices in Canada.

We must also have a prescription plan under Medicare, because this could be done separately.

We must guarantee our parents, the people and grandparents who made this country free, the availability of prescription medicine. It is our duty and our obligation. I think not to let that happen would be a crime and an injustice.

Mr. TURNER. Mr. Speaker, I appreciate the gentleman joining with us this evening and advocating a meaningful, universal prescription drug benefit under Medicare. I know that the gentleman has studied this issue a long time and sees it firsthand in his Mississippi district.

I do think it is hard for the American people to understand why they are paying so much higher prices for prescription medicines than any other people around the world. The answer to that is really quite simple, because every other country around the world has some kind of restriction on the price of prescription medicine. So, compared to what they pay, we are footing the entire bill.

A lot of the drug manufacturers have weighed in on this issue of prescription drug coverage under Medicare because they fear that what may result is the American people might end up paying the same lower prices as the people all around the world are paying. Of course, that would significantly cut into their profits. But the American people deserve to know why it is that when you walk into your local pharmacy, you have to pay over twice as much for prescription drugs as you do any other place in the world.

There was a group of seniors down in Texas several months ago, and a lot of folks in Texas, a lot of them go across the border into Mexico and fill their prescriptions. We are not talking about

prescription drugs that are second class. They go down there and buy the same medicine by the same manufacturer and in the same bottle they can buy it in their local pharmacy. They just get it a whole lot cheaper.

So all these seniors in Houston decided to lease a bus, and they all got in this Greyhound bus and went down to Mexico and they filled their prescriptions. When they came back, they got to calculating how much they had saved, and they figured that they could save \$10,000 on a year's worth of prescriptions just by making that trip to Mexico to fill their prescriptions.

I talked to a fellow not too many months back who had a friend, who had a little single-engine plane, and he had some expensive heart medication, and his friend flew him down into interior Mexico to fill his heart medication. He saved literally thousands of dollars by making this trip, and he said if you go into the interior of Mexico, you can get an even better deal than you can at some of these pharmacies along the border.

So it is really time to do something about this problem and to be sure that our seniors get some prescription drug coverage under the Medicare program, and to be sure that all Americans are treated fairly on their prescription drug costs.

Mr. SHOWS. Well, think about the communities that have been impacted by NAFTA. They have lost jobs. The community I live in, Jeff Davis County, unemployment is 11 percent.

Now, you look at the parts of this country that are doing well, and financially these people may be making it all right; but you take these poorer communities and rural districts that have been devastated by loss of jobs, and how much revenue is lost out of these areas and how much harder it is for these people to be able to buy this expensive medicine.

And there is just something wrong with a country that has a budget surplus, and the tax cuts are fine, and some we like better than others, but what could be a truer, better tax cut, because we know the families, the children, the wage earners, are having to supplement their parents and grandparents or aunts and uncles, so it is taking money away from them.

So it is just really compounding itself when you have a married couple, or a couple that has their parents or grandparent living in the same county, and they were to get in on the job so they could help their parents or grandparents with their expenses of medicine, and now they are hurting because their job is gone. Now what is going to happen to those people?

There are so many people in this country today who, without the family's support, would absolutely die without it, would absolutely not survive. Then, to be compounded even worse, the loss of jobs in my area that have gone to other parts of the country, to Mexico, it is kind of like our betrets are going to China, and now our

jobs have gone to Mexico, and now the loss of revenue; and it is just hard for these people to supplement their parents now.

Mr. TURNER. I like what you said there about a prescription drug benefit for our seniors and fair pricing for all of us would be as good as a tax cut. It is not unusual for us to run into people who are paying \$400 and \$500 or more a month just to fill all their prescription drugs, and when you know that we are paying twice as much as anybody else in the world for our medicines, if you had fairness in pricing, they would save \$200 or \$250 a month.

Goodness, I do not know any of these tax proposals that everybody is talking about that are going to give an average family \$2,400 a year. So if we could provide fairness in drug pricing and a prescription drug benefit for our seniors, we would help many of them many times over what they can expect under any of our tax-cut proposals.

I am pleased that we have tonight another member of the Blue Dog Coalition with us, the gentleman from Arkansas (Mr. BERRY).

Mr. BERRY is trained as a pharmacist. He understands this problem full well, and he cochairs the Blue Dog Democrat's Task Force on Health Care. I am very pleased to have him join us on the floor tonight and to yield to him.

□ 1800

Mr. BERRY. Mr. Speaker, I thank my distinguished colleague, the gentleman from Texas, for yielding to me.

I also want to thank him for his leadership in this matter, and for his continued effort to see that not only the senior citizens in this country but also the American people are treated fairly when they go to the drugstore to buy their medicine that they have to have to stay healthy and stay alive and have a decent life.

It is an amazing thing to me that here we are, the richest, most powerful nation in the history of the world, and yet our senior citizens do not have the medicine that they need to stay healthy and stay alive, and those that are able to buy it are thrown into abject poverty many times, and forced to make a decision between food and medicine.

How many times have we come to this floor in the last 4 years, I say to my colleague from Texas, how many times have we come to this floor to talk about this?

In the last election, Republicans and Democrats, every candidate we saw, said, "Boy, we are for it. We are going to take care of it. We are going to do everything. We are going to provide you with your medicine, and everything is going to be wonderful."

Merle Haggard, the great country and western singer, has this wonderful song he sings called Rainbow Stew. He says, "When a man is elected and goes through the White House doors and does what he says he will do, we will

all be drinking that free bubble-up and eating that rainbow stew." I think it is rainbow stew time.

In Arkansas, in our folklore there, we have something called a buckeye. It looks like a nut. As far as I know, it is not good to eat and nobody eats it, and animals do not eat it.

According to the folklore, if you get a buckeye and put it in your pocket, it will ward off evil spirits and give good luck, and keep rheumatism from attacking you. I have been carrying a buckeye, but I have been giving them away, because that is the only prescription drug plan it looks like we are going to get from the Bush administration. I am giving it to as many of my senior friends as I can, and I am out of buckeyes now. I wish I had one to show it to the Members. It looks like that is going to be the prescription drug plan.

The President has already said he does not want to do anything about price. It is all right for the American people to get robbed day after day after day. Whether one is a senior or not, one is getting robbed.

Here we are, we are going to be asked tomorrow to vote for a budget that nobody has seen. The most we are going to know about it is what speculation we can get and what little bit of information we can get from the committee staff in some way or other. I do not even think some of them have seen much of it.

We are going to be asked to vote for a lot of things, particularly for some major tax cuts. Like my colleague, the gentleman from Mississippi, said a while ago, I am in favor of some of those tax cuts. But what could be a better tax cut than to see that our senior citizens are not thrown into abject poverty, or create a situation where their family has to lend great support to them to see them stay healthy, stay alive, and have what they need to have a decent life?

These are the very people that built this country into the great nation it is today. They worked hard, played by the rules. Now we are telling them, "Well, we just really do not think we can afford to take care of you. We do not know you anymore. We gave you Medicare in 1965."

A health care plan for seniors today without a prescription drug benefit is the equivalent of not having Medicare in 1965. It does not make any sense. It certainly does not seem like the right thing to do.

I think it is absolutely irresponsible to bring a budget to the floor tomorrow that does not provide a good, honest, straightforward prescription drug benefit for our senior citizens, and the mechanism where Americans do not have to pay twice as much or three times as much for their medicine as any other country in the world.

I would urge the majority party to think about these things before they bring that budget to the floor. Think about the commitments they made in the last election. How can they go

home and face their constituents and tell them, "Well, we are going to take care of that next year," or, "We are going to figure out some way to make people think we are going to take care of it," knowing that these seniors created this country we have today, and yet they are being ignored by their own government.

Not only are we not providing prescription drug benefits for these seniors, we are allowing the prescription drug manufacturers of this country to rob them at the same time. It is not right, it is not fair, and every Member of this Congress should be working day and night to try to do something about it.

We should not allow this to go past Memorial Day and not do something about the fact that the American people are being terribly mistreated by the prescription drug manufacturers.

Again, I cannot begin to thank my colleague, the gentleman from Texas, for the leadership he has provided on this matter. I think we are very fortunate to have such leaders, and I consider myself privileged to work with the gentleman from Texas (Mr. TURNER), not only in the Blue Dogs, not only on prescription drug and health care matters, but also as we work through this budget, through the other issues that are going to determine whether or not we are going to have these kinds of benefits for our seniors.

Mr. Speaker, our majority leader ever since 1995 has mentioned on the floor I believe that we should let Medicare wither on the vine. This is precisely the direction we are headed in if we do not do something about not only a prescription drug benefit for Medicare, but making sure that we have adequate funding in that program to see that our seniors will have Medicare and a prescription drug benefit in years to come.

The budget we are going to be asked to vote on tomorrow will actually make that situation worse, not better. We all know that. There is expected to be a provision in there that basically robs the Medicare trust fund, takes away our ability to provide even the services that we are providing now to our seniors. I think that is absolutely irresponsible.

Mr. TURNER. Mr. Speaker, I thank the gentleman from Arkansas. I found it very interesting, his comments about the last election. That was so true. Every candidate that was running for office last November was talking about trying to provide a prescription drug benefit for our senior citizens.

I am sure there are many seniors out there tonight that wonder what happened; how could all of these Members of Congress be campaigning for office, talking about how committed they were to helping our seniors afford prescription drugs, and now nothing has happened. Very seldom do we hear any discussion of the issue, and those of us who bring it to the floor, as we are tonight, are doing so in a special order

hour, not with the opportunity to bring it before a committee that would have the opportunity to actually take some action, or bring it to this floor on a regular calendar, where we could actually vote on a program, but we are relegated to this special order evening hour, which is set aside for discussion of issues that we choose to talk about to begin to discuss once again the problem of prescription drug coverage for seniors.

I do not know if the gentleman saw any of the ads that were run during the last campaign, but I watched them carefully. It was very interesting to me to see them. I think it is important perhaps for us to talk a little bit tonight about why it is so difficult to pass a meaningful prescription drug benefit plan in this Congress when all of the Members of the Congress profess to say they are for it.

I think it is important for us to discuss a little bit what the roadblocks really are, because when it comes right down to it, there are powerful forces at work opposing our efforts to provide a prescription drug benefit under Medicare for our seniors.

The foremost opposition that we have faced comes from the pharmaceutical industry itself. I think there are a lot of our seniors out there and across America who do not understand why it is we cannot do something about this problem, but the truth is, the pharmaceutical industry has consistently opposed a prescription drug benefit under Medicare.

Some folks may say, why in the world would they do that? The gentleman knows and I know and many others in this House certainly know that the pharmaceutical industry is afraid that if we have a prescription drug benefit under Medicare, that the government will no longer pay them those exorbitantly high prices that they are currently able to charge our seniors for prescription drugs.

Is that not really about what it comes down to?

Mr. BERRY. Absolutely. Mr. Speaker, if the gentleman will yield, one of the interesting things is that analysts have looked at the situation and they indicate that our people would use a lot more medicine if they could afford it, and that it actually would not damage the pharmaceutical companies' profits at all, that they would continue to be very successful.

And we want them to be successful, but it all comes down to money. I think it is such an irresponsible thing to expect our seniors and to expect other Americans that have to take medicine to continue to pay two and three times as much for their medicine as anybody else in the world.

I happened to be in Cuba about this time last year. We were there to meet with the ministers of the Cuban government to talk about them buying food from us, and also talk about buying our medicine.

As we were beginning to conclude these talks, we said to them, "You

have said you want to buy our food, and we are pleased about that. We certainly want to sell it to you. Our farmers need the business. Our markets are in bad shape and we need your help, and you need our food. But you had not talked about medicine. Do you not want to buy our medicine?"

And they laughed a very cynical laugh and looked across the table at our delegation. They said, "We can buy your medicine anyplace in the world cheaper than we can go buy it from you. We can buy it in Canada, Mexico, Panama, Great Britain, Argentina; just pick a place, we can buy it for one-third of what you are paying for it."

Then they looked me right in the eye and they said, "Why do you do that to your own people?" I do not believe I have ever felt more inadequate than I did at that moment. I did not have an answer for them. The best answer that I could give them is, "We are trying to change it."

We are going to keep trying until we get it done, because it is just a matter of basic fairness.

Mr. TURNER. I certainly agree with the gentleman. I am sometimes discouraged when I try to talk to seniors in my district about this issue, because they know they are paying more for medicine than their counterparts in Mexico or Canada or anywhere else in the world, and they do not know why it is that we cannot do something about it here in the Congress, why we cannot provide a benefit under Medicare.

What I try to point out to them is what I mentioned a moment ago, and that is that the pharmaceutical manufacturers have opposed our efforts, and try to explain to them how many dollars are actually at stake for these big pharmaceutical manufacturers.

I suspect that what the gentleman just said is the truth, that if we could have prescription drugs at affordable prices, they would sell more of them and they will still make profits. But to date, they do not seem to be convinced.

In fact, in the last campaign cycle, they spent over \$2 million in direct campaign contributions to try to influence this Congress not to have a prescription drug benefit under Medicare. In fact, they spent \$75 million over the last session of the Congress just lobbying the Congress, trying to be sure that no bill moved through the House or Senate to provide a prescription drug benefit under Medicare.

That tells us, Mr. Speaker, that those pharmaceutical manufacturers really feel threatened by this proposal to provide a prescription drug benefit under Medicare. I guess they are kind of the last segment of health care that is not covered under the Medicare program.

I think that there is a way for reasonable people to sit down and to work out a piece of legislation that will give our seniors access to prescription drugs under Medicare, and do it in a way that our pharmaceutical manufacturers will understand that in the long term, they

are going to be better off working with us than working against us.

Last year in this country nine out of the top ten drug manufacturers spent more money marketing than they spent on research and development. A lot of times these big pharmaceutical manufacturers say, "Oh, if you make us have our drugs purchased by the government or available to our seniors under a Medicare program, we are not going to make as much money. We will not be able to do all this research and development that allows us to come up with all these miracle cures."

□ 1815

Well, that gets your attention because the pharmaceutical manufacturers have done an excellent job coming up with new medicines for our ailments, and we want to be sure they continue to do that. But the truth is, when they spend more money on marketing than they do for research and development, that argument sort of rings hollow with me. After all, we are all familiar with the TV ads that are running all the time now telling us to go down and ask our doctor for some prescription medicine. And I am sure there are a lot of people that see those ads that go down and get the medicines. That is why they are running the ads. And that is great they now know about them, and they will go take the medicines. But the truth is, they are spending millions of dollars peddling their products to the American people at exorbitantly high prices when compared to the rest of the world.

So I think it is time to get a prescription drug benefit under Medicare. It is a voluntary plan. Everybody that wants to sign up for it can sign up for it. If they do not want to sign up for it, they do not have to sign up for it. It is going to cost not only the seniors in a monthly premium, but there is a cost that we are going to have to pay here at the Federal Government so that we can keep the premium within reach of the average senior, and that cost has been estimated to be something in the neighborhood of \$300 billion. That is a lot of money. But that is only about 5 or 6 percent of this budget surplus that we are so proud of.

My colleagues would think that if we have a \$5.6 trillion surplus that is going to show up here in Washington over the next 10 years, we could not only cut our taxes but we could take care of the most vulnerable segment of our society, our senior citizens, that consume the majority of the prescription drugs in this country. It seems that surely we could be compassionate enough to take care of those who are most vulnerable.

I know, as the gentleman from Arkansas knows, that the fight is not an easy one, and our fight has been long. Our fight has been hard. We have both talked about this subject since we first came to Congress over 4 years ago, and I suppose we are going to have to keep talking about it before we will ever see

it happen. I know and the gentleman knows that we can do something about it and we can put a prescription drug benefit under Medicare. I think it is really a disgrace to have a budget coming before this Congress tomorrow, the conference committee report, without having in it a clear set-aside of the money necessary to provide a meaningful prescription drug benefit for our seniors. It is going to be an empty promise in that budget; there is no doubt in my mind about that.

The Senate debated it. They had a vote on putting \$300 billion or more in the budget. That vote was 50 for and 50 against, with the Vice President voting no and defeating the amendment. But we are coming close. We are getting closer, and we are going to get there; and I am just very hopeful that at some point in this session of the Congress the President and the leadership of this Congress will step forward and do the right thing, provide a meaningful prescription drug benefit under Medicare.

There are some here who advocate it, but they say we are going to do it after we reform Medicare. Now, I am a little unclear about reforming Medicare. I think Medicare has worked very well for our seniors. Most of the seniors that I talk to got upset when we started seeing this Congress a few years ago, before the gentleman and I arrived, change Medicare so that seniors could go through an HMO and get their Medicare coverage. They were enticing seniors to sign up with all kind of add-ons, like a little prescription drug benefit; and the first thing you know, all those HMOs decided to cancel their coverage and left literally thousands of seniors all across this country without any prescription drug coverage, which was the very reason they had signed up with an HMO in the first place.

So I do not know what Medicare reform is. Does the gentleman have a feel for what that means? I do not know. And I know the gentleman has worked on this issue, as I have. Everybody says, well, we will provide prescription drug coverage when we reform Medicare. Has anybody told the gentleman what reforming Medicare really is going to be?

Mr. BERRY. Well, if the gentleman will yield, I am afraid it is going to be that buckeye in that rainbow stew I referred to earlier.

As best I am able to determine what the plan by the party across the aisle and by the administration currently is, it is to force our seniors into a managed care plan. And the only way they will be able to get a prescription drug benefit is to accept this managed care plan as a substitute for Medicare. It will have the same result that the gentleman just referred to; it will be an insurance company effort that the insurance companies will pull out of, ask continuously for more money, and we will be spending our Federal dollars for insurance companies rather than for health care for our seniors.

Mr. TURNER. That is what I was afraid of. Our time has expired; but,

Madam Speaker, I thank the gentleman from Arkansas for joining me.

DEFENSE OF AMERICA'S HOMELAND

The SPEAKER pro tempore (Mrs. CAPITO). Under the Speaker's announced policy of January 3, 2001, the gentleman from Pennsylvania (Mr. WELDON of Pennsylvania) is recognized for 60 minutes.

Mr. WELDON of Pennsylvania. Madam Speaker, I rise tonight to focus on an issue that is dominating the front page of every newspaper in America today and that is the defense of America's homeland. President Bush gave a major speech yesterday where he outlined a commitment to pursuit of a national missile defense and provide a protection for this Nation from the bully pulpit leadership that he can provide, which has not been there for the past 8 years.

Tonight I will talk about that issue in depth. I will talk about the objections that are being raised by some; why we need this kind of capability; what the current system capability is that we are developing. And I am going to respond to criticisms that this will start a new arms race.

But let me also start by saying that we have had some absolutely overwhelming success, Madam Speaker, in a program that actually you helped us put forward this year to provide support for our domestic defenders in America, our Nation's fire and EMS personnel. For the last 220-some years in America we have not done anything in Washington to support those brave men and women in 32,000 departments across this country, 1.2 million men and women, 85 percent of whom are volunteers, who protect our towns and cities.

As Madam Speaker knows, last year the defense authorization bill, and she lobbied for this as a candidate in West Virginia, and I appreciate that leadership, we in fact were able to successfully put in place a program that provides grants for these individual emergency response departments nationwide on a competitive basis. The time period for applying for the grants was 30 days, and it ended today.

Now, some said there would not be much in the way of requests because there is not much need. The preliminary results at FEMA are in. Madam Speaker, over 20,000 grant application requests were received in 30 days, and the requests will total in excess of \$2 billion. There is a significant need out there for America to respond to help for our first responders, especially as it relates to homeland defense. We only have \$100 million to allocate this year, but it is my hope that with the support of Members on both sides of the aisle we can continue to increase that funding availability.

Madam Speaker, my real topic tonight is to focus on the missile defense speech that President Bush presented

yesterday at the National Defense University. He said that we need to change the basic parameters which we live under and deal with in our relations with Russia and other countries relative to the ABM Treaty. The ABM Treaty, which was negotiated in 1972, allows both the United States and the former Soviet Union to rely on deterrence so that neither country would attack the other for fear of retaliation.

In addition, that treaty says that each country can have one missile defense system, one ABM system. The Russians chose to deploy such a system around Moscow, which protects about 75 percent of their population. America chose not to pursue any system, because it was politically impossible in America to choose one city over another and leave the rest of America vulnerable.

Today, Madam Speaker, America is totally vulnerable. If an accidental launch occurred of one missile from Russia, from North Korea, which we know now has the long-range capability, or from China, we have no capability to respond.

Now, is that such a far-fetched idea or notion? Well, Madam Speaker, let me document for our colleagues what occurred in January of 1995. As we know, the Russians have hundreds of missile launchers, all of which can reach any city in America within 25 minutes, and all of which have nuclear warheads on top of them.

Now, there is a very sophisticated command and control system on those missiles, as there are on our missiles; but a significant number of Russia's missiles are on mobile launchers. They are called SS-25s. If my colleagues saw a photograph of one, it would look like it is on the back of a tractor-trailer truck. But that missile, even though it can be transported any place over an open road area, can travel the necessary distance to hit any city in America and devastate that city. Each of those SS-25s are controlled locally, even though they have to have the command authorization of the central Russian Government.

Let us look at what happened in January of 1995. Norway was going to launch a rocket into the atmosphere to sample weather conditions. So Norway contacted Russia and told the Russian Government not to worry when we launch this three-stage rocket; it is simply for us to gather more information about weather conditions affecting our country. Now, because Russia's military has been in a state of disarray, they have not been able to invest and reinvest in improving their conventional alert systems and their intelligence collection systems. So that when Norway launched that three-stage rocket, the Russian intelligence agencies misread it as an attack from an American nuclear submarine.

Boris Yeltsin acknowledged the week after that incident that Russia had, in fact, for one of only three times that we know of, put their entire offensive