

discretionary spending caps and that we abide by them, requiring that any legislation that deals with mandatory spending or revenues that increase the deficit be offset with some savings in some other area. Those kinds of basic rules are important to maintaining fiscal responsibility, and that bill by the gentleman from Indiana (Mr. HILL) would ensure that those rules continue.

Another piece of legislation introduced by the gentleman from Kansas (Mr. MOORE) makes sure that we have a limit on how much we increase this statutory debt ceiling and ensures that once we go beyond the \$150 billion that we all acknowledge would be the appropriate amount, that covers in the short term, that any further increases in the statutory debt ceiling would be preceded by the Congress enacting a budget that returns us to balance within 5 years without using Social Security trust fund moneys to balance the budget.

Finally, our legislation that was introduced by another Blue Dog, the gentleman from Tennessee (Mr. TANNER), says that we ought to require this Congress have a two-thirds vote if we are going to incur debt.

All of those pieces of legislation as a package will move this Congress back into balanced budgets and to reducing the national debt. Some people say, well, what is the big deal about this national debt? Well, I do not know if anybody can tell my colleagues for sure how big the national debt can be before it gets us in trouble. I think the folks in Argentina knew that they accumulated too big a debt and they certainly had a crisis; but here in the Congress, we seem to be oblivious to the size of the national debt.

Most Americans do not recognize and realize that one of the biggest areas of government waste is the national debt, because it takes a billion dollars of our hard-earned tax dollars every day just to pay the interest on the national debt. When people pay their individual income taxes every April 15, do they know that \$1 out of every \$4 paid into the government goes to cover the interest on the national debt? What a waste. What a waste.

So if we are really interested in cutting out government waste, the first thing we have got to do is to get our debt under control. We have got to begin to run surpluses in our annual budget because when we run surpluses in our annual budget, that surplus pays down our national debt; and the best gift we could give to our children and grandchildren is be sure that we do not hand them this \$6 trillion and growing national debt.

We are here tonight to ask our colleagues in the Congress to deal seriously with this issue of the statutory debt ceiling, to not try to slip it in this supplemental appropriations bill that is coming to the floor this week and hide it and tuck it away in there as if it is not important, but to put it out in the light of day and have an honest de-

bate on it and to acknowledge to the American people that this country, in terms of its finances, is going in the wrong direction.

Americans have been more patriotic since September 11 than I have seen them in my lifetime. Some of those who fought in the Second World War say that we are seeing an era of patriotism today that is like they felt when they were young people during the Second World War; but if we have a true spirit of patriotism in our country, we are going to be sure that when we send our young men and women into battle that those of us back home are going to be willing to make an equal sacrifice which is to pay the bills, and if we cannot stand here tonight and acknowledge that we should pay the bills for fighting the war and not pass those bills on to the next generation, it would give reason and give cause to question the sincerity of our patriotism.

Anytime that this country has been at war, Americans have been willing to sacrifice; and the sacrifice that every American is going to be called upon and should be called upon today to make as we find ourselves in this war against terrorism is those of us here at home should be willing to pay the bills. That is the least we can do.

So I am here tonight on behalf of our Blue Dog Democrat coalition to urge our colleagues to return us to fiscal responsibility; to be sure that we enact policies that allow this Congress and as an institution to observe honesty in budgeting; to be willing to say that we are going to balance the budget rather than to ignore it; to be big enough to say that even though a year ago when we passed a major tax cut, which I voted for at the time, when we were projecting a \$5 trillion surplus over the next decade, that today as we stand here tonight, when that surplus is gone, that we have to be big enough to admit to the American people that the circumstances have changed.

Every American family understands that. Every American family has been through hard times. Folks have lost their jobs and had to make readjustments on their spending patterns. The Federal Government has to do the same thing if we are going to be honest with the American people.

In just a few years, somewhere between 12 and 15, we are going to see a tremendous increase in the population of our country that are over the age of 65. The Federal Government will face one of the biggest fiscal crises that we have ever seen, as those seniors will be ready to receive their Social Security payments, they will be ready to receive the benefits of the Medicare program that they have paid for in their Social Security and Medicare taxes that they have paid all these years.

If this Congress is going to be able to deal with the retirement of the baby boomers and the costs that are associated with those retirees, we have got to get the financial house in order today.

Is it not wonderful that as we approach the crisis in the Nation that we were looking back at 4 years of surpluses, so that we could deal with the problems of the declining economy and the lost Federal revenues that flowed from that and to deal with the cost of the war on terrorism? What is it going to be like 12 and 15 years from now when the baby boomers retire and all of those costs are on the Federal Government and we look back to years of deficit spending?

Now is the time to get the financial house in order. Now is the time to balance our budget and to pay our bills, and that is what we are asking our colleagues in this Congress to join with us in doing.

I thank the members of the Democrat Blue Dog Coalition who have joined me on the floor of this House tonight, and I appreciate their stance for fiscal conservatism; and we look forward to the days ahead as we work together to try to balance the budget and pay down our debt.

MAJOR CHALLENGES CONFRONTING AMERICANS

The SPEAKER pro tempore (Mr. ISSA). Under the Speaker's announced policy of January 3, 2001, the gentleman from Arizona (Mr. HAYWORTH) is recognized for 60 minutes as the designee of the majority leader.

Mr. HAYWORTH. My colleagues, I come here tonight not as a champion or a representative of party, but as a Member of the Congress of the United States, a constitutional officer, a husband, a father, a brother, a son and a grandson to discuss issues of great importance in what is quite literally, Mr. Speaker, our national health.

I champion the fact that in this Chamber people of goodwill can from time to time disagree, and there are those who would come to champion one specific philosophy or approach of a political party or even an approach within a political party; but I think, Mr. Speaker, when we confront major challenges, we do so much better and much more effectively not as Republicans or as Democrats but as Americans first; and it is in that spirit that I come to the well of the House tonight.

We confront many challenges, Mr. Speaker. Mention was made earlier by my colleagues from Texas of the fact that we are a Nation at war, and yet we are also a Nation blessed with unparalleled prosperity, and with what some would bill as problems, others view as unique opportunities.

Why do I say that at this time in this place? Well, Mr. Speaker, one need only look so far as the prevalent statistics for the United States of America a century ago, 100 ago, 1902.

□ 2215

Mr. Speaker, in 1902, the average life expectancy in the United States of America was 47. The average lifespan, 47 years of age. More than 95 percent of all births in the United States took

place at home. Ninety percent of all U.S. physicians had no college education. Instead, Mr. Speaker, they attended so-called medical schools, many of which were condemned in the press and condemned by the government as substandard.

Mr. Speaker, I mentioned just a moment ago the shocking statistic that the average life expectancy a century ago was only 47 years. Mr. Speaker, it might interest my colleagues to know what the 5 leading causes of death were in the United States 100 years ago. Mr. Speaker, leading the list at number 1 among the causes of death in the United States in the year 1902 was pneumonia and influenza; number 2, tuberculosis; number 3, diarrhea; number 4, heart disease; and the fifth leading killer among Americans one century ago was stroke.

What is also interesting is not only the lack of a formal college education for more than 90 percent of our physicians a century ago but also an incredible change of pace and different outlook and attitude among those running the corner drugstores. One century ago in the United States of America, heroin and morphine were available over the counter at corner drugstores. Mr. Speaker, according to one pharmacist, "Heroin clears the complexion, gives buoyancy to the mind, regulates the stomach and the bowels, and is, in fact, a perfect guardian of health." So said a neighborhood druggist one century ago in the United States of America when the average life expectancy was only 47 years and when the leading killer of Americans was pneumonia and influenza.

Mr. Speaker, we are blessed indeed with the passage of time and the progress in medical science that we stand here in the year 2002 and we see the life expectancy close to doubling. It is commonplace to see men and women in the United States live at least until their 70s, and much longer in my household. I am blessed with a grandfather who is 98 years young. He has doubled what was his life expectancy.

At the dawn of the 20th century, Americans by and large are living healthier, happier, longer lives. That is not a problem, Mr. Speaker, that is a challenge. Almost 40 years ago, the United States of America introduced Medicare to help seniors, to help those over the age of 65 deal with the challenges confronted by those of advancing age in terms of health care. But health care in 1965 and, indeed, the Medicare program introduced that year, reflects a medical science that even 40 years ago was substantially different.

At that point in time, medical doctors were dealing primarily with what we call acute care; with responding to symptoms and outbreak of acute disease. Indeed, at that time, Mr. Speaker, gone was that nonsense about morphine and heroin, long regulated, and relegated, I should say, if not to the

dustbin of history, at least, quite properly, to the dustbin of abuse. New prescription drugs were on the market.

But, Mr. Speaker, compared with the decade of the 1990s, or now in the 21st century, those pharmaceuticals were relatively few and far between. The course of action pursued by medical science in 1965 quite often involved invasive or exploratory surgery, or a medical procedure involving a long stay in a hospital. But as medical science has changed, as improvements have come to our way of life, so too has there been a change in treatment.

And, indeed, nowhere is that more clearly reflected than in the actual treatment received by today's seniors, and indeed, Mr. Speaker, by all Americans in terms of health care. Because now, Mr. Speaker, as we know, the emphasis is on prevention, on taking prudent preventive steps to delay or perhaps eliminate the need for acute care; the establishment of long-term conditions, changes in diet, improvement in exercise and, oh, yes, as the first line of defense in medical science, an exponential increase in the reliance on prescription drugs, or prescription medications.

The reason? Well, it flows out of the whole notion of preventive medicine and the admonition and observation that an ounce of prevention is worth a pound of cure.

The changes we have seen brought about by research, the miracle drugs that now exist to deal with so many different conditions, have risen exponentially. And, indeed, through the decade of the 1990s and now into the 21st century, it is safe to say, Mr. Speaker, that prescription drug coverage, that medications prescribed by physicians, have, in fact, conjoined with preventive steps to be our first line of defense and our first line of treatment in modern medical science.

Accordingly, Mr. Speaker, even as we confront the challenge of a new type of war, of the very real challenges to our society externally by the threat of foreign enemies, we also face a challenge within our borders borne by our very prosperity and the change in the type of health care treatment we now receive. For, Mr. Speaker, we must strengthen and reform Medicare to bring it into the 21st century to reflect the changes and the advances in medical science. And nowhere is that more prevalent, for my parents, who are now in their 70s, for my granddad, who is now 98 years young, than in the realm of prescription drug coverage.

Mr. Speaker, I am honored to be the first Arizonan to serve on the House Committee on Ways and Means. It is the committee with jurisdiction quite literally over those matters that become the crossroads of American life here in the early 21st century, the tax code. Because it has been written, Mr. Speaker, the power to tax is the power to destroy. I believe, conversely, that the power to reduce taxation is the power to employ.

And in stark contrast to those who preceded me in the well of the House tonight, I believe that we can fire the economic engines of America, that we can lead to growth by reducing taxation, and by so doing we can grow and build and prosper, but also we deal with topics of trade and human resources, and especially the issue of health, along with the issue of Social Security and fulfilling America's commitment to its seniors.

And so the House Committee on Ways and Means is working now to fashion changes in Medicare to offer a prescription medication benefit as a part of Medicare, to usher Medicare into the 21st century and to reflect the changes we have seen in the realm of medical science and recognizing the reality of prescription drugs and their necessity.

Mr. Speaker, there are 4 principles which guide us. Yesterday, Mr. Speaker, in addition to innumerable conversations with my parents, I was pleased yesterday at noontime to visit the senior center in Mesa, Arizona, to sit down for a town hall meeting, a dialogue, if you will, Mr. Speaker, on the whole notion of prescription medication coverage through the eyes of those who today rely and depend on the Medicare system. I was pleased to see so many seniors, indeed hundreds of seniors, a living embodiment of what some have referred to as our greatest generation, those who experienced the Great Depression, those who led us through a world war, those who built a powerful postwar economy and ushered in an era of freedom and prosperity unlike any the world has seen.

Mr. Speaker, I know you find this to be true when you visit your district. You understand what deTouqueville pointed out early in our history, that America is great because America is good. And the quality of our citizens continues to show through regardless of their age, but with a lifetime of experience. Our honored seniors have a perspective and a common sense philosophy that those of us who are honored to represent them should keep in mind always in fashioning decisions for the future.

Mr. Speaker, those of us on the Committee on Ways and Means, moving forward with a common-sense plan to strengthen Medicare with prescription drug coverage, have come to rely on 4 bedrock principles that will be embodied in the plan that we will introduce. Number 1, and I heard this yesterday loudly and clearly from the senior citizens in the Sixth Congressional District from Arizona, Mr. Speaker, when they said to me unequivocally, lower the cost of prescription drugs now.

You see, in this land of prosperity, it just will not do. As the seniors told me yesterday, as we asked for a show of hands, they knew of some, indeed some of them gathered in that lunchroom in Mesa, Arizona, knew of friends who

would cut their medication in two, actually reducing the dosage their doctors had prescribed to make the medicines go further. Others would make a choice between paying a utility bill or paying for their prescription drug coverage.

□ 2230

Mr. Speaker, as hard as it may be for some to perceive, there are those yesterday who even told me they had friends who were forced to make a stark choice to determine whether to purchase the prescription medications they need or to purchase their groceries. A choice between food and medicine for our most vulnerable is something that no one in this country can or should countenance. And so the message came through loudly and clearly, principle number 1, lower the cost of prescription drugs now.

Principle number 2, to update Medicare for the 21st century to reflect the changes we have seen. Mr. Speaker, there is a call and there is a recognition of our second principle and, that is, that we should guarantee all senior citizens prescription drug coverage. A fair and responsible Medicare plan for the 21st century must guarantee a prescription drug benefit under Medicare for all seniors and provide additional assistance for low-income seniors and those facing runaway drug costs because of long-term severe illness. It only makes sense, Mr. Speaker. It is the key to retirement security and peace of mind.

But understand, many seniors with whom I met yesterday are pleased with the current insurance plan they enjoy under their current Medicare coverage. And while there should be a guarantee for all seniors who want it to seek out this new form of coverage, there should not be the heavy hand of government or a specific mandate requiring all seniors to take it if they choose another course of action or want to keep what they have right now.

Mr. Speaker, the Medicare+Choice plans so prevalent in Arizona and in other parts of our Nation, as I mentioned earlier, many with whom I met yesterday have embraced those plans, they appreciate those plans, they want to maintain them, which leads me to principle number 3. We can improve Medicare, Mr. Speaker, with more choices and more savings. The right to choose the prescription drug plan that is best for you, Mr. or Mrs. Senior, Mr. Speaker, that is what we are dealing with, not to invite confusion or a plethora of paperwork or being snowed under by regulations but simply to give seniors the peace of mind and the freedom of choice to select what is best for them.

I mentioned earlier the Medicare+Choice programs which so many seniors in Arizona have come to embrace and depend on. They should be allowed to keep that. But something else that we should note as part and parcel of these principles. We need to

understand this. Seniors understand true compassion. They believe those below the poverty line, those who have to make that stark choice between food or medicine or paying other bills or cutting their dosage in half to make the medicine go further, they believe those people should be cared for first, that should be the priority, but there should be a program open to all and all should have the right and the option to choose it.

Our fourth principle really undergirds all which I have spoken of earlier, and that is the realization that in updating Medicare for the 21st century, that in making the recognition that prescription medication coverage is a key, that we can strengthen Medicare for the future by offering this benefit as part of Medicare by utilizing this new front line assault on disease and on sickness and in so doing lower the long-term costs, eliminate in many cases the need for major surgery, see an improvement in lifestyle, and overall not only improve public health but be good stewards of the public purse because in the long term we actually hold down costs, and in so doing, that undergirding fourth principle, strengthening Medicare for the future, will be accomplished because we will ensure that the program can deliver necessary health care services, including this all-important addition of an affordable and voluntary prescription drug benefit under Medicare.

Mr. Speaker, one of the great honors of serving in this Congress and especially in the House Committee on Ways and Means is to work with talented men and women across the width and breadth of America. I am honored tonight to welcome to the floor for this discussion of the prescription drug benefit a lady who has toiled long and hard on this issue and other issues involving public health and the common good, the gentlewoman from Connecticut (Mrs. JOHNSON). I welcome her to the floor, Mr. Speaker.

I yield to my friend from Connecticut.

Mrs. JOHNSON of Connecticut. I thank the gentleman from Arizona very much. As members of the Committee on Ways and Means, we work together on many, many issues, but no issue more important than prescription drugs for seniors. I am proud to say that our bill is an entitlement. It is going to be available to all seniors. It is going to be in my estimation, I think this is something that is rarely remembered, that the prescription drug benefit is going to be the greatest leap forward in women's health since the founding of Medicare. We all know that our grandmothers have lived longer than our grandfathers, that in general women tend to live quite a lot longer than men. What we are less aware of is that older women tend to have a lot less income than older men. The mean annual income of men over 65 is about \$30,000 nationwide. The mean annual income of women over 65 is about

\$15,000 nationwide, exactly half. So women live longer but have much less disposable income. In fact, in the under-85 and the over-85 senior population, women are almost twice as likely as men to have incomes below \$10,000 a year. What this tells you is that our retired women in America are very unlikely to be able to afford expensive prescription drugs, and they are very unlikely to be able to afford MediGap policies and those other supplementary insurance plans that are available but cost money and that fill that gap between what Medicare covers and what seniors have to pay. It is particularly a problem in prescription drugs, because in today's medicine, you cannot recover from most diseases without taking a prescription drug. So for us to pay for our seniors to be able to go to the doctor and get a diagnosis, which is increasingly expensive with the sophisticated tests and diagnostic technologies that are now available, wonderful medicine, wonderful world, but what is the good of being diagnosed if you cannot get the treatment?

But it is not just about medicines to cure illness that makes prescription drugs in Medicare so important, it is the need to have prescription drugs to manage chronic illness. And there the statistics are incredible. Of the seniors over 85, 72 percent are women and most have multiple chronic illnesses. So they need drugs more than any other single group of our population and that is women with multiple chronic illnesses. So it is important to remember that, frankly, prescription drugs in Medicare is the number one women's issue in America today.

I am determined to work with the gentleman from Arizona and to work with the rest of those on our committee to bring prescription drugs in Medicare to the floor of this House. I thank you for going through the principles that must underlie this bill. We are going to have a bill that is a more generous benefit than we were able to bring to the floor 2 years ago, that is more thoroughly thought out than any bill that has been introduced in this body or the other to this point, and that will be practical, workable, and because it involves a discount card that will be out there right away, it will help seniors from day one till the time the program is thoroughly established in 2 years and that is a unique aspect of our bill.

I would be happy to go into any aspect of this really important subject that you have not already explored. I am sorry I had to be late, but it is a pleasure to be with you tonight to talk about really the most important legislative initiative that this body will consider this session of Congress. If we do it by the end of June, I hope the other body will have the courage to move in July so that we can have a bill on the President's desk in the fall.

Mr. HAYWORTH. I thank my friend from Connecticut for pointing out why she is properly regarded as one of the

foremost authorities and legislators in the field of public health and especially seniors' health care in the way in which we strengthen Medicare through a prescription drug benefit.

Mr. Speaker, as I share this information with my colleague from Connecticut, I know that she has conducted innumerable town hall meetings and chances just to sit down with the honored citizens, the seniors of her district in Connecticut. Mr. Speaker, I think it is a safe assumption that she has heard, as I heard yesterday at the seniors' center in Mesa, Arizona, not only do seniors want to see the neediest cared for first, not only do seniors want to see a voluntary program available to all, but seniors first and foremost want to see the cost of prescription medications lowered right now, today.

The gentlewoman quite properly, Mr. Speaker, referenced without characterizing the action of the other body sharing this magnificent citadel of our constitutional republic with us in the legislative branch, but we want to make sure that as a House, as the people's house, we move in a practical, no-nonsense fashion to craft this bill, including our principles, so that, as my friend from Connecticut points out, the other body will have time to work on this and not become slaves to a political calendar. Because we are all mindful it is a strength, not a weakness, of our constitutional republic that all 435 of us must stand at the bar of public opinion on the first Tuesday following the first Monday in November. The danger comes when temptation so overtakes others not to respond to the needs of the people but instead to twist and turn and attempt to leverage or mischaracterize what can be done for the public good.

Mr. Speaker, in more straightforward language, the American people welcome a chance to put politics aside and move forward on this common-sense policy. I mentioned earlier, my colleague from Connecticut, the times we sit down with seniors. I think, Mr. Speaker, you have seen this. I just asked the question yesterday among the 300 seniors gathered for lunch in Mesa, Arizona, "How many of you spend at least \$100 a month on prescription drugs?" Every hand in the auditorium went up. I said, "How many of you spend \$200 a month for prescription drugs?" Most of the hands stayed up. I said, "How many spend \$300?" A lady's voice said, "Try \$400 a month." Hands still remained aloft. According to the Centers for Medicare and Medicaid, the average Medicare recipient spends about \$2,150 per year on their prescription drugs.

Mrs. JOHNSON of Connecticut. I visited a seniors' center in Oakville, which is a part of Watertown in my district. A couple got up and said, "Our income now is \$18,000 a year. Our drug bills are \$16,000 a year." This couple has used their IRA savings, they are working on everything else, and their

drug costs will force them into poverty and into dependence on Medicaid. What good will that do us? Then the taxpayers will be picking up not only the cost of their medications but also the cost of their support. It was really sad to see the sorrow in their eyes of this sort of inevitable march toward poverty, just because they needed prescription drugs.

□ 2245

This bill that we are addressing, the gentleman is right, it is voluntary; and it does help the neediest the most, because the neediest get their premiums paid and their copayments paid as well, and for that first \$1,000 people will get an 80 percent subsidy and only have to pay 20 percent, and that is off a discounted price.

This bill will drive costs down for seniors right off the bat almost 30 percent, and it will do it by just simply bringing the power of all the seniors of America to the bargaining table to bargain down those prices. They are the only group in the whole country that are not at the bargaining table. Every employer and employee is at the bargaining table, and they get a cut rate price. Only the seniors in our great country get no discounts on drugs, and this bill will put that discount in place right away while we are working on getting the subsidy in place in addition, which will take a little bit longer.

So I will tell the gentleman, when you ask those questions of seniors, there is no doubt, there can be no doubt in your mind, that this is not a burden that seniors can bear; and it is particularly not a burden that elderly, the widowed, divorced, single elderly can bear, because their incomes are really on average \$15,000 or less.

So I thank the gentleman for bringing this to the attention of the American people tonight. It is such an important issue, it is the most important thing we could accomplish in this Congress, and I believe we are going to have an excellent bill that will keep doctors out there serving our seniors, that will give seniors the help they need to buy prescription drugs and manage chronic illness, and in general will make advances on every front in offering seniors higher-quality health care, prescription drug coverage, more choices of plans that are better suited to their needs. And because it is going to be such a good bill, I think the other body is going to have to move and the President will be able to sign a bill before we adjourn this session of Congress. That is my fondest hope. That is the only thing I am going to work for. If we all put as much effort in as the gentleman and I will, I know we are going to be able to accomplish this.

Mr. HAYWORTH. Mr. Speaker, I thank my colleague from Connecticut for offering her unique perspective and the experience that she brings to this issue and the heartfelt personal stories of real folks from the State of Connecticut, just like the real folks I sat

down with yesterday in Mesa, Arizona, and just like my parents, now in their seventies, and my granddad, blessed with a long and healthy and accomplished life, to be just 2 years short of a century, of becoming a centurion.

Certainly it is unfair to categorize what is before us as a "problem." It is a tremendous challenge, as we live longer, healthier, more productive lives. And the key, as my friend pointed out, this is not a time to be penny-wise and pound foolish, but to take reasonable steps, as we have done within our budget plan, to accommodate this prescription drug benefit in dealing with a variety of priorities.

My colleague from Connecticut mentioned this, and via videotape the President of the United States joined us yesterday in Mesa with introductory remarks embracing the principles that we have espoused here on the floor of the Congress.

Mr. Speaker, it is so wonderful to work with a President who, yes, as commander in chief is dealing with a stark threat to freedom and survival, but yet at the same time a President who is forward thinking, to understand what he calls truly compassionate conservatism, a commonsense approach that says not only must we survive, we must thrive in this new century, and that the most vulnerable among us, just as my friend from Connecticut pointed out, the seniors who earn \$18,000 a year but find in the current situation \$16,000 of that income taken up with prescription drugs, we cannot let that happen.

The mandate for change is clear. The executive branch in the person of the President of the United States understands this. The people's House understands this. Now we will look to the other body to join with us to get this change made.

Now, Mr. Speaker, my colleague pointed out something else that is important, and, indeed, one is tempted almost to lapse into a parody of one of the old ads I would hear on top 40 radio in the 1970s talking about discounts at certain merchants: "How do we do it? Volume."

Mr. Speaker, it may be a parody; but it is absolutely correct. My friend from Connecticut, who has been both an accomplished legislator and a proud housewife, sitting around the kitchen table, making ends meet, I know at my house in Arizona one of our favorite places to visit is one of the big warehouse discount centers where we purchase items in bulk, in volume. As groups purchase these items, the prices are held down. We are able to do it with volume.

At the risk of a poor impersonation of a parody of an antiquated radio ad, the principle still holds true, "How do we do it? Volume." As more and more Americans are living longer lives, they form a tremendous resource for group buying power.

I would invite my friend from Connecticut to expound on that notion.

Mrs. JOHNSON of Connecticut. Well, it is very, very important, and it is ironic that all the seniors of America, 40 million, have not been at the bargaining table to use their volume power to drive prices down on something as expensive and as critical to their lives as prescription drugs.

But there is another question I get asked a lot by my seniors, because a lot of seniors have some drug coverage provided by their former employers. They say to me, Will this drive my employer to drop his plan? I say to them that this is the only hope that your employer will keep his plan, because as prescription drugs get more and more expensive, the burden of retiree health plans on employers grows rapidly. Ultimately they begin to say, well, you will have to do a copayment, we will cut coverage here and there. That is a real threat to senior health.

But if we do this prescription drug bill, then those employers will know that if your drug costs get over a certain amount, then the government will take the whole amount, and in fact below that will provide a generous subsidy for \$2,000 worth. Then they will know they just have a small, what we call a "donut hole" to insure, and even in that hole seniors will get that deep discount of 25 to 30 percent. So employers will be encouraged to stay in the business of providing employee health plans for retired employees, rather than to leave it. Without this prescription drug bill, I fear employers will begin dropping their retiree health plans rapidly.

So this is a real big plus for those who have employer-provided retiree health plans; and, boy, I will tell you, we cannot get this done soon enough.

Mr. HAYWORTH. Mr. Speaker, my colleague from Connecticut points this out, and we should make this clear to those who join us this evening, to those, like my parents, looking with interest at what may be available to them, now in their seventies. It is simply this realization: if we are able to pass a plan this year, if the House, with all due deliberation and sense of purpose, is able to move this forward in the coming weeks and months in a very defined period of time, and the other body takes action, it can be on the President's desk and the President signs it into law. Simply stated, if we pass a plan this year, seniors can reap the benefits this year.

It is what we hear again, prescription drug coverage now. Lower the cost of prescription drugs now.

My colleague from Connecticut, Mr. Speaker, offered another real point. To lower those costs, imagine what a 25 percent discount up front in a prescription drug bill would mean to a senior? I spoke earlier of the average Medicare beneficiary, the average senior, spending \$2,150. Imagine an instant benefit of over \$500, of \$540. Think about that, in terms of purchasing groceries, in terms of paying utility bills and other commitments, or money that can be saved

so that seniors have the peace of mind to pay their bills on time, to continue to be responsible, productive, honored individuals. In the great tapestry that is America, that is what we seek to do.

Again, we need to stress that under the plan we contemplate, we will guarantee prescription coverage as an entitlement under Medicare; strengthening, sustaining, reflecting the changes in health care; bringing Medicare into the 21st century with a prescription drug benefit that cannot be taken away. That is so important to so many senior Americans.

We want to make sure we are doing something now to make a positive difference in the lives of seniors and their families today, right now, because we understand that sets the framework for the future.

As that great demographic group nicknamed the baby boomers moves into retirement, we understand that we have to make changes to reflect the changes in medical science and in medical treatment and bringing Medicare into the 21st century. Our plan will help all seniors facing runaway drug costs because of a long-term serious illness.

It is a simple precept that we cannot repeat often enough, Mr. Speaker: no senior should lose their life savings simply to pay for their prescription medications.

Now, there will be some who offer plans that are under strict time limits, "now you see it, now you don't." It is our goal to introduce something with no catches, no gimmicks, no expiration dates, allowing senior Americans to choose the plan they believe to be right for them, voluntary, but a plan that can help all seniors, but especially the neediest among our seniors. Under our plan, it is our goal to guarantee a drug benefit under Medicare, no ifs, ands or buts.

Mr. Speaker, it is a challenge and a great honor to serve in the Congress of the United States. Indeed, as many reflect to me, sometimes in conversation, I guess the first time it really happened was one morning one weekend back in Arizona out for breakfast with my wife and children, and the young woman was of high school age behind the counter.

She said, "J.D. HAYWORTH, you were on my history test last week. I got extra credit because I know you are my Congressman." And I say that not out of some form of megalomania, though goodness knows those of us that get involved in public life do so for a variety of reasons, and for purposes of full disclosure we all have a healthy, strike that, perhaps many of us have an excessive dose of self-esteem, to be candid about that. But also whatever temporal pomposities must come along with it, it is a tremendously humbling experience to serve in the capacity of a constitutional officer; to be one of 435 charged with making laws; with making decisions that affect the lives of every American.

As we think about life's lessons learned, we think about those who imparted those lessons to us. Yes, teachers in classrooms across the years; but our first teachers came in our family, our parents, our grandparents, those who look to us now to be custodians of our future; to make the right decisions; to reflect the changes that need to come based on the remarkable advances we have seen in terms of health care to update and strengthen and bring Medicare into the 21st century; to renew the promise and the principle behind it, that to truly be compassionate we can hold down health care costs in the long term by adding this prescription drug coverage, and that we should not succumb to the temptation of being pennywise and yet pound foolish.

□ 2300

One of the great gifts of our forefathers, and what Catherine Drinker Bowen called "the miracle at Philadelphia," was not only giving us a remarkable document, the Constitution, and what Dr. Franklin charged was "a Republic, if you can keep it," but also the means through the amendment process, through the legislative process, to make changes based on the priorities and the changes in lifestyle that Americans would undoubtedly encounter as we have encountered some 200 years later.

Indeed, in these last few minutes, Mr. Speaker, I would point out that when we got together at the outset of this time, we spoke of the world as it existed in 1902, a very different America, still embodying the principles of constitutional governance, but a very different time in our history, not only in terms of the march of technology, but likewise in health care.

It bears repeating, Mr. Speaker, for those who may have just joined us, and Mr. Speaker, I hope those folks have found a seat, because some of this information is shocking, in 1902, let me repeat what I began our time together with, Mr. Speaker, in 1902 the average life expectancy in the United States was 47 years of age. The average life expectancy was 47 years of age. More than 95 percent of all births in the U.S. took place at home, not in a hospital, but at home. Ninety percent, 90 percent of all U.S. physicians had no college education. Instead, they attended so-called medical schools, many of which were condemned by the press and by our government as substandard.

The five leading causes of death were, No. 1, pneumonia and influenza; No. 2, tuberculosis; No. 3, diarrhea; No. 4, heart disease; No. 5, stroke.

We have a new set of challenges and opportunities. In this imperfect human existence, illness will be with us. We cannot completely conquer illness, but we can continue to improve the lifestyle conditions in terms of public health for all Americans, especially our honored seniors.

It is not a political gimmick or a short-term, cynical fix we seek; instead, it is a change that should be reflected in Medicare, to bring Medicare into the 21st century. This is the challenge we confront, Mr. Speaker, working together, men and women of good will across the panorama of political philosophies, across the partisan divide, to heed the message of our seniors who say they need and want prescription drug coverage now; that the cost of medicines can be lowered, that we can usher in a new age of Medicare for the 21st century reflecting the changes in medical technology, utilizing some of the commonsense proposals and principles our parents taught us about the value of a dollar, weaning out waste, fraud and abuse, making the effort to continue to improve lives, to continue to improve the quality of life, and set a prudent public policy based on true compassion that is not only more effective, more responsive, but in the long term, more economical for all Americans.

That is the challenge we confront, and we do not shrink from that challenge. Daunting though it may be, we welcome it; we embrace it. It is our intent to move this people's House forward to work with our President to get this done, to see action taken in the other body, and leaving plenty of time for the other body to get the work done on this legislation, as well.

If we move forward this year, seniors can reap the benefit this year. Mr. Speaker, our parents, our grandparents, our Nation's seniors deserve nothing less.

Mr. Speaker, I offer a word of thanks for my colleague, the gentlewoman from Connecticut (Mrs. JOHNSON), who joined me for this time of dialogue on prescription drug coverage as part of Medicare, a new, stronger Medicare for the 21st century.

Mr. SULLIVAN. Mr. Speaker, I appreciate the opportunity to discuss the importance of prescription drugs to seniors. I have talked to the seniors in my district about this, and I can tell you from my experience that this is of utmost importance to them. And it should be of utmost importance to us too. I am honored to be a part of the Speaker's Prescription Drug Action Team, working to achieve the best benefit possible for our seniors.

It is important that we provide prescription drug coverage for today's seniors while shoring up Medicare at the same time. The two go hand in hand. Unfortunately, Medicare is built around formulas that are outdated. We have a big job ahead of us, but it is one of the most important pieces of legislation to come before this body. We have to update Medicare at the same time we provide prescription drug coverage, so that both remain sound now and into the future.

But let's be clear about the prescription drug benefit: our seniors need coverage and they need it now, not later. We must act immediately to give them coverage such as 25% off the top of the first \$1000 they spend. Their monthly premium and yearly deductible have got to be as low as we can get them, so that those living on a fixed income can afford their

medications without worrying about whether or not they can afford food. And they have to be able to count on catastrophic coverage.

No senior should have to decide between prescription drugs and food, or prescription drugs and turning on the air conditioner in the middle of a brutal Oklahoma summer. That's just not fair. Our parents, and grandparents, deserve better than that. That's why I'm so excited to be on the Speaker's team, to help advise him on the concerns facing today's seniors. We have to be realistic about how we structure the plan, but the bottom line is that: seniors must be able to afford their prescriptions. I hope that my colleagues on both sides of the aisle would agree. This is our goal, and one we should reach across the aisle on, to help seniors. We must create policy, not politics. We must provide worthwhile prescription drug coverage for our parents and grandparents, and we must do it immediately.

DEFENDING PRESIDENT BUSH REGARDING KNOWLEDGE OF SEPTEMBER 11, 2001, THREAT, AND DETAILING UPCOMING TRAVEL TO RUSSIA, UZBEKISTAN, CHINA, AND NORTH KOREA

The SPEAKER pro tempore (Mr. ISSA). Under the Speaker's announced policy of January 3, 2001, the gentleman from Pennsylvania (Mr. WELDON) is recognized provisionally for half the time remaining until midnight.

Mr. WELDON of Pennsylvania. Mr. Speaker, I take the time this evening, and thank the Speaker and the staff for bearing with me, to basically perform two functions.

First of all, I will respond to those critics of President Bush who have taken unfair shots at him over the 9-11 situation, and will factually refute what people like the minority leader, the gentleman from Missouri (Mr. GEPHARDT), have said publicly about this President somehow not heeding evidence that was provided to him.

I am going to present the true facts of what we could have and should have done prior to September 11 that I think would have allowed us to both understand what was about to occur and to have done something about it.

The second action I am going to discuss this evening is an upcoming trip that I will be leading to Russia, Uzbekistan, Beijing, China, as well as Pyongyang, North Korea, the first delegation going into that country, and Seoul, South Korea, at the end of this week.

Mr. Speaker, let me start out by saying, first of all, in response to many of the media pundits who have spent the last week or 10 days criticizing President Bush and have publicly said that he had indications that should have alerted him to the upcoming attack on the World Trade Center, nothing could be farther from the truth. The facts are all in. The data the President got were basically individual elements provided by individual agencies about potential acts that might be against our country, nowhere near the immensity of what we actually saw on September 11.

They were bits of information, like the CIA saying there might be an attempt to hijack an airplane, but no linkage of that act to an attack on the Trade Center; or the fact that other agencies were looking at pilots that were obtaining licenses and had no intention of landing an airplane. Each of these bits of information, while being provided to the upper levels of our government, in and of themselves would not lead anyone to believe that an imminent attack was about to occur on the Trade Center.

But Mr. Speaker, as I said on September 11 on CNN live at 12 noon from the roof of a church across from the Capitol, on that day the government did fail the American people. Now, the President did not fail the American people, but the government failed the American people.

I am going to document for our colleagues today, and for the American public and the media, steps that we took in the years prior to September 11 when our agencies and the government did not respond. This started back in the Clinton administration and continued during the Bush administration.

In fact, Mr. Speaker, during the late 1990s, I chaired the Committee on Research for our national security, which meant that my job was to oversee about \$38 billion a year that we spend on cutting-edge technology for the military.

One of those projects that I helped get additional funding for was the Information Dominant Center that the Army was standing up down at Fort Belvoir, technically known as the LIWAC. This Land Information Warfare Assessment Center was designed to monitor on a 24-hour-a-day basis 7 days a week all of our military classified systems, those systems used to run the Army. Each of our services was in the process of standing up an entity like the one that the Army stood up at Fort Belvoir.

Back in 1997, as I was supporting increased funding for this capability, I was amazed in two trips that I took to Fort Belvoir that the Army was not just able to maintain security over their information systems, but they were able to use new software tools and high-speed computers to do what is commonly called "profiling," to take vast amounts of information about the classified and unclassified information and process it and analyze it so that a picture could be drawn and a threat could be developed, proliferation could be monitored.

□ 2310

Now, this was back in 1997. In fact, I had a chance to use these capabilities and I think this story, more than any other, underscores the inabilities of our agencies on September 11 to really understand the threat that was emerging.