

Bill ultimately created the largest and most widely respected firearms manufacturing concern in the world. For almost 50 years, he built a business, patented numerous innovative ideas and designs, and produced products with legendary appeal and durability. His rare genius was in transforming his innovations into products that won intense customer satisfaction and, in turn, customer loyalty. Bill believed that a well-designed, well-made and reasonably priced product would always attract buyers; and the legions of sportsmen that would never hike a field with anything but a Ruger certainly proved him right.

In some ways, he was the Henry Ford or Thomas Edison of the second half of the 20th century, taking manufacturing processes such as investment casting to new levels, and beating the competition fair and square through timeless quality and efficiency. He had a love for all things mechanical and taught himself most of what he would later use as the basis of his designs. In the process, he became one of the foremost authorities on automotive design and was one of the few people in the world that actually designed and built his own automobile.

Bill Ruger did not build his company in order to sell out and retire, but rather to profit steadily from the success of its products. He believed in taking the long view and built lasting relationships with employees and customers. At a time when manufacturers are heading overseas and across our borders, Sturm Ruger proudly engineers and builds all of its products in the United States.

His success has created great opportunity for many others, including many of my constituents; and his company continues to be a vital part of New Hampshire's economy and community. The "old man," as he was called, leaves a proud legacy to many, not only in New Hampshire but in Arizona and Connecticut as well.

For people who call themselves sportsmen, Bill Ruger was a name that was as celebrated and admired as Ernest Hemingway or Jack O'Connor. Although Bill will be missed by many who take regularly to the field, somehow we will know that he will be along for many more hunts.

Bill viewed a well-crafted gun as a bond that connected families as it was passed from generation to generation. What he may have missed is how one of his creations bonds us to him as his genius and commitment to quality, durability, and affordability live on in perfectly cast steel and finely carved walnut.

That was the gift left to us by the old man. He will be missed by many friends, admirers and employees but especially by his family. I would like to extend my condolences to the Ruger and Vogel families, especially Molly and Bill Ruger, on the passing of their father, a truly great man.

NO VOUCHERS FOR THE DISTRICT OF COLUMBIA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

Ms. NORTON. Mr. Speaker, I come to the floor because a bill has just been introduced to impose vouchers on the District of Columbia. The Congress had the opportunity to impose vouchers on itself when H.R. 1 was here, the President's Leave No Child Behind bill. Instead, it defeated a voucher proposal 273 to 155; 68 Republicans joined 204 Democrats. It was not even close.

Further, there have been 20 referenda on vouchers, all of them defeated, most recently in California and Michigan. Not only were they defeated overwhelmingly by almost three-quarters of the population in each State but the people of color, minorities, voted even more overwhelmingly against vouchers. In D.C. we had our own voucher vote in the 1980s: 89 percent against, 11 percent for.

What we are asking for in the Nation's capital is the same choices in educating our children that each and every Member of this body has insisted upon already for her own district and in her own State; and do not get me wrong, I do not believe a child can be in the first grade but once. So I strongly believe in choices and alternatives to public schools. The District deserves applause for its efforts on choice because our own efforts far outdo the efforts of any Member of this body. Applause, not punishment, for the choices we have made.

What are our alternatives? First, we have more charter schools in the District of Columbia per capita than any other district. Fourteen percent of our children go to public charter schools. No other Member's district even approaches this percentage of its children in charter schools.

Second, a D.C. child can go out of her own ward to any public school in the District of Columbia. We had children every day going from the poorest wards in 7th and 8th across to more wealthy wards, Ward 3, for example.

Third, I have strongly supported the work of the Washington scholarship fund, a private organization that provides scholarships, mostly to Catholic schools, using private money. I mean that that effort using private money is precisely the way to support our children.

Fourth, D.C. closes schools where it is not up to standard and then reopens them under new leadership. We have done that with nine schools this year with remarkable results.

It is ironic that this bill would come up at this time. Today's Washington Times has an editorial: "D.C. Schools Make Headway." It is an editorial from a newspaper that has been fiercely critical of the D.C. public schools. It opens by saying: "Preliminary test data show that D.C. teachers appear to be teach-

ing and students appear to be learning," and it cites statistics. Fifty percent of the children improved in math and reading. Did they do as well in my colleagues' districts? Children in the most economically deprived neighborhoods improved 20 percent. Did my colleagues' economically deprived children do as well?

All of our charter schools are accountable. We can close charter schools, and have closed three this year, when they are not doing as well with our children. We can close public schools, and we closed nine this year, reopened them and they have done much better under new leadership. We can impose the same requirements on charter public schools as we do on other schools, and those requirements are very stiff. We cannot do that particularly to religious schools because they must not be accountable to the government in the practice of their religion.

I want to be clear about where I stand on the D.C. public schools. I am a proud graduate of the D.C. public schools, but I am not an apologist for them. I am proud of how they are improving. They are not nearly good enough; but by voting against the bill that has been introduced, my colleagues will be voting against choices others have made for their districts, not voting against choice.

We already have multiple choices in the District of Columbia, sufficient choices, so that I invite other Members to look at how to provide choices when their own people have voted against vouchers. There are other ways to acquire and to get choices. We would very much appreciate being allowed to make our own choices the way my colleagues' districts have insisted upon making their own choices.

Read today's Washington Times: "D.C. Schools Make Headway." Add to what my colleagues read. Respect the democratic choices of the citizens of the District of Columbia who are American citizens, entitled to their free choices, in the same way that my colleagues' own constituents are.

DEMOCRATIC PROPOSAL FOR PRESCRIPTION DRUG COVERAGE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, it is not my intention this evening to use the full 60 minutes. I am more likely to use about 20 minutes, but I did want to take the opportunity this evening to talk about an issue which I think was sort of left dangling when we left here a week ago before the July 4th recess.

My colleagues know that in the middle of the night, I guess it was about 2 a.m., we finally voted on the Republican prescription drug plan; and I was extremely disappointed, to say the

least, over the fact that there was no opportunity to debate and bring up the Democratic substitute, the Democratic proposal.

Mr. Speaker, for at least 2 years, if not longer, I have been talking about the need for this House to debate the prescription drug issue, and I was glad to see that the Republicans finally did bring their bill to the floor. Although I do not agree with their bill and I do not think it will accomplish the goal of providing a prescription drug benefit, I was at least pleased to see that they were willing to bring it up.

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But bringing the bill up also means debating the bill and allowing an alternative by the minority, the Democrats in the House, to debate and argue their alternative as well.

It is the first time in my memory, and I have been here 14 years, that on an important issue like this, that the minority, in this case the Democrats, were not allowed to have their alternative, their substitute, be considered by the full House. I think it was a grave mistake, a major error. I think it portends, clearly, that the Republican leadership in this House is not serious about passing a prescription drug bill. If they really felt they had the votes and they were able to strongly pass their bill and send it over to the other body and then eventually send it to the President, they would not have had any problem in letting the Democratic alternative come up. And the reason they did not allow it to come up, I am firmly convinced, is because they felt it would probably pass.

As it was, I think we had eight Republicans who voted against the Republican proposal, we had eight Democrats that I think voted for the Republican proposal, so it was clearly the case that the votes were very narrow there. And it is very likely if a Democratic substitute had been allowed and considered, it would have carried the day and it would have been the bill that passed this House.

I do not want to spend an hour tonight talking about why I think the Republican bill is a failure and why the Democratic alternative would have been a success. The issue now, of course, goes over to the other body, and the other body will be taking up a prescription drug bill fairly soon, within the next few weeks before the August break. But I will say that the major differences between the Republicans here and the Democrats in the House and the way in which the Democratic bill in the other body reflects the Democratic bill here, is that the Democrats are in favor of expanding Medicare to include a prescription drug benefit.

We have been saying fairly simply that Medicare is a good program; that it works. Whether we like it ideologically or not is not the issue. It works. It provides hospital care, it provides doctor care, and it should provide pre-

scription drug benefits as well. And every senior or disabled person who is covered under Medicare should have the option as well of having a prescription drug benefit.

The Democratic proposal is very similar to what we provide now for doctor bills. In other words, under part B of Medicare now every senior can opt into a Medicare program that covers their doctor bills. They pay, I think, about \$45 a month for the benefit. Eighty percent of their costs are paid for by the Federal Government. The deductible is \$100, and after they have paid \$2,000 out of pocket for the 20 percent copay, all their bills are paid for by the Federal Government.

More than 99 percent of the seniors and those who are eligible for Medicare take advantage of the part B benefit and pay the premium and get the benefit. As Democrats, we are simply saying do the same thing, establish a prescription drug benefit under Medicare. Everyone who is in Medicare is eligible for it. They would pay \$25 a month for a premium, have a \$100 deductible, and 80 percent of the cost of their drug bills would be paid by the Federal Government. After they paid \$2,000 out of pocket for the 20 percent copay, all their bills, 100 percent, would be paid for by the Federal Government. Very simple. Very easy to understand.

The Democrats also are determined to deal with the issue of price, because we know that the biggest problem facing seniors is that the price of prescription drugs is going up. It is not just for seniors, it is for all Americans. So we say, well, bring this prescription drug program under the umbrella of Medicare and we will have 30 to 40 million Americans who now are under the auspices of the Secretary of Health and Human Services, who runs the Medicare program, and he or she would have the bargaining power of those 30 or 40 million seniors, Americans, and would be able to go to the drug companies and say, look, I have 30 or 40 million people; if you want me to buy your drugs, you have to give me a big discount. That discount might be as much as 30 percent across the board. That is a huge savings not only for the Federal Government, which is paying 80 percent of the cost, but also for the seniors who are paying the 20 percent copay.

The problem is, from what I see, that the Republicans in the House do not want any part of this because they do not believe in Medicare. They do not like it. It is a government program. But more than anything else, they do not want to expand Medicare to provide a prescription drug benefit. So what the bill does that passed the House of Representatives a week ago, the Republican bill, is really to further their goal, I think, the Republican goal, of privatizing the Medicare program.

What the Republican bill does is to create a program of subsidies to HMOs and private insurance companies to

offer drug-only insurance policies to seniors. Some money in the form of a subsidy, a payment, goes to private insurance companies in the hope they will provide prescription drug coverage, or drug insurance policies, to whatever seniors want to buy them. It does not guarantee any benefit plan. There are going to be areas of the country, just like with HMOs, where these private insurance companies are not going to be offering the prescription drug plan. We do not know what the premiums will be. We do not know what kind of benefits they will offer. That is all up in the air.

And, of course, the insurers have already said they do not want any part of the drug-only policies. In fact, if there was an ability right now for insurance companies to offer drug-only policies they would be offering them. So it makes no sense, in my opinion, to instead of doing what the Democrats do, which is to say we are going to have a Medicare program to cover prescription drugs and guarantee a benefit for everyone, simply hope that the private insurance companies will somehow provide these kinds of policies.

Now, I do not want to just talk myself, because I think some might say, well, okay, here is another Democrat that is saying this will not work, the Republican plan will not work, but every one of the major newspapers, every major media outlet in the country has come out and said this Republican proposal, these drug insurance policies, will not work. I just want to go over a few of them tonight and highlight some of the things that have been said in the last few weeks, just to point out again that there are third-party validators, major newspapers, major insurance companies, executives, or insurance company trade officials who are saying these drug-only policies will never be offered.

This was in The New York Times. It was an editorial on Saturday, June 22, and I will read part of it. It says: "House Republicans, who regard traditional Medicare as antiquated, would provide money to private insurance companies, a big source of GOP campaign donations, to offer prescription drug policies. The idea of relying on private companies seems more ideological than practical. The pool of elderly Americans who will want the insurance is likely to consist of those who have the most need for expensive medicine. Even with Federal subsidies, it's unclear that enough insurance companies would be willing to participate and provide the economies that come from competition."

So The New York Times is saying this will not work; nobody is going to offer these policies, essentially. But we have another article in The New York Times a week earlier, this was from Sunday, June 16, which was giving comments from other insurance people, or people familiar with the insurance business, and the title of this article from June 16 says "Experts Wary of

G.O.P. Drug Plan: Some Say 'Drug Only' Coverage Isn't Affordable for Insurers."

Keep in mind that the Republican proposal is a voluntary proposal. Nobody has to offer it. No insurance company has to offer these drug-only policies. Again, I will just read some of the highlights of this article in this Sunday New York Times, June 16.

"Under the proposal, Medicare would pay subsidies to private entities to offer insurance covering the cost of prescription drugs. Such 'drug only' insurance does not exist, and many private insurers doubt whether they could offer it at an affordable price. 'I am very skeptical that 'drug only' private plans would develop,' said Bill Gradison, a former Congressman," and I will add Republican Congressman, "who was President of the Health Insurance Association of America from 1993 to 1998. Representative BILL THOMAS, the California Republican who is chairman of the Ways and Means Committee, insisted: 'We should rely on private sector innovation in delivering the drug benefit. The private sector approach offers the most savings per prescription.' However, John C. Rother, Public Policy Director of AARP, which represents millions of the elderly, said, 'There is a risk of repeating the H.M.O. experience' with any proposal that relies heavily on private entities to provide Medicare drug benefits."

I do not want to go on, Mr. Speaker. I just want to point out that in the same way that we relied on HMOs to provide medicine coverage for seniors and found so many of them basically dropping out of the market, offering it maybe for 6 months and then telling seniors that they could not provide the coverage any more, and so many areas of the country that do not have HMOs offering any kind of HMO, the same problem is going to exist with these drug policies that the Republicans are proposing. There are going to be huge areas of the country where no policies are offered. And if they are offered, they are likely to be so expensive in terms of the premium that seniors just will decide it is not worth paying for them; not worth buying them.

So I think the promise or the commitment that the Republicans say they are making by passing this bill last week saying they are going to provide some prescription drug coverage is really a hollow one. None of this is going to be offered. None of this is going to happen.

There was an article, an op-ed on June 18 in The New York Times, by Paul Krugman, and he basically explained why insurance companies would not offer these kinds of policies. I think he did it very well, and I just wanted to read a little bit from that, if I could.

He says, "The House Republican plan has a bigger flaw. Instead of providing insurance directly, it will subsidize insurance companies to provide the coverage. The theory, apparently, is that

competition among private insurance providers would somehow lead to lower costs."

Some of my Republican colleagues said this during the debate, that because of competition between insurance companies, drug prices would come down. But the problem is, there will not be any competition because nobody is going to offer them.

What Mr. Krugman says in The New York Times on June 18 is, "In fact, the almost certain result would be an embarrassing fiasco because the subsidy would have few, if any, takers. The trouble with drug insurance from a private insurance point of view is that some people have much higher drug expenses than the average, while others have expenses that are much lower, and both sets of people know who they are. This means that any company that tries to offer a plan whose premiums reflect average drug costs will find the only takers will be those who have above-average drug costs."

What Krugman is basically saying is that drug insurance is not like traditional insurance. If we think of auto insurance, where maybe there is 100 people insured and one person has an accident, all the others are paying into a pot of money and that one accident is paid for with the pot. But the insurance company is making money because they are only paying out maybe for one accident out of the hundred people. But in the case of a drug insurance or medicine, every senior needs medicine. Every senior has an opportunity to have the need for some kind of prescription during the course of the year.

So it is really a benefit. It is not something you are insuring for a risk of because everybody is going to take advantage of it. So seniors that have very high drug costs, \$2,000 or \$3,000, they may be willing to buy a drug policy that they have to pay \$75 or \$85 a month premium, but someone who does not have a huge drug cost is not going to do that and pay that huge cost. So we will have a situation where the insurance companies will say why would I want to provide this kind of coverage; I cannot make any money.

Again, I do not want to just rely on what I am saying. There are a whole bunch of quotes here, and I can just give some about where insurance industry executives are commenting on the Republican plan and saying it will not work. We have Mr. Don Young, President of Health Insurance Association of America, April 24 this year in Congress Daily. He says, "We caution Congress against relying on drug-only insurance as the mechanism to deliver a benefit." We have Charles Kahn, President of the Health Insurance Association of America in The New York Times in February of last year. He says, "I don't know of an insurance company that would offer a drug-only policy like that or even consider it." We have him again saying, "We will withhold judgment on the House Re-

publican proposal until we see it in details. Nevertheless, we continue to believe that the concept of so-called drug-only private insurance simply would not work in practice. Private drug-only coverage would have to clear insurmountable financial, regulatory, and administrative hurdles simply to get to market."

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Mary Lehnhard, senior vice president, Blue Cross and Blue Shield says, "It is exceedingly unlikely that any of our plans would offer a stand-alone prescription drug policy in their service areas. The reason is affordability. The absolute cost of an annual rate of increase in the cost of prescription drugs would make a drug-only benefit package so expensive that only those who expect to have very high use of the benefit would initially buy a policy. The package would not appeal to the majority of seniors that have relatively low drug costs. Plans would experience tremendous adverse selection, which would escalate premiums."

I could go on, but I am not going to. It is clear that every major insurance executive and trade association is saying the same thing, that these drug policies will never be offered.

Mr. Speaker, we might ask, the Republican leadership is not badly motivated. They are not bad people. Why are they going in this direction? What is the reason why they would try to pass something in the House on a strictly partisan vote, pretty much, that has no chance of passing the other body; or even if it did become law, have any real impact on seniors in terms of something that they would actually be able to buy or would want to buy.

I think one of the answers is that the real goal behind the Republican bill is not to offer a prescription drug coverage, but rather to take one more step towards privatizing Medicare. I do not know what other conclusion I can come to.

The other conclusion is, somehow they feel it is necessary to come up with something before Election Day so they can say that they passed something, and they will simply go out on the hustings and say we tried to pass something, and hope that Americans do not pay attention to what it is.

Of course, some of my colleagues on the Democratic side, including myself, have cited the fact that the Republican Party in the House is getting huge campaign contributions from the prescription drug industry, and so maybe they want to do something like this bill in order to pretend that they are providing a prescription drug benefit, but do not want to alienate the insurance company by actually doing something that might make a difference. I will go back to that when I talk about the price issue.

I want to talk a little bit about why I think the Republican bill is a bad bill even if it was available. In other words, I do not think anybody is going to sell

these policies. I do not think that they are going to be offered anywhere where the premium is going to be affordable; but let us assume for 1 minute that I am Mr. SMITH, a senior in New Jersey, and somehow this bill passes and there is an insurance company in my area that offers a drug-only insurance policy.

Think about the reasons why I would not want to buy it, even if it was available, and there are many. First of all, if we look at the Republican proposal, it is basically going to cover less than 20 percent of prescription drug costs. The Democratic proposal guarantees that 80 percent of your costs are paid for by the Federal Government. The Republican proposal, even if it was available, and I do not think it will be, will probably cover less than 20 percent of the costs. Why would I say that?

Well, first of all, there is a huge hole or gap in coverage. Let us say you pay the premium, whatever it is. For the first \$1,000, they estimate that the insurance company would probably offer to pay 80 percent of the cost, and for the second \$1,000, they estimate the insurance company would pay 50 percent. They estimate that, they do not guarantee it.

From the \$2,000 out of pocket to \$3,700 out of pocket, they estimate that the Republican plan will pay no part of the cost. The average senior citizen, 47 percent of the seniors end up with prescription drug bills that fall into that gap, between \$2,000 and \$3,700 out of pocket.

Again, I would ask, even if this coverage was available, and it will not be, but even if it was, why would seniors want to pay a premium that for a good percentage of their cost is going to pay absolutely nothing by the Republicans' own calculations? We can look at the bill in many ways, but the most ridiculous thing about it at all, frankly, is that there is this gaping hole where there is no coverage at all for 47 percent of the seniors who incur costs over \$2,000 a year.

I have already talked about the Democratic proposal and what it would do, so I am not going to go into that anymore this evening. But I did want to spend a little time on the issue of price because I think it is so important. We know, and we do not need statistics, because constituents have come up to Members over the past year and said the price of prescription drugs just keeps soaring, I cannot afford it.

The week before last when we were meeting and we finally voted on the bill, Families U.S.A., which is a health care consumer group, came out with a report on prices for prescription drugs. They basically pointed out very dramatically that for the most popular prescription drug medicines, prices rose three times the rate of inflation last year. I am going to go over some of the highlights from their press release of June 24.

It says, "The prices of the 50 most prescribed drugs for senior citizens rose

on average by nearly three times the rate of inflation last year according to a new report released today by Families U.S.A. The study analyzed price increases for the 50 most commonly prescribed drugs for seniors for the last year, January 2001 through January 2002, and then for the past 5 years and the past 10 years."

The report found that last year nearly 36 out of 50 of these drugs rose at least one-and-a-half times the rate of inflation while over one-third, 18 out of 50, rose three or more times the rate of inflation.

Then they go into the specific drugs. It shows dramatically in the report how bad the price situation is and why these prescription drugs are increasingly not affordable.

Well, what is the Republican House leadership's answer to that?

I have discussed the problem of the basic bill, and the gaping hole where almost 50 percent of the seniors would not get any benefit above a certain amount of money that they would have to put out of pocket. But just to ensure in the Republican bill that the price issue could not be addressed in any way by the Federal Government, by the Secretary of Health and Human Services, by the administrator of the program which the Republicans put forward, the Republicans put in the bill a clause that they call the noninterference clause, based on published reports in Congress Daily; and this was put in by the CATS, the Conservative Action Team, a group of conservative Republican Members in the House.

And this noninterference clause, and this is in the bill that passed a week ago, it says that the administrator of the Republican program may not require or institute a price structure for the reimbursement of covered outpatient drugs, and the administrator may not interfere in any way with negotiations between PDP sponsors and Medicare+Choice organizations and drug manufacturers, wholesalers or other suppliers of covered outpatient drugs. What this noninterference clause essentially says is that we do not want the administrator of this prescription drug program, the Federal program, to in any way try to negotiate or interfere with any pricing. Now, how outrageous can this be?

I mentioned before the whole goal of the Democratic alternative was not only to put prescription drugs under Medicare and guarantee that every senior and every disabled person under Medicare had a prescription drug benefit, and the same benefit throughout the country, but that because of the fact that now 30 or 40 million Americans were now under the auspices of Medicare for their prescription drugs, that the Secretary of Health and Human Services would have the power to negotiate price reductions because he represented all those seniors and disabled people.

The Democrats actually put in the bill, in their alternative, a clause that

mandates that the Secretary negotiate price reductions on behalf of those 30-40 million Americans. And we know it can be done. It is done by the Veterans Administration, by the military. It is done by other branches of the Federal Government in order to achieve major price reductions, 30-40 percent.

Not only do the Republicans not put their program under Medicare and do all of the other things that I have mentioned, but they specifically put in the bill that there cannot be any negotiations on price by the administrator of their program. Again, people say why would they do this? Why would well-meaning people insist that there be no negotiations over price in whatever program they are trying to set up?

I have no other answer than to say it is because they are essentially in the pockets of the pharmaceutical industry. The pharmaceutical industry insists that the Republican leadership not address the issue of price because they do not want to see any loss of profits.

I do not think that they would lose any profits because the bottom line is, all of a sudden now the prescription drug industry, the brand name pharmaceutical industry, is going to have all these seniors who they would be selling prescription medicine to that are not getting it now. The volume of their sales would skyrocket, but they are so afraid that there is going to be some negotiation over price that would reduce prices and somehow they would be negatively impacted, that they insist that there be a noninterference clause on price.

Mr. Speaker, Members do not have to believe me. I have backup information. The Washington Post, the day that the Republican bill was being considered in the Committee on Energy and the Commerce, of which I am a member, we had to break early at 5 p.m. and not finish the bill until the next day because the Republican National Committee was having a major fund-raiser; and a big part of it was being financed by the pharmaceutical industry. This was an article that appeared the next day in the Washington Post. It says, "Drug Firms Among Big Donors at GOP Event. Pharmaceutical companies are among 21 donors paying \$250,000 each for red-carpet treatment at tonight's GOP fund-raising gala starring President Bush, 2 days after Republicans unveiled a prescription drug plan the industry is backing, according to GOP officials."

Skipping down in the article, "Drug companies, in particular, have made a rich investment into tonight's gala. Robert Ingram, GlaxoSmithKline PLC's chief operating officer, is the chief corporate fund-raiser for the gala. His company gave at least \$250,000. Pharmaceutical Research and Manufacturers of America, a trade group funded by the drug companies, kicked in \$250,000, too. PhRMA, as it is best

known inside the Beltway, is also helping underwrite a television ad campaign touting the GOP's prescription drug plan.

Pfizer, Inc., contributed at least \$100,000 to the event, enough to earn the company the status of a vice chairman for the dinner. Eli Lilly, Bayer AG and Merck & Company each paid up to \$50,000 to sponsor a table. Republican officials said other drug companies donated money as part of the fund-raising extravaganza.

"Every company giving money to the event has business before Congress. But the juxtaposition of the prescription drug debate on Capitol Hill and drug companies helping underwrite a major fund-raiser highlights the tight relationship lawmakers have with groups seeking to influence the work before them.

"A senior House GOP leadership aide said yesterday that Republicans are working hard behind the scenes on behalf of PhRMA to make sure that the party's prescription drug plan for the elderly suits drug companies."

I am not going to continue to read. But in conjunction with all of this, what is the Republican leadership hoping for? They passed the bill. They are going to go over now to the other body and the other body is going to start the debate, and I hope that the other body comes up with a Medicare plan. But what we are going to see over the next few months, and it has already started, is a huge ad campaign financed primarily by the pharmaceutical industry, to try to convince the American public through TV and other media outlets that the Republican plan is the best bill.

It has already started. The United Seniors Association which is basically a senior group that is put together by PhRMA, the pharmaceutical trade group, they launched a \$3 million ad campaign before the debate touting the House GOP prescription drug plan which is based on, as I said, private insurers offering prescription drug coverage.

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PhRMA spokeswoman Jackie Cottrell admitted they had recently given United Seniors Association an unrestricted grant. According to the Associated Press, several Republican officials speaking under condition of anonymity said they understood that the Pharmaceutical Research and Manufacturers of America have provided the funds for the commercials.

Again, this is all in black and white. This is all easily documented. And I just think it is very sad. I think it is very sad that we ended up passing a Republican bill that is nothing more than a sham, something put out by the prescription drug industry so that the Republican leadership can say they have done something. We are talking about a Republican bill that will not work. Even if it did, the benefit is clearly inadequate, and I just think it

is very sad that we are here now; and after 2 years of myself and other Democrats talking about the need for a prescription drug plan that all we ended up with was something that is basically a bone for the prescription drug industry and which is probably going nowhere because it will not be taken seriously by the other House and never become law.

But I think we have to continue to speak out; we have to continue to point out that this is a major issue, that the price of prescription drugs will continue to rise, that more and more seniors will not be able to buy their prescription drug medicine and that something needs to be done that is real that is going to make a difference for them. And I would hate to see this just become a campaign issue. I would much rather that this were an issue that was resolved and that actually ended up with a benefit that passed both Houses and that went to the President and was signed into law. But I do not see that happening.

So, Mr. Speaker, I will conclude tonight, but I do intend to continue to bring this up over the next few weeks or the next few months because I think it is important that my colleagues understand that those of us on the Democratic side have not given up in trying to provide a real prescription drug benefit for seniors under Medicare and that as much as there may be ads and paid advertisements telling the American public that the Republican plan will accomplish something, that there needs to be voices here in the House of Representatives that say it will not and that it is just paid-for ads for a meaningless proposal and that at some point we will get together on a bipartisan basis and pass a meaningful prescription drug benefit that will actually provide a difference for America's seniors.

ENCOURAGING TOURISM IN COLORADO

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

Mr. MCINNIS. Mr. Speaker, I hold deep respect for the gentleman from New Jersey (Mr. PALLONE), and I find his comments on some occasions to have substantial merit. But let me tell you, having just heard his comments this evening, that was probably one of the most partisan speeches I have heard on this House floor. The gentleman from New Jersey stands up here and acts as if the Democratic Party takes no contributions and as if taking contributions is some kind of evil. I would be happy to yield time to the gentleman if he would like to come up and explain the trial lawyers in this country, where their proceeds go.

It is very easy when you are not charged with getting the mule train up

the mountain, it is very easy to sit on sidelines, as the gentleman from New Jersey (Mr. PALLONE) has done, and criticize the people who have to get that wagon up the mountain. It is always easy when you are not the one having to push or pull the wagon. It is always easy to sit on the wagon and demand more from the mules that are pulling that wagon.

I found those remarks almost outrageous, almost outrageous. Outside of the person who spoke them, who has, in my opinion, a great amount of integrity, that is the only thing that saved these remarks that we have just heard from being outrageous. Where was the gentleman from New Jersey when it was time for a bipartisan, not a partisan, effort, but a bipartisan effort to put a prescription care bill together? All we see is after we finally get something done, after finally this House begins to move on prescription care services, we always have the Monday morning quarterbacks that show up, and today happens to be Monday evening, so the Monday evening quarterbacks that show up and say, oh, my gosh, this was not right, you should have done this, you should have done that. But you never saw a shovel in their hands. You never saw them helping to dig the ditch. All they do is sit back there under the shade tree criticizing the people that have to dig the ditch. So I hope that we hold those comments in their proper context, and frankly in the future I would expect more from a gentleman of that capability and that integrity.

I want to move on to a couple different subjects this evening that I think are very important. First of all, as many of my colleagues know, I come from the State of Colorado. My district is the Third Congressional District of the State of Colorado, and all the substantial fires in Colorado are in the Third Congressional District and some of the damage by the fire of course has gone beyond the borders of the third district. It certainly has impacted the people of the State of Colorado, and I do not mean to underestimate the damage that these fires caused in their particular areas.

But what I want to stress to my colleagues is a very, very small fraction of Colorado actually went into flames and burned down. What is happening, what we are seeing out in Colorado is we are seeing a lot of negative publicity about the damage that these fires did. And again if you owned a home out there that was destroyed by a fire, you could not get much more negative press coverage. Of course it is devastating to you and of course the loss is terrible, but as a State I think we need to put it in its proper proportion because the impact of the negative stories we are seeing about those fires in Colorado, and by the way, all of those fires are pretty well controlled right now. I think all of them but one are contained, but the publicity in the press that we are seeing as a result of those