

In fact, I am sure it is much better than what they are going to get on the Federal program, and so the \$70 billion buyout or payout they are going to give to industry I do not think is going to stop the dumping of employees on to this program out of independent industrial programs that are covered by private industry and companies.

I think it is very realistic to believe those people will be put on the government program. So that is another cost that will be added to this program over the next 10 years.

This is an open-ended entitlement. The floor, the floor is \$400 billion. There is no ceiling. They will tell you there are some cost controls in it, but the fact of the matter is there really will not be, not over the long period of time; and the ultimate result of this is going to be an entitlement that is going to be like Medicare, like Medicaid. It is going to be out of control. It is not going to provide the benefits that the seniors anticipate, and I think they are going to be very, very angry.

So I would just like to say to my colleagues, tomorrow or the next day when we decide to vote on this bill, think about what the seniors' reaction is going to be. In 1988 we passed a catastrophic health care bill. Only 11 Members, as I recall, voted against it. I was one of the 11, and 1 year later we repealed it because the seniors were so angry when they found out what was in it. I think they are going to be angry with this bill as well, and I hope my colleagues will take that into consideration.

The SPEAKER pro tempore (Mr. ROGERS of Alabama). Under a previous order of the House, the gentleman from Texas (Mr. PAUL) is recognized for 5 minutes.

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

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

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

DISAPPOINTMENT AND OUTRAGE OVER RECENT RULING OF FCC

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mrs. JO ANN DAVIS) is recognized for 5 minutes.

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, today I rise to express my disappointment and outrage with the recent ruling by the Federal Communications Commission deeming the use of obscene language acceptable on television. Last month, the FCC ruled the use of what has been termed the "F word" in a live interview was not inappropriate, and its use in this case was

deemed acceptable. While I understand this FCC ruling addresses a specific instance, I strongly caution my colleagues to the dangerous precedent that this ruling sets.

This profane word has long been deemed inappropriate by American society and consequently has not been permitted on broadcast television and radio, and its use factors into movie ratings. However, with this recent FCC ruling, we are opening the door to a whole new world of what is deemed acceptable for television audiences.

I ask my colleagues, then, what are our standards? Where do we draw the line? If the use of this expletive is appropriate in this one instance, what is to deter additional uses of it in similar instances, and at what point does it remain inappropriate?

Again, I urge my colleagues to tread carefully and be mindful of what this ruling means for the future. We are sending the children of America mixed signals about what is decent behavior when we make exceptions to our standards, and I certainly do not think that we need to further complicate the complex period of childhood and adolescence.

Mr. Speaker, I ask then, why do we even have an FCC if they are not going to uphold rules of decency? Why do we even as a society even make laws if they are not going to be followed? Turning a blind eye to this assault on decency will do a great disservice to America and damage the integrity of our airwaves.

Mr. Speaker, the American public is currently under siege in their own homes. Every day, the Internet brings unsolicited and inappropriate material into the household through the dissemination of pornography. Our e-mail accounts are flooded with pornographic spam, making it necessary to utilize various controls and software to protect our children from being exposed to such obscene material.

I am encouraged by the Attorney General's efforts in combatting this problem, specifically the recent increased number of prosecutions for adult obscenity and pornography. Additionally, my colleagues in Congress are actively working on language to curb spam solicitations and to further protect Americans from unsolicited e-mails. In doing so, we will stop not only those annoying advertisements but also keep indecent images out of sight of our children. It is through such efforts that we are able to take important steps against the onslaught of sexual offenses that so often stem from obscenity and pornography.

The common decency of America is being tested, as little by little we are broadening the definition of acceptable and decent behavior. It is imperative that we now pause to carefully examine the decisions being made today that will ultimately impact the accepted standards of tomorrow.

PRICE AND AFFORDABILITY OF PRESCRIPTION DRUGS

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

Mr. EMANUEL. Mr. Speaker, this week we will be taking up the prescription drug bill, and what I find interesting, a number of us on both sides of the aisle have worked on the issue of bringing the cost of medications down to a level that our grandparents and parents could get the medications they need at the prices they can afford.

There are three ways to address the issue of price and affordability. One is through the issue of market mechanisms and free markets, allowing competition, people to buy their medications in Canada, Italy, France, Germany, having it brought into the United States at the prices where they are 40 to 50 percent cheaper and bringing that competition to bear on the price of medications. We have a closed market as it relates to pharmaceutical products. We are not allowed to have competition. Therefore, Americans pay the highest prices in the world. If we brought competition in, medications like Lipitor, Zocor, seeing what we see all over on our TV would be at the same prices that people in France, Germany, Canada, and England are paying at a 40 to 50 percent discount of what we see in our corner grocery store.

The second way we would bring prices down would be to allow the Secretary of Health and Human Services, Republican former Governor Tommy Thompson, to negotiate and create a Sam's Club out of Medicare. Like all the Sam's Clubs throughout the country, using the power of 41 million seniors, we can negotiate lower prices and bring bulk and the purchasing power of our seniors down. That is what a Sam's Club does. That is what everybody does and the private insurance business does.

This legislation prohibits the free market from operating, prohibits Sam's Clubs from being created under Medicare and also does a very weak job of allowing generics in the market to compete at a generic price versus a name-brand price.

In these areas we could get competition, bring the prices down to an affordable level so our parents and grandparents could afford the medications they need whether that be blood thinner, cholesterol medication, medication for their heart. In each area, Members of the Republican Congress in this body and the other body chose to ignore the free market and chose to keep prices artificially high here in America.

This is not only unfair to the seniors. What is worse, it is unfair to the taxpayers. I think we owe the common courtesy and decency to the taxpayers to get them the best price rather than the most expensive and premium price that they are paying today. If we are going to borrow \$400 billion in the largest expansion of an entitlement in over

40 years, do my colleagues not think we owe the common courtesy and decency to the taxpayers to get them the best price, not the premium price?

Today, Americans pay the most of any industrialized country for pharmaceutical products. Yet on each of the areas, market access and competition, bulk purchasing, or in generics, the conference took a punch. I understand why. I am not naive to politics. I understand who benefits.

There was an article in *The Washington Post* showing that the pharmaceutical industry would garner \$132 billion in additional revenue from this legislation, and who do my colleagues think is going to give that \$132 billion? Our parents, grandparents, and the taxpayers. That is the way the system works, but in each of these cases we could have done something to lower prices and make the needed medications more affordable and more accessible, and we chose not to.

That is why I am opposing this legislation. It does nothing to affect the price of prescription drugs that on average has gone up 15 to 20 percent a year as the cause of inflation. Prescription drugs are one of the single reasons for the rise of inflation in health care in general. We could do something to affect the prices of medications and we chose not to.

I think it is important to know, as somebody whose life was saved by types of medications, what the pharmaceutical industry does is very important. The research they do is very important. We Americans are the leaders in the world in new pharmaceutical research, and the reason is because the pharmaceutical industry here in the United States is the beneficiary of the generosity of the taxpayers. The research and development tax credit, all the research and development of new medications, life-saving medication is paid for by the taxpayers.

SUPPORT FOR THE CONFERENCE REPORT ON THE MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT

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

Mr. SHUSTER. Mr. Speaker, I rise tonight in support of the conference report for the Medicare Prescription Drug and Modernization Act. Tomorrow, this body is poised to pass historic legislation that will provide millions of seniors access to a responsible and affordable prescription drug benefit. Almost 40 years ago, a promise was made to seniors, a promise that they could depend on Medicare for affordable, reliable, and quality health care.

With passage of this conference report, we will achieve numerous goals that will strengthen the current Medicare program and will protect the most vulnerable seniors. Low-income seniors and those with extremely high pre-

scription drug costs are given specific consideration.

While at the same time bringing much-needed fiscal relief in the overall cost of prescription drugs to all seniors, by adding a voluntary prescription drug benefit and modernizing the program to give seniors more choice in their overall health plans, Congress has an opportunity to improve the quality of health care being provided in the Medicare program for millions of seniors.

As a Member that represents a rural district, I am also very pleased with many of the rural provider provisions contained in this report. Under this legislation, unequal payments for equal work will no longer be status quo for rural America's health care providers.

Hospitals are important to rural communities for three reasons. First and foremost, they provide health care services for the residents. Second, hospitals are an economic engine in rural communities, and in my district they are the first or second largest employer, providing good-paying jobs. Third, hospitals are an economic development tool. Without adequate access to health care, it is difficult for a community to retain and attract businesses. A strong health care system is vital to the strength and stability of any community.

I am also pleased that this conference report also contains a provision to establish health savings accounts. This will help not only seniors but all Americans to better afford their health care. Health savings accounts will allow individuals to save, grow and spend their hard-earned dollars tax free for necessary out-of-pocket medical expenses. These accounts will go a long way in helping to make health care more affordable for families and individuals of all ages.

Mr. Speaker, when I first ran for office 3 years ago, I committed myself to working toward adding a prescription drug benefit in Medicare. I am pleased to support this conference report which I believe will move Medicare into the 21st century, and I urge all my colleagues to do the same.

□ 2100

The SPEAKER pro tempore (Mr. ROGERS of Alabama). Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

CASTRO SEEKS TO KILL PEACEFUL CUBAN DISSIDENT DR. OSCAR ELIAS BISCET

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

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I try to come to

this floor every week to highlight the existence of the individual cases of political prisoners on an island only 90 miles away from the United States, thousands of political prisoners, thousands upon thousands. Tonight, I speak of perhaps the most, or certainly one of the most respected of the political prisoners in the enslaved island of Cuba, Dr. Oscar Elias Biscet.

Dr. Biscet, prisoner of conscience, declared a prisoner of conscience by Amnesty International, is an extraordinary man. He maintains a philosophy of nonviolence, and yet his nonviolence has been responded to continuously by the violence of what is without any doubt a gangster regime run by the gangster in chief, the totalitarian tyrant of Cuba.

Now, Dr. Biscet was sentenced to 3 years in the Cuban gulag. He was sentenced in 1998 to 3 years in a Cuban gulag. When he was released last October, October of 2002, he was out of prison only a few weeks when he was rounded up again and sentenced this time for "association with enemies of the State," and he was sentenced, along with over 75 other peaceful dissidents and independent journalists, to 25 years in the Cuban gulag.

A few weeks ago, they told Dr. Biscet that he was going to be placed with a serial killer, someone who was a common criminal and who had murdered many, many people. He objected to that. As a consequence of his objection, Dr. Biscet has been placed in what is called the tomb. He is underground in solitary confinement, in a punishment cell. And so that he fully understood the dimension of his punishment, a serial killer was placed along with him in the tomb. So Dr. Biscet is at this moment in a tomb in the Cuban gulag because he believes in freedom and democracy, and he has espoused support for Mahatma Gandhi and for Martin Luther King and the peaceful methods to achieve the change that those great leaders represent.

The question I ask this evening, the one question which begs to be asked of our colleagues, is how can they come here time and time again to this floor and in the other House to ask for measures that would provide additional revenue to that dictatorship; some of them after having received one of the 8-hour or 10-hour banquets that the Cuban dictator likes to offer to his friends, they have come here and been zealous advocates for someone who they consider so charming, so admirable, so intelligent? In fact, one of our colleagues was so impressed with the Cuban tyrant when Castro told him that his shoes were dirty, that he should shine his shoes, that he melted in admiration before the charming tyrant, who has such interesting comments, this tyrant who maintains thousands of men and women in the gulag because of their support of men and women believing in freedom and democracy.

Another question is begged, Mr. Speaker: Where is the free press that