

less. And number four, the local hospital or clinic, which is often struggling to survive in a small town, would receive added funds.

So I think this bill makes sense. I would urge my colleagues to support it.

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

#### MEDICARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise tonight to address the most important issue of Medicare reform. As a former nurse, I have spent much of my career working to ensure that our Nation's healthcare system provides a wide range of affordable services, and we as Members of Congress must be fiscally responsible when it comes to making decisions regarding our budget. Fiscal responsibility entails looking at the whole picture and seeing the effect it may have on all individuals in society. I will continue to work hard to ensure that those who have given to the system will receive their just rewards. This includes continuing to help those who would like to help themselves by providing a means for them to do just that. I will continue to favor programs such as welfare and Medicare that have this objective in mind, and I will oppose any legislation that provides tax cuts which do not benefit all of society.

In the year 2000 at my request the House Committee on Government Reform conducted research on prescription drug costs in the Dallas-Fortworth Metroplex. The results of this study were astounding. Seniors in my congressional district paid 122 percent more for prescription drugs than do members of managed care plans and Federal employees. Last Congress I was very disappointed when the House passed the Medicare Prescription Drug Benefit bill, H.R. 4954. This bill passed closely along party lines, did not entitle seniors to any particular drug benefit plan. Instead, this standard benefit is merely a suggestion for what private plans might offer. Unfortunately, we are poised to repeat history if we pass this Republican Medicare bill. I oppose the Republican Medicare bill because it does not ensure that citizens and people with disabilities get the long overdue Medicare prescription drug benefit that is available and affordable to all.

There are two essential changes that are needed for the Republican Medicare bill to become palatable. First, the bill must be amended to include a uniform, defined prescription drug benefit that

is universally available through Medicare. Second, the bill must reject proposals to privatize the program. These two changes are critical. The Republican Medicare bill must provide a guaranteed drug benefit managed by Medicare. Beneficiaries in traditional Medicare cannot be disadvantaged should private plans be allowed to compete to provide Medicare benefits. Our proposed Democratic amendment would have added a stable, defined drug benefit in Medicare.

It is time that we acknowledge that there is an America that is waiting for relief. It is also time for us to acknowledge that the people deserve a little attention rather than the corporations and pharmaceutical companies getting all of the breaks.

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

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

#### MICHIGAN AFFIRMATIVE ACTION CASES

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

Mr. KING of Iowa. Mr. Speaker, I would like to address the House and the United States of America with regard to the decision rendered by the Supreme Court that came down I believe it was yesterday in the case of Grutter v. Bollinger and Gratz v. Bollinger, University of Michigan undergraduate school and the University of Michigan School of Law. I went over to the Supreme Court. I believe that case was heard on April 19, and I was the only member of my conference to be there in that Supreme Court hearing room that day.

This Constitution means something to me. I have dealt with affirmative action. I am a contractor by trade. I have done so for 28 years. I have hired people of all different kinds of backgrounds and talents and ethnicities, and I have also done Federal contracts where I have run into a situation where there will be a certain situation quota or a goal assigned to me, and sometimes that is not available and we have had to drop contracts because we were not able to meet that requirement. So I paid real attention to this, and I think it is important that everyone have equal opportunity. That is what Martin Luther King asked for. That is what our Constitution calls for, and that is what we should provide by the laws that we promote here in this Congress and by the Supreme Court that meets over across the way.

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I thought I went over there to hear a constitutional argument. In my na-

ivete I expected that would be the bulk of the discussion that took place that day in that little over-2 hours of discussion. In fact, I heard very little constitutional argument. About two-thirds to three-quarters of the comments and questions that were directed by the Justices had to do with the result, not the constitutionality, not the language, the definition, or the intent of Congress; simply the result of a decision that they might make.

And an interesting thing: as I tried to find my way into the Supreme Court room, it was packed out front, and it looked like they let out the D.C. schools for the day to go demonstrate at the U.S. Supreme Court. They were carrying signs that said: "Support equality, defend affirmative action."

Well, Mr. Speaker, I did not take a logic class, but those two things do not connect for me, and I do not think they connect for most Americans. We are either going to have equality or we are not going to have equality; but a preferential treatment program, by definition, is contrary to equality. And that is what affirmative action is, and that is what the case was there to be heard for.

So I went to the oral arguments in those cases, and I am profoundly disappointed that the Supreme Court did not outlaw racial preferences in their decision in the Grutter and the Gratz cases, and in the lack of focus on constitutional arguments.

As I left there, and I talked to attorneys about this, me not being one, and I told them that I was astonished that the Justices in the Supreme Court did not focus their arguments on the Constitution. They told me they were focusing their questions and their comments on Justice O'Connor, because well, all right, that is another issue then, and she has written the majority opinion. Apparently, they were focusing on her for the right reason. Apparently, she was not evaluating the Constitution, or we would have had an entirely different majority decision, certainly by the one that wrote the majority.

But I did hear one reference to the Constitution. I actually heard more than one, but the one that stands out in my mind was Justice Scalia's reference, when he asked the University of Michigan attorney, he said, If this court rules against you and it results in one minority in the School of Law, 100 percent minorities are no minorities, what possible constitutional difference can that make? And my colleagues can check the record, Mr. Speaker. I do not think they will see that there is a logical answer to that. So we ended up with the decision that we got.

Now, the Court got it right when they struck down the point system by the University of Michigan's undergraduate programs. University admissions should be color blind. A student's race should never matter more than a 4.0, a perfect SAT score, or a flawless essay.

I am not a lawyer, but it does not take a lawyer to know that the Supreme Court missed the mark when they upheld the program at the University of Michigan Law School that relies on race and the law school admissions decision-making process. The race-based admissions policy violates Martin Luther King's call for a color-blind society. Admission should be determined based on criteria that reward excellence, not race. It is paternalistic for minority students to be given preferential treatment. All students should have the same opportunities to succeed, regardless of color.

I agree with Justice Thomas when he said of the majority opinion in the Grutter case, "For the immediate future, however, the majority has placed its imprimatur on a practice that can only weaken the principle of equality embodied in the Declaration of Independence and the Equal Protection Clause." He then quoted the landmark case of Plessy v. Ferguson: "Our Constitution is color-blind, and neither knows nor tolerates classes among citizens."

Justice Thomas hit the nail on the head when he wrote of the lack of principle in the majority opinion: "I can only presume that the majority's failure to justify its decision by reference to any principle arises from the absence of any such principle." Justice Thomas, I agree. And I agree that the only principle in the majority opinion in Grutter was the principle of expediency to allow racial preferences. Certainly, constitutional principles were not involved. The Fourteenth amendment prohibits such race-based admissions decisions. Our Constitution is color-blind. Obviously, a majority of the Supreme Court is not.

#### SUPPORT THE FREE MARKET PRESCRIPTION DRUG BILL

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

Mr. EMANUEL. Mr. Speaker, we are about to take up the prescription drug bill, and a group of Democrats and Republicans have come together on an amendment to the legislation that is the free market prescription drug bill. It has three components.

One is to bring generics to market so we can have competition between generics and name-brand drugs and force the prices down and make medications more affordable to more and more, not only of our elderly, but all consumers, and also help private businesses on their health care costs through their insurance policy.

The second provision allows consumers and also the government and also the private sector to buy prescription drugs in anywhere of the 27 countries, be they Great Britain, France, Germany, Canada, Italy, England. They allow it in Holland, where you

can get competitive prices. Because today, in Germany, many of the name-brand drugs are 30, 40, 50 percent cheaper than they are here. And we can bring competition and the market forces to bear on the prices to make medications more affordable for our American consumers.

The third provision is that the taxpayers have been funding research through the National Institutes of Health. The truth is the NIH is one of the largest venture funds in the world. Yet American taxpayers get no return on their investment through the NIH. All the cancer drugs, all the AIDS drugs, a great deal of the blood thinner drugs and medications, and arthritis drugs were funded through government research.

In the private sector, many people who invest look for a 30 percent return on their investment. The taxpayer, through the government, gets no return on their investment. This legislation would call for a 10 percent return to the taxpayers for that research for all of the new medications the taxpayers have funded, and we could make the NIH and the FDA, Food and Drug Administration, self-funded in the future. In my view it would keep America in the forefront of new medication. We could bring medications down in price, and we could get real competition and make medications affordable.

What is really missing in this whole debate, in my view, is bringing the free market to play and to bear, and it would be successful. Unfortunately, the American taxpayer has been funding all the research and the only benefit we have gotten is that we pay the highest price. As we would say in Chicago, "such a deal."

Now, the truth is, in England, France, Canada, Germany, Italy, American-made pharmaceutical drugs are 30 to 40 to 50 percent cheaper in those countries than they are here at home. The American consumer, the American senior citizen, is the profit guinea pig for the pharmaceutical companies. For too long they have been gouging our seniors, using our elderly to make up their profit margins, while in Canada, in Germany, in France and in England they are getting cheaper prices. So it has a bipartisan approach around a commonsense set of principles to make medications, the drugs people need for their children, for themselves, or for their grandparents, more affordable, more accessible.

Now, why would it be that if we are about to go spend \$400 billion over 10 years, why would we deny the government the ability, through the taxpayers, the ability to stretch that \$400 billion to get more out of it? Nowhere else in the private sector would we do that. We are denying ourselves the right to use competition to bring down the price, to make medications more affordable to all of the folks, be they elderly or kids or families, so the family budget, the business budget, and the government's budget go cheaper.

I have confidence in the free market. I wish some of my colleagues here on the other side of the aisle would have as much confidence as we have in the free market. I do not know what they are all scared of. We would have generics competing against name-brand drugs, and we could pick based on price and quality. You would be able to buy drugs at the local pharmacy, or if you look on the Internet and find the same drug cheaper in Germany, you buy it there. If globalization is such a great thing, why do we not allow it to work for everybody, not just for a select few? Why let Germany get the advantages of cheaper medications made here in America by American companies funded by American taxpayers?

On the last account, allow our taxpayers to reap the benefits of their tax-funded research.

Mr. Speaker, in the private sector world, if you get less than 30 percent on your return, you know what you are called? Dumb money. I wonder how long we are going to treat the taxpayers as dumb money around here. This is taxpayer-funded research. Every drug related to cancer has been funded in part by taxpayer money; and the only thing we are guaranteed besides the medications, which we are not guaranteed, is to pay the highest price in the world for that medication. Yet people in Germany and England pay half that price.

I have full confidence, along with my colleagues on the other side and folks on this side of the aisle. We have come together on a common set of principles with a common set of values to ensure affordability and return for taxpayer rights on their investment.

I know the pharmaceutical companies do not want this bill because it would finally bring some real sensible principles like the free market to bear on the pharmaceutical industry and on the pricing of medication.

So I hope that we have the opportunity to offer this amendment and everybody can either start not just talking the talk, but start walking the walk when it comes to their views in espousing the free market.

#### REPUBLICAN PARTY PRINCIPLES OF LIMITED GOVERNMENT, ECONOMIC FREEDOM, AND INDIVIDUAL RESPONSIBILITY SHOULD PREVAIL

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

Mr. FLAKE. Mr. Speaker, I rise today out of some reluctance to take a position at variance with the leadership of my party. I do so, however, because I believe that the direction we are headed with this bill on prescription drugs is inconsistent with the Republican Party's principles of limited government, economic freedom, and individual responsibility.

I hope that my opposition to this bill does not imply my support for the