

Last week, when justice was served, the weak-kneed do-gooders and media had a heyday. Headlines surfaced and everyone focused on the number 1,000. Boyd was portrayed as a martyr. If the media was so gung ho keeping score, why did very few of them also report the number 558,000?

Mr. Speaker, this higher number is the total number of murder victims since the ruling in 1976. That is 558,000 people murdered by killers here in the United States. And who is carrying the torch for their cause? We continuously hear about the murderers, but we hear very little about the victims of crime.

Mr. Speaker, as a former judge and prosecutor, I have witnessed firsthand how victims are being treated in the justice system. Being a victim is a terrifying and unforgettable nightmare; then to become a victim at the hands of the criminal justice system is shameful, especially in a system that claims to have justice for all. The first duty of government must be to protect its citizens and victims, and victims should never be ignored to the benefit of criminals.

A Federal judge in Houston is now playing his role in overlooking the victims of crime as well. In June 1994, Charles Raby was sentenced to death for the 1992 slaying of 72-year-old Edna Franklin. Her throat was slit twice, her ribs were broken, and her body was stabbed numerous times with a knife. Charles Raby is currently on death row waiting to be executed, but he has filed another lawsuit challenging the constitutionality of lethal injection on the grounds it is cruel and unusual punishment.

U.S. District Judge Lynn Hughes recently denied a motion by the State Attorney General to dismiss Raby's ridiculous claim, and now he will be given access to State documents and employees to try to prove this worthless claim. This man brutally killed a 72-year-old woman with a knife and Judge Hughes is concerned his execution may be painful. Where was this Federal judge when Edna Franklin was brutally executed? This ought not to be.

Mr. Speaker, victims deserve to be treated better than this. We as a culture must not stand by and do nothing while those 558,000 were murdered and others hurt in our country. We must support victims of crime, and we must make sure the criminals who commit crimes against them pay for those acts of violence.

There are too many victims who cannot stand up for their own rights, and so it is up to us as concerned citizens, justice officials, public policymakers, and Members of this Congress to stand up for the rights of every homicide victim in this Nation to honor their memories through action. By continuing our commitment to helping the families and friends of murdered victims, and promoting a crime policy that ensures a place at the table of justice for them, we honor those lives that were stolen by senseless violence.

The theme of the 2005 National Crime Victims Week put it best: Justice is not served until crime victims are. That is just the way it is.

MEDICARE PRESCRIPTION DRUG BENEFIT

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, on December 8, 2003, President Bush signed the Medicare drug benefit act into law. At the signing, the President hailed the law as the greatest advance in health care coverage for America's seniors since the founding of Medicare. Here we are 2 years later, less than a month before the program begins, and so far the benefit as it relates to the consumer, i.e. the senior citizens, the 42 million senior citizens across this country, is an absolute failure.

It has failed because my colleagues on the other side who wrote this bill refuse to adhere to the number one rule of any business, which is that the customer comes first. And that customer in this case is senior citizens.

This bill was never designed with senior citizens in mind. It was designed with the pharmaceutical industry and the private insurers in mind, who are making on average \$130 billion to \$132 billion over the next 10 years in more profits than they would have made had this bill not been in place.

Senior citizens all over this country, regardless of district, regardless of region, regardless of income, regardless of education are all saying the same thing, that the bill is too complex. Part D, as it relates to prescription drugs, is way too complex. This is a case where simplicity trumped choice. We have given them so much choice, it is so complicated that nobody can figure out how to get the "benefit" of the prescription drug.

In fact, the drug manufacturers will see an extra \$130 billion in profits over the next 10 years. Private insurers, we actually have an HMO slush fund where private insurers are rewarded with up to \$130 billion in additional profits over the next 10 years because of overpayments.

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So it is not just bad for our senior citizens, but because we are paying more, it is bad for our taxpayers. We could be doing better.

There are also three other provisions in this bill that left the basic principles of the private sector out.

First, competition. We should have allowed the reimportation of pharmaceutical products from Canada and Europe. That competition of pricing that goes on in Canada, France, Germany, England, Ireland, with what happens here in the United States, we would have had prices that are 50 percent cheaper. That is good for our senior citizens and good for our taxpayers

who are being asked to pay for a pharmaceutical bill that is \$800 billion over 10 years, not the \$400 billion as advertised.

Second, the legislation designed by the Republicans specifically prohibits the Federal Government from negotiating lower prices. Just like Sam's Club does, just like Target does, just like any business that negotiations with their services, they get the best price because of competition, this legislation left the number one principle of private sector, negotiate for the best price.

So what has happened? According to the Government Reform Committee, they found that the new Medicaid drug benefit has done nothing to hold prices down. In fact, today, Medicare prices are 61 percent higher than the average price in Canada for the same medication, and 84 percent higher than the federally-negotiated prices that we do under the Veterans Administration. There is no price system, no competition in this bill as it relates to reimportation and as it relates to negotiation of price.

Third, it puts more barriers in place to getting generics into the market to compete against name-brand drugs. If we followed those three principles: Reimportation to allow competition and choice; negotiation between the government and the prescription drug companies just like the VA does, just like Sam's Club does, just like Target does, just like any company that negotiates with its sources and suppliers to get the best price; and third, allow generics into the market quicker, the taxpayers would have saved money and we would have delivered a better product to our senior citizens, and we would have had price control.

Right now, the only beneficiary out of this are the pharmaceutical companies and the insurance companies. The senior citizens and the taxpayers are being left behind. This bill never had the number one person in mind, the customer, the taxpayer and the senior citizen in mind, when drafting this bill.

It also failed at having a discount card. So few seniors signed up because there was no discount. In the greatest expansion of Medicare in terms of an entitlement, we were originally told this bill was going to cost \$400 billion. It is going to cost \$800 billion, and it is mounting and there has been nothing done to control the prices.

Once the errors were discovered, CMS directed seniors to Medicare's Web site, even though over 75 percent of the seniors have never used the Internet. There are serious and widespread problems, according to the Government Accountability Office.

Mr. Speaker, the Medicare prescription drug benefit is a failure because it was never designed with a customer in mind.

PANDEMIC PREPAREDNESS

The SPEAKER pro tempore (Mr. MCCAUL). Under a previous order of the

House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

Mr. BURGESS. Mr. Speaker, I hope the gentleman from Illinois will be helping his seniors sign up for this program. It is a good program, and my constituents in Texas are benefiting from it.

But I came tonight to talk a little bit about the President's pandemic plan from a legislator's perspective. The past is prologue. We saw in 2003 the beginnings of an outbreak of an illness called SARS. SARS ended up killing 800 people which is a significant number of deaths, but nowhere near as high as it could have been.

Did we defeat SARS with an antiviral, no. Did we defeat SARS with a vaccine, no. In fact, we did not get a vaccine for SARS even though the CDC and the NIH very quickly came up with the genetic sequencing for the DNA on the SARS virus. But SARS was beaten the old-fashioned way, by carefully epidemiology sleuthing and quarantine.

I had a radio host ask me the other day, he thought SARS was perhaps a sham. He kind of dismissed the idea, but the reality is that this disease was contained by those old-fashioned methods, and in fact, it never materialized to the threat we thought it would be. In fact, ask the good people in the tourism business in Toronto if they felt that SARS affected them in that area.

But as we move on to the discussion of avian flu, I am a Republican. I believe in limited government. So do we need a big government solution to the pandemic profile that we may be presented? Well, I have also believed in empowering the individual and believe there is a degree of inertia in big government that hampers the ability to respond to a rapidly evolving crisis. Look at what happened down at the gulf coast with the hurricanes.

But there is a role for government in this situation because the potential for human death and destruction is so vast. It is going to involve the public sector, the private sector, and academia, and all of those areas will need to be on their best game in order to defeat this virus.

What can Congress do and what should Congress do and specifically, what should the House of Representatives do? Well, we hold hearings and we do that pretty well. We have held several hearings in Energy and Commerce about the problem of the pandemic flu. They have educated Members.

Congress can certainly travel. We do that well. In fact, several Members have traveled to other areas in Asia. I know Secretary Leavitt from HHS traveled to Southeast Asia to see what is happening with the virus in birds in that part of the world, and I know several Members who are planning travel in the future. That is a good thing.

We can communicate and talk to the press and talk to the media and talk to each other. We can educate each other and make certain that we are all individually educated about this threat

and that we communicate with our State departments of health and our local health departments. This has the potential for being such a big issue that 1 to 2 million Americans dying is so significant that it requires a commitment. It requires reform. It requires change, and I would like to add that it requires a promise.

Under commitment, we have got to commit the money for research and development on vaccines and technologies. We have to streamline the regulatory process at the FDA. The FDA is very close to approving a vaccine for the current bird flu. But the reality is if the virus becomes active in humans, it will change. It will do that through mutation, and this virus may not be effective against the vaccine that is being developed.

So if the virus mutates, there has got to be a way to quickly get that approval through the FDA for the new vaccine.

The distribution network. We are still seeing areas of the country that cannot get the current flu vaccine to distribute to their citizens, so the distributive network for this vaccine is going to have to be significantly improved.

Most importantly, these manufacturing facilities are going to have to be sited within the United States. With all due respect to the former speaker, and wanting to get drugs from Canada and other areas, can we count on the good people in Belgium to give us the vaccine if we need it when their citizens need it as well? This vaccine will have to be manufactured within our shores.

We have to improve the science on producing vaccines. We saw what happened last year with the egg-based vaccine for the flu vaccine: A bacterial contamination ruined a large batch and it was unavailable. We are going to have to progress to the cell-based system. It is time for vaccine manufacturing to come out of the 1950s and get into the 21st century. Our commitment of research and development money will help that happen, and when that happens, the time required to develop the vaccine and get it available to people will vastly improve.

Under the reform criteria, medical liability reform. The medical justice system has to be fair. We are going to need to provide some limits on liability for not just the vaccine itself, but adjuvants that might be added to the vaccine, preservatives that might be added to the vaccine. And what if the outbreak is so severe and the vaccine is in short supply, and it is required to dilute the vaccine. We need some degree of liability production, but at the same time, to ensure indemnification of those first responders who we are going to require to be on the front lines if this pandemic really picks up speed.

We need to change. There is going to have to be some degree of antitrust reform, and this Congress may have been called upon to do that. Some compa-

nies have been proactive in discussing what can be done to ramp up productions of vaccines or antivirals, such as Tamiflu.

And finally, a promise. The concept of guaranteed purchase or product or advanced purchase. We need to look to the future. We need to find a universal vaccine.

Mr. Speaker, The Los Angeles Times, on November 14, 2005, wrote, "Instead of being bamboozled by the flu virus' showy costume changes, scientists would pick dowdy, less prominent parts of the virus, the housekeeping features that do not change year to year and are common to all strains. Presenting these pieces to the human immune system would prompt the vaccinated person to recognize and fight off any influenza virus."

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4297, TAX RELIEF EXTENSION RECONCILIATION ACT OF 2005

Mr. PUTNAM, from the Committee on Rules, submitted a privileged report (Rept. No. 109-330) on the resolution (H. Res. 588) providing for consideration of the bill (H.R. 4297) to provide for reconciliation pursuant to section 201(b) of the concurrent resolution on the budget for fiscal year 2006, which was referred to the House Calendar and ordered to be printed.

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

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

CHENEY'S SCORCHED EARTH POLITICS

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Oregon (Mr. DEFAZIO).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

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

Ms. WOOLSEY. Mr. Speaker, the White House is fast approaching a new low when it comes to smearing those of us who oppose the disastrous Iraq War. Before the Thanksgiving recess, Vice President DICK CHENEY declared that suggesting the administration deceived the Nation to justify the Iraq invasion, and I quote him, "is one of the most dishonest and reprehensible charges ever aired in this city."

Well, first of all, being called "dishonest" by DICK CHENEY is kind of like being told by Imelda Marcos that you have a shoe fetish. I thought it was