the aftermath of U.S. redeployment from Iraq and the growing nuclear capabilities of Iran. Puts Iraq's reconstruction back on track with targeted international funds. Counters extremist Islamic ideology around the globe through long-term efforts to support the creation of democratic institutions and press freedoms.

As the Center for American Progress documents in its last quarterly report (October 24, 2006), the benefits of strategic redeployment are significant: Restore the strength of U.S. ground troops. Exercise a strategic shift to meet global threats from Islamic extremists. Prevent U.S. troops from being caught in the middle of a civil war in Iraq. Avert mass sectarian and ethnic cleansing in Iraq. Provide time for Iraq's elected leaders to strike a power-sharing agreement. Empower Iraq's security forces to take control. Get Iraqis fighting to end the occupation to lay down their arms. Motivate the U.N., global, and regional powers to become more involved in Iraq. Give the U.S. the moral, political, and military power to deal with Iran's attempt to develop nuclear weapons. Prevent an outbreak of isolationism in the United States.

Mr. Speaker, rather than surging militarily for the third time in a year, the president should surge diplomatically. A further military escalation would simply mean repeating a failed strategy. A diplomatic surge would involve appointing an individual with the stature of a former secretary of state, such as Colin Powell or Madeleine Albright, as a special envoy. This person would be charged with getting all six of Iraq's neighbors—Iran, Turkey, Syria, Jordan, Saudi Arabia, and Kuwait—involved more constructively in stabilizing Iraq. These countries are already involved in a bilateral, self-interested and disorganized way.

While their interests and ours are not identical, none of these countries wants to live with an Iraq that, after our redeployment, becomes a failed state or a humanitarian catastrophe that could become a haven for terrorists or a hemorrhage of millions more refugees streaming into their countries.

The high-profile envoy would also address the Israeli-Palestinian conflict, the role of Hezbollah and Syria in Lebanon, and Iran's rising influence in the region. The aim would not be necessarily to solve these problems, but to prevent them from getting worse and to show the Arab and Muslim world that we share their concerns about the problems in this region.

Mr. Speaker, the President's plan has not worked. Doing the same thing over and over and expecting a different result is, as we all know, a definition of insanity. It is time to try something new. It is time for change. It is time for a new direction.

OUT OF IRAQ

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

Ms. SCHAKOWSKY. Mr. Speaker, it is good to see you in the Chair, and I thank the gentleman for allowing me to do this.

I am a proud member of the Out of Iraq Caucus, and my office has been flooded with letters and calls from constituents who want the President to start bringing the troops home from Iraq. According to all the polls, an overwhelming number of Americans are opposed to any escalation.

Instead of a plan to begin redeployment, Americans heard a giant sucking sound from President Bush last night, pulling our troops further into the civil war that has already taken the lives of so many of our brave sons and daughters.

The President is dealing with an Iraq that exists only in his imagination. I challenge the President to answer the questions: Who are our allies? Who are our enemies? What does winning mean? How long will American troops be there? How many lives are you willing to sacrifice?

Escalation presumes a military solution is still possible. The catastrophe facing Iraq is political, and yet there is no evidence of a political process that has any hope of achieving any kind of reconciliation or success.

The President has virtually fired General John Abizaid, our top commander for Iraq in the region, who consulted with all of the divisional commanders and asked them in their professional opinion, if we were to bring in more troops would it add considerably to our ability to achieve success in Iraq. They all said no, but the President has not listened.

The British have announced that rather than escalating their participation in this war, they are going to bring 3,000 troops out of Iraq in May.

□ 1800

We are not receiving support from any allies. So it seems to me, as now a sponsor of the Markey-Kennedy bill, H.R. 353, that Congress has to step in, has to state its belief that this escalation is misguided. And according to the Markey-Kennedy bill, it would prevent the President from spending another taxpayer dollar to increase troop levels in Iraq without the consent of Congress. And after 4 years, it is time for President Bush to wake up and realize that his policy in Iraq has failed. Most of the country has already come to that conclusion.

Now, we must renew our military, work to restore our diplomatic credibility and, above all, begin redeploying our troops out of Iraq.

And I would like to yield the remaining time to my colleague from California, LYNN WOOLSEY.

Ms. WOOLSEY. First, I would like to thank the Congresswoman from California for her leadership tonight with this special order and also her leadership of the Out of Iraq Caucus.

I will echo, to save time, every single word that has come out of the mouths of my colleagues this evening. But there is one thing we have not talked about that, every single time I am interviewed, somebody says: But Congresswoman, what will happen to the Iraqi people if the United States leaves?

My answer is asking them a question right back: Have you not paid attention to what is happening to the Iraqi people right now with our very presence?

It is my opinion, and my belief, and I know that I am right, when the United States Army military leaves Iraq, the insurgency will calm down. The United States then is responsible to work internationally to help Iraq rebuild its country, invest in its infrastructure, invest in its economy, invest in its education and help their people with getting their feet back on the ground.

And I will end by just saying this. The United States is not going to determine the fate of Iraq. Only the Iraqis will determine their fate.

MEDICARE PART D PRESCRIPTION DRUG PROGRAM

The SPEAKER pro tempore (Mr. PERLMUTTER). The gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes.

Mr. GINGREY. Mr. Speaker, this opportunity for the minority party during this hour is dedicated to the subject of what we are going to be dealing with tomorrow, H.R. 5, and that regards the Medicare Part D prescription drug, allowing or, in fact, requiring the Secretary to negotiate prices. And this is a hugely important issue.

But I want to take just a minute to respond to my colleagues on the other side of the aisle that just spent their hour with the Out of Iraq Caucus. In fact, they asked me for permission for an additional 5 minutes because they had some very passionate Members that had not had an opportunity to speak.

I gladly granted them that opportunity. That is what makes this Congress great. That is what makes this country great, the willingness to listen to diverse opinions.

But I want to say, and I want to take just a few minutes before we get into the discussion of Medicare Part D, how diametrically opposed I am to what the Out of Iraq group just had to say during this last hour, and, indeed, Mr. Speaker, hour and 5 minutes.

I don't object to their right to have that opinion. I do certainly take exception, Mr. Speaker, and my colleagues, when folks stand up here, and I am not talking about new Members of this body. In fact, there was one new Member from Illinois, the gentleman from Illinois, who is going to be part of the Out of Iraq Caucus. I am talking about very senior, thoughtful Members. To stand up and suggest that the President lied to the American people, I think, is really not, in fact, even close to being the truth.

The President, I think, is an honest man. And last night, Mr. Speaker, in his presentation to the American people, I thought he did an excellent job of explaining why it is so important for us to try to apply, if not a knock out blow to the insurgence and the terrorism, the sectarian violence that is

going on in and around Baghdad, certainly, to strike a blow that would put them on the ropes, would get us off the ropes and put them on the ropes. And yet, we hear from the majority party wanting to tie the President's hands behind his back and our great military.

I think we have got a wonderful opportunity. Mistakes have been made. Absolutely. There is no question about that. I think the President acknowledged that last night in his 20-minute speech to the Nation. But we have an opportunity.

And this is really, I want my colleagues to think about this. This is not about the President's legacy. This is not about the legacy of Donald Rumsfeld, or General Abizaid or even our new Secretary of Defense, Robert Gates, who we just heard from in a 3-hour hearing at the House Armed Services Committee, or our Chairman of the Joint Chiefs of Staff, Peter Pace, or General Petraeus. This is about 23 million Iraqi people. This is about the citizens of the United States of America. This is about the entire Middle East. In fact, this is about 6 billion people on this planet. And we have to, in my opinion, we have to support the plan. If we don't, even if our colleagues in the Out of Iraq Caucus absolutely abhor this President and would like to see his legacy be one of failure, surely, surely, they are with the American people. And I think they are. I think deep down within their heart, they are.

But I am absolutely convinced that they have not thought about the consequences of, all of a sudden, I mean, almost instantaneously pulling our troops out of Iraq, as they say. And I have heard many of them say that, Mr. Speaker, and my colleagues. And the fact that, if that would happen, I think you would, indeed, have another Vietnam. You would, indeed, have a total bedlam and sectarian violence in the country of Iraq. You would have Syria and Iran taking over the Middle East.

And I just wonder how much longer the country of 7 million people in Israel would last. I mean, they have already pledged, Ahmadinejad and others, to drive them into the sea. And what respect, Mr. Speaker, would the world have for the United States of America if we, indeed, cut and run?

I am not suggesting that that is what they are saying. But I think that is a perception that the rest of the world would have. You cannot depend on the United States. And those terrorists would be back after us again.

We haven't had another 9/11 or any kind of a terrorist attack on this soil in 5½ years. But if we follow the recommendation of the Out of Iraq Caucus in this Congress, that is exactly what will happen. It will be far worse than 3,000 lost lives, of innocent people.

Certainly, the gentleman from Illinois, the new Member, I have great respect for all of the new Members, Mr. Speaker. And he talked about Martin Luther King, a man of peace. We need people, like Martin Luther King, that pray for world peace. I pray for world peace every day, and I know all of my colleagues do.

But we also need fighting men and women. We need a strong military when we get attacked, an unprovoked attack, when those prayers are not working so that we can defend this Nation.

So I am glad to give them an extra 5 minutes so it gives me an opportunity to refute most of what was said here in the last hour.

With that, Mr. Speaker, I will turn to the subject of the hour, and that, of course, is what is going to be on this floor tomorrow as part of the new Democratic majority's 100 hours. This will be H.R. 4.

We have had three bills this week. We have had the so-called 9/11, completion of the recommendations of the 9/11 Commission. We had the minimum wage bill and then today of course the stem cell research issue.

And tomorrow what the Democratic majority wants to do is require the Secretary of Health and Human Services to negotiate prescription drug prices. Government price control; put the government in the medicine cabinet of 42 million seniors and disabled folks who are part of the Medicare program and prescription drug Part D. And they want to do that, just as they have done with these other three bills this week, with absolutely no opportunity, no opportunity for the minority party or even members of the majority, maybe the rank and file, as many of us refer to ourselves, to bring amendments, to have an opportunity to go before the Rules Committee and say, you know, I think we can improve on this bill a little bit. There are certain things I have been thinking about it. I am a doctor. I am a nurse. I am a health care worker, and I think we can make this a little bit better.

But, no. No, no. This new Democratic majority that railed for the last 2 years almost every day that their rights were being trampled upon and their amendments were not made in order, and here we are with four bills this week.

We are not talking, Mr. Speaker, about naming Post Offices here. We are talking about hugely important pieces of legislation, legislation that is controversial. This issue today on stem cell research, and we are talking about the destruction of what I feel, as a strong pro-life physician, is a little human life. And the proof of the pudding of course is the snowflake babies, literally thousands of them. And to suggest that those little embryos are just extra and throwaway, and we don't need them, and why waste them? We didn't get an opportunity to offer a single amendment. And this same thing in regard to this Medicare Part D issue which will be debated on the floor tomorrow.

Mr. Speaker, and my colleagues, if there is ever an issue of the old adage, ''If it ain't broke, don't try to fix it,'' it is this one, because this law that was passed in November of 2003 went into effect January 1 of 2005, the bill, the benefit, the optional benefit of prescription drugs under Medicare has only been in place for 1 year. And the success is unbelievable. I mean, it is far beyond anybody's expectations. It has an 80 percent approval when you poll seniors because they are getting their prescriptions, those who are having to pay for them, are getting them at a much lower price. The average savings is $1,100 a year for those who are paying their monthly premium and their deductible and their copay. And for those who, because of their low-income status, are virtually paying nothing but a dollar or maybe $3 to $5 for a brand name drug, if that is covered by the supplement because of low income, then they are saving at least $2,400 a year.

And so, Mr. Speaker, to try to improve upon something that is working so well, I think, is a grave mistake. And I think, as the expression goes, they are going to gum up the works.

Now, let me tell you how setting price controls works and how poorly it works for that matter. When we were debating this bill in 2003 in the committee on the House side, a Democratic Member, I think it was Representative Strickland, now Governor of Ohio, a very good Member of this body, suggested, had an amendment and said look, let's set the monthly premium at $35. Let's require that the monthly premium be $35, I guess, over concern that it could be higher than that.

□ 1815

Let us set it at $35. The same bill was introduced on the Senate side, and I am not sure which Senator, which Democratic Senator, introduced the bill on the Senate side.

But, again, to set that premium. Well, had we done that, then our seniors today would not be enjoying an average monthly premium of $24 a month, $24 a month, because the market, the competition between the multitude of prescription drug plans that are out there competing for business allowed that to happen as they brought down the price of drugs as they compete with one another.

I will give you another example in regard to the Medicaid program. You know, the States each have their own Medicaid program, and they can cover prescription drugs if they want to. They don't have to. Most do, and they set prices. The State governments do that to try to save money. They set prices.

Well, people who are eligible for both Medicaid, because of their low income, and Medicare, because of their age or disability, now these dual eligibles, the prescription drugs are paid for by the Medicare part D program as the first payer. Well, our community pharmacists are so upset because they were getting a higher price for prescription drugs under the Medicaid program than they are under this new Medicare part

D program which has forced those prices down. Obviously, the neighborhood druggists, the community pharmacists are making less money, and they are upset. I can understand that.

But this just goes to show you once again, when the government sets the price, it is just as likely, if not more likely, that they set the price too high. The bureaucrats are notorious for that. The marketplace would never let that happen because of competition.

This opportunity to talk about this subject tonight is a very, very important issue at an important time. We will talk about it on the floor tomorrow and try to proffer these same arguments against requiring the Secretary of HHS to set prices. It is the first step down the road toward a national health insurance program, a single-payer program, or, if you like, Hillary Care. I don't think the country liked Hillary Care when it was offered back in 1994, and President Clinton paid a price for that, a dear price.

It is just really surprising to me that the Democratic majority would come back with this type of issue.

I think what is driving it is the success of this program is so resounding, and they, my good friends and colleagues on the other side of the aisle, that resisted this program every step of the way, fought it every step of the way, now I think they kind of want to get on the bandwagon and get a little credit for something.

But I warn them, I warn them, what I frequently hear them and others say, when you are in a ditch, when you are deep in a hole, the first thing you need to do is stop digging. I think they are digging themselves a bigger hole. And, politically, that is good for us. That is good for the Republican minority. That will help us regain the majority. But it is not good for the American people. It is not good for our needy seniors, and that is why I am so opposed to it.

I am very happy to have with me tonight a couple of my Republican colleagues, great Members, not just Republican Members that don't have special knowledge on this issue, but I am talking about a couple of our physician Members.

At this time I would like to yield to the gentleman from Texas (Mr. BURGESS), a fellow OB/GYN physician.

Mr. BURGESS. I thank the Chair for the recognition and I thank the gentleman from Georgia yielding. I do want to thank the gentleman from Georgia for taking an extra minute to talk about the issues that concluded the last hour. I think it was important, and it needed to be done, and the American people do need to hear that debate as well.

In the process of the first 100 hours, and I don't know where we are now, in my count it is about 44 hours into it, but it is a funny kind of timekeeping. We started this Special Order hour at about 6:00 in the evening, that is 5:00 back home in Texas. That means we will conclude the House business for the day in 2 hours; that is 7:00 back in Texas.

That is not really an onerous work schedule that we are under. We have just managed to spread it out, do a little less work and spread it out over more days to look like we are doing more.

But my purpose here this evening is to offer, really, a public service, a little bit of education, a little bit of history. Because many Members in the House are new, they were not here when we went through the Medicare Modernization Act of 2003. In fact, some of this story goes back even before Dr. GINGREY and I started here in 2003.

So let us take a step back to just a little while earlier in the decade and visit with one of the President's press releases when they talked about his vision for a new Medicare prescription drug benefit. It rolled out with a good deal of fanfare one day, that the benefit would be voluntary, accessible to all beneficiaries, designed to provide meaningful protection and bargaining power for seniors, affordable to all beneficiaries for the program and administered using competitive purchasing techniques consistent with broader Medicare reform.

That was the message that the President delivered at that time to the Senate to deal with major Medicare reform to provide a prescription drug benefit.

Let us go over it again, because it is important. Voluntary Medicare beneficiaries who now have dependable, affordable coverage should have the option of keeping that coverage, accessible to all beneficiaries. All seniors and individuals with disabilities, including those in traditional Medicare, should have access to a reliable benefit, designed to give beneficiaries meaningful protection and bargaining power.

A Medicare drug benefit should help seniors and help the disabled with the high cost of their prescription drugs and protect against excessive out-of-pocket costs. It should give beneficiaries bargaining power that they lack today and include a defined benefit, assuring access to medically necessary drugs.

Under the administrative part of the communication to the Senate, it says very specifically, discounts should be achieved through competition, not regulation, not price controls, and private organizations should negotiate prices with drug manufacturers and handle the day-to-day administrative responsibilities of the benefit.

The press release goes on to talk about some other things. The President urges the Congress to act now.

It is instructive that this press release was issued March 9, cherry blossom time here in Washington D.C., March 9, the year 2000. This was a press release issued by then-President William Jefferson Clinton to Senator Tom Daschle with Clinton's instructions as to how he wanted this drug benefit drawn.

Well, I think its instructive to remember the past because there are some inherent dangers with tinkering with the program that is already working well.

But the real central question in front of us is, does ideological purity trump sound public policy? We all know it should not, but unfortunately it appears we are on the threshold of profound changes to the part D program. These changes are not being proposed because of any weakness, because of any defect in the program. The changes are being proposed because a viable program lacks the proper partisan branding.

Since the inception of the part D program, America's seniors have had access to greater coverage, lower cost, than anytime since the inception of Medicare over 40 years ago. Indeed, over the past year, saving lives and saving money has not just been a catchy slogan. It has been a welcome reality for the millions of American seniors and those with disabilities who previously lack prescription drug coverage.

Under the guise of negotiation, their proposals now are to enact draconian price controls on pharmaceutical products. The claim is billions of dollars in savings, but experts in the Congressional Budget Office, as evidenced in The Washington Post just today, deny that the promised savings will actually materialize.

The reality is competition has brought significant cost savings to the program just as envisioned by President William Jefferson Clinton and enacted by President Bush. Competition has brought significant cost savings to the program and subsequently to the seniors who are actively using the program today.

Consider that the enrollment of the part D program began in January of 2006, just a little over a year ago, and has proven to be a success. CMS reports that approximately 38 million people, 90 percent of all Medicare beneficiaries, are receiving comprehensive coverage, either through part D, an employer-sponsored retiree health plan, or other credible coverage.

Going back to the press release of 2000, there was concern because that credible retiree prescription drug coverage was leaving at a rate of about 10 percent per year. That was arrested with the enactment of the Medicare Modernization Act. Ninety-two percent of Medicare beneficiaries will not enter into the Medicare benefits drug coverage gap because they will not be exposed to the gap, or they have prescription drug coverage from plans outside of Medicare part D, or their plan coverage of the so-called gap, an important point as seniors go for their reenrollment, which they have just come through to make sure that their drugs, in fact, are covered in the coverage gap.

In the State of the Texas, there are five plans that will cover drugs in the

so-called coverage gap. Eighty percent of the Medicare drug plan enrollees are satisfied with their coverage, and a similar percentage says that out-of-pocket costs have decreased. Think of it, a Federal program, a program administered by a Federal agency with an 80 percent satisfaction rate, on time, under budget. When have you ever heard of a Federal agency delivering a program that was on time or under budget?

Again, consider, under the cloak of negotiation, the reality is that Federal price controls could have an extremely pernicious effect on the price, on the availability of current pharmaceuticals and those products that may be available to treat future patients. It is ideological branding so critical that it trumps providing basic coverage to our senior citizens.

Thus the challenge, would it not be better to continue a program that empowers the individual rather than create a new scheme which seeks to reward the supremacy of the State?

I see we have several speakers lined up, and I don't want to monopolize too much more time, but let me just go on with one other point. The American health care system in general, the Federal Medicaid program in particular, there is no shortage of critics both at home here and abroad. But remember it is the American system that stands at the forefront of new innovation and technology, precisely the types of system-wide changes that are going to be necessary to efficiently and effectively provide care for America's seniors in the future.

I don't normally read The New York Times, but someone brought this article to my attention, published October 5, 2006 by Tyler Cowan, who writes from The New York Times: ''When it comes to medical innovation, the United States is the world leader. In the past 10 years, for instance, 12 Nobel Prizes in medicine have gone to American-born scientists working in the United States. Three have gone to foreign-born scientists working in the United States, and just seven have gone to researchers outside the country.''

That is American exceptionalism. Mr. Cowan goes on to point out that five of the six most important medical innovations of the past 25 years have been developed within and because of the American system. Comparisons with other Federal programs such as the VA system are frequently mentioned.

It must be pointed out that a restrictive formulary such as employed by the VA system would likely meet significant public resistance because of the near-universal access of the most commonly prescribed medications under the current Medicare prescription drug plan. Some studies have estimated that nearly one-quarter of the medications available under the current Medicare plan would disappear under that restrictive formulary system.

The fact is the United States is not Europe; we shouldn't try to pretend we are Europe. In fact, most of us don't want to be Europe. American patients are accustomed to wide choices when it comes to hospitals. They are accustomed to wide choices in physicians and to wide choices in their pharmaceuticals. Because our experience is unique and different from that of other countries, this difference should be acknowledged when reforming either the public or the private health insurance programs.

The irony of the situation is that after 40 years, many Congresses, many Presidents have tried to add a prescription drug benefit. When Medicare was first rolled out, it was kind of an inconvenience if they didn't cover prescription drugs. But they only had penicillin and cortizone, and those were interchangeable, so it didn't really matter.

□ 1830

But over the years, as American medicine advanced, it became a critical, a glaring lack of having the prescription drug benefit covered. That is why it is ironic that a Republican president working with a Republican Congress, Republican House, Republican Senate passed meaningful and needed Medicare reform that included the prescription drug benefit, and it happened on the floor of this House at 5:30 in the morning, November 22, 2003. Dr. GINGREY and I were here and very proud to have been part of that.

One last thing I need to mention, and it is a public service, it is a safety tip from someone who has been here only a short time. But I want to remind my colleagues that recently The Third Way, a leading progressive policy think tank has circulated a memo warning those seeking to make changes in how Medicare pays for prescription drugs provided under part D of the program do so with an abundance of caution.

I might remind my colleagues, back in 1988, when the then chairman of the Ways and Means Committee, Dan Rostenkowski, enacted a significant long-term care benefit that cost seniors a great deal of money. He was met with concern and consternation and in fact could not drive his car away from the town hall meeting that he convened shortly after costing seniors so much money with that benefit.

The important thing, and I want to speak specifically to the new Members who are here on the other side of the aisle, don't let this happen to you. Don't try to improve on a Medicare program that is popular with the seniors and meeting their health needs. Seniors will resent having fewer choices that cost more under Medicare part D merely to score political points with your new Speaker by repealing Medicare's noninterference clause.

Mr. GINGREY. Dr. BURGESS, thank you very much for that most enlightening discussion.

We have two other speakers, and again I mentioned at the outset Dr. CHARLES BOUSTANY from the great State of Louisiana, a cardiovascular surgeon. And Dr. BOUSTANY, we thank you for being with us tonight, and we want to turn it over to you at this time.

Mr. BOUSTANY. Mr. Speaker, I thank my colleague from Georgia for organizing this hour and for all the work he has done on this issue.

Let me start by saying that, as a heart and lung surgeon, I have often seen patients whose illness did not respond to a particular drug, and I have seen the frustration and the anxiety among family members and among patients when a government bureaucrat or an HMO tried to save money by denying access to a more effective medication. In fact, Mr. Speaker, I once operated on a Vietnam veteran; I performed heart surgery on this gentleman, and afterwards he needed several very important medications to maintain his condition, but the VA program was going to make him wait between 2 and 3 weeks before he could get his medication. That is just simply unacceptable. This poor man had no choice but to pay out of pocket hundreds of dollars to get medication. This is something that we don't want to do for our seniors.

Now, Secretary Leavitt has warned that H.R. 4 will result clearly in fewer choices and less consumer satisfaction. And we all know that we have had a tremendous success with this program in just 1 year, 80 percent satisfaction, premium prices dropping from $37 down to $22. Let's face it, government rationing harms patients, and calling it negotiation won't make it any less dangerous.

The American people did not give Congress a mandate to force HHS to make unspecified cuts to Medicare.

I also know that the idea of government negotiation is a joke. In fact, according to a Democratic polling group, 8 in 10 voters agree that government negotiation would limit access to prescription drugs and to life-saving medications.

Let's face it, aggressive negotiation through the marketplace is already working, and it is driving down the prices of premiums as I mentioned earlier.

Let me just say this. If the market is good enough for Members of Congress, why would we take that away from our seniors? I find it to be a profound irony that supporters of this bill, the Democratic leadership in the House, they are pushing for this government negotiation, this so-called government negotiation, but they won't allow that for their own medicine cabinets. There is a profound irony in this.

Why doesn't a proposal that would limit the medical care of tens of millions of seniors deserve a fair hearing? I say it is reckless on the part of the Democratic leadership of the House to force the Federal Government to cut Medicare without specifying, where are we going to achieve those additional

savings? How is this so-called negotiation going to take place? And before rushing into this bill, I think Speaker PELOSI has an ethical obligation to detail how the Federal Government would achieve additional savings without limiting seniors' access to medicines, hurting community pharmacies and increasing prices for our veterans.

We know what the outcome of a recent CBO study showed, that the Secretary will be unable to negotiate prices that are more favorable than those under the current law. In fact, a Senate hearing was held on this. The Senate Finance Committee held a hearing, and the Democratic chairman of the Senate Finance Committee is questioning whether there are savings to be achieved by direct negotiation.

Furthermore, I have letters that I have received from community pharmacists throughout my district. I want to read from one of these. It is addressed to me and says, ''There will be a vote in Congress on Friday, January 12, which could dismantle the very important Medicare part D program. I am joining former U.S. Senator John Breaux,'' a Democrat, a former prominent Democrat on the Senate Finance Committee and a member of the Senate who worked on this Medicare part D program when it was put into law. He says, ''I am joining former Senator John Breaux and the Louisiana Medicare Prescription Access Network and more than 700 supporting member organizations in our State in asking you to vote against H.R. 4 on Friday, January 12.''

Price controls are not in the interest of our seniors. This is not something that we want to do. If we are going to reform our entitlement programs where costs are burgeoning, we need to introduce market forces; and lo and behold, in one year of operation we have a program where we introduced market forces to drive down premiums for our seniors, and it is working.

It is too premature to change this. It is wrong to change this, and I urge all of my colleagues to listen to this and do what is right for seniors. And I will end by just asking one question: Why would the Democratic leadership in the House want to hurt our seniors? I think the American public and our seniors deserve an answer to that question.

Mr. GINGREY. Mr. Speaker, I want to thank the gentleman from Louisiana, the cardiothoracic surgeon who is doing such a great job now in his second term.

At this point, I want to turn the program over to my colleague from Georgia. Not only do we represent part of the same county, but we are both physician Members, and Dr. PRICE is an outstanding orthopedic surgeon, an outstanding Member of this Congress. In fact, I was at a very important press conference earlier this afternoon on this issue, and I heard Dr. Price, he may want to say it again; I don't mean to preempt him. But I heard Dr. Price say this looks like a solution in desperate search of a problem. And that kind of goes along with what I said earlier: If it ain't broke, don't fix it. And if the Democrats find themselves in a hole, they need to stop digging. So with that, I will turn it over to Dr. PRICE.

Mr. PRICE of Georgia. I thank you so much, Dr. GINGREY. It is a great pleasure to share the floor with you once again and talk about an issue that is so very, very important, not just to seniors but to all Americans. And I appreciate, as has been said, your leadership on this issue. It has been wonderful and greatly appreciated. You are serving extremely well in this area, and I appreciate that.

I also want to point out to the Speaker, as I know he knows, and to other Members of Congress that I think it is instructive to note that the individuals who have come to the floor tonight to talk about this issue are physicians or at least were physicians in their former lives. And I think that is helpful to think about, because the individuals who are charged with caring for the health of this Nation, the physicians all across this Nation understand and appreciate that the consequences of government decisions can oftentimes be huge in their effect on the ability to provide quality care for the patients of this Nation.

So we come down here tonight and talk about an issue that is of just most importance to American people and to all seniors who participate in the Medicare program, and we do so because we have been on the other side, the other end of these decisions. And when decisions are made in Washington that provide for greater control of health care by Washington, I would suggest, Mr. Speaker, that always, always, by and large, results in a decrease in the quality of care that is able to be provided.

I would also wish to point out, Mr. Speaker, that I think this is an issue that really is part of a bigger question. And the bigger question is, who is it that ought to be making fundamental personal health care decisions? And it appears that we in this body have a philosophical difference about who that ought to be. My colleagues on the Republican side of the aisle tend to believe that the decisionmaking authority in those personal health care decisions ought to rest with patients and with physicians, that that is where those decisions ought to be. And I know that my colleagues who are here this evening would concur with that, because we know how difficult it is when somebody else, especially a nonmedical person, is making those kinds of decisions and it most often adversely affects the health care of that patient. So we believe as a matter of principle that patients and physicians ought to be making health care decisions, including which medication to utilize, because patients and physicians are the ones that know best which medication that ought to be utilized.

Our good friends on the other side of the aisle it appears believe as a matter of principle that government ought to be making those decisions, that government bureaucrats, Washington bureaucrats who may or may not have any fundamental knowledge about, in this instance, personal health care issues, that government ought to be making those decisions.

So I think it is important for people to appreciate, Mr. Speaker, that that really is one of the fundamental principles that we are talking about here: Who ought to be making health care decisions? Should it be patients and physicians, or should it be the government?

My good friend mentioned that this was a solution in search of a problem, as I had said before, and it really is. And so when you have an issue like that, I think it is also important, Mr. Speaker, to look at why is it that the Democrat majority is even attempting to solve this problem that I would suggest doesn't exist? And I would use as rationale for the fact that there is no problem to solve so many issues that have been brought up here on the floor already and in this debate.

The cost of the benefit to seniors all across this Nation in 2006 are 30 percent lower, 30 percent lower, $13 billion lower in 2006 than were projected. The projected costs over 10 years are down over 21 percent which equals $197 billion. The premiums are down over 40 percent over that that was projected. And in fact, if you think about the last time that the majority party, the now majority party tried to effect this program, one of their proposals was to mandate, was to dictate, was to make certain, was to guarantee that the premium per month for each and every senior would be $35, $35 a month. They wanted to make certain that it would be absolutely that amount and not a penny less. And in fact, what we have seen is that the current premium per month is about $22 or $23.

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So if the other side had had its ways 2 years ago, 3 years ago, when this was adopted, seniors all across this Nation would be paying $12 to $13 a month more, more on top of the premium that they are already paying, if the other side had had their way. So I think it is important to think about and to appreciate what they have had in mind all along. Why they want to do that is beyond me, but I would suggest to you that it has something to do with whom they want to be in control of these health care decisions.

And finally, Mr. Speaker, I would tell you, looking at this issue, that it really is a solution in search of a problem. The Medicare beneficiaries all across this Nation, over 80 percent of them are pleased with this program, are happy with the program, believe that it helps them greatly in caring for their health. And that is in a program that has over 90 percent of those who are eligible to participate involved. So 80 percent of those participating are

pleased with it. So you have got to ask, why? What kind of problem are we trying to solve?

It is also important, I think, Mr. Speaker and colleagues, to ask the question, if the program is working so well, why is it working so well? And as has already been mentioned, there is this big kind of proposal that is being put forward now that would say that the government ought to be able to negotiate, that nobody is negotiating drug prices. Well, in fact, as you well know, Mr. Speaker, the plans themselves right now are negotiating and negotiating extremely well. Otherwise, you wouldn't see the kind of savings that we have already seen in just a year's history of the program. Plans are negotiating with both pharmaceutical companies and with pharmacists, and, in fact, that is what is resulting in the decrease in premiums that seniors all across this Nation are seeing. So the system is truly working extremely well in spite of all the naysayers on the other side.

I want to bring up again what happens when the government gets involved, and my good friend has a poster down there about government-negotiated prices on certain drugs and the actual cost. And the numbers are striking. They truly are. And the reason that it is important to look at what happens when the government gets involved with a negotiation is to remember what negotiators have to be able to do. The individual doing the negotiating has to, in this instance, be able to say to the drug company: If you won't meet my price, then I am not going to put your drug on the formulary, on the list of drugs that are available for patients. However, when the government is doing all the negotiating, what will happen is that they will say: If you don't meet my price, you won't be able to have your drug on this formulary, and the consequence of that is that your drug will not be available to seniors or physicians who are trying to make those personal health care decisions. What that means, Mr. Speaker, is that there will be fewer drugs available. Fewer drugs available. That is what happens when the government gets involved in the process. So the price may be lower for a period of time. I do not believe that is the case, as we have had good examples and quotes from very learned individuals in the economic system that will tell you that the government cannot dictate a lower price in this instance, but what certainly will happen is that there will be fewer drugs available.

Somebody may say that is just conjecture; that is just somebody dreaming about what might happen. But if we look at a program that the government did affect relatively recently and see what happened, we can see exactly by example what happens when the government gets involved. And the program I would cite is a program called the Vaccine for Children's program, and, Mr. Speaker, folks all across this Nation may remember that there was a very robust vaccine industry in our country not too long ago, in fact, about 12 or 13 years ago, and then the government got a bright idea and said, oh, but the price for those vaccines is a little too high. In some instances they believed it was a lot too high. So instead of working on how to assist individuals who didn't have the resources with which to purchase those vaccines, what the government did was come in and say, all right, you can only charge this amount of money for that vaccine. And what happened was that we saw a huge decrease in the number of companies that now provide vaccines. In fact, it went from about 30 companies that made and did research and development on vaccines, and now in this Nation, Mr. Speaker, we only have three, three, in about 12 years. That is what happens when the government gets involved in a program. Price fixing occurs and a decrease in the quality of health care that is provided occurs, and certainly a decrease in the number of medications available. Everybody across this Nation knows that that is what happened with the vaccine program. Fewer innovations, fewer new vaccines, shortages of vaccines, and less access to vaccines.

So, Mr. Speaker, I just want to close and finally talk about, just to reiterate, the issue of who is making health care decisions. When I go home and I talk to my constituents at home, and I know that is true for Congressman GINGREY and Congressman BOUSTANY and certainly when we see our former patients in the post office or at a restaurant or a church, I know that what they tell me is, please, please don't let the government get more involved in health care. And so I would suggest to you, Mr. Speaker, that where health care decisions are made between the physician and the patient is something that is extremely important to men and women and children all across this Nation. And this issue is one of those issues that will strike a cord among people all across this Nation if the government gets involved and says, no, you may not have that drug, you may not have that medication because the price is too much.

So, Mr. Speaker and my colleagues, I will tell you that if what is on the floor tomorrow is adopted, we will see a lower quality of health care, a decrease in access to health care, and I believe strongly that we will see patients across this Nation harmed. I know that is not what my colleagues on the other side of the aisle want to do. At least I hope that is not what they want to do. But I will tell you that that will be the consequence of this bill if it passes tomorrow.

So I am very hopeful that our friends on the other side of the aisle will recognize the consequences of decisions that they are about to make and will appreciate that, indeed, what they must do, if they truly believe in looking out for the best interest of their constituents and our former patients, is to make certain that health care decisions remain in the hands of physicians and patients.

And with that, I thank my friend and colleague from Georgia once again for his leadership on this issue and for the opportunity to participate in this message tonight.

Mr. GINGREY. Mr. Speaker, I thank Dr. Price and Dr. Boustany for their very informative contribution to this hour.

Mr. Speaker, in the few minutes that we have remaining and as we move toward wrapping up this hour, I want to just read a couple of quotes to my colleagues from former President Bill Clinton, who remains their rock star and who certainly tried to do some things on health care, unfortunately for him, unsuccessfully. But will listen to what President Clinton said in 1999 on his idea of a Medicare modernization proposal, which, as I say, was not passed: ''Under this proposal Medicare would not set prices for drugs. Prices would be determined through negotiations between the private benefit administrators and the drug manufacturers. Thus, the proposal differs from the Medicaid program in that a rebate would not be required and from the Veterans' Administration program in that no fee schedule for drugs will be developed. Instead, the competitive bidding process would be used to yield the best possible drug prices and coverage, just as it is used by large private employers and the Federal Employees Health Benefit Plan today.'' That was July 5, 1999.

And the then Secretary of Health and Human Services, Donna Shalala, Secretary Shalala, on this same Clinton proposal said: ''Private pharmacy benefit management firms will administer prescription drug coverage for beneficiaries in original fee-for-service Medicare. These firms will bid competitively for regional contracts to provide the service. They, not the government, will continue to negotiate discounted rates with drug manufacturers, and beneficiaries will receive these discounted rates even after they exhaust the Medicare benefit coverage.''

You know, Mr. Speaker, again, I said at the outset of the hour, why are the Democrats doing this? I know that when this bill was first passed, like anything, there was concern. Well, you know, is this going to work? Is it going to be successful? And, of course, they all opposed it. I think there were just maybe a handful of Democrats that ultimately voted for Medicare modernization, the prescription drug act of 2003. And they were asking their constituents and seniors to tear up their AARP card. Some of them symbolically did that from the lectern here in this Chamber. They were just outraged that a senior organization could support a Republican proposal, which, of course, they did. And when it passed and then over the last year of the program, it has been so successful that

they want to get in on it, even though that was such a bad idea, as Bill Clinton and as the Congressional Budget Office have said, in response to Dr. Frist's request back in 2004, that allowing the Secretary of Health and Human Services to negotiate prices would not save any money. The program is working so well.

Every one of these bills that have been brought up this week under this special rule of no rule, no opportunity to meet in the Rules Committee and no amendments, all these issues, minimum wage and completing the recommendations of the 9/11 Commission and stem cell expansion, poll really high. Yet this particular issue is just the reverse of the information they have got. It is an 80 percent positive issue for us. So I can only presume that they still want a little skin in the game. They want to get on the bandwagon.

Well, I am going to tell you, what is going to happen is our seniors are going to get skinned because they are about to ruin a good program. A program that is working well, that 80 percent of our seniors are in favor of. It has brought down prices of prescription drugs. It has come in now at $22 a month average monthly premium and this is great satisfaction. And they want to try to improve on that by letting the government negotiate prices. It is going to be a disaster for them. And I hope some of their Members, if they are smart, from these districts that they won from our Members in these elections in November, in these marginal districts, they had better talk to their folks back home before they follow the lead of their leadership and vote for this atrocious piece of legislation.

I railed at the outset, Mr. Speaker, about the fact that the new minority has been given no opportunity for amendments on any of these first four bills that are brought up during their 100 hours, and I do think it is an atrocity. But they may be doing us a favor inadvertently by not allowing us to amend this piece of legislation, which can't be amended. It needs to be killed. We need to kill this sucker dead. And I think every Member on our side of the aisle will vote against it, and the smart ones on their side of the aisle will vote against it.

□ 1900

GENERAL LEAVE

Ms. NORTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the subject of my Special Order today.

The SPEAKER pro tempore (Mr. PERLMUTTER). Is there objection to the request of the gentlewoman from the District of Columbia?

There was no objection.

VOTING RIGHTS FOR DISTRICT OF COLUMBIA

The SPEAKER pro tempore. The gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 60 minutes.

Ms. NORTON. Mr. Speaker, I have initiated this Special Order on behalf of the people of the District of Columbia who are second per capita in the Federal taxes they pay to support our Federal Government; yes, including this House and Senate and all the Armed Forces and our exquisite government throughout the United States, and who have fought and died in every war since the establishment of the Republic. In their name, I come forward.

I came forward Tuesday in a 5-minute Special Order simply to inform the House that I had just filed my vote, my bill, that is to say, refiled the bill that Representative TOM DAVIS and I had filed and hoped to pass in the 109th Congress, the Fair and Equal D.C. House Voting Rights Act. I came in gratitude to my own party. I came also in some frustration. It is impossible to hide that frustration.

I represent people who have been frustrated for 200 years and don't want one single moment more of frustration by having a second-class Member of the House of Representatives while paying first-class taxes and dying and fighting in every war that our country has ever fought, including this war where lives continue to be lost in such large numbers and for what cause. They do not ask, they simply fight like other Americans.

I had hoped to be able to vote on the very bills that have been in discussion here this week, particularly the bills on which Democrats ran and perhaps were responsible for our capture of the House. And my deepest regret was that my Committee of the Whole vote that was taken from me when the Democrats came to power was not automatically put back into the rules.

To his great credit, the majority leader indicates that he intends to introduce a provision to that effect. And I know I speak for myself and all of the delegates when I thank him about thinking about us and about how deeply we feel about that vote. For myself, I have come to the floor to say that I have had to pass that vote. I won't get to vote on the six items. I have been pleased to be able to speak on them as usual.

I am at this point moving forward to where I have been instructed by the people of the United States. They don't even want the Committee of the Whole vote confused with what they are entitled to, and that is the full House vote.

Mr. Speaker, before I go further, I have a number of people I must thank. The bill I introduced today was not a bill that I authored. It was originated by my good friend who also lives in the region, Representative TOM DAVIS of Virginia, who has grown up in the region and has seen the District of Columbia without a vote and believed that at least a vote on the House floor was virtually mandated by any Congress controlled by either party. He was in the majority and he initiated this idea because it came to his attention that the most Republican State in the Union had missed getting full voting rights, were chafing at that because they believed they were entitled and they had gone all the way to the Supreme Court to get them, and believed that this provided out what turns out to be the case, probably the only opportunity the District of Columbia will have to get its full voting rights in a very long time.

I want to thank the majority leader who lives in the region who has been one of the most steadfast proponents of D.C. voting rights and never gives up and who always stands with us and to whom we will be eternally grateful.

I have special thanks to HENRY WAXMAN, the Chair of the Government Reform Committee, who has been the Democratic leader of the bill that I bring forward today for all 4 years which we have worked on it. He is always a strong supporter of District home rule and for District of Columbia voting rights. He was here years before I came to Congress, and I am second only to him in supporting these issues. He is one of the great problem-solvers of the Congress, and he has been instrumental in bringing this bill forward. It is impossible to believe it could have happened without HENRY WAXMAN.

I want to thank the Democratic and Republican members of the Government Reform Committee, who in the 109th Congress literally gave us virtually a tie vote of Republicans and Democrats favoring this bill: 15 Democrats, 14 Republicans.

I want to thank Representative JOHN CONYERS, a founder of the Congressional Black Caucus, the dean of the caucus, who has carried this idea again long before I ever thought of coming to Congress.

At the same time, I want to thank my colleagues in the Congressional Black Caucus who since the founding days of the caucus have given D.C. voting rights a priority, who believe with me that it is an issue of discrimination based on race, and for that matter on location. I say that and will explain it later because of the origins of our voteless condition.

I want to thank Senator JOE LIEBERMAN, who with many other Democratic Senators in the Congress have carried my bill for full voting rights for the residents of the District of Columbia, the No Taxation Without Representation Act. We have reluctantly but with great realism embraced the House-only act because we understand the spirit of the Congress, that it has virtually never acted all at once to do what it is supposed to do. So we know that we have to proceed in an incremental fashion.

I must thank my good colleagues from the State of Utah who have