

As Chairman of the Energy and Water Subcommittee on Appropriations, he has done an extraordinary job of balancing the national and regional needs; and has always been a good steward of federal funds. He is a leader who has proven he can get things done.

He is a strong friend of Florida and a great American. I thank him for the continued support in working with me on various projects in my City of Miami and my state of Florida. I know I speak for Members on both sides of the aisle, when I say that Chairman Packard's calm judgement, strong leadership, unflinching courtesy and good humor have been truly appreciated in our deliberations and will be sorely missed.

Chairman PACKARD was first elected to Congress in 1982 by a write-in vote, becoming only the fourth successful write-in candidate for Congress in the history of the United States. Prior to his election to Congress, he served four years as mayor of Carlsbad, California, in the district he now represents. A dentist by education and profession, he was always active in civic affairs and public service.

Chairman PACKARD, you can be very proud of your accomplishments here and in the imprint that you have made in this institution and on the nation. I wish you the very best in the new challenges you undertake.

Mr. Speaker, Congressman's PACKARD's retirement is a loss to this institution, to his colleagues and in particular to his constituents. He will be remembered for his commitment and leadership. The people of California's 48th Congressional District will miss him, and so will we.

Mr. FILNER. Mr. Speaker, I rise today to join my colleagues from the California delegation in congratulating Congressman RON PACKARD on his retirement after serving the people of Southern California for over 20 years. I would like to take a moment to honor him and his record of service to California and the United States. Congressman PACKARD began his long career of public service as a trustee of the Carlsbad Unified School District. After serving on the Carlsbad City Council, and later as Mayor of Carlsbad, RON was elected to the House of Representatives from California's 48th District. In his first election to the House, he was only the fourth successful write-in candidate in U.S. history.

The citizens of Orange County, San Diego County and Riverside County, who placed his name on that first ballot, returned RON PACKARD to the House eight more times. I join the other members of the San Diego delegation in recognizing that the people of his district, of Southern California, and of the United States have been well served by his exemplary career.

As Chairman of the Energy and Water Subcommittee on Appropriations, Chairman of the Military Construction Appropriations Subcommittee, and Chairman of the Legislative Branch Appropriations Subcommittee, RON PACKARD was a model of bipartisan leadership. He always worked with Members on both sides of the aisle in a fair and balanced manner to bring important legislation to a successful conclusion. He represents how one can be a friendly and helpful person even to those, like myself, with whom he disagreed on most policy issues.

RON, as you look toward the future and a well-deserved retirement, the people of South-

ern California and your colleagues from the California delegation thank you for your fine example and wish you and your wife, Jeanne, the best of luck.

Mr. PORTER. Mr. Speaker, it has been my great privilege to serve in this body for the last eighteen years with my California colleague, RON PACKARD, and on the Appropriations Committee for the last eight. I also served on the Military Construction Subcommittee when he was its chairman and with him on the Foreign Operations Subcommittee.

I have very much enjoyed his friendship, our common interest in the great game of golf (at which he is very proficient, and I am, unfortunately, not very), as well as the opportunity to work with him on matters of mutual interest. He has always been fair, courteous, and forthcoming in all our dealings, a man of impeccable honesty and integrity, and the kind of representative for his constituents that does this body proud.

While we have our differences philosophically—for example, on voluntary family planning—I respect his commitments to his core beliefs. People of good will in our system can always hold differing convictions so long as they are mutually respected.

I wish RON and his wife, Jean, a rich and full and enjoyable life in retirement, the joys of his wonderful family, and, of course, lots of superlative rounds on his favorite courses.

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#### TRIBUTE TO THE HONORABLE RON PACKARD, MEMBER OF CONGRESS

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

Mr. DOOLITTLE. Mr. Speaker, I yield to the gentleman from California (Mr. PACKARD).

Mr. PACKARD. Mr. Speaker, I thank the gentleman from California (Mr. DOOLITTLE) for yielding to me.

I am overwhelmed by my colleagues and the generous, kind things that they have said. I have had the privilege to serve in Congress for 18 years now. I shall be eternally grateful to my constituents, the voters of my district, in San Diego County, Orange County, and Riverside County for allowing me to represent them here in Congress. To participate in the greatest legislative body in the world is a privilege that only a few have experienced, and I have been blessed beyond measure with that privilege.

When I first came to Congress, there were several major goals that I had hoped we could achieve together in our government. We were awash in deficit spending, adding to the national debt between \$200 billion and \$400 billion a year. I wanted to see our government live within its revenues and balance its budget. I wanted to restructure the entitlements of welfare and Medicare and Social Security. I wanted to reduce the heavy tax burden of our taxpayers. I wanted to strengthen our defense. I wanted to reduce the size of government and make it more efficient and more effective.

Who could have dreamed 18 years ago that we would be able, Republicans and

Democrats together, to accomplish these remarkable goals? It has been a great time to serve in the House of Representatives. The opportunity to serve with each Member of Congress has been a wonderful treat, both sides of the aisle. I have not found it any more difficult to love and appreciate my Democratic friends than my Republican friends.

To work with a competent and loyal staff has been a great privilege. I have had great staff members throughout my career.

To serve with President Reagan and President Bush and, yes, with President Clinton, has been a very memorable experience for me.

I sincerely appreciate the kind and generous remarks of my colleagues from California and from all the other States that have been here. I love them dearly.

Lastly, I must express my deep love and admiration that I have for my wife, Jean. This job is particularly difficult for spouses and for family members. No Member of Congress could enjoy love and support and devotion more than I have from my wonderful wife and family. I am so fortunate.

I love what I do in this hallowed Chamber. I love America. I will miss dearly my colleagues, my constituents, my staff. I will miss the work. I love what we do here. I will not miss the uncertain schedule. I will not miss the fund-raising nor the campaigning. I will not miss the regular traveling from coast to coast. But I have learned that there are only three ways to leave this place, and two of them are real bad. I am leaving the right way, at the top of my career.

I am a praying man. I pray every day. And I will pray daily for all of my colleagues who continue this great work and service in this great deliberative body. I will miss you all very dearly. I love you and I love the work. I bid you a very fond farewell.

I want to thank those that put together this most memorable hour together. I deeply appreciate my colleagues, all of you. Thank you very, very much.

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#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening I am going to be joined with some of my colleagues on the Democratic side of the aisle to discuss health care and what we believe should be done in the waning days of this Congress. Unfortunately, most of what we are about to discuss is part of the unfinished agenda here which I have been somewhat critical of the Republican leadership in the House of Representatives for because these health care issues have not been resolved; yet they

are very important to the average American.

When I talk about health care concerns, I believe that they are the Nation's number one priority right now. They concern matters that affect the daily lives of our constituents and which I think, if they were resolved and if they were attended to by the Republican leadership and passed and sent to the President in legislative form, would actually make a difference in people's lives. So for that reason I regret that on the issues such as prescription drugs for seniors under Medicare, HMO reform, and also increasing access to health care for those who are uninsured this Congress really has not accomplished much.

I do not really expect much to be accomplished in the next few days that we are here, but I do think it is unfortunate that the Republican leadership has so far, and has over the 2 years, refused to address these issues in a meaningful way.

I just wanted to summarize, if I could, and put them also in the context of the presidential debate, because I think that health care policy has really been one of the defining issues in the context of the presidential debate and the presidential campaign.

Let me mention first the issue of prescription drugs. We know that our senior citizens and the disabled, people who currently are eligible for Medicare, many of them do not have access to prescription drugs because it is not a basic benefit under the Medicare program. What the Democrats have been saying is that we would like it to be a basic Medicare benefit. We would like it to be included under the rubric of the Medicare program because we know that Medicare has been very successful in addressing the problems of hospital care, the need for hospital care and the need for physicians' care.

If a person now reaches the age of 65 or is eligible because they are disabled, they do get their hospital insurance taken care of under Medicare. And if they pay a certain amount a month, about \$40 or so per month, then they have also their physician's care taken care of. But that is not the case with prescription drugs. Some seniors are able to get a prescription drug benefit if they are fortunate enough to have an HMO in their area that may cover it in some way. But that is not the majority.

Some senior citizens outside of Medicare are able to get coverage because they have it as part of an employer retirement plan or maybe they are eligible for veterans benefits as part of the Federal Government; but generally most seniors do not get either adequate prescription drug coverage or, in many cases, no prescription drug coverage at all.

Basically, using the example of Medicare part B for physician's care, what the Democrats have been saying and what Vice President GORE has been saying is that we will establish a new

part D, for example, under Medicare. And just like with part B for the physician's care, seniors would pay so much per month. It would probably start as little as \$25 a month; but as the benefits increase, it might get to be more. They would then get a certain prescription drug benefit that would be guaranteed, which would make it possible for them to simply go to their local pharmacy, and it would be covered. They would have a choice of a pharmacy to go to, and any prescription drug that is recommended by their physician or by the pharmacist as medically necessary would be covered.

Very simple concept, really. No magic here. It is simply included under the Medicare program. Well, the Republican leadership and the Republican presidential candidate, Governor Bush, do not like this. I think, frankly, though they may not admit it, that they do not like Medicare very much, and they do not like the idea of a public program like Medicare including prescription drugs. So what they propose I call a voucher. Basically, they say they are going to give a certain amount of money in the form of a subsidy or a voucher to seniors who are below a certain income, not the majority of seniors, but just those who are below a certain income. Those seniors can take this voucher, and they can go out in the private marketplace to see if they can find an HMO or some other kind of insurance plan that will cover them.

There are a lot of problems with that. First of all, it is not under Medicare, so it is not going to be universal. Most seniors would not be able to take advantage of it. In addition to that, with the exception of the HMOs, they are probably not able to buy a prescription drug policy. Most insurance companies do not sell prescription drug policies. So they may be able to get it through an HMO, but we know what the problems are with HMOs. We do not know how much the deductible is going to be; we do not know how much the copayment is going to be. We do not know whether all drugs will be covered. A lot of problems and a lot of inability, I would say ultimately, to get a good insurance program that covers prescription drugs.

So I would suggest that this Republican proposal and the one that comes from Governor Bush is not realistic. It is not something that is going to help most seniors. But even so, basically they have not paid a lot of attention to it here in the House of Representatives. They talked about it at one time, but that was it. There has not really been any movement to get this accomplished. That is unfortunate, because our seniors are crying out for an answer on the issue of prescription drugs.

Now, on a second issue, and that is the issue of HMO reform, once again the Democrats, and if we listened to the last debate, Vice President GORE was very specific that what we need in order to cure the abuses in the HMO

system is the Patients' Bill of Rights, the Norwood-Dingell bill that was passed by the House of Representatives, mostly with Democratic votes but with some Republican support.

I will not get into all the details of the Patients' Bill of Rights, but basically it changes a lot of things that exist under current law in terms of the abuses we face with HMOs. Right now, the decision about what kind of medical care a person gets, whether that person gets a particular operation, how many days they stay in the hospital, what kind of equipment they get, these decisions are made by the insurance company, and many times without the patient's input or without the doctor's input. That is what leads to abuses.

HMOs deny care. People do not really have a way to redress their grievances because if they have to appeal the decision of the HMO, usually it is to the HMO itself, and they, of course, deny it again.

□ 2045

What the Democrats have been saying with the patients' bill of rights, with the support of a minority of Republicans but not with the Republican leadership, is that we have been saying that we want to make sure that decisions about what kind of care they get, what is medically necessary, are made by the physician and the patient, not by the insurance company. That is what the patients' bill of rights says.

And secondly, it says that if the HMO denies them care that they think they should have or that they need, then they have a legitimate way of redressing their grievance by going into an outside board that is independent of the HMO, or, failing that, they have the right to go to court and bring suit, which is not possible now for most people who are in HMOs.

Well, if we listen to the third debate, Governor Bush said that he was in favor of HMO reform. But then when we look at his record in Texas, on one occasion when something like the patients' bill of rights came to his desk, he vetoed it. And then on another occasion when it came to his desk he basically was told, if you veto it again, we will override your veto, we have the votes in the legislature to override; and so, he let it become law without his signature, basically protesting it but indicating that he could not do anything about it because if he did veto it, it was going to be sustained anyway.

So we do not have much support here. We have a Presidential candidate on the Republican side that basically opposed HMO reform as Governor. And then we have a Republican leadership that still reluctantly allowed the patients' bill of rights to come to the floor of the House and it passed, but the Senate is holding it up and the Republican leadership continues to oppose it here in the House of Representatives.

The last major issue, and there are others but I want to get to my colleagues, the last major issue with regard to health care reform that faces

many Americans is that many Americans, something like 44 million Americans right now, simply have no health insurance. They are not covered through their employer. They are not eligible for Medicaid because they are working and their income is a little too high and they cannot afford to go out in the private market and buy their own health insurance.

Well, the Democrats have been saying, let us try to solve that problem. We solved it to some extent in a significant way with children, which was the largest of this 44 million who did not have insurance. We passed the CHIP bill, and we gave money to the States so they could sign up kids for a health insurance program for the children of working parents. And that has been successful in probably signing up about half the children around the country that were previously uninsured.

But again, when it came to Governor Bush, he said that, although he was getting the money from the Federal Government, he wanted to keep the income levels for the kids' care program, for the CHIP program fairly low. And he had originally proposed, I think, 150 percent of poverty, and it took the Texas legislature basically to insist that the eligibility requirements be higher than that. And for a long time, essentially, he made it difficult for the CHIP program, for the Children's Health Insurance Program, to be implemented in the State of Texas in a way that would be helpful to more and more children.

Now, what the Democrats have been saying and what Vice President GORE has been saying is we want to expand the eligibility for this CHIP program to even higher incomes, maybe 250 percent of poverty. And at the same time, the Vice President and the Democrats have been saying we want to address the problem with the adults who are uninsured, so let us let the parents of the kids who are in the CHIP program enroll in the CHIP program as well so that they are insured. It certainly makes a lot of sense. But again, we do not see the Republicans supporting that initiative or taking any action here in the House of Representatives to address that concern.

Lastly, the other large group of people that we know are uninsured are the near elderly, the people between 55 and 65 that are not eligible for Medicare but who often lose their job or take early retirement and find themselves or their spouse without health insurance.

President Clinton and Vice President GORE and the Democrats have been advocating that those near elderly be able to buy into Medicare for maybe \$300 or \$400 a month, and again we have seen opposition from the Republican leadership and the unwillingness to bring this up in committee or on the floor of the House.

So whether it is the issue of access and covering the uninsured, whether it

is the issue of HMO reform, or whether it is the issue of prescription drugs, over and over again the Democrats have put forward proposals supported by the Vice President which have been opposed or scuttled, if you will, by the Republicans and again not supported by their Presidential candidate, Governor Bush.

We are only pointing out the facts here tonight. I am joined by a number of my colleagues who would like to address this issue.

First, I would like to yield to the gentleman from the Virgin Islands (Mrs. CHRISTENSEN) who also happens to be a physician.

Mrs. CHRISTENSEN. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, as my colleague the gentleman from New Jersey (Mr. PALLONE) said, the big issues that remain before us as we come close to the end of the 106th Congress are the same ones that we have not been able to get the Republican leadership of this body to adequately address through several Congresses, not just this one, education and health care.

Last week I was able to join some of my colleagues to call for passage of our education agenda. But tonight I want to join my colleague in talking about health care.

A few weeks ago, I joined Senator BYRON DORGAN of North Dakota, along with the gentleman from Arkansas (Mr. BERRY) and others at a hearing in the other body to call on their leadership to bring the patients' bill of rights to the floor for a vote and to pass it. To date nothing has happened. That is despite the testimony of patients, of a mother who lost her daughter because she was denied the test and care that she needed, the testimony of health care professionals who said how their professional judgment and their values were daily compromised by having to work under the current managed care system.

The system has to be reformed to allow doctors and other providers to make decisions in consultation with their patients on what medical tests and care is indicated in each instance, to have the system better respond to the needs of patients for access to emergency services and specialists, and to make those who are making decisions on health care to be accountable for those decisions.

People all over this country are dissatisfied with managed care. They want the system revamped. They want a patients' bill of rights. The Vice President is poised to make that happen and we, their Representatives, need to respond.

I want to spend the rest of my time on the Medicare give-backs that are being proposed as a remedy for the cuts that took place in the Balanced Budget Amendment of 1997. It is important that, in this measure, the one that is proposed, those who are on the front lines providing health care to those in need be treated fairly and be given

precedence since they are the ones who have suffered the most along with the patients who rely on them for service.

In my district, our only private home care agency was forced to close and our public health agency forced to cut back because of the cuts that were imposed in BBA 1997. This is a situation that has been repeated in towns, cities and rural areas around the country. Our hospitals and nursing homes in the Virgin Islands are lucky to still be open, although it has been a struggle to continue to provide care. Others have had to close their doors.

I want to say to the Nation's hospitals, do not accept the Trojan Horse that is being offered to you. The recommendation as it now stands is wrong. Do not let us be picked off one by one and pitted against each other. We can all win if we stand together on this issue.

As a doctor, I know how difficult it is to meet overhead costs and to keep providing services when the fees keep getting smaller. Our expenses and our operating overhead are not going down. They are going up. Our patients need, at the very least, the same level of care, and they deserve to have their needs met.

I resent the fact that the Republican leadership wants to give HMOs any part of that give-back. For what? They promise nothing in return. They have left Medicare patients, our elderly, stranded because they could not make the desired profit. They are holding out their hands for more money now, and they are not even being made to increase the service to the special population.

For too long, HMOs have been allowed to take the care out of "health care," and we say enough is enough. We need to give the dollars back to the providers of health care, to the doctors and nursing homes, hospitals and home health care agencies. The people of this country deserve the full range of health services, and giving our providers fair reimbursements and helping them to stay in business makes that possible. We in the Democratic Caucus say give the money to those who care, give it to the providers, not to the HMOs.

I must also mention an issue that is important to my district. That is the increases in Medicaid that the administration is seeking and the redistribution of the Children's Health Insurance Program funds that are not used by the States. In my district and the other territories, we have a cap on our Medicaid dollars; and we receive CHIP funds under a formula which does not allow us to provide the level or the scope of health care that our residents need. With our cap, we are unable to provide Medicaid to people even at the poverty level. So we have a large gap between those who are covered by Medicaid and the uninsured.

The Journal of the American Medical Association today reported a study on uninsured adults showing that when

they are uninsured they are just not able to access any care, they go without even preventive services. And Sanda Adamson Fryhofer, the President of the American College of Physicians American Society of Internal Medicine, which funded this study, is quoted as saying, "Studies such as this one," the one on the uninsured adults, "prove that living without insurance," which many of the people in my district do and have done for years, "is a serious health risk that needs to be treated with the same sense of urgency as not wearing seatbelts or drunken driving."

In my district, close to one-third of the children are estimated to be uninsured. Kids count. The Community Foundation of the Virgin Islands recently released a report that showed that 41 percent of our children live in poverty, twice the national rate, and that deaths among Virgin Islands children under 14 are also nearly twice the national rate.

Health care is a right for all, not a privilege for the few. We have to get that straight before we adjourn and leave for this election.

This means passing a meaningful patients' bill of rights. It means adding prescription drug coverage to Medicare. It means making up for the damage we have done to hospitals, home health agencies, nursing homes, doctors and other providers with the cuts in 1997. And it means making CHIP and Medicaid fair and equitable to all Americans.

In closing, I want to take this opportunity because some of my colleagues will be on the floor later to pay tribute to another of our colleagues. I want to wish the gentleman from Rhode Island (Mr. WEYGAND) well and thank him for his service to our class in the Congress. I want to especially thank him for the interest and help in the national park and other issues in my district. And although we hate to see him leave this body, it is good to know that they will be able to count on his able leadership in the other body. He will make a great Senator from Rhode Island. We thank him for his service.

Mrs. THURMAN. Mr. Speaker, will the gentleman yield?

Mr. PALLONE. I yield to the gentlewoman from Florida.

Mrs. THURMAN. Mr. Speaker, we all respect and know the profession of the gentlewoman as being a physician. And she certainly has outlined here tonight some issues that I know are something that we are all very concerned about. Most of them deal with the choices that our constituents and the profession that she also represents feel is so important in the health and the welfare of our citizens in the country.

I want to ask the gentlewoman a question because I think it does go to the issue of the Medicare prescription drug benefit.

I am going to talk a little bit about a report that was just released that was done to look at the prescription

drug coverage. And the loss of prescription drug coverage in Florida has gone from something like 26 percent to 41 percent within just 2 years for our senior population.

In the estimation of the gentlewoman, and particularly as we look at the buy-back bill that we are talking about on the Medicare, on the home health care agencies and hospitals and other things, in her professional career, would the gentlewoman agree that because of the hardship that people face in buying prescription drugs, and in fact we know that they are not taking the medicines as they have been prescribed, they are cutting them in half, they are taking them a different day, they are giving us the excuses that they want to make sure their spouse has them instead of them. What does the gentlewoman believe is not number-wise but just the cost to this country in medical expenses that we are having to pay for because people are not taking the life-saving medicines that they need to be taking on a regular basis?

□ 2100

Mrs. CHRISTENSEN. I cannot give you a specific number as you asked, but I know that it is multiplied severalfold because of the inability to take the drugs. For example, we know that if someone is able to take their hypertensive medication or their diabetic medication and maintain their hypertension or diabetes within the normal range, they can expect to live a normal life span and avoid the complications which put them into the hospital and greatly increase the cost of medical services. If we focus on prevention in health care instead of worrying about the cutting costs, if we focus on prevention, we will cut the costs of health care in this country.

Mrs. THURMAN. I thank the gentlewoman.

Mr. PALLONE. I think that that is a very good point. The point is that a lot of these preventative measures, particularly including prescription drugs, although initially there is a cost to the government and we know a rather large cost over the long term it may save costs in hospitalization and other kinds of nursing home care and institutionalization. It is a very good point.

Mrs. CHRISTENSEN. Absolutely.

Mr. PALLONE. Also I wanted to mention, it has to be so difficult as a physician with these HMOs when a decision is made that you think is not in the best interests of the patient. I imagine you go through that many times and this is really sad.

Mrs. CHRISTENSEN. I was fortunate that I was in a fee for service. But if you listen to the doctors who came to the Senate a few weeks ago, they talked about the fact that they just in good conscience sometimes had to just take the risk of going against the HMO's decision because they just could not deny an examination that they felt was needed for a patient. The testi-

mony of the mother whose daughter's name is the same as mine, Donna Marie, who died because she did not have the appropriate test was a testimony to that. We took an oath. To make some of the decisions that the HMOs place on us goes against the oath that we took as physicians.

Mr. PALLONE. I want to thank you for joining us this evening and for all that you have done as part of our health care task force and drawing attention to this issue as well.

I yield to the gentlewoman from Texas.

Ms. JACKSON-LEE of Texas. I thank the gentleman very much for yielding. I think that this could not be a better discussion, but it is a distressing discussion. And I believe that the dialogue between my good friend the gentlewoman from Florida (Mrs. THURMAN) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is an important one as it relates to the human factor.

I would like to yield to a moment to the gentleman from New Jersey because I was getting ready to recount and take our historical journey back to how long we have actually been discussing the patients' bill of rights. I know we are discussing sort of a whole purview; and I have so many burning issues as relates to health care. And in Texas, right now, I am facing the catastrophe of HMOs closing up shop; and, of course, they would argue there is no money. And I would argue my seniors are left with distress and inability to be served. So we have to find a solution. Part of that solution was the patients' bill of rights.

As my memory seems to serve me, it looks as if as I came to Congress, and I came in the 104th Congress which was in 1995, I remember beginning the debate on the patients' bill of rights. I would simply like to yield to the gentleman so we all can understand where we are with the numbers of Members who signed up on the legislation, I think there are 280 plus, why we have not passed it.

My recollection, the bill was named Norwood-Dingell, that is a Republican and a Democrat. I remember physicians from both sides of the aisle coming to the floor pleading for that particular version to be passed. Might I yield to the gentleman from New Jersey to tell us where we are and why we are in this predicament at this point.

Mr. PALLONE. Basically as I think you remember, when we tried to bring up the patients' bill of rights, we were opposed by the Republican leadership; and we actually were only able to get it up because almost a majority of the House signed a discharge petition, including some Republicans. And as it got close to that magic 218 they decided we better bring it up, otherwise it is going to be discharged to the floor without the leadership's support.

But even when it passed the House, the Republican leadership made it clear that they opposed the bill because when we had the conference with

the Senate every one of the conferees they appointed on the Republican side with one exception voted against the bill. I am one of the conferees. When we went to the conference, not surprisingly the majority of the Members there between the Senate and the House were against the Norwood-Dingell bill.

My colleague from Arkansas knows that that is a fact because he has also been part of the conference. I think the conference met officially once and then there were some smaller meetings after that, but the Republican leadership in the House and clearly the Republican leadership in the Senate made it quite clear that they were not willing to support the Norwood-Dingell bill and essentially scuttled the whole effort. It is nowhere now. The conference has not met in months. I yield to the gentlewoman from Florida.

Mrs. THURMAN. What you are actually saying to us tonight and obviously I have been here, too, but sometimes I think we need to make these points very clear, because I think quite frankly that the American public is tired of people who have not been trained as physicians making decisions, that this House, in a fairly good vote, a bipartisan vote, Democrats and Republicans coming together, a consensus, believing that the patients' bill of rights that would allow the choices, the decision making to return to physicians was passed. And if I remember correctly, there were actually instructions on this floor even after the conferees had been chosen that we said in again a bipartisan fashion that we asked for the conferees to at least be Members who had voted with the majority of the membership of this House, the people's House. They said to us, put the conferees on that believe as we do. And that passed.

Mr. PALLONE. That is correct. I would say even further that it is quite obvious from the composition of the Senate right now that if the bill were brought to the floor of the Senate and we just did not have a conference, just took the House bill and sent it over to the Senate and brought it up on the floor of the Senate, the votes would be there to pass it. So it is the Republican leadership in both Houses that is preventing this from happening even when we certainly had a majority here and probably even have the majority in the Senate to pass it.

Mrs. THURMAN. So it is those who control the agenda today, the Republican leadership, that is blocking not only the will of the House of Representatives but the majority of the people in this country's ability to have health care delivered by their doctors and not by untrained people.

Mr. PALLONE. Absolutely. I do not think there is any question that if there were a vote once again here or a vote in the Senate that this would pass, would go to the President and be signed into law.

Ms. JACKSON-LEE of Texas. I might add a third component because I think

the third component is most onerous and slightly evil if I might use that terminology and that is, of course, the special interests, that has this legislation frozen, literally frozen, and that is insurance companies.

We have given them very nice names, HMOs, which are health maintenance organizations, but they are, in fact, insurance companies that are frightened beyond their expectations of what will happen if you restore to that really sacred relationship the patient and the physician assessing their particular status. I would like to just explore that, because that is why I believe it is so important that we move the Nation's health agenda along, and, that is, because people are not being served well by the HMO/insurance dominance.

I just wish to take you back to a very moving moment on the floor of the House by our colleague from Iowa, a physician from the other side of the aisle, brought in, I believe what was a quadruple amputee, I think all of us saw that and there was certainly a lot of debate about that young boy.

He was one of the most pleasant children that any of us have had a chance maybe to encounter, but it was not a pleasant experience. And he was here for what I think was a moment of drama that was necessary, and I am appreciative of it. Because when we heard the story of this little boy that in fact his parents after the tragic accident, I think they were camping, I think that what happened is that he got a rusty nail or some accident while they were camping and they rushed him to the hospital, to the nearest hospital emergency room and were told, your HMO does not cover you here.

The delay which required them to go some 50 miles away caused this little boy to have enormous reaction, I do not want to misplace the story, it might have been gangrene, but it resulted in him being a quadruple amputee, meaning hands and feet.

I think these are the kinds of stories that are not to be taken lightly nor are they only to suggest that we are creating an atmosphere of crisis. This is what is happening to Americans day by day, week by week and month by month and maybe even hour and minute and second. I believe the longer that we frustrate this system by not pushing forward the patients' bill of rights, and I thank the gentleman from New Jersey for giving the procedural structure as we have now, conference to those who do not understand is where you are supposed to come together, people of reasonable minds, and say how can we work this out.

It is well known that your conference was an opportunity for obstruction and that really what could happen is come to the floor of the House, and we could have this passed. I want to just move quickly to that obstruction, the patients' bill of rights, and then this clear choice on the prescription drug benefit. All of us have been part of that.

I see the gentleman from Maine (Mr. ALLEN) and the gentleman from Arkansas (Mr. BERRY) on the floor. I come from the State of Texas. Frankly I can say that we have a record that is not one to be proud of. But we certainly appreciate the fact that we have a situation where we can explain the difference between the plan that AL GORE has and the plan that we have been pushing here in the House as Democrats and what the Republicans with George Bush at the helm are trying to push on us.

Mr. BERRY. Mr. Speaker, knowing that the gentlewoman is from Texas, I would be interested to know what her experience with the Governor has been in Texas on a patients' bill of rights.

Ms. JACKSON-LEE of Texas. The gentleman raises a very interesting question because I have certainly been confused by the debates that have occurred and the explanation that the Governor has given. I think it is well known that the Governor did not sign a real patients' bill of rights. In fact, the one that is now being emulated here in this Congress which has been cited as a Texas bill really was passed without his signature. It came to his desk, and we have a procedure in the State of Texas where if you do not sign it, it becomes law. So in actuality, there are Members in this body, the gentleman from Texas (Mr. TURNER) for one and other Members who are not in this body who are now still State legislators who were the moving forces behind the patients bill of rights. But it was never signed by the Governor.

And so even as we argued in committee, in the Committee on the Judiciary, in the Committee on Commerce about the patients' bill of rights and we cited the Texas bill, it is a Texas bill but it was never signed. One of the reasons that it was not signed, and I cannot read the minds of the leadership at that time of our State, the Governor but certainly there was some argument about special interests who were still opposing it because it did give the right of the aggrieved person, the person who lost a loved one, the right to sue.

I just want to say something about that because you do not hear anyone raising their voices about that other than those who are continually denying service, because everyone knows patient and physician, no one who is dealing with health care and the life or death of a loved one is eager to rush to the courtroom. What they are eager to do is rush to the recovery room, because they want their loved one, they want to be well, they want their child to be well, they are not interested in playing out health care in the courtroom. And so it really is a minimal issue.

Mr. PALLONE. If I could ask the gentlewoman to yield a minute, I remember when we were discussing this at the time the patients' bill of rights passed, that I do not think there were more than a handful of cases since the

Texas law became law where anybody had gone to court. Less than five or so at the time.

Ms. JACKSON-LEE of Texas. Absolutely. As we have seen, all of the testimony talks about the loss of my loved one and the fact that I would have wanted to have gotten the care from the physician as opposed to a denial of care. That is what we are on the floor to do.

Let me close my remarks by pointing out again about Texas, and I am glad my good colleague and neighbor from Arkansas pointed to distinctive differences between what we are debating on the floor of the House and what the Democratic caucus and a very large number of Members of the other side of the aisle are fighting against with the Republican leadership.

□ 2115

That is, again, pointing not only to the Patients' Bill of Rights, but this prescription drug benefit. And I just want to highlight, I have interpreted it this way. We now have to kind of say it is voluntary, because we hear the other side saying we want to force seniors into something. The only thing that we want to force seniors into is happiness, because we want seniors to be able to secure prescription drugs that they need and they can take the full amount, so that they are not choosing rent, they are not choosing food, and they are not choosing utilities over their full amount that the physician has prescribed.

What do I have in my offices? Seniors after seniors and letters after letters saying "I cannot take the full complement of the prescription; I do not have the money." So what our plan, the many who have worked on this plan who will speak tonight about their plan and the plan, and what AL GORE is proposing is a mandatory guaranteed benefit. Let me say the term "mandatory." It is under Medicare. It is mandatory that every senior does have a choice, but it is a guaranteed benefit under Medicare.

That makes a world of difference, because what it says is seniors can get the same low cost that local hospitals can and will not have to suffer the consequences of shooting up blood pressures from not taking their full prescription of blood pressure medicine, or their sugar going up because of the diabetes, which I hear so often from seniors.

The last point is on BBA 1997. We all tried to do the right thing. But it is interesting, we have been trying to fix it to ensure that we take care of our hospitals for a long time. Now, the tragedy is, I wish that for once we would have a bipartisan response to a problem that is hurting all of us. In rural communities, hospitals are closing. Urban communities, hospitals are closing. But yet we have a proposal on the table that does not answer the question of providing for the ones who are on the front lines, home health care centers, hospitals, and public hospitals.

So I hope that we can turn our attention to putting the right kind of legislation on the floor, because my public hospital system is watching. And I would hate to have to vote against this legislation because all of the money goes to HMOs. That is not keeping my public hospitals' doors open. That is not good health care. That is not preventive health care. That is not anything, because my hospitals, and when I say "my hospitals," I am sure others will talk about their hospitals. But the Harris County Hospital District doors will still be in trouble if this legislation passes with a large sum of the relief going to HMOs.

Mr. Speaker, I frankly think we can do better by the American people, and I think the American people will demand of us that. We have a short period of time. I hope that we can put the focus of health care back in the hands of the people and not in special interests.

Mr. PALLONE. Mr. Speaker, I thank the gentlewoman from Texas. She points out the fact that this is affecting real people in their lives, and that is what is so crucial about this tonight.

I yield now to the gentleman from Arkansas, who is one of the conferees on this ill-fated Patients' Bill of Rights conference, unfortunately.

Mr. BERRY. Mr. Speaker, I thank the gentleman from New Jersey and appreciate the leadership he has provided on this matter over the time that I have been in the House of Representatives. I appreciate our distinguished colleagues, especially the gentlewoman from Florida (Mrs. THURMAN), for the great job that she has done and the gentlewoman from Texas (Ms. JACKSON-LEE), and the distinguished gentleman from Maine (Mr. ALLEN). They have been working on these issues all the time we have been in the House, and I appreciate them very much.

The American public is outraged that we have not done anything in the 106th Congress on health care. Here we are 25 days into October, should have already finished the Congress' business and gone home. Yet we are here today because the Republican leadership has refused to deal even with the basic appropriations matters. We have not passed a prescription drug benefit for our seniors. We have not passed a Patients' Bill of Rights. We have, as the gentlewoman from Texas just referred to, hospitals and nursing homes closing almost daily now because of the Balanced Budget Act of 1997 that needs to be repaired.

Our seniors that do not have medicine cannot wait until the 107th Congress. What are we expecting them to do? They cannot wait when they do not have medicine and do not have the money to buy it. Our citizens that do not have a Patients' Bill of Rights, and they are not getting the health care they need from their insurance companies, they cannot wait.

Our nursing homes and hospitals and providers, particularly in rural Amer-

ica, cannot wait. It is time that we did something. The Republican leadership in this Congress should do something tomorrow to rectify this situation.

Mr. Speaker, I have to say it reminds me of the story of two men in the community where I grew up. One of them was named Dude and the other one's name was Possum. Now Possum could not see very well and he was getting on up in years and needed to go to Little Rock to the doctor about a hundred miles away, and Dude decided he would take him. So they got in the car and started to Little Rock, and they got to Little Rock and it was the first stop light that they encountered after traveling 100 miles and Dude came up to the stop light and slammed on his brakes. He sat there and waited until the light changed and then just floorboarded the automobile and roared off to the next stop light. When he came to it and it was red, he slammed on his brakes again. After doing that three or four times, Possum said, "Dude, what in the world are you doing?" And he said, "I don't understand this." And Dude said, "You know, an ignorant so-and-so irritates me. Can't you see I'm fighting the traffic?"

That is what the Republicans have been doing here for 2 years, is fighting the traffic. They are not getting anything done. They are slamming on their brakes, and they are stomping the accelerator. They are ripping and roaring and tearing around and declaring all of this great concern about America's health care, and the fact is they have not done anything and do not intend to.

It has been interesting to listen to Governor Bush talking about working in a bipartisan way. We are certainly willing to work with him. He better bring some new Republicans with him if he is going to get any cooperation. The Democrats are already there ready to pass a prescription drug benefit.

Ms. JACKSON-LEE of Texas. Mr. Speaker, if the gentleman would yield, he is eloquently crafting the whole scenario. But I do want to comment on the point of the Governor and his constant refrain about working with Democrats and Republicans in the State of Texas. The gentleman just hit on the point.

I think it should be made very clear that the last Patients' Bill of Rights, which is in fact almost a replica of what we have in the House for which we have bipartisan support, which was under legislative Democratic leadership in Texas, was a bill he could not bring himself to sign. And rather than fight it by a veto again, realizing that he could not get a sustained veto, he let it languish and it went into law.

So this refrain of working with Democrats and Republicans on health care is somewhat, I might say, hypocritical; and the gentleman from Arkansas has hit the nail on the head. I would simply say that a good thing he might be able to do in this time frame is to call this leadership here and ask

them to move forward on the Patients' Bill of Rights.

I yield back to the gentleman.

Mr. BERRY. Mr. Speaker, I think the gentlewoman from Texas makes a very good point. It is time that the Republican leadership in the Congress realizes what the American people want and do something about it. It is past time. Our seniors cannot afford to wait another day for prescription drug coverage, for our hospitals to get the money that they need, and for a Patients' Bill of Rights to be passed so that we have the ability for our doctors and patients to make the health care decisions that they are involved in; so that we can hold the insurance companies accountable in the event that they do cause some serious damage or injury to our loved ones.

It is unbelievable to me that one more Congress has already just about expired and nothing has happened. I continue to be amazed at this rhetoric that the Republicans put out every day: oh, we are for Patients' Bill of Rights. We are for prescription drug benefits for our senior citizens. We are for that 100 percent. The fact is they have been in control of this Congress since 1995 and have done absolutely nothing to move these issues forward.

As the gentleman from New Jersey explained a few minutes ago, we have done discharge petitions. We have done everything that we have; every tool that we have available to us has been used by the Democrats to try to get prescription drug coverage and a Patients' Bill of Rights and to change the Balanced Budget Act so that our health care providers, particularly in rural America, can stay in business, and yet nothing has happened. This is an abomination for this Congress to be this close to adjournment and still nothing has happened.

I yield to the gentleman from Maine.

Mr. ALLEN. Mr. Speaker, I thank the gentleman from Arkansas for yielding me. I would like to follow up what he has been saying, because it is not just the Republican leadership here, though they certainly have not brought to the floor, they have not helped the process of passing a Patients' Bill of Rights or certainly not fought for our seniors.

But there is another group out there. The gentleman knows in the Fourth District in Arkansas, Citizens for Better Medicare is running television ads all across this country. Citizens for Better Medicare is a group, but it is not citizens, and they are not for better Medicare. Citizens for Better Medicare is funded by the pharmaceutical industry. And it is not the only organization that is funded by the pharmaceutical industry.

What they are doing is trying to go out and make heroes of those who have been fighting against a prescription drug benefit for seniors and to attack those who have been supporting a Medicare prescription drug benefit for seniors. The world is turned on its head

and that little tag line under the TV ads which says "Citizens for Better Medicare" means that they are the pharmaceutical industry and they are going to do everything they can to stop seniors from getting a discount, stop seniors from getting a prescription drug benefit.

The Republican National Committee is doing the same thing, trying to confuse the American people. There is an ad being run by the RNC, and it says that the Gore plan would force people into a big government HMO. Not true. There is no such animal as a big government HMO. The HMOs are the folks, the private sector, they are the folks who are allowed by the Balanced Budget Act to come into Medicare and offer managed care to Medicare beneficiaries around the country.

My parents are two of the 1,700 people in Maine who are the last people to be covered by managed care under Medicare. And why? Because the managed care company could not make enough money in Maine, so they have pulled out. I will say one thing about Medicare. Medicare does not leave a State just because it is not making money. And the truth is if we are going to provide effective, reliable, voluntary prescription drug coverage for our seniors, it will only be through Medicare.

Just contrast George W. Bush's plan. This is a plan which he calls "Immediate Helping Hand." It is not immediate, and it is not much help, because here is how it works. For the first 4 years, there is \$48 billion that will go to 50 different States to run 50 different programs to help only those who are low income. What is low income? Those who are taking in \$14,500 a year or less. A widow earning \$15,000 a year on Medicare, they wait. They wait for 4 years. And after 4 years, what they get to do under the Bush plan is call up an HMO who is operating in their State and hope that maybe, just maybe they will be providing a prescription drug plan.

Now, the chances are slim that they will be, because one thing the health insurance industry has made clear is that they will not provide stand-alone prescription drug coverage, which is at the heart of the Republican effort in the House, the Republican effort in the Senate, and the George W. Bush plan. That is how the Republicans say they are going to provide for our seniors, through HMOs that are saying themselves that they do not want any part of this business.

□ 2130

It is a scandal.

Mrs. THURMAN. I would just ask a question, because we talk about in these numbers of poverty or somebody under \$14,000, that is not after expenditures. That is what they get at the beginning of the year, or what their allocation would be, would be \$14,500. So if you were somebody who was 70 years old and if we look at the average of what a senior takes in medicine, life-

sustaining medicines, then they could pay anywhere between \$4,000 to \$5,000 a year, not on anything else, but just on medicines, dropping now their income to \$9,000, \$9,000 which they have to live on, after the medicine which allows them to live.

Mr. ALLEN. The point is a very good one. I was at an assisted living facility just 2 weeks ago and one of the women there said, you know, I am spending \$700 a month for my prescription medication, and she said, I hope you do something soon. It is very clear, she could not continue spending \$700 a month very long.

Yet, under the Bush proposal, it is 4 years, you wait 4 years, if you are taking in more than \$14,500 a year, and you wait, and then after 4 years you call up your HMO and hope that maybe they are offering a plan that today they say they will not offer under any circumstances.

There is another issue here that we have not talked about, that I find is very important in Maine, and I will bet it is true in Arkansas and Florida, and New Jersey as well. When I talk to small businessmen and women in Maine, they say to me now, we cannot afford the kind of health insurance that we used to buy. And what are they buying, if they are buying anything at all? They are buying catastrophic coverage only. They are basically getting health insurance, and they will wind up paying for the first \$5,000 of their health care.

That is not health insurance as we know it. Under that system, there is no incentive, financial incentive, to do preventive care. That is basically the individual, small businessman and woman, carrying the burden of their own health care, and getting insured only for expenses over \$5,000.

I just was noticing that this is an area where AL GORE's plan really makes a difference, because he creates a 25 percent tax credit for small businesses who are purchasing health insurance for workers, number one; number two, he allows those who are 55 to 65 years old to buy into Medicare; and, three, he provides access to coverage for all children by expanding the children's health insurance program to 250 percent of poverty and allowing a buy-in to the CHIP program for families with incomes above that level.

So, by focusing on small businesses, by focusing on children and by focusing on those people between 55 and 65, you are attempting to get to the place where we can expand coverage. It will happen, if it happens, because Democrats are willing to stand up and fight the HMO industry and fight the prescription drug industry, because these industries cannot do it, and in some cases will not do it.

Mr. PALLONE. I appreciate my colleague's comments. Let me just say, we have about 4 or 5 minutes left. I certainly will yield to any of my colleagues. The gentleman from Arkansas?

Mr. BERRY. I thank the gentleman from New Jersey again. One of the things that I wonder about is our Republican leadership here, as I have said, they have refused to pass a patients' bill of rights and a prescription drug benefit for our seniors, and I wonder how they are going to face these seniors and say, well, wait 4 more years. How are they going to face these seniors that are thrown into terrible situations and say, well, we did not do it, but we are going to. We are with you. We are going to do it some day. How are they going to face a little boy that has lost his limbs?

Mr. PALLONE. What I find is a lot of times they will try to address maybe the individual's problem who comes to their office and see what they can do to help, but the bottom line is that everyone is suffering from this. Everybody in an HMO has the potential, no matter how wealthy they are or what their situation in life is, where the insurance company comes along and says to them that you cannot have a particular procedure. I do not care what your situation is you find yourself in. I noticed people that are the head of the company, the CEO of the company, that has had that situation. So this is something that affects everybody. This is not just something that applies to a few people.

I think they just pretend like they are doing something about it and hope that people forget.

Mrs. THURMAN. I appreciate the gentleman yielding. We have been doing a lot of surveys and different studies across the country, and then in particular within our districts, by the governmental operations staff to look at the different costs of what it costs in the United States for medicine, what it costs in Canada and what it costs in Mexico.

Just recently we have also looked at another study which has been done through the State of Florida, and looked at the prescription drug coverage for Florida seniors. I found it very interesting, which just tells me this issue is getting more difficult because we are getting more seniors who are losing their coverage, and probably a lot because of the pullouts of our HMO-managed care, managed-choice program.

The survey collected during 1999 showed that 41 percent of the Medicare beneficiaries surveyed in Florida reported now that they had no prescription drug coverage, and in 1998 it was 29 percent of surveyed Florida seniors that reported that they did not have. So just 1 year later, we have already seen an increase to 41 percent. That is almost 50 percent of the population of seniors in the State of Florida.

It would seem to me, and what I am most saddened about is, that we leave the 106th Congress after debating, after recognizing the problem, still with no prescription drug benefit, no relief in sight, and for why not, I do not have the answer, and I do not know what to

tell them at home. It is because they would not have accepted the bill that was passed on this House. They understand that to depend on the very same people who have left them out with managed care and insurance companies, it is unacceptable.

#### ISSUES AFFECTING AMERICA

The SPEAKER pro tempore (Mr. PEASE). Under the Speaker's announced policy of January 6, 1999, the gentleman from Colorado (Mr. MCINNIS) is recognized for 60 minutes.

Mr. MCINNIS. I have come this evening, colleagues, first of all I appreciate the opportunity to visit with you. Of course, we are trying to wrap up the session. I have got several comments that I want to make this evening in regards to a great bill that passed today on the Sand Dunes of Colorado, making it a new national park. I want to comment a little about the Colorado canyons. I want to talk a little about the death tax and the marriage penalty. I have a full agenda.

But I have to tell you before I start this, I cannot allow this last hour to go unrebuted. Colleagues, as you know, there were no Republicans involved in the last hour of discussion. It was all Democrats. And the four Democrats, whom I respect as individuals, but professionally, let us call it what it is. All four of these are supporting AL GORE for the presidency, and there is nobody to stand up for George W. Bush.

The best way to criticize George W. Bush is to go out and frighten the senior citizens, throw out these scare tactics. I could not believe what I heard in the last few minutes; scare the senior citizens, tell them how terrible it is, George W. Bush, how terrible the Republican leadership is in the House of Representatives; tell them how nothing is ever going to get done.

That is not how we accomplish things around here. I have urged my colleagues on the Democratic side over there, join with us.

We had a panel, and my colleague knows this, we had a panel, a non-partisan panel, put together to save Medicare; nonpartisan, meaning we had Republicans and Democrats, and we had Republicans and Democrats who worked together. You know what? After a long, arduous journey, with lots of technical roadblocks to overcome, they came up with a good solid recommendation. And it was not the Republican leadership that rejected it in the House. The Senate leadership did not reject this. Who rejected it was the President. The President rejected the nonpartisan solution.

So where are we with this? When we talk about health care, when we have a nonpartisan coalition, Democrats and Republicans, who have come together for a solution, and that solution is rejected at the last minute by the administration, what do we have to do? We have to start at square one, and that is what is happening.

We have got to come up with a solution. We are not going to come up with a solution, and I say with due respect to my Democratic colleagues who spoke in the last hour, we are not going to accomplish it with scare tactics. Really, you may get some political advantage here in the next 2 weeks, but the fact is, in the long run, it does not serve anything to scare these people.

My parents are seniors out there too, and I know most of my colleagues out here have colleagues who are seniors. We do not want to scare them. Let us figure out a solution for them.

My rebuttal, these are my remarks, this is my rebuttal page. I want to go over a couple of these things they talked about.

You know, they talked about a solution. I am not sure what solution they are talking about, but it seems to me that the solution that they talk about, which is not the solution that the bipartisan panel came up with, the solution they talked about is to increase the size of the government responsibility in your health care. One-size-fits-all. One-size-fits-all.

In other words, you, citizen A, and you, citizen B, go to the same doctor, whether you like it or not, and here is how much you are going to get, regardless of what you think your needs are.

By the way, the government, I heard one of my colleagues, with due respect, one of my Democratic colleagues who spoke in the last hour, he said there is no such animal as a government-run health care HMO.

You know what? The largest health care system in the Nation is run by the United States Government. Medicare. Medicaid. Look at the Veterans system. And the worst run system in the United States is run by the United States Government, Medicare and Medicaid. And you are willing to stand up and say, increase the government's involvement in everybody's health care, have the government really run the program to provide health care for the people of America?

That is exactly what Hillary Clinton attempted to do. That is exactly what she attempted to do 8 years ago. But now what you are trying to do is piecemeal.

Look, be up front with the people that we represent. Tell them that on a piecemeal basis we are going to try and put a cloud on top of you called "socialized health care." It means a lot bigger government. It means a system just like Medicare, that is run just as poorly as Medicare.

To my Democratic colleagues who like throwing scare tactics out, go talk to your local medical provider. Ask him what it is like to do business with Medicare. Just ask him. Ask him what it is like to do business with Medicaid. Go out there. I know this is true in the rural parts of the country, because I represent a rural part. Go out and ask rural doctors and rural hospitals, hey, is it a good deal doing business with