- Speed, range, and payload expand capabilities beyond the limits of helicopter technology.
- Self deployable worldwide, ferry range of 2,100 NM with one aerial refueling.
- Can fly at speeds from hover to 300 knots, cruises at 250 knots.
- Increased speed, maneuverability and reduced vulnerability make it much more survivable in combat than the helicopters it is replacing.
- Carries up to 24 fully combat loaded Marines internally or 10,000 pounds externally.
- Performs missions relevant to post Cold War era:

Amphibious landing

Noncombatant evacuation

Tactical recovery of aircraft and personnel

Humanitarian relief

Transporting troops into combat

Long-range special operations night/all weather

Provides all the above faster from further distances with more survivability than a helicopter

SCHEDULE

- Marine Medium Tiltrotor Training Squadron (VMMT–204) designated June 1999
- Initial operational capability for the Marine Corps—2001
- First USMC fleet squadron scheduled deployment—2003
- USAF Initial operational capability—2004
- Service buys: Marine Corps 360 MV–22s, Air Force 50 CV–22s, Navy 48 HV–22s

1830

ARMENIAN GENOCIDE COMMEMORATION

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

Mr. MENENDEZ. Madam Speaker, every year we come to the House floor to commemorate and pay tribute to the 1.5 million victims of the Armenian Genocide. Sadly, 85 years after the tragedy began, Turkey still refuses to recognize the Armenian Genocide and apologize for the atrocious acts it committed. Since 1923, Turkey has denied the Armenian Genocide despite overwhelming documentation, and since 1923 there has been no justice for the victims and the families of the victims of the Armenian Genocide.

To those who continue to resist the truth, I can only believe that they have chosen to ignore the hard evidence or to indulge their shame by ignoring the facts. Like the Holocaust, denying the Armenian Genocide cannot erase the tragedy, the lives that were lost, or compensate for driving people from their homeland. For the people of Armenia, the fight continues today, particularly for the Armenians of Nagorno-Karabagh, who are impacted by modern day Turkey and Azerbaijan's aggression toward Armenia in the form of the Azeri blockade against Nagorno-Karabagh. But their actions are not without consequences.

I believe the Congress will continue to provide assistance to the people residing in Nagorno-Karabagh, and we will continue to uphold section 907 of the Freedom Support Act that denies assistance to Azerbaijan until they end their stranglehold on Nagorno-Karabagh. Our message to Turkey and Azerbaijan must be loud and clear. We will not stand by as you once again seek to threaten the Armenian people.

For my part, I will continue to support assistance to improve the lives of all Armenians; I will continue to remember those who have lost their lives, and continue to commemorate this somber occasion. Lastly, I will continue to hold the Turkish and Azeri governments responsible for their actions past and present. For this reason, I have joined as a cosponsor of House Resolution 398, commemorating the genocide and calling on the President to characterize in his annual message commemorating the Armenian Genocide, the systematic and deliberate annihilation of 1.5 million Armenians as genocide and to recall the proud history of the United States intervention in opposition to that genocide.

I am hopeful that we will see the day when peace, stability, and prosperity are realized for the people of Nagorno-Karabagh and for all Armenians. But until then, the United States Congress must continue to be on the side of what is right, what is just and continue to assist to make sure that history does not repeat itself.

PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentlewoman from Michigan (Ms. STABENOW) is recognized for 60 minutes as the designee of the minority leader.

Ms. STABENOW. Madam Speaker, I come today to talk about what I believe is one of the most challenging if not the most challenging issues affecting our seniors and affecting many families across the country. This was spoken to a while ago by the gentleman from Arkansas (Mr. BERRY), who spoke very eloquently about the challenges of seniors related to the cost of prescription drugs.

What we have seen over the years is a system that started in 1965 under Medicare that has been a great American success story. In 1965, half of our seniors could not find insurance or could not afford health care insurance. Now we have a system for health care for seniors. The challenge before us is that health care has changed, the way we provide health care has changed. In 1965 we were predominantly providing health care in hospitals with surgeries, and the use of drugs was limited to the hospital.

Today, we know that care has changed; and we see home health care, we see outpatient care, and a great reliance on new prescription drugs, wonderful medications that we are very pleased and proud to have developed in the United States. But at the same time we are seeing a growing disparity and a horrible situation for too many seniors who literally on a daily basis are deciding do I buy my food today, do I get my medications, do I pay the electric bill, how can I keep going and remain healthy and well by having access to my medications? Because Medicare does not currently cover the costs of prescription drugs.

I rise today to urge my colleagues as quickly as possible, we are long overdue, in correcting this problem. We have economic good times. There is no reason that we cannot at this time get it right for Medicare, modernize Medicare, to cover the way health care is provided today; and that means covering the cost of prescription drugs. We are in economic good times, and I believe in these times we have obligations to pay our bills and pay our debts and to keep our commitments.

One of the most important commitments that we have made to older Americans is Medicare, health care for them. Social Security is another commitment, health care for our veterans, all important commitments that we have made. But because of the challenge that I have heard from too many of my constituents all across Michigan, I began months ago putting together something called the Prescription Drug Fairness Campaign. I have asked seniors and families to share with me their stories, if they are having difficulty paying for their medications to call a hotline that I set up for them to share their stories with me, or for them to send me letters and copies of their high prescription drug bills so that we can put a real face and a name and a situation on this problem.

This is not an issue made up by people on the floor of this House or by other politicians. This is an issue that is real for every senior and every family in this country. One of the things that disturbs me the most is the fact that we see such a disparity in pricing. As the gentleman from Arkansas mentioned earlier, we have a situation where if you go to another country, in my State we are right next to Canada in Michigan, I included a bus trip, I invited a number of seniors to join me, to go across the Ambassador Bridge from Detroit to Windsor; and we dropped their costs by 53 percent by crossing the bridge.

There is something wrong when there can be such a disparity. And when you add to that the fact that we are precluded by American law from bringing those drugs, mail order or bringing those medications routinely across the border without seeing a Canadian physician first and going through the Canadian process, we cannot reimport those drugs back into the United States, American-made FDA approved, because of protections that were put into the law in 1987 to protect our own pharmaceutical drug companies who are making the drugs here and benefiting from our research and development and the institutions that we have, the tax system we have that provides tax incentives and tax write-offs,

which I support, I think it is important and good public policy for us to have an R&D tax credit, I think we need to keep it; but they benefit from that, sell to other countries, and then people are not even allowed to bring that back, to reimport it, without going through the process of seeing a Canadian physician and going through the Canadian health system.

I have also done other studies in my district that have shown that if you have insurance, if you have an HMO or other kinds of insurance, you are paying half on average what an uninsured senior or uninsured person is paying for their medical care, for their medicines. So we see seniors who use two-thirds of the medications in this country who do not have insurance and then because others get discounts because they are negotiating group discounts, they do not get those discounts, so they not only do not have insurance but they pay more on top of that, paying twice as much as somebody with insurance. It is crazy.

We have done another comparison as some others of my colleagues have that have shown that there are medications that are provided for animals as well as for people where in those cases where there is arthritis medication, heart medication, high blood pressure medication, we compared eight different medications to find that the same name, the same drug, the same quality controls and it costs half if you go to get it for your pet than it does for you to walk into the pharmacy, and we see the same medication. There is something wrong with this picture. We need to make sure that Medicare covers costs of prescription drugs, we modernize it to cover the way health care is provided, and then we need to get busy to make sure that we are lowering the cost of prescription drugs for all of our families.

I would like to share this evening three different letters that I have received from people around Michigan sharing their stories. I have made a commitment to the seniors of Michigan that I will come to this floor, I will share stories once a week every week until we fix this. Let me share with my colleagues this evening starting with Delores Graychek from Indian River, Michigan. Delores writes and sends me information as follows:

''I heard you talk on TV on January 26 and something does need to be done to help all of us out here that's on seven or eight medications like I am and have no help to pay for them. I picked up six of my seven meds yesterday. The total came to $274.78. That is more than my Social Security check. More than my Social Security check. Each month we get deeper in debt and soon we will be like a lot of other older people. We won't have anything left. We also are paying on hospital bills for me. I had open heart surgery last November. So by the time all of our bills come in, our Social Security checks are gone. I think it's a shame our golden years aren't golden after all. Thank you for what you're trying to do.

Truly, Delores Graychek, Indian River, Michigan.''

I want to thank Delores. She is right. Her golden years should be golden. It is up to us in the Congress to step up and to get it right. If we do not do this in economic good times, we never will. Now is the time to step up and cover prescription drugs under Medicare.

Let me cover another letter that I want to thank Joseph and Ethyl Korn from Marquette, Michigan, in the great upper peninsula of Michigan for writing and sharing this with me.

Dear Congresswoman Stabenow:

My husband and I have an enormous hardship with our prescription bills. Joe, who's a World War II veteran, fought to save our country. He has Parkinson's, mini-strokes, diverticulosis and deep depression. I have high blood pressure and I take my medicine, when I can afford it, including Premarin for my bones. Here is our prescription bill for what we can afford, and you can see I don't get all of mine. Oh, yes, I also have glaucoma and I need eye drops. This is Joseph and Ethyl M. Korn at the Snowbury Heights Retirement Home in Marquette, Michigan.

Mr. COBURN. Madam Speaker, will the gentlewoman yield?

Ms. STABENOW. I yield to the gentleman from Oklahoma.

Mr. COBURN. I think it is important for us to know, the lady you just described is on Premarin which in this country, a generic has been waiting to be approved by the FDA for 5 years to sell at 20 percent of the price of what she is paying right now, the exact same drug.

Ms. STABENOW. I would reclaim my time and thank my colleague for that information and would be happy to join with him in the issue of generic drugs, as well, as we look at how we lower the costs of prescriptions, because there are a number of different strategies that need to happen today, that need to address how we bring more competition with generics, how we allow the prices to go down because we have Medicare negotiating a group discount.

Right now seniors do not have anybody. If they do not have private insurance, a senior citizen today does not have anybody negotiating a group discount for them while others do have people, whether it is insurance coverage or their HMO.

Let me also share the information: I do have enclosures that I appreciate Joe and Ethyl sending me their expenditures from January 1, 1999, until November 6, 1999. Mr. Korn's total prescription drug cost for this 10-month period was $1,515.36. The total cost for Ethyl, who admits she cannot afford everything she needs, was $324.02.

1845

One of my concerns I hear from friends of mine who are physicians are concerns that people are not purchasing what they need, or that they are taking it the wrong way. I had a physician in Michigan join me at an event and share the fact that he had lost a patient because she was taking her medication every other day, instead of when she needed it, every day.

I have had stories of individuals talking to me about cutting their pills in half so they will last longer. This does not make sense. In our country, with the greatest innovations, the greatest health care innovations, the best research, we need to make sure that our seniors have access to these new medical options that are available, and are not picking between their food, paying their bills and their medicines, and that is what is happening with too many people today.

I want to share one more story, and that is Donald Booms from Lake City, Michigan. I very much appreciate Mr. Booms sharing his story with me as well.

Dear Congresswoman, recently I saw a story on TV about seniors not having insurance for prescription drugs. I am one of those people. I take three prescriptions daily and they cost about $200 a month. My wife is currently on Blue Cross. She goes on Medicare in April of this year, which means she, too, will be without insurance for prescription drugs. She is a diabetic and takes seven prescriptions a day. Her costs will be about $260 a month. Together we will be paying nearly $500 a month for our prescription drugs. Together our Social Security checks are about $1,100, minus $300 for Medicare and Medigap insurance payments, and we have $800 a month to live on. There surely does need to be something done with prescription drugs for seniors.

Thank you, Mr. Booms. There is something wrong when you are having to take $500 out of $800 a month in order to pay for your medications. Once again we are talking about a story of a couple on a fixed income, prior to retirement having access to health care and coverage, going into Medicare and retiring, and then finding themselves in the situation where they are taking the majority of the money that comes in every month just to pay for their medications.

I have hundreds of stories like this, hundreds of stories of people who are struggling every day to pay for their medications and to remain healthy.

When we took our trip to Canada, from Detroit to Windsor, there was a gentleman on the bus named George who is 79 years old, almost 80 years old. He continues to work in order to pay for $20,000 a year in prescription and other health care costs for his wife. His wife is on 16 different medications, and he continues to work so that she can ''live,'' as he puts it, so that she can remain with him. As he was telling me, there were tears in his eyes talking about how he had to keep working so that he could make sure his wife would remain with him and would be alive.

Another gentleman shared with me the fact that he takes one pill a month, and, because of our wonderful new innovations, which we are very appreciative of, that one pill allows him not

to have open heart surgery, but the one pill costs $400.

When a pharmaceutical drug company comes forward and says that in order to be able to cover the cost of prescription drugs and address these high costs for seniors we would lose our research, that is just baloney. Twenty cents on every dollar that Mr. Booms or that the Korns are paying, 20 cents on every dollar is going to research. What we are seeing today is a whole new effort of advertising so that, as my colleague who talked about generic drugs said, the companies want to make sure we ask for the brand name. So we are paying more for advertising than for research.

So the reality is there is a way to get this right if we have the political will to do it. I believe, and I want to call on my colleague from Maine in a moment who has been such a leader as well in this issue, but I believe if we can solve Y2K, because it was a serious issue and we could not afford to let the lights go out and could not afford to let the computers go down, and brought all the American ingenuity together to fix what needed to be fixed, we did it. The lights were on January 1. Why can we not bring this same American ingenuity to help our seniors? Why can we not lower the cost of prescriptions and modernize Medicare to get it right? We can. I am going to be down here every week until we do it.

I yield now to my good friend the gentleman from Maine (Mr. ALLEN).

Mr. ALLEN. Mr. Speaker, I thank the gentlewoman for yielding, and I want to thank the gentlewoman for her leadership on this issue. This is something that she and I have been working on now for, well, pretty close to 2 years, pretty close to 2 years, trying to bring the stories of these people, seniors all across this country and others who do not have prescription drug insurance, to the attention of this Congress. Although the issue is rising in terms of its coverage around the country, this Congress has yet to act.

I thought what I would do is talk about a few stories. A few of the stories were the stories that basically I heard when I first began, and they were simple stories, such as a retired firefighter in Sanford, Maine, standing up and telling me I spend $200 a month now on my prescription medication. My doctor just told me I need another prescription. It costs $100 a month, and I am not going to take it, because he could not possibly afford it.

Or the woman who wrote to me in July of 1998, the first of many, with a long list of her prescription drugs. She said in her letter here is a list of the medications that my husband and I are supposed to take. The bottom line was $650. She said here is a copy of our two Social Security checks, which is all the monthly income we have. The bottom line was $1,350.

That math does not work. You cannot have people who are taking in $1,300 a month total income, expected to spend $650 of that for prescription drugs alone. They have got rent, food, heat, and utilities; and it does not work.

I have had women write to me and say I do not want my husband to know, but I am not taking my prescription medication because he is sicker than I am and we cannot both afford to take our medication.

It should not be like that in this country, and there is no reason why it should, but the truth is that 37 percent of all seniors have no coverage at all for prescription medication. Another 16 percent are in these wonderful HMOs that were supposed to provide free prescription drug coverage, and every year the benefits go down, the cap goes down, the premiums go up, and people are left paying more and more of their prescription coverage out of their own pockets.

About 8 percent of people have Medigap prescription drug coverage, but often the cap is about $1,000 a year. That does not do much good for a lot of seniors in this country, who have several thousand dollars of prescription drug expenses in any one year.

Let me tell you about what we did in my district. I sent out a newsletter devoted entirely to health care. It dealt with veterans' care; it dealt with small businesses who were having trouble paying their premiums. It dealt with the veterans' health care, it dealt with seniors, it dealt with prescription drugs.

We got back 5,269 respondents, actually somewhat more than that. But we had a question in a questionnaire attached to this newsletter, and the question was, one of them, do you or your family member take a prescription drug on a regular basis? 4,089 people said yes. Of those 4,089, 1,726 said yes to the question do you have any difficulty paying for the drugs you or your family need? The truth of the matter is, people cannot do it.

We got back comments in response to those questionnaires. Here is one. A woman writes, ''Dear Mr. Allen, do I need help. My Social Security check is $736 a month. My medication is $335 to $350 a month. My Blue Cross, the supplemental insurance, is $106 a month.''

So she did the math. $736 minus $106 for Blue Cross, minus the $350 for medication, left her $280 to live on. And she said ''my husband passed away last July.''

Another woman wrote, ''I am a site manager here at an elderly housing project. I have approximately 110 tenants. We are in low-income housing. It is a crime to see how many people forego their groceries to buy a prescription or forego the prescription so they can eat. Several of my folks here do not have any supplemental insurance and won't go for Medicaid, as they think it is welfare.

''Last March, my husband had an aneurism and had to have surgery. He survived it and was given 2 prescriptions. When I got to the pharmacy I found they came to $300. Needless to say, I didn't have that kind of money. I called his doctor. My doctor is very kind and gives me samples when he can. Otherwise, I would not have them, as we just don't have the financial income to cover everything.''

Another woman writes, ''Since I am self-employed, I cannot afford the expensive health plans, and since I am a diabetic, I should have medication, but I cannot afford medication because that is too expensive. I can't even afford the doctor because they are also too expensive. You have to see a doctor to get the medication. Hopefully there is an answer for me and people like me. I have a question: How can Canada sell the same medication for half the price? They must be doing something right.''

One more story. ''At age 64,'' age 64, remember this, just before Medicare, ''at age 64 my wife is severely disabled by rheumatoid arthritis and is heavily reliant on at least 5 expensive prescription drugs. Over the past 3 years her total costs for those drugs has averaged just over $7,500, of which I have paid just over $2,000 out-of-pocket each year. I am fortunate to be able to cover that cost without sacrifice, but I am very concerned about what our situation will be when my wife turns 65, is forced to give up the private major medical policy which I now buy for her, and has to rely on Medicare and Medigap.''

When she is over 65, she is on Medicare and she no longer has outpatient prescription drug coverage, and the Medigap policies that I mentioned earlier typically have caps of $1,000, $1,200, or, at most, $1,500.

The truth is, the most profitable industry in the country is charging the highest prices in the world to people in this country who do not have health insurance that covers their prescription drugs. Twelve percent of the population is seniors. They buy 33 percent of prescription drugs. In my State of Maine, because there is no significant amount of managed care, I can tell you that just about 50 percent of the seniors in Maine have no coverage at all for their prescription medication, no coverage at all, and we know that over 80 percent of seniors take some prescription drugs, 83, 85 percent, something like that. So they are all taking prescription drugs.

In this context, what we have done on the Democratic side of the aisle is we have a plan, the President's plan for a Medicare prescription drug benefit, a start to help cover prescription medications for seniors who do not have the money to afford it right now.

We also have a bill that I have offered, and the gentlewoman has been a cosponsor from the beginning, which would provide a discount. If there are people who think a Medicare prescription drug benefit is too expensive for us now, we can do a discount, no new bureaucracy, no significant Federal expense, but a discount of up to 40 percent in the prices that seniors pay

today for their prescription medications.

The Republicans in this House will not adopt either proposal, will not bring either proposal to the floor. What we hear this week is they are about to bring a proposal forward that is great for the pharmaceutical industry, but it is a disaster for seniors, because it relies on private insurance.

I would ask my friends on the Republican side of the aisle, why is it so difficult to strengthen Medicare? Why is it so difficult to update Medicare and add a prescription drug benefit?

1900

The private sector plans that are out there have prescription drug benefits: Aetna, Signa, United. The major private health care plans around this country have prescription drug benefits. Why not Medicare? Is it that hard?

The answer is, it is not that hard. We could do it, and we could do it now. We could give relief to the seniors who have been writing me, who have been writing the gentlewoman, who have been talking to Democrats all across this country. It is a national scandal that we do not do something about it, and we must before we adjourn this fall.

I just want to say to the gentlewoman from Michigan (Ms. STABENOW) how much I appreciate the gentlewoman's determination, her persistence, her leadership on this issue. She is really doing us all proud. I thank the gentlewoman very much.

Ms. STABENOW. I thank my colleague, who has been a terrific leader, really a pioneer, in this effort. He has been down here making the case.

As the gentleman says, there is more than one strategy. There is a discount by allowing pharmacies to purchase directly from the Federal price schedules. There is opening up the borders to allow people to bring drugs back in, or to do mail order.

Fundamentally what I believe is the long-term solution that we have to come to is taking the health care system for our seniors in the country today and modernizing it to cover the costs of medications. That is the way health care is provided today. We have an opportunity, a once-in-a-generation opportunity where we have choices we can make with a good economy.

In the long run, this saves money by making sure that we keep people healthy and out of the hospital, and allow them to be able to continue to live vigorous lives and be able to have their health care needs met. It makes no sense not to do it right. I want to thank the gentleman for joining me.

Mr. Speaker, I yield to the gentleman from Michigan (Mr. STUPAK), who has been a terrific leader in Northern Michigan, in the Upper Peninsula. He has been doing studies and meeting with people weekly to hear their concerns. I know the gentleman shares our concern and determination.

Mr. STUPAK. Mr. Speaker, I thank the gentlewoman for her leadership on this issue.

I was in my office doing some work and I heard the gentlewoman's statements, and statements the gentlewoman has received from around Michigan. She has been a leader around the Nation to try to get prices lower for all our constituents in Michigan. Some have been from Marquette Michigan, the area I represent.

I certainly share the gentlewoman's sentiments. In September of 1998, we had the Committee on Government Reform also do a study in my district, which as the gentlewoman said is the Upper Peninsula, Northern and lower Michigan.

We found that the most favored customers and the big HMOs, those who have insurance coverage, pay about half of what an uninsured senior would have to pay for prescription drug coverage. Not only is there inherent discrimination here, where we make those who can least afford it pay the most because they do not have the purchasing power behind them of a big HMO or a big insurance company.

What we have found also in further follow-up studies, and I know the gentlewoman has mentioned it tonight, in Mexico, Canada, the same drugs, the same companies, the same number of pills in that vial, and they pay 50 to 60 percent less.

Our seniors go to Canada up in our neck of the woods, or if they are in the South, they go to Mexico and get it for half the price.

I saw an article recently in Congress Daily where they said, Well, those countries do not allow us to put our true cost out there, and therefore, those countries have price controls over their prescription drugs. But in the United States, since we do not make any kind of controls or try to rein in these pharmaceutical companies, they charge basically whatever they want.

When we look at these studies, take the study from my district in 1998, they show the return on that investment on that prescription drug for those pharmaceutical companies, a 26.7 percent profit.

When inflation is 3 percent, their profit margin for that year, 1997, the most recent statistics we had, was 26.7 percent. For total profit after all the advertising, after all the research, it was $28 billion.

I do not mind them making a profit, but I do not think in this time of low inflation we should have 26.7 percent profit or $28 billion in profits and not help out those seniors who really need the help.

Take a look at it. I have a letter here from a lady from my district. I am going to be doing town halls for the next two weeks, and the gentlewoman will be also, in Michigan. We are going to hear a lot more about this.

She writes, ''Dear sir, my only income is social security, a check of $685. I live in a L'Anse housing apartment. I pay $147 a month. I had to sell my car. I really do need the help.'' She sends me her prescription drugs. There is $54.39, $50.51, $15.53, $12.74. These are monthly. Add that up.

Here is another one from another lady from L'Anse. She says, ''Dear sir, I am enclosing receipts for medicine I had to take for pneumonia. My husband died December 11, 1998, and I have $634 to live on for the month. I pay $137.64 for Blue Cross insurance. I am 73½ years old and I still work, so I can continue with Blue Cross-Blue Shield and prescriptions. But even with the allowance, I still have to pay about $20 for each prescription I take, and I do it for a month. So even though I have Blue Cross-Blue Shield, I still have to pay another $80 in co-pay. I ask you, I don't have enough to go around. I sure hope something can be done on the price of prescription medicine.''

Again, she made me copies from Primo Pharmacy of all of her parmaceuticals.

Here is another individual from Cheboygan, Michigan. ''In response to your AARP article concerning drug prices for seniors, I am 88 years old, a widow, living on a social security benefit of $814 a month. I am enclosing receipts for my drugs for just 1 month, every month. Some months it is more. The total is $446.36 a month. Seniors really need help with drug prices.'' She signs her letter.

The issue here is, seniors do need help with drug prices, with the costs of their drugs. There are three bills: the Allen bill from the gentleman from Maine, which takes the purchasing power of the Federal government to try to drive down the prices of prescription drugs for seniors who do not have any type of insurance coverage; the Stark bill, which actually says, make it part of Medicare, have universal service. There is the President's bill, which does a little bit of both.

I know the Republican party will be bringing forth a bill, and I look forward to it, but I hope they understand one thing. We have to stop the price discriminatory practices by the pharmaceutical companies and make it universal coverage. In this country, there is no reason why not.

In my district, about 40 percent of seniors do not have any prescription drug coverage. Why should they pay twice, twice as much as someone who happens to have a prescription drug coverage or is part of a large HMO?

As the gentlewoman knows, in the Upper Peninsula of Michigan there are no HMOs. In lower Michigan there is now one left. A very small part of my district can take advantage of an HMO to get prescription drug coverage.

Again, we do not mind them making a buck, but when their return is 26.7 percent, that is better than the market right now. Even after paying all the research, all the advertising, and whenever we open up the magazine it is full of advertising for this drug and that drug, they are still making $28 billion a year. We do not mind a profit, but do not gouge our uninsured seniors to make a profit.

The Democrat party would like to see universal coverage, and stop the predatory price discriminatory practices of the pharmaceutical companies.

I must say, we have to thank the pharmacists throughout the State who have brought this to our attention and have helped us in these studies to show us what they have to pay. It is not their fault. The local pharmacist is doing the best they can. They get the price. If the customer is with Blue Cross/Blue Shield, they pay one price, with Aetna they pay a different price, with the Federal system they pay a different price. That is passed on from the pharmaceutical companies. The markup is very, very small, 1 or 2, 3 percent at most. These are the prices being set by the pharmaceutical companies.

I think in this day and age there is no reason why we cannot have prescription drug coverage for our seniors, especially those who, like these widows that I have brought these letters from, they have written to me, they did not have insurance policies. They did not have insurance plans. Their husbands are deceased. They live on social security. That is it.

No one would devise a Medicare plan nowadays without prescription drugs. Prescription drugs are wonderful. They save lives. We should have it. We should have it for everyone.

I want to thank the gentlewoman for her leadership. I look forward to working with her over the Easter break. I am sure we will be doing more town hall meetings. I am sure we will see more and more discussion about prescription drug coverage. But I thank the gentlewoman for having this special order tonight. It is an issue very near to the seniors in my district and throughout this country.

We reach out to our Republican friends. Together we can solve this problem. I hope that we will be joined by our friends across the aisle to put forth a program to just use the purchasing power of the Federal government under the Federal supply service, pass that on to those uninsured seniors, and we can cut the price in half for those seniors. That is not asking too much. I think we could do that. I hope they will join us with that.

Ms. STABENOW. I thank the gentleman very much for his efforts. I know this adds another dimension in our rural parts of the country in Michigan, up north in the UP, where it is more difficult to get to a hospital or other facilities as well. We need to really be strengthening our home health care and medications so people can be living at home and living with family, and having the opportunity to be independent. They have longer distances as well to drive, and it complicates health care provision, I know.

I want to thank the gentleman for all of his work. He is at the front end of what is happening, and I want to thank the gentleman from Michigan (Mr. STUPAK) for that.

Mr. Speaker, let me just stress again that we have within our means the ability to solve this problem. Medicare was started in 1965 because half of our seniors could not find insurance or could not afford it. It has now become a great American success story of having a promise that every senior has some basic health care available to them once they reach age 65 or if they are disabled.

What we have today, though, is a false promise, because we cannot provide the kind of health care or access to the kind of health care that is practiced today. That is predominantly through our prescription drug strategies for providing health care. More and more of health care is provided through medications, and if the health care plan does not cover medications, people are in very tough shape.

Our goal is to modernize Medicare to cover the way health care is provided today. That is it. We are hoping that our colleagues will want to do that. My greatest fear is that there will be proposals put forward to subsidize the high cost, help seniors pay for the high prices, but not do anything to get a handle on the prices or bring some accountability to those prices.

We need to have somebody negotiating on behalf of seniors through Medicare to get the same kind of group discounts that people do if they go through a private insurance company or through an HMO. That is what can happen. The purchasing power of Medicare can make that happen, if we act this year. We have the ability to act, we have the resources to act, and we can do that on behalf of all of our seniors if we have the political will to make it happen. We did it with Y2K and we can do it with Medicare and prescription drugs for our seniors.

Mr. Speaker, I know the gentlewoman from Ohio (Ms. KAPTUR) has been from northern Ohio, bordering right on Michigan, and we have a lot of ways in which we work together fighting for our seniors, for our families. She has also been a champion on this issue, as well.

I will just say in conclusion that we are going to keep going every week, every week, every week, until this gets fixed, because we can do no less for our seniors.

CONGRESS SHOULD NOT APPROVE PERMANENT NORMAL TRADE STATUS FOR THE PEOPLE'S REPUBLIC OF CHINA

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

IN SUPPORT OF PRESCRIPTION DRUG COVERAGE FOR SENIORS

Ms. KAPTUR. Mr. Speaker, I wanted to thank my very able colleague, the gentlewoman from Michigan (Ms. STABENOW), for taking out this special order tonight on the important issue of prescription drugs. I would like to lend my verbal support and moral support to everything she is trying to do in taking on this great leadership challenge for our Nation.

This past weekend I visited one of my dear friends back home who was denied coverage for prescription drugs, and was told that if he were to try to save his life in a cancer treatment, he and his wife would have to cough up $1,500 a week. How would Members like to have to face that decision as they are trying to save their lives, and their family is surrounding them at one of the most difficult times it has ever faced?

So I am with the gentlewoman in her efforts here to do what is right for our senior citizens as well as our families. The people in the room in the hospital were from all ages, all the relatives. Here they had to contend with these insurance companies and all these prescription drug problems when they were trying to deal with a life and death situation.

I thank the gentlewoman from Michigan. We admire the gentlewoman's work and she has our support.

Mr. Speaker, I rise tonight to advise my colleagues about one more reason that this Congress should not approve a blank check that will be before us in about 5 weeks called ''Approving Permanent Normal Trade Status for the People's Republic of China.''

I want Members to know, and I am placing in the RECORD the story of another one of my constituents from near Toledo, Ohio, in the village of White House. I hope the message I give tonight will reach the White House here in Washington.

1915

This is the story of Ciping Huang, a Chinese American at the University of Toledo, married to a gentleman from my community. She has been harassed, detained, interrogated, and expelled from China because of her association as a member of the Independent Federation of Chinese Students and Scholars in our Nation. She has been refused reentry into China to visit her ill father who is suffering from cancer, and I can think of no better example of the callous disregard for human rights exhibited daily by the government of the People's Republic of China than her story. I will read her letter to you, and I hope to bring her to Washington as this debate ensues.

She says, ''Dear Congresswoman, my name is Ciping Huang and I am a council member of the Independent Federation of Chinese Students and Scholars in the United States.''

She has been an elected officer in that organization, which was established in 1989, after the Tiananmen Square massacre.

''Unfortunately,'' she writes, ''our involvement, our association's involvement, in democracy and freedom for China has resulted in harsh treatment by the Chinese Communist government, in particular on our student members as they try to return to their homeland. Whether a Chinese citizen or