

America goes to war, even a limited war. It may well be that if this body voted on military action against Yugoslavia, we would support it overwhelmingly.

But there is no doubt in my mind that attacks by U.S. forces, whether under NATO or not, against a sovereign nation, even if it is Milosevic's Yugoslavia, constitute an act of war. Actions NATO may decide to take with absolutely no congressional involvement could lead to an expensive, perhaps lengthy involvement which, most importantly, puts American lives at risk.

There are legitimate policy questions Congress should ask about the kind of military involvement NATO is contemplating. Would air strikes do any good? Against what kind of targets? If air strikes do not make Milosevic stop, are we willing to send in ground forces in a shooting war into the mountains of Kosovo?

We may be over the Vietnam syndrome, but that conflict, in which I served, should remind us of one critical lesson for any military involvement: that we should secure the Nation's understanding and support before major military action is taken. That is what military officers learned from Vietnam, and that support is best assured when Congress debates and votes.

The framers of the Constitution vested the war power in Congress for very good reason: Both as a check against precipitous action by a President and as a way to be sure that the American people, through their elected representatives, have been consulted before the Nation goes to war.

The framers placed the war power in Congress because they saw it as an essential part of our democracy, reflecting the fact that it is the people's lives and funds that are put at risk. They expressly rejected the idea that this kind of power should be entrusted to a single individual, the President.

Some people object that the Constitution is inconvenient in this respect, that there is something wrong with taking the relatively small amount of time that would be needed to secure Congress' approval. The situation in Kosovo has been worsening for months. The President has had plenty of time to seek authorization from Congress for military action, and he still has time to do so.

Our participation in NATO does not supersede Congress' role in deciding about war. In fact, Congress conditioned U.S. participation in NATO on the requirement that it retain its constitutional prerogatives. This point was underscored by then Secretary of State Dean Acheson at the time the North Atlantic Treaty was ratified, who said,

The treaty does not mean that the United States would automatically be at war, even if one of the other signatory nations were the victim of an armed attack. Under our Constitution, the Congress alone has the power to declare war.

Congress' war power is one of its most important and most basic responsibilities. The American people have a right to expect Congress to do its job. As my colleague, the gentleman from California (Mr. CAMPBELL), mentioned a few minutes ago, he and I have drafted a letter to our colleagues urging signature on a letter to the President of the United States that the President respect that exclusive power in Congress and have the authority of Congress before military action may be taken against Yugoslavia.

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

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

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

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

#### THE HIGH COST OF PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Texas (Mr. TURNER) is recognized for 60 minutes as the designee of the minority leader.

Mr. KENNEDY of Rhode Island. Mr. Speaker, will the gentleman yield?

Mr. TURNER. I yield to the gentleman from Rhode Island.

#### BAD CONDUCT IS NOT GROUNDS FOR IMPEACHMENT

Mr. KENNEDY of Rhode Island. Mr. Speaker, I would like to thank the gentleman for yielding.

Mr. Speaker, I apologize that I was cut off but those are the Rules of the House and that is the nature of the floor proceedings, but I did want to conclude with my remarks because I cannot emphasize enough to the people in this Chamber, my colleagues watching on TV and the American people at large, that this is no light matter that we have been talking about.

We seem to be taking such a cavalier attitude to this, and I know that obviously a lot has to do with the politics of this season. I dare say, though, what we are embarking on truly goes to the nature of our whole form of government.

I just had the opportunity last week, as a member of the Committee on National Security, to go to New York to listen to the President's speech on global terrorism, and I met many diplomats who have a working relationship with our allies, democracies around the world, in Europe and the former Soviet bloc countries, and all of them are so perplexed about what is going on here in this country.

My friend who deals with them on a day-to-day basis told me that his judgment of why they are so perplexed is because they have not been at the democracy game as long as we have. They have been under tyranny, the tyranny of fascism and Communism, within their own lifetimes, and they know that the miracle of this system of government is not to be messed with. That is why they feel so strongly about what we are doing in this country is so wrong for the future of our constitutional form of government.

As I was saying, in my opinion, what we are doing now by putting the cart before the horse, so to speak, by saying that we are going to have a preliminary inquiry before we know what the definition of impeachment is, to me violates the fundamental process of due process, where you know what the crime is before you begin to prosecute it.

The reason the majority wants to vote on an impeachment inquiry before they know what impeachment really is is because they could never vote to initiate such an inquiry once they really knew what they were talking about. Once they knew what was really impeachable, then we would have to ask one more question: Is the impeachable offense, such as perjury, is the impeachable offense the kind of offense in which the President's remaining in office is worse for this country than the excruciating process of impeachment that it will take to remove the President from office?

We need wisdom to prevail over politics. We must see past the passions of this moment and look to the true nature of this offense, which in my opinion is better judged by God and family than by the Congress and the media.

What we have here is a reckless, embarrassing, personal act. It was wrong. The President was human in trying to hide it, and that was wrong, too. None of this, however, shows that the President was on a course that was dangerous to the public.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. EWING). The Chair would admonish the Member not to refer to the personal conduct of the President and to address those outside the chamber.

□ 1445

Mr. KENNEDY of Rhode Island. Mr. Speaker, that was not dangerous to the future of this republic. It did not justify throwing this democracy into a constitutional tailspin, and it will not justify it. Gifts, testimony, executive privilege, all these things, do these justify paralyzing our constitutional form of government?

People say this is about a certain offense, perjury, and we should not let anyone off the hook. But during the Watergate scandal, President Nixon perjured himself in his tax returns, and this was dismissed, this was dismissed, as not an impeachable offense. And what about when Caspar Weinberger

lied to this Congress about a secret war? Remember the Iran contra scandal? When asked, Caspar Weinberger said he had no details of such a military offensive, no details whatsoever. He lied to this Congress. Guess who pardoned Caspar Weinberger? Republican president George Bush, and he did so at the behest of Senator Bob Dole, who pushed him to pardon Caspar Weinberger.

I just want to make a concluding couple of thoughts: Joe McCarthy, remember him? He used details of people's sex lives to extort cooperation from them and from former communists by threatening to expose what happened in their bedrooms.

J. Edgar Hoover, remember J. Edgar Hoover? He tried to get Martin Luther King, Jr., to drop out of the civil rights movement by sending Coretta Scott King a copy of an illegally obtained elicited tape recording. It is documented.

Ken Starr has done the same thing. Through his dump of lurid sexual details, he is trying to embarrass this president so much so that he disrupts our whole constitutional form of government by forcing him to resign. To me, this amounts to simply sexual McCarthyism.

The bottom line is this: I would say that the majority needs to heed the words of your own party. President Gerald Ford was featured in the Hill Newspaper last week. You recall what he said? He said an impeachable offense is whatever a majority of the House of Representatives considers it to be at a given moment in history.

But that is only what Gerald Ford meant with respect to a judge. He was asked to clarify his comments and apply them to a president of the United States, and I want everyone to listen to me, because they are so misunderstanding what President Ford said. President Ford added that the removal of a duly-elected president in midterm "Would indeed require crimes of the magnitude of treason and bribery."

Mr. Speaker, we have a constitutional debate here, and I will venture to say that in my whole time in the United States Congress, I will not cast a more important vote in my whole time in Congress than the vote I cast next Monday against moving this country down such a reckless course that will imperil this republic and permanently damage this Constitution and the definition of what is an impeachable offense.

In my mind, this is a sacrosanct document, and what is sacred in it is it is only used in those most extreme circumstances. To me, this inquiry does not rise to that level and threshold, and, for that reason, I encourage all my colleagues to join with me and put politics aside and say what is right for the Constitution, and that is to stand with the Constitution and vote against any inquiry down this maddening road.

I thank the gentleman from Texas (Mr. TURNER) for yielding to me.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would admonish all Members that they should avoid references to the personal conduct of the President.

Mr. TURNER. Mr. Speaker, I rise today to address an issue that is important to every senior citizen in our country, the problem of the increasing cost of prescription medications. This is an issue that has been growing in intensity in recent years as the costs of drugs have gone up and up and up.

A number of Members of this body have joined together to try to address this problem and to pass legislation that would lower the cost of prescription medication. There are currently over 75 Members of this House who have joined in sponsoring legislation to deal with the high cost of prescription drugs. It is my pleasure to yield to one of the leaders in this effort to combat the cost of prescription medication, the gentlewoman from California (Mrs. CAPPS). I want to mention in passing that Lois is a proud new grandmother of a five-week-old boy, Walter Holden Brostrom, named after his grandfather, Walter Holden Capps, a former member of this body.

The gentlewoman has been a hard worker on behalf of those who are fighting the high cost of prescription medication. She has a background in nursing, and, as the representative of the 22nd district of California, it is my honor to yield to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I want to thank the gentleman from Texas (Mr. TURNER). Of course, you warm my heart by talking about my grandson. It is a point of reference that I have with many grandparents throughout my Congressional district. It is with their faces in my mind's eye and with their stories in my heart that I rise today to speak about what I consider to be a real scandal going across this country that I have uncovered in my Congressional District out on the central coast of California.

Seniors throughout the area are, we are finding out, paying outrageously high prices for their prescription drugs. Even worse, these inflated prices are subsidizing the very discounts that high profit HMOs get for these very same medications.

A report we have released gives to the public our study, which uncovers this fact in my Congressional District and gives the reason why some of these costs are so high. There are very startling findings. I know the gentleman from Texas (Mr. TURNER) is going to go into detail with the charts he has that show him the kinds of studies done in his district as well.

Seniors in California on the central coast are paying on the average 133 percent more for the 10 drugs most commonly used by seniors. This is 133 percent more than the HMOs are paying at the discounted rates they get for these very same prescriptions. These are drugs like Zocor, which reduce cho-

lesterol, Norvasc for common blood pressure medication, and Relafen, which provides relief from arthritis.

Prescription drug companies give these big discounts to managed care companies for these drugs, these same 10 drugs and other drugs as well, and then other buyers, like pharmacists must pay substantially more for the same drugs and then pass these higher costs on to seniors.

For example, my study found that Ticlid, one of the most widely prescribed medications for people who have had strokes, sells to the HMOs for around \$34 for 60 tablets. Yet in my area of the country the average pricing that seniors pay for this drug themselves when they are buying it out of their own pocket is more than \$130, nearly a 300 percent markup over the price that the HMO pays.

The huge difference in prices is not going to the retail pharmacist in Santa Barbara or Santa Maria or Arroyo Grande. On average these local pharmacists are paying \$100 to \$110 for the same medication. The final price the seniors pay includes only a reasonable markup to the pharmacists and then they are bearing the burden of the profit that is going to the HMOs.

That seniors are paying more money for drugs than they should while HMOs reap profits is based partly on the huge discounts they get from the drug companies. But there is an even sadder story. Many seniors simply cannot afford these high prices because of the fixed incomes they are living on, so they have done a variety of things, such as taking half the prescription or choosing of the several prescriptions that are needed for their life for life and death issues in many cases, or for the quality of life that they want or for their relief from pain and discomfort, and they end up just taking part of the medications that the doctors prescribe.

I have a couple of examples that I will share with you. Clyde Vann of Pismo Beach told my staff he pays over \$300 a month for seven prescription drugs, and he really needs to be taking two additional medications, but that would add an extra \$150 to his monthly costs. He is on a fixed income, and he just cannot take these two other medications that he really needs to be taking.

Harriet MacGregor of Santa Barbara told my staff that because of the high cost of her five prescriptions, she must sometimes skip or reduce her dosage. This is not the kind of health care we want to be providing for seniors in our country. They should not have to subsidize the profits of the HMOs. They should not have to choose between filling their prescription or buying food or paying the rent.

So I was proud to sign onto the legislation of the gentleman from Texas (Mr. TURNER) last week to address this issue. H.R. 4646 will allow pharmacies the opportunity to receive the same discounts that HMOs get for the drugs that they dispense to seniors. I believe that this is a long overdue measure.

I am happy to yield back now. I want to continue the discussion at some point about what is happening also in parts of our country that are rural areas and where the reimbursement rate to the HMOs from Medicare is so little that the HMOs are pulling out because of their inability to make a profit in our rural areas. This is a double whammy for our seniors. It is giving them now fewer options for their health care in general, and also then when they do just have Medicare and then have to pay the full price, they are running into this problem that you and we have uncovered.

The other thing that is interesting to me is that I have done this study on the central coast of California, the gentleman lives in Texas, we have other Members of Congress from Maine, from Arkansas, from around the country, and we know that this is going on all too many places right now.

So it is something we want to address. I am pleased that the gentleman has this time on the floor this afternoon and we can be talking about this very serious issue.

I will turn it back to the gentleman now and am prepared to talk a little bit more later on.

Mr. TURNER. Mr. Speaker, I thank the gentlewoman from California (Mrs. CAPPS). We appreciate her strong leadership on this very important issue.

Another leader in the fight to lower the cost of prescription medications for our senior citizens is the gentlewoman from the 10th District of Indiana (Ms. CARSON). The gentlewoman, I know from talking to her, knows firsthand the problems that seniors are facing, because I have talked to her many times about how she represents her district, and she works at the grassroots, so I know she has got some interesting insight on this issue.

Ms. CARSON. Mr. Speaker, I thank the very distinguished colleague from Texas for yielding, and I want to commend the gentleman for his insight and foresight in bringing this vital issue not only to the United States House of Representatives, but to the ears and eyes of America, because it is imperative that the American people understand that the Congress is in fact concerned about their well-being, especially those who are recipients of Medicare at this particular time, the senior citizens of our country.

Mr. Speaker, I rise today again, along with my distinguished colleagues. It is kind of difficult to follow the eminence of my colleague the gentleman from Texas (Mr. TURNER), and certainly the gentlewoman from California (Mrs. CAPPS). The senior citizens are very privileged to have this kind of representation in the Congress that is very sensitive to their needs.

Of course, I rise, being on the verge of being a senior citizen, I would like to announce in the beginning I probably have a conflict of interest, because I want my medication affordable when I advance to the age of requiring

Social Security. The skyrocketing prices for prescription drugs are unabated and they are hitting the senior citizens of our country very, very hard.

Many of our seniors are on fixed incomes, and when they have to pay higher prices for prescription drugs, obviously they have less money for food, to pay for their heating bills, to pay their property tax or to pay their rent, if that is the case, and to accommodate some of their other vital needs for their own well-being. Seniors are paying too much in higher prices for prescription drugs than HMOs and other most-favored-customers who buy drugs in large quantities at a discount.

In my district in Indianapolis, we did do a survey among the drugstores on drug prices based on the widely used common drugs. Albuteral, a common inhaler, costs as much as \$18.35 in some stores, twice as much as at the cheapest store. HMOs can charge much less.

□ 1500

The drug, I think it is Vicodin, varies between 39 cents and \$2.34 per dose in Indianapolis.

These high prices are feeding drug companies' growing profits. Our pharmacists are complaining that when they obtain these items, that the major cost is theirs to pay and they have to pass along those costs to the senior citizens at a very limited profit.

It is just plain wrong for drug companies to be charging the high prices in behalf of our Nation's senior citizens. That is why I join the gentleman from Texas (Mr. TURNER) and the gentlewoman from California (Mrs. CAPPS) and other colleagues in introducing H.R. 4646, the Prescription Drug Fairness Act.

As my colleagues know, the legislation will allow retail pharmacies to buy medications commonly used by senior citizens directly from the Federal General Services Administration. GSA is able to buy prescription medications at much lower prices than individuals, allowing our pharmacists to pass on the savings to senior citizens.

No one should be forced to choose between buying food or medicine, least of all our senior citizens to whom we owe so much. So I would urge my colleagues to join me in cosponsoring this legislation. I would encourage the leadership to set it on the calendar for hearing and for ultimate passage. Let us do something important for a change, especially in behalf of our senior citizens.

I am more than happy to yield to the gentleman from Texas (Mr. TURNER).

Mr. TURNER. Mr. Speaker, I thank the gentlewoman for her support on this important issue and for her leadership.

Another Member of the House that has taken a very prominent role of leadership on this issue is the gentleman from Maine (Mr. ALLEN). The gentleman is a sponsor of legislation to deal with this issue, along with many

others that have joined with him, and it is an honor to have the gentleman here to talk about this issue that he has worked so long and hard on.

I yield to the gentleman from Maine (Mr. ALLEN).

Mr. ALLEN. Mr. Speaker, I thank my friend and colleague for yielding. I want to say to the gentleman from Texas (Mr. TURNER) that I appreciate his organizing this Special Order today and for his leadership on this particular issue.

I found, as many of us have back in our districts as we travel around and talk to seniors, that the high price of prescription drugs comes up at every meeting of seniors. It does not matter where we are or who we are talking to. As long as there is a senior in the room, it seems, this subject will come up, particularly if we give people an opening.

There are some reasons for that. Seniors use one-third of all prescriptions in this country. While the average American under age 65 uses only 4 prescriptions a year, the average senior uses 14 prescriptions a year. In particular, older Americans suffer more from those chronic conditions such as hypertension, diabetes, arthritis, glaucoma and circulatory problems that require the taking of regular prescription drugs.

When Medicare was created in 1965, it was designed as a system of acute care, so it did not cover prescription drugs. Now, the number of hospital beds is shrinking, people are not spending as much time in the hospital, and they are not there because of advancements in prescription drugs, and yet 37 percent of all seniors have zero coverage for prescription drugs.

We all know that the prices have been going up at a rapid rate. The studies that have now been replicated in a number of districts are very revealing. Last June I requested that the Committee on Government Reform and Oversight staff investigate whether pharmaceutical companies are taking advantage of older Americans because of the high price of prescription drugs. There is a recent statement in a report on the pharmaceutical industry which reads, "Drugmakers have historically raised prices to private customers to compensate for the discounts they grant to managed care companies. This practice is known as cost-shifting."

I understand that the studies that have now been replicated in our districts around the country are the first studies to quantify the extent of price discrimination and how it affects seniors. The study investigated the prices of the 10 brand name drugs with the highest sales to the elderly. Ticlid, Zocor, Fosamax, Prilosec, Norvasc, Relafen, Procardia XL, Cardizem CD, Zolof and Vasotec.

The study looked at the price differential between what seniors pay when they walk into a local pharmacy and what the best customers of the pharmaceutical companies pay. And

the best customers are big HMOs, the Federal Government, like the VA. The study found in my district, and it is pretty much the same I believe in the district of the gentleman from Texas (Mr. TURNER) and in the district of the gentlewoman from California (Mrs. CAPPS), that seniors pay 105 percent of the price, on average, that the drug companies' most favored customers get.

Now, for comparison purposes, one thing is clear: That is, the markup or the price discrimination on prescription drugs is far higher than it is on other consumer goods. In fact, the price differential is about 5 times greater than the average price differential for other consumer goods.

Now, I wanted to say a couple of things about the pharmacists, because one of the things we found in the study is that the high price of prescription drugs is not the fault of pharmacies. Whether one is a chain drugstore or a local pharmacy, the markup is on average 3 and at times all the way up to 22 percent, but more often it is a reasonable markup of 3, 4, 5, 6 percent. In fact, it is the large pharmaceutical companies that are driving up the prices. Drug manufacturers makes 6 times more profit on prescriptions than retail pharmacies.

Mr. Speaker, I think that we obviously have to do something about this, and I am pleased that the release of a report in my district showed what it did, that the study has been replicated in districts around the country. This is, as we well know, a nationwide problem, not just a local problem.

Despite the very important contributions that the pharmaceutical companies have made in improving the quality and the effect of prescription drugs, the fact remains, bring it down right to the grassroots level. The gentleman knows, the gentlewoman knows, I know people in our district who get about \$600 or \$700 a month in a Social Security check and that is all they have, and a good number of them are paying \$100, \$200, \$300 a month are for prescription drugs.

The math does not work. They cannot pay for food and rent and other necessities and still pay the cost of their prescription drugs. So what do they do? They do not take the drugs that their doctors tell them they have to take. That is the bottom line. Seniors in this country are not taking the drugs that their doctors tell them they have to take.

Vi Karion from Maine traveled down to our press conference last week and she spoke of her difficulties and those of her friends and neighbors. She gets about \$900 a month from Social Security, but cannot afford supplemental coverage for her prescription medication and she cannot always afford all of her prescription drugs.

That is why I introduced the Prescription Drug Fairness For Seniors Act, very similar to the bill that the gentleman from Texas (Mr. TURNER)

and others have introduced. These two pieces of legislation are complementary, not competitive. We believe that the legislation will drive down the cost of prescription drugs for seniors by over 40 percent.

Mr. Speaker, it is too late in this session to have this bill become law, but I can tell my colleagues this: We are going to be back next year. This issue will not go away.

We need to do something about the high cost of prescription drugs, and what our legislation would do, without adding to the Federal budget, without fixing prices, we would put the Federal Government on the side of every senior buying pharmaceutical drugs. And if we do that, the buying power of the Federal Government is strong enough to compensate for the high prices charged by the pharmaceutical companies, to drive down the cost of prescription drugs and really give our seniors a chance to eat the food they are supposed to eat and still take the medication that their doctors tell them they have to take.

Mr. Speaker, I thank the gentleman. I am very pleased to have been here today.

Mr. TURNER. Mr. Speaker, I thank the gentleman for his strong leadership on this very, very important issue.

Another Member of this body who has worked hard on this particular issue is the gentleman from Georgia (Mr. BISHOP), from the Second District of Georgia. I would like to yield to the gentleman.

Mr. BISHOP. Mr. Speaker, I rise today as a cosponsor of H.R. 4646, which is a bill to provide for substantial reductions in the price of prescription drugs for Medicare beneficiaries.

Mr. Speaker, this is a time when seniors seem to be taking the brunt of the cuts in health care costs, specifically in areas such as home health care and venipuncture. So I am honored to support legislation that would make prescription drugs affordable for our seniors.

Today our parents and our grandparents are being forced to pay much steeper prices for prescription drugs than the so-called most favored customers of drug companies, such as HMOs, large hospital chains, and indeed the Federal Government. This is wrong. These entities are able to buy drugs at discounted prices, and drug companies subsequently raise their prices to seniors and others who pay for needed prescriptions for themselves.

A Federal study that was initiated by the gentleman from Texas (Mr. TURNER), who was the originator of this bill, and we congratulate him, asserts that our senior citizens are paying twice what the most favored customers are paying. This bill provides the solution to the problem by creating a level playing field. It allows retail pharmacies to buy medications used by senior citizens directly from the General Services Administration of the Federal Govern-

ment. Because the GSA is one of the entities that is able to purchase these prescription medications at much lower prices, this procedure will allow pharmacists to pass on significant cost savings to our senior citizens.

Mr. Speaker, I ask my colleagues to support this concept, and I congratulate the gentleman from Texas (Mr. TURNER) for his foresight in working on this issue, and all of the other cosponsors who have joined, such as the gentlewoman from California (Mrs. CAPPS), to make sure that we lift this issue up to our Nation's consciousness and that as soon as possible we try to provide some relief for our seniors in the purchase of their much-needed prescription drugs.

I thank the gentleman for yielding, and I again congratulate him for the hard work that he has done in pursuing this issue.

Mr. TURNER. Mr. Speaker, I thank the gentleman. The gentleman has given outstanding leadership not only to this issue but to many others on behalf of the people of his district, and his support means a great deal to this issue. I thank the gentleman for his part in this Special Order.

I would like to yield once again to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I thank the gentleman for yielding to me and I thank the gentleman from Georgia (Mr. BISHOP) for his support. I want to echo that it is now becoming clear, as we are taking part in these Special Orders, how widespread this has become in certain areas of our country.

To pick up on a theme that the gentleman from Texas (Mr. ALLEN) mentioned when we talked about the terrible choices that seniors have to make, as we have done our studies and as we have been engaged with the seniors in our own districts, as I have, and their faces come to my mind as I am standing here on the floor of Congress, the people who have come up to me with real fear and pain in their eyes about what they are facing on a daily basis. It is a shame, because the part of health care that seniors value the most is their ability to get their medications that keep them alive in many instances, that really prolong the kind of health that they now have become accustomed to because of the advances in medicine.

It is to the pharmaceutical companies, for the research they have done, that we owe the advances in medicine for many of our seniors, so that they can keep their blood pressure under control and their cholesterol level down, and their arthritis aches and pains are not incapacitating our seniors as they once were.

□ 1515

What a shame that right now, in this day and age, when we have the resources to give them, that they are being asked to bear the burden of discounted prices.

In other words, what the drug companies are coming back to us with after they see our studies is saying, this sounds like price-fixing. But what we know from our studies is that what the drug companies are doing is cost-shifting. That is what we need to address.

They are shifting the costs in the savings that they are giving to large buyers, such as the insurance companies, such as the HMOs, they are shifting the cost from this large entity onto the backs of individual seniors in my district in California; in the district of the gentleman from Texas (Mr. NICK LAMPSON); in the the district of the gentleman from Texas (Mr. TURNER); in Maine, in Arkansas, in Indianapolis. We are seeing this is happening across the country.

Mr. Speaker, that is why we need to stand here today on behalf of these seniors and speak out for them and for the fear that they are experiencing, and the choices they are making between buying food for their tables or buying the medication that will prolong their lives.

Actually, when we think of the cost, the cost of a senior then becoming ill because they are not able to take their medication, and having to go into a high-skilled nursing facility, is much more of a burden on their families, on themselves, and on society, really. So we are wise to take note of this and do something about it. It is not price-fixing, it is cost-sharing. That is what we want to make sure, that the seniors are not bearing an overburden of the price of the prescriptions that they need to be making.

I applaud the gentleman from Texas (Mr. TURNER) again for the work that he is doing for the seniors of our country, really. I am a proud co-signer of the gentleman's bill, and on the efforts that are going on around the country.

Mr. TURNER. Mr. Speaker, I thank the gentlewoman from California, and I thank her again for sharing her insight. I guess it is the gentlewoman's nursing background that causes her to be so very sensitive to what we all see when we go out in our districts and talk about this issue. It is the seniors who are having trouble just making ends meet, who are faced with these high costs of prescription medications that we are trying to help here today.

I had a lady come up to me in Orange, Texas, as I was talking about this legislation at one of my local pharmacies, a lovely lady named Frances Staley. She happened to be blind. She was very a proud lady, and she was telling me about how important she thought this issue was and how much she supported what we are trying to do.

I began to ask her about her situation. She told me that she has \$650 a month in social security. That is her total check. She told me that she has \$540 worth of prescription drug bills every month. She has nine different medications that she has to take.

We were standing there, with her pharmacy over there, and she looked

over and said, I am just glad that my pharmacist will give me credit. I still said to her, but if you have \$540 in prescription drug bills every month and you only have \$650 from social security, how do you live? And she leaned over to me in that proud sort of way, and said, well, sometimes I just take half my medication.

Now, no senior citizen should have to make that choice. That is why we are here today.

Mrs. CAPPS. The gentleman is absolutely right.

Mr. TURNER. That is why we have introduced this bill. I appreciate so much the gentlewoman's leadership on this.

Mr. Speaker, I yield to my dear friend and colleague, the gentleman from the 9th District of Texas (Mr. NICK LAMPSON), another leader in the fight to help our senior citizens.

Mr. LAMPSON. Mr. Speaker, I thank the gentleman for yielding to me.

Mr. Speaker, I rise today in support of the Prescription Drug Fairness Act. I really want to thank the gentleman from Texas (Mr. TURNER) for the hard work that he has done on this extremely important piece of legislation. Obviously, we hope it is a success, and a big success, along the way.

I say to the gentleman from Texas (Mr. TURNER), as I was growing up, thinking back to the time that I was in Beaumont as a kid and knowing that I lived probably about a mile or so from the pharmacy that we used, the Highland Avenue Pharmacy, I know the relationship we built with the Masons, who owned and ran that drugstore.

I remember that when we were sick, my mother could call them. They would send a prescription to our home in instances when we could not get there, and there were some difficult times in our own family when I was growing up that would prevent us from driving even that mile to pick up a prescription from the pharmacist.

I knew if my mother needed to, instead of sending me to a doctor and spending that extra \$5 or \$10 or whatever she might have had to spend on me or my sisters or brothers, that she could sometimes pick up the phone and call Mr. Mason and ask a question, and get some advice about what we might need to do. There were instances where that relationship saved a significant amount of money.

I know that as we face similar problems today with pricing of pharmaceuticals, we are in many instances losing that ability to have that relationship with our neighborhood pharmacist, with the people who provide much more than just an opportunity to retail-sale drugs to the people in the neighborhoods.

I absolutely imagine the choices, the difficult choices that a loved one, perhaps my own mother, would have to face, as the gentleman was talking about a minute ago, when they were faced with the choice of buying medicine or buying food. I do not want my

mother having to make that kind of a choice.

I know that when I went to the White House Conference on Aging as a delegate in 1995, I heard the plea of the 2,500 or so elderly people who were there as designees from all over the United States asking that we keep those programs in place; that Congress, and I was not a Member of Congress then, but that we keep those programs in place that would help them keep their dignity and their independence, so they would be able to continue to live at home and not be a burden either on their children or on society.

It is strange to me that we continue to enact, or try to deenact, if you will, so many things that are putting so many of these folks into troubled times, as the gentleman from Texas just spoke of, such as the woman who may not be able to live in her home if she cannot take the full amount of the medicine that the doctor says is necessary to keep her health good for her quality of life as she reaches those golden years, that are longer today than what they used to be, that we are so proud of. But if we cannot enjoy those days, why live them?

That is not a question that our seniors need to be asking. They are paying too high a price, in many instances, as elderly folks, and even oftentimes we are, ourselves. Drug companies charge seniors on an average, I think the gentleman said earlier, 103 percent more than they charge their most favored customers.

I looked at the chart that the gentleman has there. I have a copy here. I look across to some medicine that I have to take. I have a stomach problem and I take Prilosec. I want to ask the gentleman a question.

From what I understand here, if I can buy, as a favored customer, my bottle of Prilosec that I have to buy every month and I pay \$58.38 for it, if I go to my pharmacy at home in Texas I have to pay, for this same bottle, \$107.97?

Mr. TURNER. The gentleman is correct.

Mr. LAMPSON. Mr. Speaker, if the gentleman will continue to yield, that is a 90 percent difference. What the gentleman is saying is that for this bottle that I am holding in my left hand I have to pay \$58.38, but for the bottle that I am holding in my right hand I have to pay \$107.97. That does not make logical sense to me.

When I look at the problems that I know that my own mother faces in attempting to face these same decisions, I have a hard time accepting it, not just for her, but for all of the people in this country.

Our neighborhood pharmacies may be put out of business because of these pricing practices. That is something that we all have to be concerned about. It will make senior citizens' lives worse, because they will not be able to depend on their neighborhood pharmacies for advice or even personal care.

All of these other figures that the gentleman has cited, that the gentleman has put together through his study, are impressive, but they are also absolutely frightening. The Prescription Drug Fairness Act would protect older Americans from this type of discriminatory pricing. The legislation will create a level playing field by allowing retail pharmacies to buy medication used by senior citizens directly from the General Services Administration, the GSA of the Federal Government.

Since the General Services Administration is able to purchase prescription medication at much lower prices, at those favored prices, then pharmacists will be able to pass on a significant cost savings to our senior citizens. Again, our senior citizens should not ever have to choose between their health or other necessities.

One more time, it is the difference between the price of the bottle that I hold in my right hand or the price of the bottle that I hold in my left hand. I think we need to pass this legislation for the sake of all America. I thank the gentleman. I appreciate the great work he has been doing. I hope to be able to stand by the gentleman and continue to make a success of this bill.

Mr. TURNER. Mr. Speaker, I thank the gentleman from Texas (Mr. LAMPSON). I thank him for his leadership.

It is hard to understand how that same bottle of medication can cost \$58 when it is sold to the big HMOs and the big hospitals and the insurance companies, and yet our senior citizens, walking into their local pharmacies, are having to pay \$107. It is just not right. I thank the gentleman for his leadership on this.

Mr. Speaker, I want to thank the gentleman from California (Mr. WAXMAN) personally for his leadership as the ranking Democrat on the Committee on Government Reform and Oversight in initiating with our minority staff the studies that many of us have been able to do in our own districts, to point out the problem that we are talking about here today.

I thank the gentleman from California for his leadership on this issue, for the many years he has been working on this cause.

Mr. Speaker, I am proud to yield to the honorable gentleman from the 29th District of California (Mr. HENRY WAXMAN), the ranking member of our Committee on Government Reform and Oversight, a leader on health care issues for many years, and another Member of this body who has for many, many years been a leader in the fight to try to lower the cost of prescription medication for senior citizens.

Mr. WAXMAN. Mr. Speaker, I thank the gentleman very much for yielding to me.

Mr. Speaker, I want to underscore the importance of this special order this afternoon in the House of Representatives, and the gentleman's lead-

ership, and the leadership which the gentleman from Maine (Mr. ALLEN), the gentlewoman from California (Mrs. CAPPS), the gentleman from Texas (Mr. LAMPSON), and so many others have given to this very question.

It is so unfair that our seniors are paying, on average, we have found, all across the country, twice as much for prescription drugs as those who are being treated in a more favorable light by the pharmaceutical manufacturers.

This is an issue that affects American seniors all across this Nation. There is very little variation between what we have found in one part of this country as opposed to another. We see all over our seniors being asked to pay the most for these drugs.

Of course, the reason they have to pay the most for drugs is that each senior goes individually to buy drugs. They do not have anybody acting on their behalf the way that the veterans have through the Veterans Administration, or the people in managed care plans have, when those managed care plans step in and negotiate a better price for all of their members who have drug coverage, or what we have even done for Medicaid recipients who have prescription drug coverage.

On Medicare, our Medicare beneficiaries do not have prescription drug coverage under Medicare. I wish they did. It is a logical thing for them to have that coverage. Medicare covers doctor bills, hospital bills, all sorts of other services, medical services. But when it comes to prescription drugs that they use on an outpatient basis, Medicare will not cover it. Each person has to come in individually and pay the price.

The manufacturers of these drugs have found that in order to keep their profits up when they have to give a discount to others, they just raise the price higher for individual seniors, often elderly women. Most people on Medicare are women, and they are the ones who have to pay that price.

We have heard the story today, and all Members of Congress have heard it from our constituents, how the elderly are forced to choose between paying their rent, their food bill, their heating bill, or their pharmaceutical costs.

A lot of people go without taking their drugs, or try to take them every other day, or cut the drugs in half and make them last longer. Many of them end up in hospitals because they get sicker as a result of not taking the pharmaceuticals that can keep them healthy. Then the government pays a lot more money under Medicare for their hospital bills.

It does not make sense, and I think that the approach that the gentleman has taken and others have taken in trying to address this problem is very, very important.

□ 1530

The approach that is taken in the legislation is to say that we are going to insist as a function of government

that seniors not be disadvantaged when they buy drugs and that we will use the buying power of the Federal Government to make sure they get that preferred price as well as other citizens.

The way that this has been portrayed here today with the charts, with the demonstration of just showing right hand to left hand the same pharmaceuticals, but someone is left holding the bag, and it is usually our most vulnerable people, our seniors who do not want to be on welfare.

Most of them are not on welfare. They have played by the rules. They paid throughout their working years for the Medicare program. When they need that program and are relying on it, we should not leave them adrift when it comes to high pharmaceutical prices. We ought to be there to protect them.

If we are not going to cover drugs, at least we ought to assure them that, when they buy those pharmaceuticals, they are going to pay a preferred price and not an unfair price.

I want to commend the gentleman. I think this is an important opportunity on the House floor to bring this issue home to people. It is the kind of issue people care about. So often here in Washington we are talking about things that I do not think most Americans think affect their lives in any way. But this issue affects every senior and their family members in every part of this country.

This is the kind of thing we ought to be dealing with, just like we should be dealing with the protections for people who are in HMOs or managed care to be sure that they are not taken advantage of, that they have their rights protected as consumers. We ought to be addressing issues like this.

We have only got 1 week left here in the Congress. We are going to go home at the end of this next week without passing a Patients' Bill of Rights for managed care, without addressing this pharmaceutical pricing issue, without doing anything about protecting our kids from being the subject of the tobacco companies' campaigns to get them to smoke at 12 and 13 years of age, without probably the most important thing, passing legislation to reform our campaign finance system, which, without the reform in that area, leads to the inordinate power of special interest groups like the tobacco companies, like the insurance companies, and like the pharmaceutical manufacturers.

I commend the gentleman for his leadership and for taking this opportunity on the House floor for many of us to speak on the issue.

Mr. LAMPSON. Mr. Speaker, if the gentleman will yield, one of the points that the gentleman from California (Mr. WAXMAN) made is we continue to see the direction go like this where it is harder and harder for seniors to meet the demands that they have on the medicines that they need to buy and they make choices and not take all

of their medicine or not take the medicine at all, ultimately they will end up probably going back into institutionalized care.

The gentleman from California just mentioned a number of things that we are facing right now, balancing our budget, passing appropriations bills we have not yet done. What are we going to have to be doing in the future if we see an increase in the number of people who are going back into institutionalized care, not being able to stay at home and take care of themselves?

Mr. WAXMAN. Mr. Speaker, if the gentleman will yield, one of the short sides of this in the way that we approach these problems is we look at the cost of hospital care under Medicare, which is extraordinarily high, and we do not connect it to the fact that we have caused those costs to be incurred because we have not done anything to protect the elderly from the high cost of medications and the fact that many of them will go without the medications, forcing them to get sick and then to use more expensive care.

Mr. LAMPSON. Mr. Speaker, if the gentleman will yield, then who is going to pay for that?

Mr. WAXMAN. Mr. Speaker, if the gentleman will yield, we are going to pay for it. The country is going to pay for it. The elderly is going to pay for it. It is a cost of the Medicare program.

When we look at the Federal Government expenditures, what we spend in Medicare is one of our very largest expenditures. It is not just from taxpayers, it is partly paid for by the premiums that the elderly pay for their Medicare. It is paid for also by the working people of this country who pay into the Medicare system in hopes that they will have it available to them when they need it when they become eligible because of their age to take out that Medicare policy.

Mr. LAMPSON. Mr. Speaker, if the gentleman will yield, it really would make sense if we can cut the costs of seniors particularly who are in greater need of some of these medications than perhaps other citizens of the country are that we would perhaps be able to save money in the long run in our budget. We would have to appropriate fewer dollars in the future because of these cost saving measures that we take today.

Mr. WAXMAN. Mr. Speaker, if the gentleman will yield, I think that is absolutely right. If we simply want to look at it as a dollar and cents issue, I think the case can be made that we would save money if we have protected the elderly from the high cost of prescription drugs and not have to pay that amount in hospital care costs for them.

But even without just looking at it from a dollar point of view from a Federal Government standpoint, just from a common sense humanitarian point of view, how can we say to the elderly that we are going to protect them from being wiped out financially when

health care costs hit them after they paid into this Medicare program during their working years, and we leave them vulnerable to such high out-of-pocket costs for their prescription drugs that they will not be able to afford their drugs or other necessities.

Some people cannot even afford to pay their Medicare Part B premium. They are like people who are not even in Medicare Part B because of the high cost of that, or they cannot go out and buy supplemental insurance because of the cost of that added onto everything else they have to pay for.

So we ought to recognize that, while we have done a great job in this country reducing the poverty levels of elderly people which used to be the single largest group under the poverty line, we still have a lot of people who are having difficulties especially when they have to pay for those high cost drugs.

Mr. LAMPSON. Mr. Speaker, if the gentleman will yield, I would ask all of our colleagues to join the gentleman from Texas (Mr. TURNER) and the gentleman from California (Mr. WAXMAN) and myself in supporting the Prescription Drug Fairness Act. Let us pass it and maybe we will be able to save those dollars.

Mr. WAXMAN. Absolutely.

Mr. LAMPSON. And help a lot of elderly folks along the way.

Mr. TURNER. Mr. Speaker, I again thank the gentleman from California (Mr. WAXMAN) for his leadership on this issue. He has been a tireless worker for many years on behalf of health care for children, for senior citizens, and for all Americans.

I again want to thank the gentleman for directing the staff of our Committee on Government Reform and Oversight, as our ranking member, to prepare these studies to document this very serious problem that we are talking about here today.

The gentleman from Texas (Mr. LAMPSON) mentioned the difference in the price of one particular drug. On the chart to my right, we have depicted the results of the study that the Committee on Government Reform and Oversight staff did in my congressional district.

What it did, Mr. Speaker, was to take the 10 most commonly prescribed drugs for senior citizens, and it took a look at the prices that those drug manufacturers are charging their most favored customers, those big HMOs, those big insurance companies, the big hospital chains, and even the Federal Government. Those prices are depicted here in this column.

The one the gentleman from Texas mentioned right here was \$58 that the favored customers paid. In the same study, pharmacies in my district on average were having to charge \$107 to our senior citizens who walk in without insurance for that same quantity of prescription medication. This quantity here is about a month's supply of each of those prescription drugs. So you see

in the last column the price differential.

As the gentleman said, it was 90 percent for the drug that you take. The average of all of these 10 commonly prescribed prescription drugs in my district was 103 percent.

We have heard others here today say it was 105 percent in their district, but, roughly, senior citizens are paying twice for prescription medication than what the drug manufacturers are charging their most favored customers.

We talked about this in my district in a series of about 25 little meetings I had with pharmacists all across my 19 counties. I want to make it very clear today, and it is shown on this third chart that I have, that the problem is not a problem created by our local pharmacies. It is the drug manufacturers that are responsible for this disparity, not the retail pharmacist.

In fact, in most of our districts, we see independent pharmacies going out of business every month because their margins are so small caused by this discriminatory pricing scheme that they are not able to make ends meet as pharmacies and are having to close down their businesses.

What this chart shows you is that, of the total price differential shown in blue on the left-hand side, the average retail markup from average wholesale by pharmacies in my district was about 1 percent, a little over 1 percent. In fact, the highest markup for any prescription medication that we studied by retail pharmacists in my district was 19 percent. So it is not the local pharmacies that are making the money.

We looked, not only at the 10 most commonly prescribed prescription drugs for seniors, but we looked at a few other drugs. Ticlid, for example, look at the price differential on Ticlid. It is absolutely unbelievable to think the line in blue shows what senior citizens are paying for Ticlid and the line in the pink shows what the most favored customers are paying. It is just almost hard to believe that Ticlid could be costing senior citizens \$117 and the favored customers, the big insurance companies and the hospital chains, get it for \$33.

Another one, Synthroid, was even more dramatic. Synthroid costs our senior citizens shown here in blue \$25.86 when they go into our local pharmacy. The most favored customers can buy the same quantity of Synthroid for \$1.78.

Micronase, another drug that is prescribed for diabetics, costs our senior citizens and local pharmacists \$45.60. The most favored customers or the big drug manufacturers get that same quantity for \$6.89.

So we see the problem. What we are trying to do about it in this legislation is to allow our local pharmacists to buy prescription drugs for Medicare eligible seniors directly from the Federal Government who is one of these most favored customers. We believe that is



the right thing to do. We think that it is the right thing for our senior citizens.

I wanted to thank every Member of this Congress who has joined with us in cosponsoring this legislation. We hope we can pass it for our senior citizens so folks like Ms. Frances Staley, my constituent in Orange, Texas, can be able to afford her prescription medication.

#### COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
U.S. HOUSE OF REPRESENTATIVES,  
Washington, DC, September 29, 1998.

Hon. NEWT GINGRICH,  
*The Speaker, U.S. House of Representatives,*  
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted to Clause 5 of Rule III of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on Tuesday, September 29, 1998 at 12:45 p.m.

That the Senate Agreed to Conference Report H.R. 6.

That the Senate Agreed to Conference Report H.R. 4103.

With warm regards,  
ROBIN H. CARLE,  
*Clerk.*

#### COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
U.S. HOUSE OF REPRESENTATIVES,  
Washington, DC, September 30, 1998.

Hon. NEWT GINGRICH,  
*The Speaker, U.S. House of Representatives,*  
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted to Clause 5 of Rule III of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on Wednesday, September 30, 1998 at 10:45 a.m.

That the Senate Agreed to Conference Report H.R. 4060.

With warm regards,  
ROBIN H. CARLE,  
*Clerk.*

#### TRIBUTE TO DAN QUISENBERY

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

Mr. SNOWBARGER. Mr. Speaker, the Kansas City area, our national past time of baseball, and everyone who admires courage and grit suffered a tragic loss yesterday. Dan Quisenberry, former relief ace for the Kansas City Royals, lost his battle with brain cancer at the age of 45.

Quiz faced death with the same unblinking fearlessness with which he faced a Wade Boggs or a Don Mattingly or a Reggie Jackson. His courage in the

face of adversity was inspiration for all of us. Dan Quisenberry became the second Kansas City Royal to fall victim to this disease, joining manager Dick Howser, who died in 1987, just 2 years after leading the Royals to the world's championship.

Dan Quisenberry developed a reputation as a "flake", based on his friendly banter with reporters who always sought him out for a good quote. This is a man who, finding success after a rare downturn in his pitching fortunes, told a reporter that he had found a delivery in his flaw. But, Quisenberry also was an intelligent and articulate man, a witty man who turned to poetry after his retirement from baseball.

He also was the best relief pitcher the Kansas City Royals had ever known. He was the first pitcher to save 40 games in a season, and he still holds the American League record for most saves in two consecutive seasons with 89. At the peak of his career, he was a factor in every game; unique for a pitcher.

Baseball writer and fellow Kansan Bill James put it best in his baseball abstract, "The logic was this: let's say that the Royals were one ahead in the fifth inning, but the other team had a man on and Babe Ruth at the plate. You'd be thinking 'Well, if he gets the Babe out here he's got the bottom of the order up in the sixth. That means that Babe and Lou and company don't come up again until the seventh at worst, and if it really gets tough in the seventh inning, Quiz can come in and the Royals will still win. So if he just gets Babe out here in the fifth inning, then the Royals win.'"

□ 1545

Well, it was not just the Royals who threw this way, either. Managers would use their pinch hitters in the 5th and 6th innings, trying to keep Quisenberry out of the game. In a sense every Royals game revolved around trying to get to Quisenberry, and it was something that you started thinking about really as soon as you got to the park.

This is about a man who threw underhand to major league hitters and got them out. But Dan Quisenberry was more than a great baseball player. He was a great human being. He was active in Harvesters, an organization that collects food for the homeless, and Village Presbyterian Church. He gave something even more precious than his money, he gave of his time. His dedication to charity and to children was admirable.

I think it is appropriate to remember at this moment the immortal words of the fabled sportswriter Grantland Rice, words which very well might have been written for Dan Quisenberry:

When the one great scorer comes to write against your name, he marks not that you won or lost but how you played the game.

Mr. Speaker, I ask this body to join me in offering condolences to the Quisenberry family. Let them take comfort in the fact that life is not

measured by its length but by its quality.

#### FIRST SURPLUS SINCE 1969

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

Mr. WELLER. Mr. Speaker, I thought I would take a few minutes to just talk about something that is pretty exciting, I find, for the folks back home in the south suburbs of Chicago and the South Side of Chicago and the rural areas and the bedroom communities I have the privilege of representing back home in Illinois.

October 1 is a big day. It is a big day that many of us, particularly in my generation, have been waiting a long time to see come. The reason October 1 is such a big day is, today is the first surplus that Washington has seen since 1969. Thanks to this new majority that has been in place here, the Republican majority that has been in place now for the last 3½ years, we have the first balanced budget in 29 years, a balanced budget that is projected to generate \$1.6 trillion in extra surplus tax dollars over the next 10 years.

Essentially the folks back home are sending more money to Washington than we need, producing a mammoth surplus, thanks to the fiscal responsibility that began with the Contract with America in 1995. I find that folks back home are pretty excited, because we talk about what we are going to be doing with this surplus. There are some, particularly down at the White House, that want to spend it. They would rather take that surplus and spend it on whatever they can call emergency spending, trying to avoid the budget rules and, of course, avoid the budget discipline that we have.

That is what a lot of folks back home say. They say, if we do not set aside that surplus now and give it to a specific purpose, those Washington politicians will spend that extra money. We made a commitment here 10 days ago to do something with that \$1.6 trillion surplus. We made a commitment to save Social Security. We made a commitment to eliminate the marriage tax penalty. We made a commitment, essentially, to give \$1.4 trillion, two times what President Clinton originally asked for back in January, to saving Social Security, \$1.4 trillion.

Now, the \$1.6 trillion in the budget surplus, of course, the 90-10 plan, as we now call it, sets aside 90 percent of the extra tax revenue and makes a commitment to put that money aside for Social Security. The remaining 10 percent we are going to give back to the American people, because we do not want it spent here in Washington. We want to use it to help families.

I have often raised the issue of the marriage tax penalty over the last year, asking a simple question: Is it fair, is it right that under our Tax Code