that the Environmental Protection Agency is absolutely out of control. They have adopted a policy of any means is justified by its political ends. They seem absolutely determined to destroy the family farm as we know it today. They have completely abandoned sound science, or any science, for that matter. They pursue the idea that any regulation is a good regulation as long as it causes a lot of chaos and economic disruption.

Earlier this year, EPA attempted to regulate as a point source silviculture in this country. They have pretty well been falled by that effort. But now they are attempting, in a rather secretive way, to try to regulate aquaculture, another very important agricultural pursuit in this country.

They have absolutely no scientific data indicating that there is a problem with pollution with aquaculture industry. After all, these farmers raise fish, they do not want their produce growing in polluted water.

The Environmental Protection Agency, as part of their plan to implement their regulatory process based on the economic success of their producers, they have this form that they are asking our aquaculture producers to fill out. And if they do not fill it out, there will be a penalty and they will be in violation of a Federal law and there is a severe threat.

One of the questions they ask, and they do not ask any questions in this form, not one, about water quality or how they treat your water. What they do ask, Mr. Speaker, is, If this company borrows money to finance capital improvements, such as waste water treatment equipment, what interest rates would they pay? In the event that this company does not borrow money to finance capital improvements, what equity rate would it use? When you finance capital improvements, what is the approximate mix of debt and equity? What are your revenues from aquaculture? The revenue from other agriculture activities that are co-located with aquaculture? What are other farm facility revenues? Do you get Government payments and how much are those Government payments? Is there other non-farm income? What are the total revenues? And the list goes on and on, Mr. Speaker.

This is not a questionnaire to help improve the water quality of this country or the areas where aquaculture is located. This is an attempt to destroy an industry, one more attempt by the Environmental Protection Agency to destroy agriculture in this country as we know it.

It is time for it to stop. Enough is enough.

The Environmental Protection Agency should be the premier scientific agency of this Nation. And yet, it has turned itself into nothing more than a political yardage to pursue perfectly legitimate and harmless industries.

NATIONAL INSTITUTES OF HEALTH

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

Mr. GILMAN. Mr. Speaker, I rise today in support of the federal government's commitment for increased funding for the National Institutes of Health (NIH). My colleagues and I have urged the appropriators since 1998 to double NIH's budget over 5 years. The distinguished gentleman from Illinois, Chairman PORTER has been an avid supporter of these requests and as a result, the budget has seen the appropriate increases each year.

As a member of the Congressional Diabetes Caucus, Alzheimer's Task Force, Biomedical Research Caucus and Working Group on Parkinson's Disease, I have met with countless individuals who ask each year that Congress invest more money into research funding at NIH. And each year I am proud to be able to report back that the House has been able to fulfill this request. More than half of my constituents who visit my office each year, come to discuss research funding and the budget request for NIH. Scientists are confident that with recent dramatic developments in technology over the past decade, that they are on the verge of making significant discoveries for both cures and vaccines for a number of diseases from diabetes and cancer to AIDS and Parkinsons.

With the continued support from this Congress by way of dollars for research, NIH will be able to continue making advances toward the eradication of countless diseases that afflict millions of Americans and countless others around the world. I am pleased to report back to my constituents that this Congress is continuing its support of medical research and I look forward to continue the fight for NIH and its committed scientists and doctors.

CALLING ON GOVERNOR BUSH TO SUSPEND TEXAS EXECUTIONS

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

Mr. RODRIGUEZ. Mr. Speaker, today and last week, I sent a letter to Governor Bush asking him to suspend executions in Texas and to form a commission to review the administration of the death penalty.

The moratorium would give the commission time to review the adequacy of both legal representation, the advances in DNA technology, and the possible biases in the capital sentencing process.

The support of the use of the death penalty, in appropriate cases, I support totally. But we must make sure that we impose the capital punishments fairly and without bias. That is basic to our sense of justice.

In light of recent events, I am no longer confident that we in Texas are administering the death penalty with the highest standards of justice in mind. We should not tolerate the possibility of executing an innocent person, especially when we have the means to avoid it.

Recent reports in the media, other reports and studies that have been conducted, have highlighted the mistakes made in capital cases both in Texas and throughout the country and in other States around the country.

As my colleagues well know, concerns with the administration of death penalty and the adequacy of legal representation prompted Governor George Ryan of Illinois to declare a moratorium on executions.

We have asked Governor Bush and I am pleased that Governor Bush recently made a decision to pardon a man wrongly convicted of being sentenced for 99 years in prison. His release came, however, after he had served 16 years and was determined that he had been innocent after DNA studies had been conducted.

With recent efforts to expedite executions and remove many cases for appeal, it is possible that similar convictions in Death Row equally might be innocent. These executions could be postponed so that we would be able to assess those three specific areas that I have mentioned. And that is to make sure that we have had adequate legal representation for these individuals; secondly, to make sure that, with the new technology and with the new advances in forensic technology, the DNA analysis in particular, that we have the best opportunity in our history to rule out or, at least, to have serious doubts, concerns, and possibilities that the defendant or convict in fact committed the specific crime in question.

As we look in terms of the situation where we find ourselves in, I ask the Governor to help out in the process of asking the Board of Pardon and Paroles to seriously look at assessing our process in Texas. And yes, we might have a great operation in San Antonio, but I know that each county and each community operates differently.

I know that a large number of cases in Houston, over 70, that a particular district attorney used to brag about the number of people that he was sentencing into Death Row. Those types of things need to be questioned.

We have had specific situations where psychologists have utilized stereotypes and racial profiling to determine some of those decisions. So those biases need to be looked at very carefully. Not to mention, and I stress the importance of the technology that we have before us, and especially in those cases that there is some sufficient DNA that is available where we can go to reaffirm our decision to make sure that in those cases we will not be making a mistake.

I fully understand the plea of victims for the swift administration of justice, but justice requires that we know for sure that we are applying the ultimate earthly penalty fairly and properly. I am not sure that we are doing this at the present time.

I, therefore, call upon the Governor to help and assist on the Texas Board of Pardon and Paroles to look at a

commission that would look at the process in Texas that is being utilized in each of our communities throughout the State. I would ask that we look in terms of what is actually occurring and that in those capital cases that we make recommendations to make sure we streamline the process.

Again, I would ask that they look in terms of the legal representation that these individuals have received after the indications that have come out; secondly, in the new technology and the DNA; and thirdly, on the possibility of biases.

2230

THE PROBLEM OF HIGH PRESCRIPTION DRUG COSTS

The SPEAKER pro tempore (Mr. TOOMEY). Under the Speaker's announced policy of January 6, 1999, the gentleman from Texas (Mr. TURNER) is recognized for half the remaining time until midnight, approximately 45 minutes, as the designee of the minority leader.

Mr. TURNER. Mr. Speaker, tonight we come to the floor to talk about an issue that many of my Democratic colleagues have been talking about for over 2 years, the problem of high prices of prescription drugs for our senior citizens. We are here on the floor tonight at a very critical time, because at this very moment, in this late hour, the Committee on Ways and Means is meeting and debating the issue of legislation to provide prescription drug coverage for our senior citizens. Tonight I want to spend a little time talking about that debate and the forces that are at work that will determine what kind of prescription drug coverage and what kind of plan this Congress will endorse.

We are here tonight on behalf of our senior citizens, and over the last 2 years I have visited and heard from many of them. I remember very distinctly when we first introduced the Prescription Drug Fairness Act, almost 2 years ago, and I traveled around my district talking about the issue with senior citizens at our local pharmacies, and I met a lady who ended up as a surprise at one of my meetings in Orange, Texas, a lady who was 84 years old and blind, who said she just had heard I was coming to town to talk about my efforts to try to fight the high prices of prescription drugs, and she wanted to come down and thank me.

She was a lovely lady. She spent over half of her $700 Social Security check on her 14 prescription medicines that she had to take every day. She said this, and it is recorded in an article in the Houston Chronicle, November 22, 1998. She said, ''By the time I get through paying for my medicines, I have very little to live off of.''

This lady should not have to face a choice of paying for prescription medications or buying food. She says, ''As long as I get my utilities and bills paid, I do the best I can. What is left, I try to spend on food.''

Well, Ms. Daley, we have been fighting for almost 2 years now to try to help you pay for your prescription drugs, and we are going to find out in just a few hours what the Committee on Ways and Means does to help you. I am hopeful that the outcome will be good, but, based on what I will share with you tonight, I have serious doubts as to whether we can report to Ms. Daley that we have a good bill and a good plan.

One letter I got some months ago was from some constituents of mine by the name of Joe and Billie O'Leary. They live down in Silsbee, Texas. I know Joe. I have talked to him several times at town meetings. His wife Billie wrote me a letter. Joe and Billie spend more than $400 a month for their prescription medications. They wrote me a 3 page letter, and I want to share with you a little bit of what Ms. O'Leary said. It speaks, I think, volumes about the problems that our seniors face.

She wrote, ''Most of the elderly have several ailments that require several prescriptions per month. The best and the latest treatments for some ailments and diseases are priced out of range for many on Medicare. Some treatments are available only for those who can afford it. I have found,'' she says, ''the problem is not that older people want free medicine. They want medicine that is reasonably priced so they can afford to buy it. What good,'' Ms. O'Leary says, ''what good is research and finding cures for diseases if a larger part of our population cannot afford the medicine for the cure?''

She goes on to write, ''The people who are having to pay the high costs are the ones least able to pay. Let's be fair to all,'' she says. ''Please try to cap the price the pharmaceutical companies are allowed to charge. Then we all can afford to pay for our own medicine.''

This is the part that was most moving to me. Ms. O'Leary writes, ''Our generation worked hard. We, through our taxes and efforts, helped to pay for schools, public buildings, highways, bridges, and helped pave the way for those now young. In the prime of our lives we fought in the wars for this country to keep our country free. We believe our country is big enough with our resources to provide reasonable health care and affordable medicine for all.''

Ms. O'Leary, I agree, and I hope that the majority of this Congress will also agree.

The big drug companies have been engaged in a campaign to try to defeat our efforts to lower the price of prescription drugs and to provide some affordable prescription drug coverage. No one can dispute the fact that drugs are too expensive, and I think many of our senior citizens are asking the question, why are prescription drugs so high, and why does the price continue to go up?

One-third of all of our seniors on Medicare cannot afford any prescription drug coverage at all, and another one third has only unreliable, incomplete or very costly coverage. That means there are 15 million of our mothers, fathers, grandparents, neighbors and friends who must go without the prescription drugs they so desperately need, and the costs are continuing to rise.

In 1998 the prices of the 50 most popular prescription drugs among seniors rose by more than four times the rate of inflation. Every time I return to my district in Texas, I hear from seniors who must make the choice that Ms. Daley was talking about, the choice between food and filling their prescriptions. We all hear the stories from seniors who only take half of their daily dosage or seniors who take only every other dose in a sad attempt to try to manage those skyrocketing costs. The problem is particularly bad for seniors who live in rural areas. Rural seniors are 60 percent less likely to get the drugs they need, and, when they do, the drugs are 25 percent more expensive.

Study after study shows that seniors are paying too much for their drugs. In my district and in the district of those who are gathered here tonight to talk about this issue, seniors are paying 80 percent higher than their counterparts in Canada and about 80 percent higher than their counterparts in Mexico pay for the very same prescription medicines.

That means for some commonly used drugs, our senior citizens in our great country are paying as much as $1,000 a more year than their counterparts in Canada and Mexico. And you do not have to go across the border to find lower prices. The big drug companies cut a special deal for the big HMOs and the big hospital chains. In fact, those big HMOs, they are paying about half what our seniors have to pay when they walk in to their local pharmacies.

We did a study in the Committee on government reform that verified these numbers, and we also found out, to our dismay, that even cats and dogs get drugs cheaper than our senior citizens. The same drugs that both humans and animals take cost 150 percent more for humans. That is outrageous.

So why is this? Why are these drug prices out of control? Well, for one thing, the companies that manufacture these prescription medications are making exorbitant profits. The drug industry sets at the top of every single profit category in Fortune Magazine's list of industries for the year. As the chart shows, they earned over $26.2 billion in profits in the year 1998. Prescription drugs are the fastest growing component of our health care costs, and the CEOs of those big drug companies measure their annual salaries in the hundreds of millions of dollars, and their stock options they measure in the billions.

The 12 biggest drug makers paid their top executives over $545 million in 1998, and $2.1 billion in stock options. The drug companies pull in tens of billions