

and commitment to others are rare gifts that this Nation was lucky to have.

It was interesting that one of the times I saw him, probably 25, maybe 30 years ago, I saw him in coveralls working around a building that was being demolished. He was cleaning bricks and had several people working with him.

□ 2015

Mr. Speaker, what I found was interesting, that he believed that godly men and women should serve their communities and should be role models for others within their communities, and he did that. Regardless of what the job might be, he was willing to work the dirtiest, the hardest, perhaps the lowest of jobs to encourage someone else to be a better person within his community.

He was a man who served his community with a great deal of pride and with a great deal of devotion. He was my friend. Interestingly, also, Reverend Howard would not want us to mourn today, so I ask Members to celebrate his life, that we should come together as Americans and continue to work toward the principles by which he lived which are so very important to each and every one of us and to our freedoms.

It is important that current and future generations understand the history of African Americans, of their struggle for freedom and the part that people like Martin Luther King, Jr., like the gentleman from Georgia (Mr. LEWIS) and, yes, like Reverend Ransom Howard played, the awesome part that they played.

Mr. Speaker, Reverend Ransom Howard was part of the fiber of Southeast Texas and, with his passing, a great loss will be felt in the spirit and the heart of our community. It has been said about some people, he knew his flock and his flock knew him; and in this case, they dearly loved him and will truly miss this great gentleman.

FCC VOTE ON MEDIA CROSS-OWNERSHIP

The SPEAKER pro tempore (Mr. CHOCOLA). Under a previous order of the House, the gentlewoman from California (Ms. WATSON) is recognized for 5 minutes.

Ms. WATSON of California. Mr. Speaker, I rise today to voice my utmost frustration and disappointment with the Federal Communication Commission's vote today to relax media cross-ownership rules. I am frustrated by the process through which the Republican-controlled commission sought to manipulate its rulemaking by limiting public input and discussion. I am frustrated that the majority on the commission chose to ignore the overwhelming public opposition to the proposed rules, and I am disappointed that these commissioners failed to learn from existing evidence, especially in the area of radio ownership, the dan-

gerous impacts of unfettered media consolidation.

By voting to radically deregulate media ownership, this administration has created the most unimaginable atmosphere for further national and local concentration of media outlets, leading to the erosion of localism, diversity and competition so essential to a healthy democracy. I fear that as the media conglomerates move forward with the rulings and gobble up more and more independent outlets, not only will the consumers suffer from the lack of diverse voices on our airwaves, but the core values of what it means to live in a free and open society will be greatly demolished.

Many of my colleagues in both Chambers of Congress have expressed a great deal of skepticism toward today's FCC rule. Close to 150 Members of this House, including the Congressional Black Caucus, Hispanic Caucus and Asian and Pacific American Caucus have asked the FCC to delay its decision. That came in addition to nearly 750,000 e-mails, letters and phone calls from the public to the FCC expressing their opposition to the current rule-making process and the rule. All of them, including a letter I sent on behalf of 28 other Members of the Congressional Black Caucus, have fallen on deaf ears.

Over the entire course of the rule-making process, FCC Chairman Powell has held only two public hearings while meeting 71 times, I repeat, 71 times, with top broadcasters behind closed doors. How can we say that the FCC is following Congressional statutory guidance to serve the public's interest? How is the FCC performing its special duty as mandated by the Supreme Court to protect an uninhibited marketplace of ideas?

Chairman Powell says that the rule changes will help preserve free, over-the-air television, but free, over-the-air television is alive and well. Advertising revenues for free, over-the-air television were up 15 percent last year. However, it is not the job of the FCC to make sure that every network in this country makes a lot of money. It is the job of the FCC to make sure that Americans get a variety and diversity of viewpoints.

The bottom line is that as the rule changes lead to greater media consolidation, small and independent companies will be drowned out. Some critics have called it "the Wal-Mart effect," "the emergence of a 21st century Citizen Kane," as noted by Commissioner Adelstein. The big five media companies, Disney, Viacom, AOL-Time Warner, News Corp. and General Electric Company will end up squeezing out the small companies. It is already happening. The new rules will only speed up the process.

Ted Turner is right in saying that when small businesses get hurt, big ideas get lost. When the next Watergate happens, Americans need to know that a truly independent third estate

will be up to the task of conducting a free and independent investigation. Minorities are deeply suspicious of the rule changes. There is ample precedent for their feelings since the passage of the 1996 Telecommunications Act which resulted in a frenzy of media consolidation, radio station ownership has decreased by 30 percent. Many of the stations gobbled up were minority owned.

It was a bad decision at the FCC today.

Minority broadcasters believe that media consolidation has all but eliminated opportunities they need to expand their media companies. They can't expand or compete with the big players and are often left with one alternative: To sell.

It would have been prudent for the FCC to allow more time for public hearings as well as congressional input. We have been presented with a backroom deal that will dramatically change the structure of our media marketplace, significantly impact media diversity, and inhibit the free flow of information.

Today's adoption of media ownership rules represent a giant step backward for consumers, and as members of Congress we have a responsibility to exercise our legislative oversight role. As Commissioner Copps said today, this is only the beginning. I strongly urge my colleagues and the public to take up this important debate.

EXORBITANT PHARMACEUTICAL PRICES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Indiana (Mr. BURTON) is recognized for 60 minutes as the designee of the majority leader.

Mr. BURTON of Indiana. Mr. Speaker, the gentleman from Minnesota (Mr. GUTKNECHT), the gentleman from Maine (Mr. ALLEN), the gentleman from Vermont (Mr. SANDERS), and the gentlewoman from California (Ms. WATSON) and myself are going to be talking this hour about the problems that we have in this country with exorbitant pharmaceutical prices.

We all believe in the free enterprise system, and we believe that private industry ought to make a profit, but we also believe the American people ought to get the best bang for their buck. Unfortunately, the pharmaceutical industry has been taking advantage of Americans for a long, long time, and it is just now becoming evident.

The gentleman from Minnesota (Mr. GUTKNECHT) made this chart up originally, and this chart, I know it is difficult for my colleagues to see, but it shows the disparity between pharmaceutical products purchased in the United States and those purchased in Canada. In some cases, products, pharmaceutical products manufactured here in the United States that are sold in other parts of the world, sell for one-tenth the price that they sell for here in the United States; and yet the American people, when they try to buy those products abroad through the

Internet, are being criticized for that, and the Food and Drug Administration, hiding behind the veil of protecting the public from products that might harm them, are saying that they are not going to allow these Internet sites to sell these products. The very same products sold here in the United States, they are not allowing them to be purchased from Canada or other countries so the American consumer can save as much as 50 percent of their pharmaceutical costs.

I have a constituent who was paying \$1,300 a month or \$1,200 a month for pharmaceutical products, and he bought the very same products on the Internet from Canada for less than half that amount, so he was saving \$7,000 a year by purchasing them from Canada. And now the FDA, along with the pharmaceutical companies, are trying to stop him from doing that.

We have over a million people in this country, probably closer to 2 million, who are buying their pharmaceutical products from Canada over the Internet. But the pharmaceutical companies and the FDA are trying to stop the American people from saving money and getting the products at a fair market price.

Today, in the New York Times there is an article, and I do not quote from the New York Times very often, but there is an article talking about the exorbitant amount of money that the pharmaceutical industry is going to be spending over the next year to influence Congress, State legislators, government agencies and so forth to keep the prices of pharmaceutical products very high in the United States and prohibit the importation or reimportation of their products from other countries where they are selling them much cheaper.

In 1990, PhRMA spent \$2.3 million in that cycle here in Washington and around the country. In 1992, it more than doubled to \$4.9 million. In 1994, it went to \$5.2 million; and in 1996 it went to \$9.2 million. In the year 2000, it jumped up to almost \$20 million, and it was over \$20 million in the year 2002.

Let me read what was in the New York Times today. "Lobbyists for the drug industry are stepping up spending to influence Congress, the States and even foreign governments as the debate intensifies over how to provide prescription drugs benefits to the elderly, industry executives say."

The article goes on to say, "The documents show that the trade association, the Pharmaceutical Research and Manufacturers of America, known as PhRMA, will spend at least \$150 million this year. That represents an increase of their total budget of 23 percent over last year which was \$121.7 million. Directors of the trade association approved the new budget, together with an increase in membership dues, to pay for an expanded lobbying campaign at a meeting last week. They have over 600 lobbyists in Washington, D.C."

Here is what they say: "Unless we achieve enactment this year of mar-

ket-based Medicare drug coverage for seniors, the industry's vulnerability will increase in the remainder of 2003 and in the 2004 election year," and it will demonize the industry if they do not get this done.

Now, we are for market-based pricing. The gentleman from Minnesota (Mr. GUTKNECHT) has said that many, many times. But that should be across the spectrum, not just here in the United States of America. I mean, in Canada if you can buy a product for \$70, why should it cost \$122 here in the United States right across the border, just a mile apart? And the reason is they are charging an exorbitant amount of money to the Americans, and they are loading the research and development and everything else on the back of American consumers instead of spreading it across the world.

If they are talking about market-based drug coverage for seniors, then the burden should be spread equally across the spectrum, not just here in the United States but across Canada and Europe. If we did that, the price for all Americans would go down dramatically.

The drug trade group plans to spend \$1 million for an intellectual echo chamber of economists, a standing network of economists and thought-leaders, to speak against Federal price control regulations through articles and testimony, and to serve as a rapid-response team. A rapid-response team, that sounds like a military action. Well, we want to make sure that we do not have to have price controls.

□ 2030

If we had fair pricing across the spectrum, around the world, then I think the Americans would get a fair price when they buy their products. But unfortunately, the products are a lot lower in other countries, in Europe, in Germany, in France, in Spain, in Canada, in Mexico; much, much less than they are here. Yet they want to keep those prices higher here in the United States so they can keep their profits high.

The trade association and its tactics have become an issue. In debate on the floor of the Senate last summer, Senator DURBIN, Democrat of Illinois, said PhRMA, this lobby has a death grip on Congress. After seeing what I have seen over the past month, month and a half, I am not so sure he is wrong. The influence that the pharmaceutical industry has in the halls of Congress and in the executive branch mystifies me. We are supposed to be sent here to represent the people of this country, to make sure they get a fair shake across the board. Yet the pharmaceutical industry has been loading huge, huge profits on the backs of the American people while making much smaller profits right across the border in Canada by selling their products at a more competitive rate.

If Americans try to buy them up there now, now they are trying to stop

them. The day after the pharmaceutical giant GlaxoSmithKline said they were going to pull out of Canadian pharmacies that were selling across the border through the Internet, the FDA I think the next day or the day after said there may be a concern about the safety of these pharmaceutical products. And so they were marching in lockstep with the pharmaceutical industry to stop Americans from getting these lower-priced pharmaceutical products, the same products they can get here, from Canada.

Dues from the pharmaceutical industry will go to \$144 million, an increase of 24 percent or \$28.3 million over this year's dues. In its budget for the fiscal year that begins July 1, the pharmaceutical lobby earmarks \$72.7 million for advocacy at the Federal level directed mainly at, you guessed it, the Congress of the United States. \$72.7 million to lobby us; \$4.9 million to lobby the Food and Drug Administration. I do not know if they have to spend that much because I think the FDA is pretty much in their pocket already. And \$48.7 million for advocacy at the State level. In addition, the budget sets aside \$17.5 million to fight price controls and protect patent rights in foreign countries and in trade negotiations. The PhRMA budget allocates \$1 million to change the Canadian health care system and \$450,000 to stem the flow of low-priced prescription drugs from online pharmacies in Canada to customers through the Internet here in the United States. I think it is kind of funny. They are going to spend \$73 million to lobby Congress and only a million to do it in Canada. I think that is because they feel like it is a lost cause up there.

In a memorandum for the PhRMA board, it says the industry is on the defensive, facing a perfect storm whipped up by several factors, expanding government price controls abroad, resulting in politically unstable crossborder pricing differences; increasing availability of medicines from abroad via Internet sales; State ballot initiatives to make drugs more affordable in the United States; increasing State demands for drug discounts in the Medicaid program; and false perceptions that drug prices are increasing by 20 percent a year. I do not know whether they are going up 20 percent a year, but they are a heck of a lot more here than they are in Mexico, in Canada, in Spain, in Germany, in France and elsewhere.

Let me go into this breakdown a little bit further, and then I will yield to my colleagues. At least \$2 million, and perhaps \$2.5 million, in payments to research and policy organizations to build intellectual capital and generate a higher volume of messages from credible sources sympathetic to the industry. They are going to hire a bunch of people to be their mouthpieces that are supposedly credible to convince us that we ought to let the American people be saddled with these huge prices while

these same products can be sold elsewhere for a lot less.

\$9.4 million for public relations, including \$1 million for inside-the-Beltway advertising. \$555,000 for placement of op-eds. They are going to buy the op-ed pieces in the newspapers? \$555,000 for placement of op-eds and articles by third parties. They are going to hire people to put these articles in and pay them \$555,000. I suppose if I wanted to, I could write an op-ed on behalf of the pharmaceutical industry, and they would pay me to do it.

\$600,000 for polling; \$1.3 million for local publicity in 15 States. I suppose that is congressional districts. For instance, in my district this last week, PhRMA went into Kokomo, Indiana, and talked to one of the writers; and they went to the Louisville Courier Journal, on both ends of my congressional district, to try to make the case that I did not know what I was talking about and that I was hurting the people of this country by trying to make sure they get a fair shake on these pharmaceutical prices, and they did that to try to discredit me and hurt me in my congressional district. I have to tell you something, PhRMA PR people, you are making a big mistake. A big mistake.

The Federal affairs staff at PhRMA has quadrupled since 1999. The organization plans to spend \$5 million for outside lobbyists at the Federal level. In their campaign contributions, drug companies have favored Republican candidates, but PhRMA has retained a diverse group of lobbyists to ensure access to Democrats as well. I am sure of that. I will not go into who some of their lobbyists are, but my colleagues in the House know that we have a lot of our former colleagues out there that are on the payroll of the pharmaceutical companies. Big, big bucks.

The State government affairs division of PhRMA will spend \$3.1 million to retain more than 60 lobbyists in 50 States. The number of State legislative proposals dealing with prescription drugs has doubled since 1999. The drug industry says many of these bills are seriously negative, have a high probability of enactment, and require major attention on our part. They want to get it stopped.

They hire 600 lobbyists here in Washington, D.C. That is more lobbyists than we have in Members of the House and the Senate. That is overkill. They only need one for each one of us. What are they going to do with the other 65? I guess they will all go to lunch, have a triple martini lunch. I hope PhRMA is watching this. I really do.

PhRMA said it would spend \$12.3 million to develop coalitions and strategic alliances with doctors, patients, universities, and influential members of minority groups. The organization has earmarked several million dollars to foster ties with groups like the National Black Caucus of State Legislators; the National Hispanic Caucus of State Legislators; and the National

Medical Association, which represents the interests of African American doctors. The budget includes \$500,000 for efforts to educate and activate Hispanic-Latino organizations at a State and Federal level.

In other words, my colleagues, and I think my colleagues who are here on the floor tonight already know this, they are pulling out all the stops to keep their profits very high here in the United States, to saddle the American people with huge prices while they are selling these pharmaceutical products for a lot lower elsewhere, and they are going to lobby us to death to try to make sure those profits remain high.

I am a free enterprise advocate. I believe in keeping our nose out of the private sector as much as possible; but when an industry starts beating American taxpayers to death and American consumers to death with exorbitantly high prices while at the same time they are selling these same products around the world for less and still making a profit and then they say, we cannot buy them abroad and they threaten the people who sell them to us from abroad with closing them down, then that is wrong. That is bullyism and that is something that cannot be tolerated.

The free enterprise system, God bless it, should not tolerate that kind of activity from any industry. I will say to the pharmaceutical industry right now and I believe the pharmaceutical products have given us the highest quality of health care in the history of mankind, and God bless you for that; but you have gone too far when you start raping the American people; and that is what is going on with these prices right now and it ain't going to work.

The Internet is here to stay. If you push in on one side of the balloon, it is going to pop out someplace else and you better get with the program. Make a profit, but make sure it is fair for everybody. Make sure it is fair for everybody. If you do that, I will be one of your biggest supporters as I have been in the past, and I am sure my colleagues will as well.

We have the gentleman from Maine (Mr. ALLEN) here, the gentleman from Vermont (Mr. SANDERS), the gentleman from Minnesota (Mr. GUTKNECHT), and the gentlewoman from California (Ms. WATSON). Let me get this straight here. I want to make sure that everybody that is paying attention in their office understands this. Congressman ALLEN is a Democrat. I am a Republican. Congressman SANDERS is an Independent. I am a Republican. Congressman GUTKNECHT, God bless him, is a Republican. I am a Republican. I like you a lot. And Congresswoman WATSON is a Democrat from California. But we all see eye to eye on this. This is not a partisan issue. That is why I think the pharmaceutical industry spending hundreds of millions of dollars ain't going to win this battle because they cannot beat us when we are united.

With that, let me yield to my colleague, the gentleman from Maine (Mr. ALLEN).

Mr. ALLEN. I thank the gentleman for yielding, and I thank him for his enormous courage and directness and integrity in bringing this issue forward. This is an unusual event tonight, to have Democrats, Republicans, and our Independent from Vermont all on the floor during a Special Order talking about the same subject and agreeing with each other. I had the pleasure to serve with the gentleman from Indiana (Mr. BURTON) for the last 6 years on the Committee on Government Reform of which he was chairman. I am very pleased to be here tonight.

Over the last week, I rode part of the way on a bus trip, on a bus in Maine chartered by Maine seniors to go up to Canada, we are close as you know, to go up to Canada to buy their prescription drugs. They go to Calais in Maine and get a prescription and then go over the border and find enormous savings. The 18 or 20 people on that bus must have saved thousands of dollars as others have before. People in Maine generally now, many of them, are ordering prescription drugs over the Internet from Canada because that is the only way they can both eat and have their prescription medications. It is a scandal what is happening in this country right now. The richest, most powerful country in the world finds that those people who do not have prescription drug coverage in this country are paying the highest prices in the world.

Several years ago we started a series of studies to find out just how great the difference is. Those studies showed basically that for drugs that on average cost, let us say \$100 a month here in the United States, the cost in other industrialized countries is around \$61 or \$62. In other words, there is about a 40 percent difference on average for the drugs that are taken most frequently by people on Medicare, our seniors and the disabled.

That is why I introduced a bill that basically would cap the price that the industry could charge in this country to what we call the average foreign price, that is, the average price at which the same drug is sold in Canada, in Japan, Britain, France, Germany and Italy, the other countries of the G-7.

But however we go at this issue, and Mr. GUTKNECHT, of course, from Minnesota has been one of the leads with the gentleman from Vermont (Mr. SANDERS) on the whole issue of reimportation, however we go at this issue, we have to recognize that the people without insurance and the people on Medicare pay the highest prices in the world. I happen to have a health insurance plan for Federal employees in the State of Maine through Anthem Blue Cross. I know that the premium that I pay is lower than it would otherwise be because Anthem Blue Cross negotiates with the pharmaceutical industry to reduce the price of the drugs

that are purchased for beneficiaries. But if you are on Medicare in this country, if you are on the biggest health care plan in the entire country, you cannot get any discount like that.

In Maine, we took steps to try to rectify that problem. We passed a program in the year 2000 called Maine Rx. Just a few days ago, on May 19, the U.S. Supreme Court ruled against PhRMA. The Supreme Court ruled that you could not stop the Maine Rx program before it was even implemented. What it did was essentially to say that the State of Maine will enter into negotiations with the pharmaceutical industry to reduce prices on their drugs sold to anyone who does not have prescription drug insurance in Maine. That is certainly all those on Medicare who do not have prescription drug insurance and all of the uninsured who obviously do not have prescription drug insurance because they do not have health insurance; and the industry would have to reduce their prices to that group, or the State would eventually set up a commission and deal with it directly. But in doing that, the State of Maine is really not doing anything different than we do through the Federal Government for Medicaid, certainly not different than what we do for our veterans, not different than what Kaiser Permanente or Aetna or Cigna or United do for their beneficiaries, negotiate lower prices so their beneficiaries are not paying the highest prices in the world. That is really the scandal.

The gentleman from Indiana mentioned the article in The New York Times the other day. It is an amazing article because the author, Robert Pear, had access to confidential budget documents from PhRMA. I will not go back to everything that the gentleman from Indiana mentioned, but I loved this entry. Here it is, the Canadian health care system where they have lower prices, and just to give you one example, Tamoxifen, a drug to deal with breast cancer, is one-tenth the cost in Canada as it is in the United States.

□ 2045

Here is what PhRMA is planning to do. They have allocated \$1 million, according to their documents, to "change the Canadian health care system." Can you believe that? They would like the Canadian system to be like ours, where they can charge whatever they want to the Canadian public and where they wind up spending \$150 million a year to lobby Canadian legislators. And they think that is what the American people want as well. It just takes your breath away.

With that, Mr. Chairman, I yield back and thank you for including me in this special order tonight, and I thank you for your courage in standing up for your constituents.

Mr. BURTON of Indiana. Before the gentleman departs, let me just say there are five of us here tonight, and I hope that we will all use our influence

to educate the rest of our colleagues who are not as conversant with this problem as we might be. You, being one of the leaders on the Democrat side, I hope you will talk to your colleagues, along with the gentleman from Vermont (Mr. SANDERS) and the gentleman from California (Ms. WATSON.)

I yield to the gentleman from Minnesota (Mr. GUTKNECHT).

Mr. GUTKNECHT. Mr. Speaker, I want to thank the chairman for putting this special order together tonight, and I want to thank my colleagues on both sides of the aisle for joining us.

As has been mentioned, this is not a matter of right versus left, this is right versus wrong, and it is wrong to force Americans to pay the highest prices in the world.

The gentleman from Maine was talking about Tamoxifen. I am also now the chairman of the Congressional Study Group on Germany, so I was in Germany about a month ago. While we were there, we went to the pharmacy at the Munich Airport and we bought some of the most commonly prescribed drugs. Now, most people know that if you want to get a bargain, you probably do not go to the airport to buy it, so this is probably not the cheapest place in Germany to buy drugs.

Incidentally, compared to what you hear all the time, Germany really does not have price controls in the sense of setting the prices that the pharmacist in Germany can sell the drugs for. What they do allow is for German pharmacists to shop to get the best price. If they can buy their Tamoxifen cheaper in Sweden, they buy it in Sweden. If they can buy it cheaper in Spain, they buy it in Spain. They use market forces to help keep prices down in Germany.

We bought this Tamoxifen. It is 100 tabs of 20 milligrams. I am going to tell the whole story about Tamoxifen. We bought it at the Munich Airport pharmacy for \$59.05 American. This same box of drugs here in the United States sells for \$360; \$60 in Germany, \$360 here.

What makes the story even worse about this particular drug is, this was developed with taxpayers' dollars. This was developed essentially by the National Institutes of Health. Almost all of the research and development costs were paid for by the taxpayers.

As the vice chairman of the Committee on Science, here is something we should all be proud of. We in the United States represent less than 6 percent of the world's population, but we represent over 50 percent of the basic research done in the world. This year, this Congress will authorize and spend \$29 billion taxpayer dollars on basic research.

In fact, there was a study done, and I want to recommend a book, if you have not seen this book, I hope every one of my colleagues will pick up a copy of this book. The title is "The Big Fix." The subtitle is "How the Pharmaceutical Industry Rips Off American

Consumers." It is written by Katharine Greider. What is in this book is compelling, and every American ought to read some of the things that are in here.

You talk about the research. A study was done by the Boston Globe just a few years ago, and they found that of the 35 largest selling drugs in the United States, 33 of them had most of their research and development costs paid for by the taxpayers.

Now, it is one thing to say we have all these research costs, and therefore American consumers have to pay all the freight. But the bottom line is, we subsidize the pharmaceutical industry in three separate ways.

First of all, in that \$29 billion we will spend this year in basic research through the NIH, the National Science Foundation and even DOD; we do an awful lot of basic research in the DOD that ultimately benefits the pharmaceutical industry. We do all of that on that side.

Secondly, we subsidize them in the Tax Code. They get very generous write-offs for the amount of research and the other expenses that they have.

Finally, we subsidize them in the prices we pay.

Let me share with you some of the other prices that we got at the pharmacy at the Munich Airport in Munich, Germany.

Glucophage, a miracle drug. I want to pay homage to the people who helped develop it. Millions and millions of Americans and people around the world are living better quality lives because of Glucophage. So I am not here to beat up on the pharmaceutical industry. They have done a lot of wonderful things.

But how do you justify this difference? This package of Glucophage here in the United States, we checked the price, is \$29.95. We bought this one month ago in Munich, Germany, for \$5 American.

Let us look at Cipro. We all know a little more about Cipro in the last couple of years because of what happened with the anthrax scare. We bought Cipro in Germany. This is actually made by a German company called Bayer. They also make aspirin. But Bayer makes this drug. We bought Cipro in Germany for \$35.12. Here in the United States this same package sells for \$55. \$20 does not seem like much, but it adds up.

We bought Coumadin. My 86-year-old father takes Coumadin. This package of Coumadin we bought in Germany, we paid about \$14 for this drug. Here in the United States, it is about \$64. Those numbers just go on and on.

Zocor, very commonly prescribed, we bought it for \$41.20. Here in the United States, \$89.95.

As Will Rogers said, all I know is what I read in the newspapers. Well, read the newspapers. Read today's Wall Street Journal, the front page, about what the drug companies and PhRMA are doing, not only to make certain

that Americans keep paying the highest prices in the world, but they are literally now saying to sub-Saharan Africa, well, we will subsidize AIDS drugs for you, but we will not let you have access to many other drugs, including insulin.

Right now, you cannot get insulin in Chad at any price. Read the article. In fact, if I have time, I will read one of the paragraphs here, just a few sentences.

They talk about how all of the countries, 148 countries in the world, were ready to come up with a trade agreement, some language, to deal with some of these problems about drugs going across borders. But last December, when all of the other 148 countries in the World Trade Organization had lined up behind a new plan on the trade of medicines, the United States blocked the proposal. As you read, it gets worse, why they blocked it. It was all about the big pharmaceutical companies afraid that they might lose some profits.

This is not a matter of right versus left; this is right versus wrong. The time has come for Congress to stand up and say we are not going to be played the fool any longer. It is time that Americans have access to world-class drugs at world-market prices. That is not too much to ask. That is not a Republican idea, that is not a Democrat idea; that is an American idea.

We have what is called NAFTA. Many of us believe in free trade. But, it is interesting, we have free trade when it comes to plantains, have free trade when it comes to pork bellies, we have free trade with things called pears. In fact, we import hundreds of thousands of tons of fruits and vegetables every year, hundreds of thousands of tons; and that is regulated by a group called the FDA, the Food and Drug Administration.

Do you know how much inspection they do of all of those fruits and vegetables crossing our borders every year? Almost none. Do you know how many people get sick every year from imported fruits and vegetables? Thousands. In fact, one estimate is, thousands die as a result of eating contaminated foods that have come from other countries, that have food-borne pathogens. The FDA's own study said that 2 percent of all fruits and vegetables that come into the United States are contaminated with food-borne pathogens, including things like salmonella. Salmonella will kill you.

But we have to stop these prescription drugs because our own research says people could get sick and die. Do you know how many people have died? The FDA keeps records of all the people who have taken legal FDA-approved drugs coming in from other countries. It is an easy number to remember. It is a nice round number. It is zero. Zero.

More importantly, we are going to introduce a bill sometime by the end of the week that is going to require the

FDA to begin to put counterfeit-proof blister packs in place, whether they come from the United States or wherever they come from.

Once we begin to require this, this whole safety thing just goes out the window, and we begin to realize it is not about safety, it is about profits; it is about making American consumers pay the highest prices in the world.

Let me just close with one other thing, because I say, shame on us. I do not say, shame on the pharmaceutical industry; shame on us. We let this thing happen. But the most shaming thing of all was a study done by the Kaiser Foundation a few years ago. What they found out was 29 percent of seniors say that they have let prescriptions go unfilled because they could not afford them.

Two weeks ago, I spoke to the Community Pharmacists, and I asked them, we had hundreds of pharmacists from around the country here in Washington, and I asked them, has this ever happened to you, where a little old lady comes up, hands you a prescription, and you tell her how much it is going to be, and she drops her head and she says, well, maybe I will be back tomorrow, and she never comes back. And every head in that place shook like this.

It has happened. It happens every day. And I do not say, shame on the pharmaceutical industry as much as I say, shame on us, because we have the power to do something about that.

Twenty-nine percent of prescriptions go unfilled. That is an outrage, and we can do something about it. And the reason is they cannot afford it. They can afford \$14 for Coumadin; they cannot afford \$64.

Mr. BURTON of Indiana. Mr. Speaker, let me say to my colleague, who has been the leader on this issue for a long time, we all appreciate your hard work. And I understand your saying, shame on us. But the Food and Drug Administration, which we pay for with taxpayers' dollars, should not be protecting the pharmaceutical industry and making sure that these exorbitant profits are made year in and year out, and then coming to the rescue of the pharmaceutical industry when they are trying to stop the reimportation of pharmaceutical products from Canada by saying that there is a safety issue.

It is unconscionable what they are doing over there, and we need to keep the heat on them. So maybe not, shame on the pharmaceutical industry by itself, but shame on them and the FDA and us for not being more responsive.

Mr. GUTKNECHT. If I could have one additional minute, I do want to mention to all my colleagues, we have been working for a year trying to come up with a bill that would make sense. We think we have it. It is called the Pharmaceutical Affordability Act of 2003. Now, some may not like the acronym; it works out to PHARMAA. But the bottom line is, we think we have come

up with language which really deals with the issues that people have raised, ultimately safety. I hope that Members will join me in cosponsoring that bill. Hopefully, if we put enough pressure on all of the people here in this body, we will get a vote on it this year. If we do, it will pass.

Mr. BURTON of Indiana. I think that needs to be dealt with along with the prescription drugs benefits we are going to talk about. I do not want to pass a prescription drug benefit that is going to guarantee the taxpayer paying for these huge profits being realized by the pharmaceutical industry.

Let me go to my colleague, the gentleman from Vermont, Mr. SANDERS, and then go to the gentlewoman from California (Ms. WATSON). The gentleman from Vermont (Mr. SANDERS) has been working on this for a long time as well.

Mr. SANDERS. Mr. Chairman, I am at a disadvantage. After hearing you and the gentleman from Maine (Mr. ALLEN) and the gentleman from Minnesota (Mr. GUTKNECHT) and I am sure the gentlewoman from California (Ms. WATSON) soon after, there is not much that I can add to what you have said.

Let me reiterate a point that you made. I hope the viewers appreciate this.

You are a Republican, the gentleman from Maine (Mr. ALLEN) is a Democrat, the gentleman from Minnesota (Mr. GUTKNECHT) is a Republican, I am independent, and the gentlewoman from California (Ms. WATSON) is a Democrat. Two Democrats, two Republicans and an Independent. And there are a lot more of us who are not here tonight.

What that should tell the American people is that there is widespread anger, frustration and disgust with what the pharmaceutical industry is doing to the people of this country.

Three years ago, I became the first Member of Congress to take a group of American citizens over the Canadian border in order to buy medicine. We went to Montreal. The reason that we did that is, I wanted not only to help hard-pressed Vermonters, mostly women, who are having a very difficult time paying for their prescription drugs, but I wanted to help show the country the absurdity of the situation, where the same exact medicine manufactured by the same exact company is sold in Canada for a fraction of the price that it is sold in the United States.

□ 2100

As we have discussed, it is not just Canada. It is Europe; it is Mexico. The American people pay, by far, the highest prices in the world for prescription drugs. In that trip to Canada, one of the moments that I will not forget is that we had women with us who were struggling with breast cancer, something I know the gentleman from Indiana (Chairman BURTON) has a personal interest in. Women fighting for their lives were able to pick up Tamoxifen, a

widely prescribed breast cancer drug, for one-tenth of the price that is being charged in the United States of America. Of course, it is not just Tamoxifen; it is drug after drug after drug sold for a fraction of the price.

I think the gentleman said it well, the gentleman from Indiana (Mr. BURTON), and the gentleman from Minnesota (Mr. GUTKNECHT) made the point, too, and the gentleman from Maine (Mr. ALLEN), it seems to me we are looking at two separate things.

On the one hand, we are seeing researchers who are making enormous breakthroughs; and the result of that is that we are saving lives, we are easing pain, we are prolonging life. That is the good news. All of us here have a great deal of respect for those researchers in the drug companies and in the United States Government, in universities, foundations who are doing that work. I thank them so much for what they are doing.

But then there is another side of the pharmaceutical industry. Those are the people who sit at the heads of these corporations who are concerned about one thing alone, that is, making as much money as they possibly can. They do not lose a night's sleep if elderly people die because they cannot afford the medicine they need or if their health deteriorates.

Of the many outrages that we have talked about here, the huge amount, hundreds of millions of dollars, that floods Washington or State capitals in order to maintain high prices, there is another outrage that I do not think has been mentioned tonight. While elderly people cannot afford the high price of medicine, the CEOs and the top dogs of these companies receive huge compensation packages.

In 2001, C.A. Heimbold, Jr., former chairman and CEO of Bristol-Meyers-Squibb, ended up his compensation with \$74,890,000. Not bad; but that is not all. Mr. Heimbold also received stock options that same year amounting to over \$76 million. One year, one man, \$150 million. Then they tell us they just cannot lower the cost of medicine so that seniors in Vermont or Indiana can ease their pain or protect their lives.

Year after year while we continue to pay the highest prices in the world for prescription drugs, year after year the pharmaceutical industry is the most profitable industry in the country. More profitable than media, more profitable than banks. The pharmaceutical industry leads the list.

The issue here, and the gentleman has touched on this, I say to the chairman, the issue really here is will the United States Congress have the guts, and it is going to take some guts, to stand up to what I believe is the most powerful force in the United States of America.

I was interested, Mr. Speaker, to hear the gentleman from Indiana (Mr. BURTON) say they have already gone down to Indiana and tried to work

against him because of his willingness to stand up on this issue. If I am not mistaken, the gentleman from Minnesota (Mr. GUTKNECHT) told the same story, that they had gone to Minnesota, as well.

The gentleman and I know that when Members of Congress fight hard for consumers, lots of money comes into a campaign, mostly against Democrats; but I am sure they will go after Republicans, as well.

What we have to deal with now is to ask our colleagues in the Congress to have the guts to stand up to the campaign contributions, the advertising, the visiting of the editorial boards, the TV ads, all that we will see, the unlimited sums of money, hundreds of millions of dollars. Do we have the courage to say no to those people and protect the American consumer?

I believe that if tonight is an example of the potential of what we can do, standing together, regardless of philosophy or party, we can protect the American people and take on this industry. I thank the gentleman very much for calling this Special Order.

Mr. BURTON of Indiana. Mr. Speaker, I thank the gentleman from Vermont (Mr. SANDERS), and I would like to say to my colleagues that not this Thursday but next Thursday we are going to have a hearing in the Subcommittee on Wellness and Human Rights of the Committee on Government Reform.

I anticipate and hope we will all be there, because we are going to have some witnesses come in from the pharmaceutical industry, and more witnesses come in from areas that can show that these products will be safe coming into the United States. We are going to have people from HHS and FDA there. I think it will be a very illuminating meeting; plus, we have some surprise information that will be coming out of that meeting, as well.

The gentlewoman from California (Ms. WATSON) has been very patient. I thank her very much for being with us. She has been a leader in California on a number of issues involving health. I am happy to say she is my ranking member on our committee, and she does a great job. I yield to the gentlewoman from California (Ms. WATSON).

Ms. WATSON. I am very proud of that, Mr. Speaker. I thank the chairman, the gentleman from Indiana (Mr. BURTON), for his courage.

I will just restate the problem that we see in the pricing of U.S. pharmaceuticals, which has such an enormous consequence to millions of Americans who need affordable access to prescription drugs. Americans pay substantially more for prescription drugs than purchasers in other countries, and it has been demonstrated to us this evening.

We have failed in Congress to establish a Medicare prescription drug benefit, so seniors who do not have private prescription drug coverage must pay for prescription drugs out of their

pockets. Research by the staff of the Committee on Government Reform has shown that seniors in congressional districts across the country pay twice as much for prescription drugs as their counterparts in other countries. For some drugs, they pay as much as 10 times as their foreign counterparts.

Lower drug prices abroad have led millions of Americans to purchase drugs from foreign sources. Internet pharmacies facilitate these transactions, and their recent proliferation has raised serious concerns about whether American consumers are receiving appropriate medical supervision.

In October of 2000, Congress attempted to address international prescription drug pricing disparities by signing into law the Medicine Equity and Drug Safety Act. The MEDS Act sought to permit U.S. consumers, pharmacists, and wholesalers to purchase FDA-approved prescription drugs on the international market.

Opponents of the legislation, including President Clinton, noted that the MEDS Act was doomed to fail from the outset. The act stipulates that the Secretary of Health and Human Services must verify that implementation would pose no additional risk to public health and safety and would lead to a significant reduction in the cost of drugs to the United States consumer.

To the surprise of no one, the HHS Secretary, under both the Clinton and Bush administrations, has been unable to fulfill this stipulation. As a result, the MEDS Act has had zero effect on the pricing practices of drug manufacturers. In fact, U.S. prices for the five most popular drugs used by seniors increased by an average 16 percent in the 20 months following enactment.

The MEDS Act has, however, had other effects. In response to the bill's enactment, drug makers began requiring Canadian wholesalers and pharmacies to accept contract provisions prohibiting them from selling their products on the U.S. market or to Canadian pharmacies that sell to U.S. customers.

GlaxoSmithKline's unilateral efforts to enforce its policies earned it well-publicized condemnation from U.S. consumer and Canadian pharmaceutical groups. The failure of the MEDS Act prompted the introduction of similar, but narrower, proposals in the 107th Congress.

In the 108th Congress, the gentleman from Indiana (Chairman BURTON) and our colleague on the Subcommittee on Wellness and Human Rights, the gentleman from Vermont (Mr. SANDERS), have introduced Preserving Access to Safe, Affordable Canadian Medicines Act, or H.R. 847, which would prohibit drug manufacturers from using contract provisions, limitations on supply, or any other measure to limit the access to American consumers to safe, affordable prescription drugs from the Canadian market.

Mr. Speaker, despite incessant pharmaceutical industry complaints to the

contrary, research by the committee's staff demonstrates that international pricing disparities are not explained either by the duration and the cost of the FDA approval process or by disproportionate U.S. research and development cost. It is within our power to correct this problem if we have the will.

Mr. Speaker, I know with the leadership of the gentleman from Indiana (Mr. BURTON) and the other Members who have testified in front of me, we will be heeding the call of the American people and delivering a prescription drug benefit for Medicare. Congress must look at a blanket solution for fixing our broken health care delivery system, and Congress must act now.

Mr. BURTON of Indiana. Mr. Speaker, while the gentlewoman was talking, I talked to the gentleman from Minnesota (Mr. GUTKNECHT), and one of the things in the law that the gentlewoman cited was that the FDA had to show that the products coming in were safe.

Why do we not turn that around by amendment and say that the FDA has the burden of proof placed upon it to prove that pharmaceutical products coming into the country are not safe? And if we did that, that would open up the borders so people could buy these pharmaceutical products, and the FDA would have the burden of proof on its shoulders to prove they are not safe in order to stop them from coming in.

Ms. WATSON. I think that is a great idea, Mr. Speaker. Maybe there are some amendments.

Mr. BURTON of Indiana. I will have a bill drafted; and if Members would be willing, I would like them to cosponsor this change.

Mr. SANDERS. If the gentleman will yield further, Mr. Speaker, I think the point the gentleman from Minnesota (Mr. GUTKNECHT) made and we all made is that over 1 million Americans now purchase their meds in Canada, and the number is growing every day.

The chairman and I and the gentleman from Minnesota (Mr. GUTKNECHT) and the gentlewoman from California (Ms. WATSON), we said to the gentleman from the FDA who was before the subcommittee, okay, you tell us you are very concerned about the safety aspect. We have a million Americans. Tell us how many of them have been made sick by receiving adulterated or counterfeit medicine. Out of 1 million people, the answer is zero.

Now, we are all going to sign or we are on a request to the GAO to do something a little different. I think that if the FDA is concerned about health and safety, they should do a study telling us how many Americans are dying or seeing a deterioration of their health because they cannot afford the prices that the industry is charging them today. I have the feeling we are going to see a number a heck of a lot larger than zero. So maybe the FDA should worry about health and safety in terms of prices, rather than hound-

ing people who are buying affordable and safe medicines in Canada.

Mr. BURTON of Indiana. I think maybe that would be a good idea. Mr. Speaker, I think that it is a great idea to make the FDA respond by having a GAO study that does exactly what the gentleman is saying, to show how many people have suffered or died or worse because they could not get the prescription drug benefits. So that should be in our request to GAO.

Mr. Speaker, I yield again to the gentlewoman from California.

Ms. WATSON. Amazingly, the USDA has sided with Glaxo and seems to think the crossborder sales should be stopped. They also cite safety concerns.

I want Members to know, they can only point to a single case, Mr. Speaker, in Oregon where there may have been a problem, only one case.

Mr. William Hubbard, senior associate commissioner of the FDA, has threatened both civil and criminal penalties to anyone who facilitates Americans' efforts to import prescription drugs from Canadian pharmacies, health plans, or insurance companies.

Even senior citizens who fill their own prescriptions in Canada because they cannot afford American prices are breaking the law, according to Mr. Hubbard. His contribution to the debate is to scare senior citizens, disabled people, and low-income people, and to cut them off from a supply of affordable prescription drugs.

□ 2115

So we definitely need to look at that amendment, and I think my colleague is going to see the unity that he described in the beginning coming together to get a good bill. I thank him so much for his concern.

Mr. BURTON of Indiana. We are just about out of time, but the gentleman from Ohio (Mr. BROWN) came down to the floor and requested a few minutes.

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentleman from Indiana (Mr. BURTON) and the gentleman from Minnesota (Mr. GUTKNECHT) for their work and the gentlewoman from California (Ms. WATSON), the gentleman from Maine (Mr. ALLEN) and the gentleman from Vermont (Mr. SANDERS) their tripartisan effort tonight to point out some of the things that PhRMA is doing and so many of the problems in providing a prescription drug benefit, but more importantly, what exactly the drug companies are doing to win over people in the body, to win over people in State legislatures.

I would point out, earlier in the evening the gentleman from Indiana (Mr. BURTON) and several others were talking about the drug companies stepping up their efforts to lobby Congress, to lobby State legislatures, even to lobby foreign countries. I know that the gentleman from Maine (Mr. ALLEN), the gentleman from Vermont (Mr. SANDERS) and the gentleman from Minnesota (Mr. GUTKNECHT), as I have,

have taken bus loads of seniors to Canada to buy prescriptions, same drug, same dosage, same manufacturer, all that, but for one-half, one-third, sometimes one-fourth the price.

The drug companies, as they kick their budgets up, the PhRMA effort to try to get their way all over the world, they plan to spend \$72 million for advocacy at the Federal level, mostly in Congress; \$4.9 million in lobbying the Food and Drug Administration; \$48 million for advocacy at the State level; \$17 million in foreign countries and much of that directed to the Canadians because the Canadians stand up to the drug companies and actually sell drugs at decent, affordable prices.

Something jumped out in my State. There is an effort in my State among consumer groups and groups advocating for the elderly and labor organizations to pass a drug benefit not too different from the gentleman from Maine's (Mr. ALLEN) legislation in the State of Maine.

The drug companies have in their budget, the PhRMA budget, according to the New York Times of Sunday, \$15.8 million to fight "a union-driven, get-out-the-vote ballot initiative in Ohio," which would lower drug prices for people who do not have drug insurance. They are spending that money, one, to keep the issue off the ballot in Ohio. They are going to board of elections after board of elections after board of elections to try to kill the signatures, to try to disqualify and invalidate signatures so they do not get on the ballot; but then, if it does get on the ballot, because hundreds of thousands of Ohioans have already signed the petition, people in both parties in all 88 counties, if it does get on the ballot, the drug companies are going to spend that kind of money to defeat it, even though it is clearly in the best interests of the overwhelming majority of the public.

I wanted to bring that to people's attention, that \$15 million is more than both candidates spent running for governor in 2002, \$15 million in a State of fewer than 11 million people. It is outrageous to do this. That is why I applaud the efforts of the gentleman from Indiana (Mr. BURTON) and the gentleman from Minnesota (Mr. GUTKNECHT), the gentleman from Maine (Mr. ALLEN) and the gentleman from Vermont (Mr. SANDERS) and the gentlewoman from California (Ms. WATSON).

Mr. BURTON of Indiana. Mr. Speaker, I thank the gentleman for coming down and joining us. We hope that he, along with a lot of our colleagues on both sides, will join with us in this fight to get this job done.

We are just about out of time. If the gentleman from Minnesota (Mr. GUTKNECHT) needs time, I will yield to him.

Let me just say one more time to the PhRMA people, if they happen to be following this discussion tonight, the people in the pharmaceutical industry, we all agree that they have done a great deal for mankind and they have

given us the highest quality of health in the history of man; but at the same time, there is a limit to how much they can expect out of our veins as far as the price of pharmaceutical products, especially when we know those products are being sold for a lot less elsewhere. This fight is not going to end until we obtain victory.

I want to tell them there are a lot of people here, besides those tonight, who are committed to making sure that we get these prices of pharmaceutical products down to a level that is acceptable for the American people, as they are in other parts of the world. No matter how much money the pharmaceutical companies spend or PhRMA spends, they ain't going to win this battle.

So I think they need to get with the program instead of trying to stop Niagara Falls with a sieve. It is not going to work. I think Lincoln said it the best. He said, "You can fool all of the people some of the time and some of the people all of the time, but you cannot fool all the people all the time," and this is so transparent the American people are going to get it and they are going to get it very quickly.

I now yield to the gentleman from Minnesota (Mr. GUTKNECHT).

Mr. GUTKNECHT. Mr. Speaker, the gentleman quoted one of my favorite Presidents. Let me quote another one. Ronald Reagan said, "Markets are more powerful than armies." This idea that American consumers should be charged \$360 for these pills when we can buy them in Munich, Germany, at the airport pharmacy for \$59.05.

Mr. BURTON of Indiana. One-sixth.

Mr. GUTKNECHT. One-sixth. That will not stand. That is defending the indefensible, and sooner or later, it may not happen this year, may not happen next year, but sooner or later this wall will collapse just like the walls of Jericho.

I want to thank the gentleman for his leadership, and I want to thank my colleagues on both sides of the aisle. As I said at the beginning, this is not a matter of right versus left. This is right versus wrong. This is wrong, and we should do something to stop it.

Mr. BURTON of Indiana. I thank my colleagues, and we will be taking special orders in the future. I hope they will join with me when we do that, and I look forward to even the gentleman from Ohio (Mr. BROWN), if he has the time, to come to our hearing, which is a week from Thursday, because it is going to be a very important hearing on this entire subject.

CONCENTRATION OF OWNERSHIP IN MEDIA

The SPEAKER pro tempore (Mr. CHOCOLA). Under the Speaker's announced policy of January 7, 2003, the gentleman from Vermont (Mr. SANDERS) is recognized for 60 minutes as the designee of the minority leader.

Mr. SANDERS. Mr. Speaker, the issue that we are now going to be dis-

cussing, which is the concentration of ownership in the media and the implication of more media deregulation as proposed by the Bush administration and passed today by a three to two vote by the Federal Communications Commission, the FCC, is, to my mind, one of the very most important issues facing our country.

The reason for that is very clear. Today, we have a handful of very large corporations who, to a very significant degree, control what we see, hear and read; and I think this chart tells the story, and it is a story that not a lot of Americans are totally familiar with.

When people watch television they say, well, there is CBS, there is a company called CBS. Wrong. CBS is owned by Viacom, and Viacom owns not only the CBS network but UPN Network, MTV, Nickelodeon and many other television networks. Viacom owns Paramount Pictures, MTV Films, Nickelodeon Films. They own Simon & Schuster, Nickelodeon Books, Pocket Books, Scribner, Touchstone, heavy into publishing.

Viacom owns not only television and film and book publishing, they own 180 Infinity radio stations; they own television stations. And that is the same story that we see with all of the major media conglomerates, whether it is AOL Time Warner, which is heavy into the Internet, cable TV, TV networks; whether it is Rupert Murdoch's news corporation, owning 22 TV stations, owning Fox, owning various other types of publications. Clear Channel radio now owns 1,200 radio stations. Disney, that is the Mickey Mouse company, owns ABC; they own many, many other aspects of media.

And as bad as the situation is today with a handful, it is likely to become much worse as a result of the disastrous decision, three-to-two vote, by the FCC earlier today.

In terms of national concentration as a result of this vote, a national television network, we believe, may now be able to acquire dozens of lawful broadcaster stations and control up to 90 percent of the national television market. As a result of the decision today, as we understand it, a single corporation may now acquire in one city up to three television station, eight radio stations, the cable TV system, numerous cable TV stations and the only daily newspaper.

I come from a rural State, the State of Vermont, and what we are going to see in rural America, in small city after small city, town after town, is one company owning the radio station, the television station and the newspaper; and that does not to me seem and feel like the democratic Nation that we are supposed to be, because what democracy is about and what the framers of our Constitution had in mind is a strong First Amendment, a country where people had different ideas, and those ideas clashed, and we learned from the differing points of view.

Today, increasingly, we are hearing one point of view, and that is the corporate point of view, the point of view of large multinational corporations like General Electric who owns NBC or Disney who owns ABC, who have deeply vested conflicts of interest; and we will talk more about that later.

The key issue here is, do we think it is a healthy situation for a democracy to have a handful of huge, multibillion dollar conglomerates owning and controlling what the American people see, hear and read. I think it is not healthy.

There are many conservative organizations who, like the National Rifle Association, spoke out against it; Bill Safire, conservative columnist for New York Times; TRENT LOTT, conservative Senator, spoke out against it. Progressives, moderates, conservatives understand and appreciate that democracy is not about a handful of corporations controlling the media.

I am now pleased to yield to the gentleman from Maine (Mr. ALLEN), and I want to thank him for all of his good work on this issue.

Mr. ALLEN. Mr. Speaker, I thank the gentleman for yielding, and I am pleased to be here tonight.

This was a very important decision that the FCC made today on a three-to-two party line vote, and I found one of the significant aspects of the decision was that it was made in spite of what the newspaper says is 500,000 comments in opposition, and it would have been fairly simple for the FCC to agree to hold a hearing, absolutely just to have a hearing so that people could speak out in public. But that is not way the chairman, Mr. Powell, decided to proceed. He wanted this over and done as quickly as possible so that it did not become an issue.

It has not become a major issue in the major networks. I wonder why. Could it be that perhaps all those broadcasters, who pride themselves on their independence, are a little uneasy about telling a story that might be critical of their ownership? There is, as my colleague mentioned, increasing concentration in the major news organizations.

It was just 1996 when the Telecommunications Act was passed. If we added together the two largest groups of owners of radio stations in the country, their collective ownership would come to, I think it was something like 214. I may have that a little wrong. That may be too high, but no more than 214 radio stations across the country. Today, Clear Channel alone owns 1,200 radio stations, and yesterday and Saturday evening Garrison Keillor on Public Radio had a comment about this.

He was doing a little skit there, talking with someone who appeared to be complaining about Clear Channel Communications and changing over a local broadcast channel to Clear Channel. And he said, Look, Clear Channel owns 1,200 radio stations in this country; we cannot expect them to have a human being in every single radio station.