

are my numbers. Because I went to Germany 2 months ago, and we bought 10 of the most commonly prescribed drugs. The total price in the United States for those same drugs, \$1,389.65. We paid \$373.30 in Munich, Germany. I cannot explain that. They cannot explain that.

We know that, for example, every day Americans consume thousands of tons of imported foods. Last year, we imported 318,000 tons of plantains. We imported \$1.1 billion worth of bananas last year.

□ 2030

Americans gladly consume those bananas. About 40 percent of the orange juice that we consume in the United States now comes from other countries. We are an importer. Markets work. The reason we import is because we can buy those products cheaper in those markets than we can produce them here in the United States. But in many cases we are not talking about products that are produced somewhere else. Many of these products are produced here. But we are talking about products produced in FDA-approved facilities, drugs like Coumadin, which my father takes.

We bought Coumadin in Munich, Germany for \$21. This same Coumadin package in Washington, D.C. sells for \$89.95. Let us talk about ethics. Two years ago this package of drugs in the United States sold for \$64. Nothing has changed. This drug was developed in the 1940s at the University of Wisconsin Veterinarian School. How did it go from \$64 2 years ago to \$89 today? Is that ethical? Is that responsible? Yet they sell it in Germany for \$21.

My colleague talked about Tamoxifen. The American taxpayers paid to develop Tamoxifen. We paid hundreds of millions of your taxpayer dollars to develop Tamoxifen. They sell it in Germany for \$60. A woman suffering from breast cancer here in the United States will pay \$360 for this drug. Is that ethical? Is that responsible? Is that the kind of companies we are dealing with? Go down the list.

We had another example in several of the publications. The drug Taxol, we paid for the development. We took it through phase 2 trials at the NIH, the National Institutes of Health. We paid for all of that, hundreds of millions of dollars; and then the company came along and signed a licensing agreement, and we have gotten royalties back of \$35 million, but the company has had sales of \$9 billion. We got \$35 million for the taxpayers after spending almost \$500 million for developing the drug, and they got \$9 billion in sales.

Let us talk about ethics and being responsible. We had a big debate last year about Enron and the stock holding companies and insider trading. We said this ethics thing has to change. This is one way we change it. We open up markets and hold people accountable, and things will change.

#### PROPOSED MEDICARE BILLS FALL SHORT

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

Ms. WATSON. Mr. Speaker, I, too, feel the unease of those who spoke before me about the information the President gave us on a reason for going to Iraq. I think it requires investigation. It requires us to know the truth. I do hope when Tony Blair comes on Thursday, we will begin to know the truth.

But in the meanwhile, I want to inform American seniors about the Medicare reform bill that will be considered by the House/Senate conferees. I want to protect and respect our seniors, but I am shocked at the bill the House majority passed by only one vote just over a week ago. Medicare beneficiaries have waited a long time for help; but, unfortunately, the proposed legislation falls short of what seniors and disabled Americans have been waiting for.

We are at a time when we know the miracle of science. Prescription drugs can be miraculous in their power to cure and improve the quality of life of our seniors. We in government have the responsibility to capitalize on the advantages of science and help our seniors. By adding a prescription drug benefit to Medicare, a program that seniors know and trust, seniors will have an improved quality of life at a reduced cost to taxpayers over the long term.

A Medicare prescription drug benefit should be affordable, reducing the exorbitant prices of drugs, meaningful with guaranteed benefits, within Medicare, and available to all regardless of where they live.

So it is with great disappointment, Mr. Speaker, that I look at the proposals that were on this floor for Medicare reform. The House Republican bill fails to meet each one of the basic standards. The House bill does nothing to reduce the cost of prescription drugs. It creates a coverage gap so wide that almost 50 percent of seniors will fall into it.

Under the House bill, seniors pay the first \$250 of their drug costs, then 20 percent up to \$2,000. They will receive no assistance at all between \$2,000 and \$4,900. The bill also allows insurers to vary their benefit levels and prices around the country. Insurers will be able to limit access to specific drugs and pharmaceuticals. The House bill fails to guarantee the same benefits for the 9.2 million Medicare beneficiaries in rural communities, and it even prohibits the Secretary of HHS from negotiating a better price for seniors.

The bill that was passed by the House is designed to privatize Medicare, leaving seniors at the mercy of the HMOs and private insurance plans.

This bill uses private drug-only plans to administer the prescription drug program. These are plans that do not exist anywhere today. These plans

could force seniors to leave trusted doctors and hospitals. Even worse, by 2010 the House bill turns the traditional Medicare program into a voucher program.

The Federal Government should provide a safety net for the citizens of America. Unfortunately, the House-passed bill does not include any important fall-back provisions. Under the Senate-passed bill, if at least two private plans fail to enter the market in a region, the Federal Government will step in and offer beneficiaries a Medicare prescription drug benefit. Private plans have not worked in many parts of the country, and over the past 5 years more than 2 million seniors have been abandoned by private HMOs seeking higher profit elsewhere.

I urge my colleagues to recognize this failure and vote accordingly. American seniors, do not be fooled.

#### CHINA AND HUMAN RIGHTS

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

Mr. PENCE. Mr. Speaker, as a member of the Committee on International Relations and the Human Rights Caucus, I rise today to talk about China. I know we in Washington are not talking about China much these days other than China is a great example of economic opportunity for American enterprise, and so it is. But before the Congressional Human Rights Caucus last week, we gathered to hear luminaries like Harry Wu, Chinese dissident, founder of the Laogai Research Foundation, and an even more famous dissident, Way Ting Sheng, a man who has been nominated for the Nobel Peace Prize a half dozen different times, and is known as the Chinese Mandela. They sat in a small congressional hearing room last week and spoke about an astonishing reality in China that I rise to reflect on today. It involves the execution of prisoners on an extraordinary and widespread scale, and the harvest and sale of prisoner human organs; and I am going to speak about what the heartfelt response of the American people ought to be.

It was just 64 years ago that the Nazi propaganda machine flaunted the Olympic Games coming to Munich and used that backdrop of legitimacy to launch the execution of 6 million Jews. In 1980, the Soviet Union touted the decision to have the Olympic Games in Moscow, and on the very eve of those Olympic Games launched its barbarous war against Afghanistan.

Now, as we look at the 2008 Olympic Games headed for Beijing, China, we are reminded of promises by that Communist regime to build eight new stadiums to prepare for the contestants. What they do not say is they have been using the older stadiums to stage sentencing rallies and to publicly condemn prisoners to death. Prisoners are brought to the stadiums, as we learned