

alarms and sprinklers, to be "deficient." A follow-up report just issued by the Inspector General warns that the AOC continues to take a "haphazard approach" to fire protection throughout the House complex.

A January 2000 complex-wide inspection by the Office of Compliance identified numerous violations of occupational safety and health standards made applicable to the Congress by the 1995 Congressional Accountability Act. The Compliance Office subsequently issued eight citations requiring corrective actions, including two requiring prompt implementation of a program of inspection, testing and maintenance for key fire-protection systems and equipment.

This Congress must take every reasonable step to make fire protection of the Capitol complex and its occupants a top priority. To assist the Architect in fulfilling his responsibilities in this area, and to enhance the status of fire-safety and protection efforts, our bill will create within the Architect's office the position of Director of fire Safety and Protection. Reporting directly to the Architect, The Director will coordinate and take charge of fire-protection activities and work to bring the Capitol complex into compliance with the applicable codes and standards established by the prestigious National Fire Protection Association. The work of the NFPA acknowledges the difficulties associated with protecting historic buildings like the Capitol from fire, and our bill provides the Architect the flexibility he needs to preserve the Capitol's historic character. The measure requires the Architect to report regularly to key House and Senate committees on his fire-safety and protection efforts.

Mr. Speaker, there are doubtless several reasons progress on fire protection of the Capitol complex has not been more rapid, but the simple reason is that the subject has not received sufficient attention. By creating a high-level official within the Architect's office to carry out all fire-safety duties, this bill will correct that problem, expedite progress, and make clear that Congress is serious about protecting the complex and its occupants from fire. I urge my colleagues to support this important measure.

LACK OF PRESCRIPTION DRUG INSURANCE COVERAGE IN MEDICARE, AN INTOLERABLE SITUATION IN AMERICA TODAY

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

Mr. FILNER. Mr. Speaker, I rise today to discuss an intolerable situation in America today, the lack of prescription drug insurance coverage in our Medicare program. Seniors are simply not receiving the prescription drug coverage that they so desperately need. Prescription drugs did not play a significant role in health care when Medicare was created back in 1965, but today the advances in pharmaceuticals have made prescription drugs a fundamental part of the typical senior's health care.

While seniors represent only 12 percent of the population, they account

for more than one-third, more than one-third, Mr. Speaker, of the prescription drugs used in our country each year.

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The typical American who is 65 or older uses 18 prescription drugs a year, and 85 percent of the beneficiaries of Medicare fill at least one prescription per year for such conditions as osteoporosis, hypertension, heart attacks, diabetes, or depression. It is obvious, Mr. Speaker, that the need is there for prescription drug coverage.

We must defend the seniors of America from the rising costs of medicine, which monthly worsens the situation for those without prescription drug coverage. The price for the 50 drugs most commonly used by seniors increased at nearly twice the rate of inflation last year. The prices for prescription drugs rose faster than any other category of health care, increasing by more than 15 percent, while total health care costs rose by less than 6 percent.

In my San Diego Congressional District on the United States-Mexico border, thousands of our citizens are forced to cross the international border to find the drugs they need at a much lower cost. Why is such a trip necessary for American citizens? How can seniors find the money that they need to purchase these vital drugs? Many are on fixed incomes. Many do not have the choice of a high paying job with good private medical plans.

Think about your parents; think about your grandparents. We are forcing them to choose between food on the one hand and essential prescription drugs that protect their quality of life on the other. Mr. Speaker, this is a choice that no American should have to make.

The President has proposed a plan that would extend prescription drug coverage to all seniors, provide lower premiums for Medicare beneficiaries and contain the rising costs of pharmaceuticals. Let us work together to make life-saving prescription drugs available to all of America's seniors.

ENSURING THAT CHILDREN RECEIVE NEEDED IMMUNIZATIONS

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

Mr. GREEN of Texas. Mr. Speaker, most Americans are surprised to learn that in some States one in four children are not receiving the immunizations they need to prevent disease and death. Yet despite gains in recent years, we are still not doing enough to make sure that children get the right immunizations when they need them.

As this chart shows, in some States, like my home State of Texas, Michi-

gan, and Nevada one in four children are not receiving one or more of the immunizations they need by the time they are 2 years old. In Houston, we share seven Members of Congress in Houston, and that is my district, over 44 percent of our children do not receive one or more of the immunizations. Over 44 percent of the children receive less than one or more of their immunizations.

I am introducing two bills that will help correct this situation. The first is the sense of Congress that calls for increase in funding to crucial State immunization infrastructure programs. The second bill, the Comprehensive Insurance Coverage of Childhood Immunization Act, will require health plans to begin providing immunizations to children as a covered benefit.

America's children need our help. In recent months, some have questioned why vaccines are needed at all. Some have linked them to adverse effects, such as autism. While there is no scientific link between immunizations and autism, and I will repeat, no scientific link between immunization and autism, I support efforts to completely and thoroughly research this issue to put the minds of parents at rest.

We should not lose our focus, however, on the huge health gains that have resulted from immunizations. The Centers for Disease Control list vaccinations for children as the number one public health achievement of the last century. Before we had the smallpox vaccine, 48,000 Americans per year had this disease; 1,528 died. Before we had a measles vaccine, close to one-half million children a year got this disease, and over 400 died. Before we had the mumps vaccine, close to 150,000 died each year of this disease. Before we had diphtheria vaccination, over 175,000 children got sick each year.

None of these diseases have been eliminated. Only smallpox has been eradicated. An epidemic of unvaccinated children is entirely possible, as we saw with measles in 1989.

Children still die of the measles, mumps, rubella, and whooping cough. These are dangerous and harmful, painful and sometimes fatal diseases. Measles can lead to seizures and death. Mumps can lead to deafness. Polio causes paralysis that can lead to permanent disability and death. Diphtheria can result in coma and death. Whooping cough can result in death for infants.

Providing access to lifesaving vaccines should be one of our Nation's top priorities. Tracking children who have not been vaccinated, in order to prevent future outbreaks, should be another priority.

To meet these goals, the sense of Congress resolution I have introduced with my friend and colleague, the gentleman from Pennsylvania (Mr. GREENWOOD), calls for an increase in Federal