that, although his term as chairman is ending, he will continue to serve on the Board led by Dr. Eriksson on the Texas Board of Health.

As chairman, Dr. Eriksson took on the health care needs of every single Texan, building an awareness that public health is for everyone, every day, and everywhere. He has been a listener who steered his board and agency to consensus on almost every difficult issue that came before it.

Furthermore, under his tenure, the Texas Board of Health has had a strong relationship with the Texas Medical Association, made significant strides in developing a partnership with local health directors and local health policymakers. He has made a significant effort to maintain an open and respectful dialog with the business community. We have urged the appropriate increases each year. The Texas Board of Health has had a strong relationship with the Texas Medical Association, made significant strides in developing a partnership with local health directors and local health policymakers. He has made a significant effort to maintain an open and respectful dialog with the business community.

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 asked Governor Bush and I to review the administration of the death penalty 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 NIH is critical and necessary to our lives, our children, and our grandchildren. The NIH is the premier scientific agency of this nation. And yet, it has been passed over, neglected, underfunded, and we have asked Governor Bush 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.

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served 16 years and was determined that he had been innocent after DNA studies 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 crime and assist 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 evidence 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 just as it 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 us get 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.

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 of 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 tonight at this very moment, at this very hour, highlighting some of 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 I 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 lower 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, "I have done 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 Slidell, Texas, and 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 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 receiving free medicine 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 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