ANNIVERSARY OF TURKEY’S INVASION OF CYPRUS

HON. GEORGE RADANOVICH
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, July 25, 2001

Mr. RADANOVICH. Mr. Speaker, today we pause to remember the anniversary of Turkey’s invasion of Cyprus. Twenty-seven years ago an estimated 35,000 armed Turkish troops invaded the small peaceful Mediterranean island of Cyprus. Nearly 200,000 Greek Cypriots lost their homes and became refugees in their own country. To this date, Turkish troops continue to occupy 37 percent of Cyprus’s territory.

Simply put, the status quo in Cyprus is unacceptable and continues to have a detrimental effect to the interests of the U.S. in the eastern Mediterranean. Without question, improving the relationship and cooperation between Greece and Turkey, two key NATO allies, is key to strengthening the stability of the region. Therefore, I urge the two parties to take the long steps needed to demilitarize and launch a much needed initiative to promote a speedy resolution on the basis of international law and democratic principles. We must have lasting peace and stability on Cyprus.

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS APPROPRIATIONS ACT, 2002

SPEECH OF
HON. LOUISE McIntOSH SLAUGHTER
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Tuesday, July 24, 2001

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2506) making appropriations for foreign operations, export financing and related programs for the fiscal year ending September 30, 2002, and for other purposes:

Ms. SLAUGHTER. Mr. Chairman, I rise in strong support of the Smith-Morella-Slaughter-Lantos-Pitts amendment, to dedicate a total of $30 million of the bill’s funds to protect and assist victims of trafficking in persons and help countries meet minimum standards for the elimination of human trafficking.

I was proud to be a lead cosponsor of the Victims of Trafficking and Violence Protection Act of 2000. Rep. Smith’s bill to monitor and eliminate human trafficking here in the U.S. and abroad. After an arduous six year struggle to address the problem of sex trafficking with my own legislation, last October I was pleased to see this bill pass with strong bipartisan support.

In June 1994, I first introduced legislation addressing the growing problem of Burmese women and children being sold to work in the thriving sex industry in Thailand. This legislation responded to credible reports indicating that thousands of Burmese women and girls were being trafficked into Thailand with false promises of good paying jobs in restaurants or factories, and then forced to work in brothels under slavery-like conditions.

As I learned more and more about this issue it became abundantly clear that this issue was not limited to one particular region of the world. In addition, I found that human trafficking was not exclusively a crime of sexual exploitation. Taken independently, sex trafficking is an egregious practice and practice of itself. It is also listed in “Tier 3,” however, to be aware that people are being illegally smuggled across borders to work in sweatshops, domestic servitude, or other slaverylike conditions. I was pleased to see that the Victims of Trafficking and Violence Protection Act recognized the full magnitude of human trafficking and included provisions that effectively seek to address human trafficking.

The Act set forth policies not only to monitor, but to eliminate trafficking here in the U.S. and abroad. More importantly, it does so in a way that punishes the true perpetrators, the traffickers themselves, while at the same time taking the necessary steps to protect the victims of these heinous crimes. It uses our nation’s considerable influence throughout the world to put pressure on other nations to adopt policies that will hopefully lead to an end to this abhorrent practice.

In the wake of the passage of the Act, however, there is still a great deal of work to be done. According to the recently issued 2001 Trafficking in Persons Report by the State Department, 23 countries are listed in “Tier 3”—signifying that they do not satisfy the law’s minimum standards to combat trafficking and are not making significant efforts to bring themselves into compliance.

It is my hope that this report will serve as a catalyst for reinvigorated international efforts to end human trafficking. We must continue to work expeditiously to implement the provisions of the Act, that provide tough new penalties for persons convicted of trafficking in the United States.

Beginning in 2003, those countries that are listed in “Tier 3” may be denied non-humanitarian assistance from the United States, barring a Presidential waiver. As a result, the U.S. is now in a position to put pressure on other nations to adopt policies that will eradicate human trafficking practices inside and between their borders. We are also in a position to prosecute and punish the traffickers themselves and thereby put an end to coordinated criminal activity.

It is my hope that this report will serve as a catalyst for reinvigorated international efforts to end human trafficking. We must continue to work expeditiously to implement the provisions of the Act, that provide tough new penalties for persons convicted of trafficking in the United States.

INTRODUCTION OF THE SAVE MONEY FOR PRESCRIPTION DRUG RESEARCH ACT

HON. FORTNEY PETE STARK
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, July 25, 2001

Mr. STARK. Mr. Speaker, I rise today to introduce the Save Money for Prescription Drug Research Act of 2001. The pharmaceutical industry is crying wolf, claiming that forced to reduce prescription drug costs for seniors, they will be unable to continue lifesaving drug research and development. This bill allows them to stop wasting money on physician incentives and redirect those funds to R&D. It would do
so by denying tax deductions to drug companies for certain gifts and benefits, excepting products samples, provided to physicians and encouraging use of fellowships on R&D.

Presently, these companies are spending billions of dollars on promotions to entice doctors to prescribe their products, and these dollars are tax deductible. According to a New York Times November 2000 article pharmaceutical companies spent $12 billion in 1999 courting physicians, nurse practitioners, and physician assistants hoping to influence their prescribing habits. Experts estimate that drug companies spend an average of between $8,000 and $13,000 on individual physicians every year. Gifts come in the form of watches, jewelry, trips and expensive meals. The New York Times article lists one example where SmithKline Beecham offered physicians a $250 ‘consulting fee’ and choice of entree at an expensive restaurant, merely for agreeing to update on use of a cholesterol-reducing drug. These campaigns contribute to preference and rapid prescribing of new drugs, and decreased prescribing of generics. In other words, tax deductible dollars contribute to the rising prices of prescription drugs.

The pharmaceutical industry has claimed that the high price of prescription drugs is due to investment in research and development. A recent Families USA report, however, indicated that this might not be the case. The report showed that at eight major pharmaceutical companies, investment in marketing, advertising and administration was more than double the investment in R&D. At Pfizer, for example, 39% of the net revenue, more than $11 billion, went to these expenses, while only 15% of revenues were devoted to R&D.

It is unquestionable that the research and development of new drugs is an expensive process. However, if the pharmaceutical industry intends to claim that it cannot afford re-search if drug prices for seniors are reduced, perhaps they ought to more carefully consider their promotional and marketing expenses. Influence physician prescribing habits do little to actually save lives, but do much to increase corporate profits.

Denying the pharmaceutical industry the ability to deduct expenditures for gifts to physicians is a solid step toward providing Americans with access to more lifesaving drugs. By redirecting drug company promotional expendituresto their R&D budgets, the American public would reap the benefit of increased medical breakthroughs. Gifts from pharmaceutical companies do not improve health care for patients.

This bill I am introducing today eliminates the tax incentives currently in place that encourage drug companies to continue to give gifts to doctors to influence their prescribing. It is my hope that the industry will redirect these dollars from existing gift practices to R&D. The pharmaceutical industry claims it needs financial help to increase R&D efforts. This bill gives them billions of new dollars for precisely that purpose. I urge the pharmaceutical industry to use these funds more wisely. I hope that my colleagues will join with me in supporting this endeavor to increase investment in the research and development of life saving drugs in the private sector.

EXTENSIONS OF REMARKS

High-Tech Stealth Being Used To Sway Doctors

(From the New York Times, Nov. 16, 2000)

BY SHERYL GAY STOLBERG AND JEFF GERTH

As a busy internist, Dr. Bruce Moskowitz frequently prescribes cholesterol-lowering medicines and osteoporosis drugs for his elderly patients. Unlike many physicians, he is no stranger to pharmaceutical sales representatives, and he often chats with them about his preference in medication.

But the drug companies know more about Dr. Moskowitz than he realizes. Over the past decade, with the advent of sophisticated computer technology, pharmaceutical manufacturers have tailored prescriber profiles on the prescribing patterns of the nation’s health care professionals, many of whom have no idea that their decisions are open to commercial scrutiny.

These “prescriber profiles” are the centerpiece of an increasingly vigorous—and apparently successful—effort by drug makers to sway doctors’ treatment decisions. Hy-9

preference and rapid prescribing of new drugs, and decreased prescribing of generics. In other words, tax deductible dollars contribute to the rising prices of prescription drugs.

The pharmaceutical industry has claimed that the high price of prescription drugs is due to investment in research and development. A recent Families USA report, however, indicated that this might not be the case. The report showed that at eight major pharmaceutical companies, investment in marketing, advertising and administration was more than double the investment in R&D. At Pfizer, for example, 39% of the net revenue, more than $11 billion, went to these expenses, while only 15% of revenues were devoted to R&D.

It is unquestionable that the research and development of new drugs is an expensive process. However, if the pharmaceutical industry intends to claim that it cannot afford re-search if drug prices for seniors are reduced, perhaps they ought to more carefully consider their promotional and marketing expenses. Influence physician prescribing habits do little to actually save lives, but do much to increase corporate profits.

Denying the pharmaceutical industry the ability to deduct expenditures for gifts to physicians is a solid step toward providing Americans with access to more lifesaving drugs. By redirecting drug company promotional expendituresto their R&D budgets, the American public would reap the benefit of increased medical breakthroughs. Gifts from pharmaceutical companies do not improve health care for patients.

This bill I am introducing today eliminates the tax incentives currently in place that encourage drug companies to continue to give gifts to doctors to influence their prescribing. It is my hope that the industry will redirect these dollars from existing gift practices to R&D. The pharmaceutical industry claims it needs financial help to increase R&D efforts. This bill gives them billions of new dollars for precisely that purpose. I urge the pharmaceutical industry to use these funds more wisely. I hope that my colleagues will join with me in supporting this endeavor to increase investment in the research and development of life saving drugs in the private sector.

which doctors should be offered certain perks. And the perks themselves worry ethic-ics officials at the American Medical Associa-tion, who are trying to discourage doctors from accepting them, even as the associa-tion’s business side supplies information that fa-cilitates the giving of gifts.

Dr. Moskowitz, of West Palm Beach, Fla., is one example. In late August, he received an invitation from two drug companies, the Bayer Corporation and SmithKline Beecham, asking him to a private dinner at the Morton’s of Chicago Steakhouse, an expen-sive restaurant in West Palm Beach, on the evening of Sept. 18.

The topic was high cholesterol, including an update on BAYCOL, a drug the two companies jointly market. For his feedback, Dr. Moskowitz would be designated a consultant and given a $250 honorarium, along with his choice of entree. He declined.

“Drug companies ask me, How can we change your prescribing, what would it take? I've done too many of these,” Dr. Moskowitz said. “The schemes get more and more desperate.”

Although most doctors do not believe that such entreaties affect their professional behavior, some studies suggest otherwise. Dr. Ashley Wazana, a psychiatry resident at McGill University in Montreal, recently analyzed 99 studies on the effects of gifts to doctors.

Published in January in The Journal of the American Medical Association, Dr. Wazana’s analysis found an association between meetings with pharmaceutical representatives and “awareness, preference and rapid pre-scribing of new drugs and decreased pre-scribing of generics.”

His conclusion? “We are influenceable,” Dr. Wazana said.

In an effort to save money, and also to avoid this influence, some clinics and hos-pitals have imposed a ban on free drug sam-ples and visits from sales representatives and discourages doctors from taking consulting fees like the one offered by Bayer and SmithKline Beecham.

Along them is the Everett Clinic in Washington State, a group practice of 180 doctors that cares for 250,000 patients. Its officials say that drug costs have declined since the ban.

“Pharmaceutical marketing would often lead to physicians prescribing more costly medicines than are necessary,” the clinic’s medical director, Dr. Al Fisk, said.

But Dr. Bert Spilker, a senior vice presi-dent with the Pharmaceutical Research and Manufacturers of America, an industry trade group, said marketing “serves an essential function in the health care delivery system” by helping to educate doctors, so they can prescribe drugs more appropriately.

“Drug companies serve as a reminder of what the patient represents,” said Law-rence O. Gostin, an expert in health privacy at the Georgetown University Law Center.

In describing the profiles as “a fundamental violation” of that privacy, Mr. Gostin said they also raise “an extremely important policy question, which is to what extent are health care prescribing practices influenced by commercial concerns?”

That question is now front and center in the political debate. With the price of pre-scription medication high on the national agenda, the impact of direct-to-consumer advertising and the cost of pharmaceuticals is at issue. But while the public discussion has focused largely on the recent trend toward advertising directly to patients, the industry still spends most of its money wooing doctors.

Of the $13.9 billion that the drug companies spent promoting their products last year, 7 percent, or about $12 billion, was aimed at doctors and the small group of nurse practitioners and physicians’ assistants who can prescribe some medications, about one mil-lion prescribers all told.

“The pharmaceutical industry has the best market research system of any industry in the world,” said Mickey C. Smith, a pro-fessor of pharmaceutical marketing at the University of Mississippi. “They know more about their business than people who sell coffee or toilet paper or laundry detergent, because they truly have a very small group of decision makers, most of whom still are physicians.”

Pharmaceutical sales representatives have been a staple of American medicine for dec-aades. Their courtship of doctors is intensive and expensive, and their largesse runs the gamut, from gift baskets filled with prescription pads and pens, to staff lunches at hospitals and medical offices and offers of free weekends at resorts.

But physician profiles play a significant role in the courtship; pharmaceutical marketers say they use the reports to help determine
RAISING ETHICS QUESTION

While Dr. Rakatansky of the A.M.A. could not comment specifically on the Baycol meeting, he had harsh words for these dinners in general.

"As far as we're concerned, it's educational," said Carmel Logan, a spokeswoman for SmithKline Beecham. But Tug Conger, the vice president of marketing for the cardiovascular products division, said the company intended to teach a select group of doctors about Baycol, then use their feedback to hone its marketing message. And Al- liance, a spokeswoman for Boron LePore & Associates Inc., said the dinner was "part education and part marketing."

Raising Ethics Question

To heighten doctors' awareness of the ethical issues concerning gifts, the medical association is beginning an educational campaign. In addition, The Journal of the American Medical Association devoted the bulk of its Nov. 1 issue to conflict of interest in medicine, including an essay entitled "Financial Indulgence" that questioned the effects of pharmaceutical company gifts on doctors' professional behavior.

But some prominent doctors say the medical association needs to address its own role, as a seller of information that helps drug marketers select which doctors to target.

"It potentiates this gift giving, and implic- itly says the A.M.A. is okay with it," said Dr. Blumenthal, a professor of health policy at Harvard Medical School who has used the A.M.A.'s data for his academic research.

The master file to drug companies, Dr. Blumenthal said, "hands the weapon to the drug company that the A.M.A. is saying is an illicit weapon."

Dr. Rakatansky, the past president of the medical association, dismisses such a connection.

Doctors are responsible for their own decisions about whether to accept gifts, he said. "I don't think the A.M.A. has anything to do with ethical behavior of physicians."
Mr. RADANOVICH. Mr. Speaker, I rise today to honor Mr. Wayne DeFrancesco, an assistant professional at the Woodholme Country Club in Baltimore, Maryland. Mr. DeFrancesco has just won the 34th annual PGA Club Professional Championship and has done so in dramatic style.

He won the Club Professional Championship with an amazing three stroke victory, overcoming a double bogey on the fourth and a bogey on the fifth hole. He solidified his win with a 17 foot, par-saving putt on the twelfth hole. Mr. DeFrancesco became just the third person ever to win this championship wire-to-wire, but the first in tournament history to have sole possession of first place in all four rounds.

This great victory is of little surprise considering that Mr. DeFrancesco has devoted a lifetime to the sport. He started his career as a Washington D.C. area high school champion and as letterman for Wake Forest University. Over the last twenty-five years, Mr. DeFrancesco has won countless numbers of regional tournaments while at the same time working as an instructor in clubs along the East Coast. He has served as an editor to the Washington Golf Monthly Magazine and as a guest instructor on the Golf Channel. In 2000, he was recognized for his expert instruction as #42 among golf's greatest teachers, by Golf Digest.

We are living in a time when golf has a renewed excitement. Tiger Woods and Annika Sorenstam have captured the imaginations of people from all across the country. They have done so with skill, perseverance, and a strong work ethic that have brought this great game to new heights of popularity. In that same spirit Wayne DeFrancesco has mastered his craft.

Mr. Speaker, I want to congratulate this fine athlete on a terrific accomplishment and I wish him the best of luck when he competes for the PGA Championship at the Atlanta Athletic Club in August.

IN SUPPORT OF THE IRAN-LIBYA SANCTIONS ACT

SPEECH OF
HON. JANE HARMAN
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, July 24, 2001

Ms. HARMAN. Mr. Speaker, I rise today to speak in support of the Iran-Libya Sanctions Act. ILSA is an important part of our commitment to prevent the proliferation of weapons of mass destruction and missile technology to Iran and Libya.

I wish I could stand here today and say that sanctions on Iran were no longer necessary. I wish I could say that Iran has responded to diplomatic overtures, halted its weapons programs, or stopped threatening Israel and our other allies in the Middle East.

But the reasons why we passed this law five years ago are even more pressing today.

While moderate leaders may be gaining power in Iran, reform has yet to reach their foreign policy.

In fact, Iran and Libya are both seeking to enhance their capabilities for producing and using weapons of mass destruction. Tehran is intent on bolstering her already significant chemical weapons arsenal and developing nuclear and biological weaponry, while Libya is again openly seeking expertise and technology needed for chemical weapons. In the case of Iran at least, this has led the CIA to conclude that it "remains one of the most active countries seeking to acquire weapons of mass destruction," and the State Department to find that it "remained the most active state sponsor of terrorism in 2000."

Sanctions work best when part of a comprehensive plan to combat proliferation. They require the support of our partners abroad. Sanctions under ILSA are therefore an important tool not simply to increase pressure on Iran but also to encourage Europe and Russia to cooperate with us on nonproliferation and counter-terrorism. While ILSA is often a sore spot in our relations with Europe, the threat of sanctions is getting the job done. When President Clinton waived sanctions against a foreign investment consortium, including Total SA of France and Gazprom of Russia, the EU and Russia promised greater cooperation on counter-terrorism and limiting the transfer of technology to Iran.

On a recent delegation to Russia led by Dick Gephardt, I met with members of the Russian Space Agency and found that our programs to counter the proliferation of missile technology are paying off. We have invested much time and money in working with the Russian Space Agency on the International Space Station, and the result is that they have also improved cooperation on preventing the sale of missile technology to Iran. We need to expand these joint efforts with the Russians, so that we may begin to make progress in areas where they have not been as cooperative—such as the transfer of nuclear technology.

We cannot ease our commitment to prevent proliferation of weapons of mass destruction to Iran—we must step up our efforts with passage of ILSA. I await the day when reform in Iran means that they will no longer threaten the United States and Israel. Until then, we must maintain effective, targeted sanctions.

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMES APPROPRIATIONS ACT, 2002

SPEECH OF
HON. LOUISE McINTOSH SLAUGHTER
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Tuesday, July 24, 2001

The House in Committee of the Whole on the State of the Union had under