One great advantage of tax reductions, it is not just a matter of stimulating the economy, we do believe in economic growth and jobs. I think the more money that the people have, and it is not a matter of us affording the tax cuts, it is a matter of can the working folks pay for all the government we are giving them. The more you look at what tax cuts do for the economy, the more jobs that are created.

This is just the Standard and Poor's increase since we passed the latest round of tax reductions. Here is the Dow Jones increase. All these mean more jobs out there, more people paying into the system, and revenues will go up. But the best part is the money does not come to Washington, so we do not spend it.

I think that is something that we will continue to debate about, and I want to say this has made some progress tonight.

I did not know that we had abandoned the pay-go system that the gentleman from Texas (Mr. STENHOLM) had mentioned. I want to work with you on that.

The balanced budget amendment, it would be an awkward position for me to sign the discharge petition, but philosophically I do support it. I want to help you get that bill to the floor, and I want to pledge that.

I am glad we are all mutually interested in zero-based budgeting. Let us move in that direction.

Another issue, if we could get away from just the terminology ''mandatory spending'' and say, hey, that is automatic, we are too lazy to debate it year in and year out, nothing is mandatory for the U.S. Congress. That might be something that we can work together on.

The gentleman extended this debate invitation originally. Let me right here extend one to you, and let us schedule for next week or whenever we can do it.

With that, I yield back and thank the gentlemen for all participating.

Mr. TURNER of Texas. We thank the gentleman from Georgia (Mr. KINGSTON).

BLUE DOG ECONOMY

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

Mr. STENHOLM. Mr. Speaker, I will be happy to yield some of my time to anyone, but just a summary, and I appreciate the return gesture from the gentleman from Georgia (Mr. KINGSTON) regarding doing this again.

I wish we could do it every week, find a time to talk about not just perhaps this issue, but some of the other issues in which we have found ourselves in some very, very strict partisan differences.

Just a few clarifying comments. The first one is when I hear mandatory spending being out of control, since when? Since when can 218 Members of the House of Representatives not control any spending that we wish to control?

I commend the gentleman from Michigan (Mr. SMITH). He is one of the few Members on either side of the aisle that has been willing to talk about Social Security and making some of the hard choices that have to go into eventually saving Social Security for my grandchildren. And I look forward to working with him on that endeavor. I wish we had had that on the floor last year. I wish we had it on the floor this year. I hope we have it on the floor next year. I get disturbed when we say we cannot do that again until after the 2004 elections. That bothers me because 2011 is getting awfully close to where we need to be.

Now, when my friends on the other side of the aisle come in and say that the Blue Dog budget raised taxes, that is not speaking the truth. Now, I want to be very careful on this. I like to quote Will Rogers when I hear some of these quotes. ''It is not people's ignorance that bothers me so much. It is them knowing so much that ain't so—that is the problem.''

And there were some statements that were made tonight that were just not true, and to stand here on the floor as we do in debate after debate and say the Blue Dogs raised taxes, we did not. We cut taxes. And to say that Blue Dogs spent more, we did not. We adopted the exact same spending levels that the gentleman from Iowa (Mr. NUSSLE) had in H.R. 95. And to say that we spent more, we spent less because we spent $400 billion less on interest because we did not borrow that additional money to give it back to the people. Since when can we give back something we do not have?

Discretionary spending this year will hit the lowest level since I have been in the Congress. In fact, it will be the lowest level of discretionary spending since 1958. Now, that is a pretty good record if you want to control spending. But our point was that you cannot have it both ways. We have heard it that we want to have it both ways. I would say you want to have it both ways because you want to ignore the debt going up, but you want to talk about controlling spending. Well, if you are going to talk about that, then do it. But you do not have the votes to do it or you would have done it.

The enforcement is something that I know the gentleman from Iowa (Mr. NUSSLE) is not for. I know the gentleman from Texas (Mr. BARTON) is for it. And pay-go worked when we had it. When you came to the floor and you talked about increasing spending, you had to find someplace to find the money.

Well, the bottom line is this: We are in a direction of a train wreck; the perfect storm, as some have described it. How long can America keep buying $500 billion from the rest of the world, more than the rest of the world is buying from us, without the law of economics taking over? How long can we borrow $400 or $500 billion a year, which under the budget that we are now under that we did not vote for, that we object to, how long can we borrow $300 billion without something happening to the economy of this country?

Now, everything is on track for November of 2004, but there is a lot of folks worrying about 2005. And I think we have a consensus here tonight from most of those that participated on both sides that we would like to work together to change the direction.

□ 2145

The old rule of Confucius, of Garfield, or whoever it was that I like to give credit to, when you find yourself in a hole, the first rule is to quit digging; and it is very disturbing when week after week we continue to dig the deficit hole deeper, yes with tax cuts, yes with tax cuts, from money we do not have, and if you believe that that is any different in creating the deficit, then you are a supply-sider and you are a true supply-sider; but when we start talking to solve this problem, we have reached out the hand many times, but it has never been taken in the last 8 years, unless we happen to agree with a narrow band of thought that says supply side economics is the way to go and that the theory, the theory is if we just reduce the revenue we will starve government.

Spending on defense is spending. Spending on agriculture is spending. Spending on anything is spending, and total spending is going up more than our revenue.

A MEDICARE PRESCRIPTION DRUG PLAN IS NEEDED

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

Mr. PALLONE. Mr. Speaker, I do not expect to use all the time unless I am joined by some of my Democratic colleagues, but the purpose of my being here this evening is to talk about the need for a Medicare prescription drug plan; and as my colleagues know, just before the break, before the July 4 break, we did here in the House pass a Republican Medicare prescription drug proposal and another bill was passed in the other body that was sponsored by the Republican leadership, and I just wanted to say as emphatically as I could this evening that I believe very strongly that neither of these proposals, which would now go to conference, that neither of these proposals accomplish the goal of providing America's seniors with a prescription drug benefit that is worth having.

I say that because I think it has to be understood that the effort to provide a prescription drug benefit is basically an effort to, in my opinion, or at least

it has been sold as such by the President and the Republican leadership, as an effort to try to get almost all seniors involved on a voluntary basis in a prescription drug program that they would see as meaningful, that covers most of their drug expenses, and if we look at the bills that were passed by the Republican leadership in both Houses of Congress, they do not do that.

Essentially what happens is that seniors have to pay out more in terms of premiums than they would get for the most part. If we have a voluntary program that most seniors do not sign up for, which is I believe strongly what would happen if either of these proposals became law, then we would not end up with the universality that is necessary for an insurance program like Medicare where, in the case of the existing Medicare program that pays for your hospital bills and your doctor bills, 99 percent of seniors sign up. If 10 or 15 percent of the seniors sign up for the proposal that has been passed in either House, effectively the program would be a failure because most seniors would not join. You would not have an insurance pool that actually went across the board and covered all seniors, and I am very fearful that that is what would result from either the bill that was passed here in the House, proposed by the Republican leadership, or the bill that was proposed by the Republican leadership in the other body.

I see that I have been joined by one of my colleagues, and I just wanted to say before we get into a little dialogue hopefully among the Democrats that the Democrats proposed in the House a substitute bill which most Democrats supported and a few Republicans, I believe, that basically would be along the lines of the existing Medicare program and would be the opposite in the sense that I believe 99 percent of seniors would sign up for the program because it is generous enough to provide prescription drug coverage that most seniors would want to take advantage of.

Essentially what we did in our Democratic alternative to the Republican bill was to model the program on the existing Medicare program. Under the existing Medicare program part A, seniors' hospital bills are paid for. Under the existing Medicare program part B, seniors' doctors' bills are paid for, and if I could use that as a model because that is essentially what the Democrats used as a model.

Under part B, right now you pay a certain amount which I think is maybe $45 a month premium. You have a $100 deductible so when if you go in January and your doctor bill is a little over $100, that first $100 is not paid for. That is the deductible, but after that, 80 percent of your costs are paid for by the Federal Government, and you have a copayment of 20 percent for your doctor bills.

It makes sense to go that route because most seniors, 99 percent, realize that part B is worth having. So they pay the $45 a month, and they get 80 percent of their costs after the $100 deductible paid for by the Federal Government, and it is a good bargain. You are paying so much a month, but you are getting a lot back in terms of value.

So we as Democrats said, well, let us do the same thing. This has been a very successful program, part B; 99 percent of the seniors sign up for it. This has been a very successful program when it comes to paying the hospital bills or your doctor bills. Let us follow the same example with regard to prescription drugs, and our Democratic alternative, or substitute, said that seniors would pay $25 a month premium. They would have a $100 deductible, just like part B; and 80 percent of the cost of their prescription drugs would be paid for. There would be a 20 percent copay, up to $2,000. Once a senior expends $2,000 out of pocket for the copay, then 100 percent of the costs are paid for by the Federal Government.

I do not understand why this is so difficult to comprehend and why the Republican leadership or the President cannot simply go along with this. It is modeled after a very successful Medicare program. Seniors will quickly understand that it is a good benefit. They will sign up for it. I guarantee 99 percent of the seniors, if not close to 100 percent, would sign up for this type of a program and take advantage of it.

Instead, the Republicans say now we cannot do that for various reasons. We can get into that if my colleagues like; but they say, oh, no, no, we cannot do that. They come up with a very complicated, confusing, in my opinion, way of trying to administer a prescription drug benefit that relies on private plans that for the most part says that you have to join an HMO or some kind of managed care program to get any kind of drug benefit, which means that you lose your choice of doctors and possibly your choice of hospitals. They do not provide, as I said before, any kind of meaningful benefit even with the privatization and the fact that you are forced into an HMO.

I just wanted to give an example of why I think that these two, both the House version and the Senate Republican version, are unworkable and just briefly.

This is the Senate bill which some people feel is better, but I do not really think is. It is maybe slightly better than the House bill, but not anything that anybody would sign up for.

Under the Senate bill, a beneficiary would pay $420 a year in premiums, would have a $475 deductible, and after the deductible is met, a beneficiary in Medicare would share the costs. In other words, 50 percent of your drug bills would be paid for by the Federal Government, 50 percent you pay out of pocket, up to $4,500 in total drug expenses, and then there is what we call a doughnut hole. If your drug bills are from $4,500 to $5,800, you pay 100 percent of the costs, and then after that, over $5,800 you pay 10 percent.

Now, when I say seniors will not want this, keep in mind what you are talking about here. You are talking about a premium that you have to pay per month. You have not a $100 deductible, but a $275 deductible; but then only 50 percent of your costs are paid for by the Federal Government. You have to pay the other 50 percent and there is this doughnut hole at some point where the Federal Government does not pay anything. Why in the world would you sign up for it?

I talked to my seniors during the July 4 break. I met a lot of them. I asked them a lot of the question, would you sign up for that. Most of them said no. The only way you would sign up is if your drug bills were so expensive and you had enough money to not only pay the premium but also to pay the 50 percent copay; and most seniors, unless they are in certain financial circumstances and they have a huge drug bill expense, they would not do it.

The House bill is even worse. Under the House bill, there is $420 in premium, $250 deductible; and after the deductible is met, the beneficiary in Medicare would share drug costs 80/20, like I said with the Democratic bill, 80 percent paid for by the Federal Government, but only up to $2,000 in total drug expenses. After that, from $2,000 to $4,000 or to $4,900, the senior pays 100 percent of the costs. Again, why in the world would you sign up for such a thing?

Essentially, if you look at the situation in the House version, the majority of seniors fall into the doughnut hole, and most seniors under the House or the Senate bill would end up paying more out of pocket than they would benefit from the Federal Government.

So what we have been saying, Democrats, is the Republicans are essentially involved in a sham here. The President says, oh, okay, we are going to provide prescription drug benefits. The House Republicans and the Senate Republicans say we are going to do it, but the benefit is not worth what you pay out. You have to join private plans for the most part, which means an HMO, and you lose your doctor. You might even lose your choice of hospital. Why in the world would you sign up for it?

If you do not adopt the type of program like the Democratic substitute, which is modeled after the existing Medicare program, the bottom line is you do not have a program that has any meaning to seniors, and I am just afraid we have this huge hoax that is being played upon us by the Republican leadership and the President. If something actually comes out of the conference and is signed into law, people are not going to know they are getting something that is meaningless. They will not even find out till 2006 what it really means because it does not go into effect for another 3 years; and in the meantime, I guess the President and the Republicans can go around and

say we have done something for prescription drugs, but they really would not have done anything at all.

I see my colleagues are here; and I would like to yield, first of all, to the gentleman from Washington who is a physician and member of the Committee on Ways and Means and has been a leader on this issue, and I have to say to my friend that I know he has been active for universal health care, and we do not have a majority in this House to pass a universal health care, but I support it because I really believe that ultimately we have to have a health care program that does not just deal with drugs but deals with all health care and that everyone can take advantage of. So I admire his work, and I would like to yield to the gentleman.

Mr. MCDERMOTT. Mr. Speaker, I want to commend the gentleman for having this, staying up here at 10 o'clock at night, talking about this issue because I think the people need to understand the idea of universal health care is that everybody puts into the pot, and then when they get sick, they take out of the pot. Nobody, when they pay for their health insurance, stands around saying, gee, I hope I get sick so I can take something out of the pot. That is not the way people think.

We have given universal health care to senior citizens. We have said anybody over 65 in this country is eligible for Medicare, and we put them all in together; and they put all their money in together collectively, and we put together a Medicare program that has worked very well since 1964. It has not required people's children to pay for anything. They have been able to have their own dignity. They had their own card. They paid for their own health care during all that period.

I sat on the Medicare commission. I was one of the 16 people sitting on that commission for a year back in the mid-1990s, and there is a determined effort by the Republicans to privatize Medicare.

What does privatize mean? It means to separate all the American people from one another and make them deal individually with this particular problem in their life, their health care.

□ 2200

They would be given a voucher, and they could privately go out to a private insurance company and find somebody who would give them a benefit.

Now, if we were to take my mother and myself, my mother is 93 and I am 65, if we were to take those two people and say, send them out with the same amount of money, we know that they are going to get different benefits. Well, they have tried this. They have offered the Medicare through an HMO, and people went and joined, and then the HMO closed, and they lost all the benefits. And people have been jerked around over the last 4 or 5 years by this whole process, but they are determined. And this bill is the real final effort to do that.

It is kind of like when I was a little kid. My mother wanted me to take cod liver oil. There was some vitamins in it, and she wanted me to have those. But cod liver oil tastes terrible, so she would always mix it with orange juice. That is exactly what they are doing here. They want people to take the cod liver oil of privatizing health care, and they are filling the glass with orange juice, which is the drug benefit.

So that is the first thing people have to understand. The drug benefit is not intended to give them a drug benefit, it is to get them to drink the cod liver oil, the privatization of Medicare.

Now, how did they design this? Why do I say they do not intend to give a drug benefit? Very simple. They said, well, let us put up $400 billion. Now, that sounds like a lot of money to people. I mean, it sounds like a lot to me. But if we are going to fix the problem right, to do the deal right, it is going to take way more than that, probably twice that amount. But they just said, well, we will put $400 million in, and we will kind of mix it around so people will not see what we are really doing.

Worst of all, as my colleague pointed out, this does not go into effect until 2006. They can put advertisements on television in the next campaign in 2004, or in 2006 they can put advertisements out and say, we gave you a drug benefit, because it will not go into effect until 2006. Now, most Americans look at politicians and they say, I do not know if I can trust them or not, and I want to see what actually happens. Well, when you put something out there so far, the people will never know that what they see advertised in the 2004 campaign, with all these millions of dollars of ads from the drug companies and from the Members of Congress who voted for this, that, in fact, it was never intended to work.

Now, I will tell you why I know that. I was walking through the tunnel between the Capitol and one of the office buildings today, and one of the Republican Members said to me, do you think this bill is ever going to come out of the conference committee? Do you think the Senate and the House will ever solve it and bring a bill back to the floor? I said, no. He said, I do not think so either, and we hope it does not. This was a Republican talking. We hope it does not. I said, you do? He said, well, it is not a good plan. It does not solve the problem.

So they know it does not solve the problem, but they want to say, I voted for a pharmaceutical benefit, and my opponent opposed it. Or my opponent does not think it is good, but I wanted to give pharmaceuticals to senior citizens. They have no interest in the reality of this bill.

Now, I think there is a couple of things that are really sort of buried in this bill that people have to understand. They said we do not want the Secretary of Health and Human Services to negotiate for all the 40 million old people in this country. We want each little insurance company to negotiate with the drug companies as best they can. Every other country in the world that has an industrialized country like us, France, Germany, Canada, anybody, the government negotiates for everybody. My colleagues know that that works better.

If I were to go into a store and say, I want to buy 100 loaves of bread, I will get a better price. It is going to be less per loaf than it would if I were to buy one loaf at a time. But the Republicans set this up so that Tommy Thompson, the Secretary of Health and Human Services, cannot go and negotiate for them. They made it impossible to save money, or save big money.

We know what happens in the Veterans' Administration, we get a 50 percent discount because they negotiate a price for every veteran. All 5 million of them get the benefit of a negotiated price for 5 million people. But when it comes to seniors, we say, no, no, you are on your own, Grandma. You can go 1 at a time or 2 at a time or 10 at a time, or whatever, but you cannot have the benefit of this. I think that alone should make people sort of wonder about this.

The second thing they do is that they say, well, you can go into a Medicare HMO, some kind of health maintenance organization, and get your benefits, if they will take you; or you can stay in regular Medicare with your doctor that you have known for the last 30 years and knows everything that has ever happened to you, so that when you go in the doctor does not have to say, well, let us start with when you were 6 years old; when did you have the mumps; when did you have the measles?

You know, when you get to be 65, or like my mom, 93, who remembers what year it was that you had the measles? You want a doctor that knows you and that you have dealt with for 30 or 40 years, so that they say, well, Mrs. McDermott, how is X, or whatever the problem is that they have been following. Seniors do not want to have to start over again with a new physician.

But they say if you stay in Medicare, you are going to have to pay more for the drugs. Now, the problem with that is that drives up the premium. Right now the premium for seniors is something under $60. HCFA, the Health Care Financing Administration, that administration says that the premiums next year, if this bill goes into effect, would go up to $90 a month for nothing. It would just go up $90. Why? Because the sick people would stay in Medicare, the old standard Medicare, and the healthy ones would go get into these HMOs where they could get a better deal. So sick people who want to stay with their doctor are going to be stuck paying more money than people who are younger and healthier and are acceptable into some kind of an HMO.

I believe, and what the gentleman is saying, is that it should be a Medicare benefit that everybody gets in the

whole United States. It does not make any difference whether you live in Ohio or New Jersey or Washington or Atlanta, Georgia, or wherever, you ought to get the same benefit. It should not be dependent on whether you can find an HMO that negotiates better or anything else.

For instance, maybe a parent would like to move from Tennessee, where they had a pretty good deal, to Montana where their kids are living. They want to move to Montana because they want to be near the grandkids. That is what my parents did. My parents left Oklahoma in 1972 to live with us in Washington State when my dad retired and there were grandkids. My mother said, hey, we are going out to be near the grandkids. Well, why should there be any difference in the benefit between Oklahoma and Washington State?

This bill will guarantee that there is a difference. It may be better, it may be worse. My parents would not have anything to say. Anybody who moves under this new system will have no idea what they are going to.

And then there is this question of a donut hole. Frankly, the bill mystifies me in that it seems to imply that the Republicans think that old people are not paying attention; that somehow we are going to whistle this past them, and they will not see what this is about. My colleague explained it. First of all, the Democratic plan is the only one that says what the premium will be, $25 a month, and there is a $100 deductible. They spell it out in the law. The Republicans do not give us that. They say there will be a premium, and there will be a deductible, but people are buying a pig in a poke right off the bat. Then you pay for that, and, at a certain point, you do not get any benefits. You are still getting your monthly bill for your premiums. You have to keep paying those premiums. Meanwhile every bit of drugs you pay for you have to pay all out of your pocket.

Now, I tried to explain this at a couple of retirement homes in Seattle, and people just say, that does not make any sense. What are they trying to do? What is this about? The minute you explain to people what this really does, it falls apart flat. And yet they are coming in here, pressing this bill and talking about all the things they have done. But people should remember that it is not passed until it goes into effect. And there, I think, is going to be a very big fight between the Senate and the House on this issue because the Senate does not want to privatize health care. They are resisting the idea of putting the orange juice with the cod liver oil. They said, no cod liver oil. This is orange juice.

They are doing a drug benefit over there, and in some ways that makes it a little better. It is not as generous maybe as ours is, but neither one of them works very well. The only bill that really works is the one the House Democrats put out which gives people a fixed payment and a fixed deductible and a fixed amount that they have to pay 'til whenever.

And nobody wants this benefit. This idea that you are going to get an insurance company running in to offer an insurance policy to all the seniors, just ask yourself, and you do not have to be a rocket scientist to know why this will not work, who buys an insurance policy? You do not buy an insurance policy unless you have a car, right? You do not buy fire insurance if you do not own a home. Why would you buy this, paying month after month for a drug benefit, if you did not need any drugs? As soon as you need them, boy, you want to run in right away and get it. But why would seniors, if they had something else or they were tight with money, they would say, why should I buy it?

So the only people who are going to buy are people who have big drug bills. Maybe they have cancer and their cancer treatments are very expensive, or maybe they have had a kidney transplant and they have drugs that are very expensive. There are a whole raft of conditions which require people to spend an awful lot on pharmaceuticals. Those are the people who are going to buy it. So an insurance company is sitting there saying to themselves, no way.

The way insurance companies work is you sell a premium to everybody, and then you hope nobody gets sick so you can give all the money that is left to your stockholders. That is how they work. It is no mystery, and it is not wrong. It is the way they operate. Well, why would you want to take in a bunch of sick people who want drugs and give them a drug benefit?

Well, the government, these guys recognize that. They realize the insurance industry will not do it. So what they said was, I know what, we will let them offer the plan, and then we will take 99 percent of the risk. The Congress will take it. And if there is any profit to be made, the insurance company can take it out the door.

This is absolutely a fraud for the government to use all of its money and not try and control it, not look for the fraud and the waste and the abuse; turn it over to the insurance company, who has no risk. None. There is no explanation for why they would come up with a plan like this except that they hope it does not pass.

And I hope it does not pass. I would like a real bill to pass, because God knows people are really having trouble, and there are so many things we could do that would not be hard to do.

I see my colleague has brought some things here about the Canadian plan, and I will just say one or two more things and then turn it over to her.

The Canadian Government did not go through any big plan or anything, they just passed a law that said that the price you pay in Canada is going to be the average of the G–7 countries. Now, the G–7 countries are the seven most vibrant economies in the world, Japan, Germany, France, Great Britain, the United States, and so forth. So whatever the price is in Germany, they write that down, write down the price in France, add them all together and divide by seven, and that is the price in Canada. They never pay above the median. They always pay in the middle.

Now, that is why people leave my State on buses on a weekly basis to go up to Canada. Anybody who lives near the Canadian border knows about this. Or they have pharmacies up there, and they mail in up there, and they have it all worked out so they can get them filled and have them sent back. What the pharmaceutical companies are doing now, just to show you how much they hate that, they have cut off the amount of drugs going to these pharmacies in British Columbia, which is north of Washington State.

□ 2215

Mr. Speaker, they say to them you could not possibly sell this many drugs in British Columbia, so we are only going to give you 40 percent of your order so they cannot ship the other 60 percent down to the United States. They are cutting off their supply. It is incredible the lengths to which the pharmaceutical industry will go.

In closing, in case Members would like to shed a tear for pharmaceutical companies, the Fortune 500, which is the 500 biggest companies in the United States, 10 of those companies are pharmaceutical companies. Those 10 companies last year had a profit of $38 billion. That was 50 percent of all 500 companies. Ten companies produced 50 percent of the profit of the whole of the Fortune 500.

Now, I believe in research, and I believe in all of the things that pharmaceutical companies do, and I am not against pharmaceutical companies; but I think enough is enough. I think my colleague who has some Canadian prices here will make a very interesting case on this point.

Mr. PALLONE. Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR), who has been a leader on this issue.

Ms. KAPTUR. Mr. Speaker, I thank the gentleman for organizing this Special Order tonight, and certainly the people of New Jersey have sent the right Member here to fight this great fight. It is a privilege to stand here also with the gentleman from Washington (Mr. MCDERMOTT), who is such a critical member of our Committee on Ways and Means and knows more about this probably than any other Member of the House, and has fought so hard to maintain the Medicare program that our Democratic forebears created, and we proudly stand on their shoulders. To stand here with both you gentlemen tonight is truly an honor.

I wanted to mention, as the gentleman from Washington (Mr. MCDERMOTT) said, the pharmaceutical companies around this Nation are making unbelievable profits off the pocketbooks of our senior citizens and their

families, and to also mention that the reason we have such a terrible bill before us in the House and why we were denied the opportunity to offer a Democratic alternative, we were not even given a chance to debate our alternative, is because these very same pharmaceutical companies helped elect the people who have created this bill for the Congress.

And an organization like PhRMA gave 95 percent of its political contributions last year to one political party, the party that prevailed by one vote here in this House 2 weeks ago in getting this very flawed bill before us. Now, the Republican Party has produced a bill that is really a trick on the senior citizens of this country. It is a trick because of the language they use in the title that does not bear out real substance on the inside. Let me give a couple examples just to refine what my colleagues have talked about tonight.

I think the gentleman from New Jersey (Mr. PALLONE) talked about the Democratic bill, which we were not allowed to offer, had a maximum premium per month for our seniors of $25. The Republican bill that passed starts out at $35 a month, but it does not have a cap so we really do not know what that monthly premium is going to be.

The Democratic plan is a defined benefit plan. You know exactly what it costs, and you know exactly what you get from it. The Republican plan is what we call a defined contribution plan. You only get so much, and then you do not know how much more you are going to have to pay. It is very unpredictable.

In the Democratic plan, which we were not allowed to offer, and imagine, a measure that affects over 40 million Americans and we were not even allowed to offer our alternative. I say to the majority, what are they afraid of? The deductible under the Democratic plan is $100 for seniors. Under the Republican plan, it is $250. Under the Democratic plan after you have paid your $2,000, if you reach that level which we call a catastrophic level, then you do not pay anything after that. We pick up the costs, the people of the United States through the premiums. Under the Republican plan, they make seniors pay an additional $1,500 beyond the $2,000 cap that we have in our bill, which means that it is going to cost seniors much more money under that plan.

So you pay a higher monthly cost, and we are not really sure how high that will go under the Republican plan. You pay a higher deductible. You have to pay costs over $2,000, up to $3,500, and the reference that the gentleman from Washington (Mr. MCDERMOTT) made to the fact that the Democratic bill provided for negotiated pricing for different drugs, the Republican plan prohibits us from negotiating the best price like we do already for the Department of Veterans Affairs and for the Department of Defense.

This is just a chart of some of the drugs that people buy. Norvasc, seniors in my district are very familiar with Norvasc which is used for high blood pressure. The general price at a drugstore is $182.99. The Canadian price is $152.82. Through our negotiated pricing through the Department of Veterans Affairs, we have gotten a price of $102.11. We wanted to get the same kind of negotiated pricing in the bill that was debated 2 weeks ago. We were not allowed to even offer the amendment.

I went up to the Committee on Rules, which met after midnight so nobody in America could really see what was going on, and we had to wait until 4:30 in the morning only to be denied the opportunity to offer this best-price amendment. We were trying to get not just Canadian prices, but even better prices on many of these drugs based on negotiated pricing. Our amendment was not even allowed to be offered.

So the Republican plan is really a tricky plan, and you have to read the fine print. The differences are very striking.

Let us say you live in a part of the country that has no plans. Let us say these private insurers who do not seem to be flocking to provide regular coverage under Medicare, if a plan does not exist in your part of the country, under the Democratic plan there is a fall-back government prescription drug plan that you can opt for. It requires that in the bill so no part of America would remain uncovered. The Republican bill does not provide that kind of fall-back where two private drug plans might fail to emerge, and we know they probably will fail to emerge.

I was home over the weekend talking to seniors, and one woman said, I belong to an existing HMO in this community for prescription drugs, but right now my coverage stops at $600. I cannot get anything beyond that. If my drugs cost more than $600, I have to pay that. So the current plans that exist are very, very inadequate.

I wanted to just take a moment to give, again, very specific information about the difference between the Democratic bill that we were not allowed to offer and the Republican bill which passed here by one vote in the middle of the night as they twisted arms, and we could see it happening right down that aisle.

If a senior's yearly drug costs are $1,500 for prescription drugs, their out-of-pocket expenses under the Democratic plan would be $680. Their out-of-pocket costs under the Republican plan would be $920, which means that seniors whose drug costs are up to $1,500 a year would pay $240 more a year under the Republican plan.

If a senior's yearly drug costs are $3,000 a year, their out-of-pocket expenses under the Democratic plan would be $980, but their out-of-pocket costs under the Republican plan would be $2,020. So the Republican plan costs seniors $1,040 more if their drug expenses go up to $3,000. What if their drugs cost $4,500 a year? Under the Democratic plan, their out-of-pocket costs would be $1,280; but under the Republican plan, their out-of-pocket costs would be $3,520. So the Republican plan costs seniors $4,500 more if their drug costs go up to $4,500 a year. So the sicker they get, the more it costs them under the Republican plan.

I must say, I have a lot of seniors in my district and they do not earn more than $8,000 under Social Security. The Republican plan is an unaffordable plan. What if you are so sick that your drug costs are over $12,000? Under the Democratic plan, your out-of-pocket costs would be $2,300. Under the Republican plan, your costs would be $3,920. So the Republican plan would cost seniors in that case $1,620 more a year.

So under the Democratic bill, as I have explained here, we tried to provide for negotiated pricing to match the Canadian prices and even better them in some instances. We were not allowed the opportunity to offer our amendment, and that is a major cost-saving amendment because it would use the power of group buying which every housewife in America knows about. Anybody who does shopping knows if you buy 12 cans of something, it is less expensive per unit than if you buy one. We are trying to do the same for 40 million people across this country. Imagine the savings involved, and the premium costs are less and guaranteed under the Democratic plan. Under the Republican plan, they start at $35 and raise it. The deductible is more affordable under the Democratic plan; under the Republican plan, it is more expensive.

If I can just perhaps summarize why the Republican plan might be so bad and why it really is a trick on our seniors, it is because fundamentally the Republican Party has never supported Social Security and Medicare. Back when Social Security was first created by this Congress long before I was born, and we go back to the Committee on Ways and Means votes, there were no Republican votes to create Social Security back in the 1930s when you go into the record of what happened back in that Committee on Ways and Means room.

When it got to the floor, enough people were embarrassed that they voted for it. Some did, not all. But back in committee where the real decisions are made, there was not a single Republican vote in the committee for Social Security.

On Medicare, when President Johnson fought for the creation of Medicare, and I was a young girl then, Senator Bob Dole said in 1995, ''I was there fighting the fight, voting against Medicare in 1965 because we knew it would not work.''

Well, for several generations of senior citizens, indeed, it has worked. It has helped keep American families from going to the poor house and going bankrupt; and it has given American seniors a level of security they never

knew before in American history. To me, Social Security and Medicare are the aorta of the Democratic Party of which I am proud to be a member.

I look at some of the other quotes that have come from contemporary Republicans. One of the Members from the other body in charge of Republican policy said back in May as this debate got underway, ''Congress should gradually end the traditional Medicare program as an option for new beneficiaries in the future, leaving them to choose from a variety of private plans. I believe the standard benefit, the traditional Medicare program has to be phased out.'' This was in The New York Times, May 21, 2003.

In this body, the chairman of the Committee on Ways and Means, the gentleman from California (Mr. THOMAS), according to MSNBC stated, ''To those who would say that our bill would end Medicare as we know it, our answer is we certainly hope so. Old-fashioned Medicare isn't very good.'' He said that June 25, 2003.

I would just like to say to the gentleman from California and to the gentleman from the other body, for our family and for 114,000 Ohioans in my district and for over 1.5 million Ohioans around our Buckeye State, we believe Medicare should be here to stay. We are here to strengthen it, not to weaken it; and we do not want to trick our seniors. We want to provide them with a guaranteed, affordable benefit that is voluntary if they wish to participate in something that is available to all.

It is a great pleasure to be here this evening to put on the record the truth and the actual costs of both plans and to say to the gentleman from New Jersey (Mr. PALLONE) thank you so very much for allowing me to join you this evening and to say I was somewhat offended this week when we came back here and our colleagues yesterday passed a measure in this House to give Members of Congress better prescription drug coverage than we are willing to give every single senior citizen that is out there.

□ 2230

Members of Congress make over $150,000 a year. Some do not accept all of that. A lot of people donate some of that to charitable causes. But what is interesting is that the Republican majority in this House snuck through a bill here yesterday that would actually ask senior citizens to pay 100 percent of their drug costs, between $2,000 and $3,500 a year, but yet they did not apply that same measure to themselves the other night. They are going to take that cost away from themselves. It is really a tragedy. Why should Members of Congress exempt themselves from the same regimen that they are asking of senior citizens across this country who do not earn anything like $150,000 a year? It is simply wrong.

I thank the gentleman from New Jersey (Mr. PALLONE) for allowing me to participate with him this evening and for his continuing leadership on this really critical, I call it aorta, issue for our country and our party.

Mr. PALLONE. Mr. Speaker, I thank the gentlewoman from Ohio. I know the hour is late, but I just would like to comment on a few facts that she mentioned because I think they are so important and also relate to what our colleague from Washington said a little earlier.

First of all, yesterday when the Republicans, I guess it was the Republicans who represent a lot of Federal workers, the gentleman from Virginia and a couple of others that represent these districts where there are a lot of Federal workers, and I suspect what happened is that they went home during the break and probably got a lot of complaints from the Federal workers in their district that they did not want to leave the Federal program that they had as retirees, which has a very generous prescription drug benefit, and be transferred into this Medicare program that the Republicans are now offering in the House and the Senate. So the first thing they did, as the gentlewoman said, when they came back on Tuesday was to bring up this bill that said that there was no way that any Federal employee, including Members of Congress, of course, would be forced into this new Medicare program; that they would be allowed to keep their generous benefits that they have now.

I cannot argue with that. I certainly do not want any Federal employee, because I have some as well, to lose the benefits that they have under the Federal employee plan in order to join what the gentlewoman and I both know is this lousy Medicare program that the Republicans are putting forth, but it is such hypocrisy. Not only in voting for that are Members of Congress protecting themselves, but the Republicans are essentially admitting if they have a significant number of Federal workers that the proposal they put forward for Medicare prescription drugs is a lousy plan, and they want to make sure that the Federal workers do not have to join it.

I can understand that. I mean, I agree. But why do they not admit as Republicans that the reason they are proposing this bill is because the plan they proposed for all the other seniors stinks essentially? We tried to get them to admit that, and of course they would not. They just, oh, no. That is a good program. We are proposing a good program for all the other seniors, but the Federal workers should not have to join it just in case maybe it is not a good program. But I agree with the gentlewoman, the hypocrisy of that was just unbelievable.

And I mentioned one statistic yesterday that I thought was interesting. It said the most popular plan among Federal workers is the Blue Cross/Blue Shield standard option. And the Congressional Research Service estimates that drug benefits under that plan are worth about 50 percent more than the proposed Republican Medicare drug benefits. So there we go. Why would anybody want to give up their drug plan under Blue Cross/Blue Shield and have it worth 50 percent less?

Ms. KAPTUR. Mr. Speaker, would the gentleman yield?

Mr. PALLONE. I yield to the gentlewoman from Ohio.

Ms. KAPTUR. Mr. Speaker, for many of the plans that exist around the country today, one of the real threats of the Republican plan is that employers who are offering drug plans today would choose to close those down and try to put their retired employees in this flawed plan that the Republicans have proposed. So it is actually a disincentive for private employers to continue offering the kind of coverage that they have traditionally. And there are many, many retirees who receive prescription drug coverage through their employer, but this plan really provides a way for them to cash out those better plans into a lesser plan, and we have already seen with the Federal employees that they were very worried about that. So Members of Congress very craftily made sure that they were covered, but they left seniors in America behind. They took care of a few thousand people, including themselves, but then they left 40 million Americans behind in the bill that has come out of this House.

Very interesting. That is not really what we are elected to do. We are supposed to be here to represent the 280 million Americans who sent us here, not to feather-bed here first and take care of our own first and ignore everybody else that is out there. But that is literally what happened here this week.

And for the Federal employees we should have a plan for all seniors that are as good as what they get, not the reverse.

Mr. PALLONE. Mr. Speaker, if I could comment on two things that the gentlewoman mentioned. Yesterday when we had the debate on the bill that would protect Members of Congress and Federal employees, the gentleman from Ohio (Mr. STRICKLAND), one of the gentlewoman's colleagues, got up and pointed out that when the Senate passed their drug prescription drug bill before the break, they actually put in an amendment at the initiative, I think, of some Members that said that in no circumstances could Members of Congress get a more generous benefit than the rest of the seniors. And there was a quote in an article that the gentleman from Ohio (Mr. STRICKLAND) brought on the floor where one of the Republican Members was saying that he did not have to worry, that he voted for that amendment because had he a guarantee that that amendment would never survive the conference, and that whatever bill came out of conference that we would finally vote on and go to the President, if there is such a bill, would not have that provision in it. So it was just amazing.

The other thing the gentlewoman said, too, is that during the break, and I brought it with me, but I am not going to look for it now, there was an article on the front page of The New York Times that said that with regard to the major employers, the major companies that have negotiated through unions or whatever or maybe just on their own, have given generous prescription drug benefits to their retirees are actually now lobbying Congress in this conference committee when it starts to make sure that those provisions are still in there, because that is exactly what they want to do. A lot of the major corporations want to be able to drop the benefits for their retirees because they say it costs them too much and push them into the Republican Medicare prescription drug plan, which will not provide them with any real benefit. So they are actually lobbying now in the next few weeks to make sure that that provision is preserved so that they can drop the benefits and say, we do not need to provide our retirees with benefits because they are going to be under this new Republican Medicare prescription drug program.

Two other things that the gentlewoman mentioned that I thought were so important. She talked about how in the Republican bill that passed here in the House they have this noninterference clause which the gentlewoman was trying to get an amendment to take out, and of course it was denied by the Republicans on the Committee on Rules; that the language specifically says that the Secretary of Health and Human Services, the Medicare Administrator, cannot negotiate price reductions, which, as the gentlewoman points out, would save so much.

The reason that I think that is so significant, first of all, there is no question that if we were able to do that, we would probably have 30 or 40 percent reduction in prices from what we have now. I mean, everything I have ever seen shows that. So we say, why are the Republicans not doing this? The gentlewoman kind of hinted at it when she said they are doing the bidding of the drug companies, and the drug companies give them all this money, and so naturally they do not want to put it in.

What the Republicans keep saying is that the reason why they are providing a bill that does not have as generous the benefits as what our Democratic substitute had was because they have to fit within this $400 billion budget. If they come up with this money, they say, we have to fit this bill into this $400 billion over a 10-year budget, this pot of money that we have; so we cannot do what the Democrats want because that would cost a lot more, maybe twice as much, to provide a meaningful benefit. But as the gentlewoman pointed out, if we were actually able to get rid of that noninterference clause and have the Secretary negotiate price reductions like they do with the Veterans Administration or with the Department of Defense and the military, we would bring the cost down so much that, in my opinion, the Democratic bill would not even cost any more because we would be saving the money by negotiating the price. But the reason they will not do that is because they are in the pockets of the drug companies, and the drug companies are never going to go for anything like that.

The other thing I wanted to say, too, is that we operate, and it is a little bureaucratic, under this scoring system that is done by the Congressional Budget Office that if they have a bill, they send it to CBO, the Congressional Budget Office, and they tell them how much it is going to cost. So the Democratic bill is like $800 billion, and the Republican bill is like $400 billion. Again, I think if we did what the gentlewoman wanted, which is to have the negotiated price reductions, we would probably bring the Democratic bill down to close of what the cost of the Republican bill is.

But beyond that I wanted to put out, because I think this is so important, and the gentleman from Washington (Mr. MCDERMOTT) has mentioned in the past, is that having people have access to prescription drugs is a preventative measure, and if they can take the prescription drugs and do not have to go to the hospital or the nursing home or have a serious operation, ultimately the Federal Government and the Medicare program are saved so much money that it is incredible. But the bureaucrats and the CBO, and I do not mean to attack them because I like them, but they do not allow us to take that into consideration.

So not only could we bring the costs down through negotiated price reductions, but I think personally that if we were able to get all these people to have access to prescription drugs who did not, the Federal Government would save billions in not having to have operations, not having people institutionalized, hospitals, nursing homes. All that is paid for by the Federal Government.

Ms. KAPTUR. Mr. Speaker, would the gentleman yield?

Mr. PALLONE. I yield to the gentlewoman from Ohio.

Ms. KAPTUR. Mr. Speaker, the gentleman raised such good points on that, and I would just show another drug that some seniors buy is Prozac, which is used for depression. The U.S. retail price on that is about $302.97. It is a very expensive drug. In our country today with the Veterans Department and the DOD, Department of Defense, negotiating, we can get that down to $186.98. And so we can look at the drug saving.

Here is another one, Prilosec, which is used for heartburn, which sells at about $134.99. With negotiation by the Department of Veterans Affairs and the Department of Defense, we have gotten that down to $63.32. Some of these prices are half. So when we look at what we are paying in the private sector, let us say, where they do not have negotiated pricing, if we apply that to what would be spent under the Medicare Part D that the Democrats have proposed, we would save literally billions and billions of dollars.

And I wanted to say to the gentleman that I intend to place in the record tonight the names of these pharmaceutical companies and how much money they contributed to political campaigns back in 2002 so that people who are listening can take it right from the CONGRESSIONAL RECORD tonight. The source is the Center for Responsive Politics. And we will also place in the RECORD which political parties they gave money to. And one can go down the list, and, without question, the vast majority of money from the pharmaceutical giants that the gentleman from Washington (Mr. MCDERMOTT) talked about this evening who make 50 percent of the profits of the Fortune 500, that is incredible. Was it Will Rogers who said we are getting the Government they are paying for? And they have paid for plenty here, and they are weighing in heavily. Frankly, I have seen some of our colleagues defeated around the country because of the ads, the hundreds of thousands of dollars of ads that they put on the air. And that is why we cannot get a really good prescription drug bill out of this Congress because they got what they paid for, and they protected themselves from negotiated pricing in this bill.

Who would imagine that a bill on prescription drugs would prohibit the Government of the United States from trying to get the best price through group buying?

Mr. PALLONE. Mr. Speaker, the amazing thing about it, too, is that if we listen to what the Republican leadership says and what the President says, the reason they say they want to privatize Medicare and privatize access to prescription drugs is because they want to create competition, and I throw back to them and say why in the world if they believe in competition would they want to deny the Secretary the ability to negotiate for all these seniors lower prices? Is that not a form of competition? Is that not my saying, look, I have got the ability here to influence the price because I am going to go out and I am going to say if they give it to me for less price, I am going to buy it from them, or if they give it to me for an even lesser price, I am going to buy it from them? And I have got all these seniors, and whoever wants to give me the best price, that is whom I am going to buy it from. Is that not competition?

It seems to me that their ideology on this one is almost like Socialist or something because they are saying, we do not want competition, we do not want the Secretary to be able to go out and get these companies to compete.

□ 2245

I do not understand it. It is driven by, as you say, the fact they are getting all these campaign contributions from the drug companies. It is not really an ideological argument anymore, because they are denying competition.

Ms. KAPTUR. Right. If you look at the rest of the world, a country like Canada negotiates price. Even parts of our government, the Department of Veterans Affairs gets a much better price than other seniors pay simply because they do group buying and do negotiated pricing with these companies. With the kinds of billions and billions of dollars of profit they have, there is a little cushion there for our senior citizens.

I just want to thank the gentleman very much for standing up for the Democratic bill that should have been allowed to be offered here on this floor and was not. It is a sad day for our seniors.

2002 PHARMACEUTICAL CONTRIBUTIONS, BY PARTY

Pharmaceutical Research and Manufacturers of America: $3,180,552; Democrats 5%; Republicans 95%.

Pfizer Inc.: $1,804,522; Democrats 20%; Republicans 80%.

Bristol-Myers Squibb: $1,590,813; Democrats 16%; Republicans 83%.

Eli Lilly & Co.: $1,581,531; Democrats 25%; Republicans 75%.

Pharmacia Corp.: $1,480,241; Democrats 22%; Republicans 78%.

GlaxoSmithKline: $1,301,438; Democrats 22%; Republicans 78%.

Wyeth: $1,188,919; Democrats 17%; Republicans 83%.

Johnson & Johnson: $1,075,371; Democrats 39%; Republicans 61%.

Schering-Plough Corp.: $1,057,978; Democrats 21%; Republicans 79%.

Aventis: $954,349; Democrats 22%; Republicans 78%.

Mr. PALLONE. I know we get so enthusiastic about this, that we forget about the time.

IMMIGRATION PROBLEMS

The SPEAKER pro tempore (Mr. GERLACH). Under the Speaker's announced policy of January 7, 2003, the gentleman from Colorado (Mr. TANCREDO) is recognized for one-half of the remaining time until midnight, or, by the Chair's calculation, 37½ minutes.

Mr. TANCREDO. Mr. Speaker, I appreciate the opportunity to address the House this evening on an issue of concern I think to me and to many people in this country.

The best way to introduce the topic I think is to discuss what happened here on this floor not too long ago when, on June 24, I offered an amendment to the Homeland Security appropriations bill that would have prohibited any appropriated funds from going to any city that has an official policy of prohibiting its police officers from cooperating with immigration law enforcement. Such policies are in clear violation of existing Federal law, yet that amendment was defeated.

It was really one of the most bizarre episodes I think that I have been involved with since I have been in the Congress, when you propose a measure that simply says that the States and cities in this country should actually abide by the law, and, that if they do not, there would be some penalty attached to the violation of that law. That is really all it said. And yet the amendment failed.

Now, let me back up and explain a little more about this whole thing and how it occurred, because it tells us something about where we are, I think, as a Nation, certainly where we are as a Congress, in our attempts to try and bring some sanity to the issue of immigration and immigration reform. We are a long way from that desired goal.

Let us start with this. The Federal law being violated by cities is section 642(a) of the 1996 Illegal Immigration Reform and Immigrant Responsibility Act. A long title. It says the following: ''Notwithstanding any other provision of Federal, State or local law, a Federal, State or local government entity or official may not prohibit or in any way restrict any government entity or official from sending to or receiving from the Immigration and Naturalization Service information regarding the citizenship or immigration status, lawful or unlawful, of any individual.''

Now, that is a lot of words. That is the legalese way of saying the following: Look, the Federal Government operates immigration policy for the lands. That is our unique constitutional role. The State governments, city governments do not have any responsibility and have no authority to get involved with immigration policy.

You can certainly argue, and I do, that the Federal Government has been AWOL, if you will, on enforcing its own laws, and that is undeniably true. But that does not really in any way, shape or form, give leave to cities and States across the Nation to develop their own immigration policies, which is exactly what has been happening.

So this law that was put in place in 1996 says, you know what, States, cities? You cannot do that. You cannot establish your own immigration policy.

Now, the amendment that I was going to offer that evening was an amendment to the Homeland Security Act; it was the appropriations bill for homeland security. It was an amendment that simply applied if a State is in fact violating this law. Again, I have to go back and say this law is on the books today. I did not create it. I was not even here in the Congress when it was passed. But it is on the books.

There is one tiny problem with this law, and that is that there is no enforcement mechanism. So it says you should not do this, but, of course, there is nothing that is bad that will happen to you, city, State, locality, if you violate the law.

So I was going to take the opportunity during the passage of the Homeland Security appropriations bill to say that we are going to put some teeth into this law, and that if in fact a State or local government violates the law, they should pay some penalty; that we in fact as a Congress should say to the Nation that the laws of the Nation should be upheld. That was it, pure and simple.

Now, as I say, I knew at the time that the amendment would probably not pass, and I was not surprised by its defeat. But it is important for this body and the Congress to understand what is at stake when we talk about these so-called sanctuary policies and the impact of these policies on public safety.

Now, let me explain what sanctuary policies are and sanctuary cities. Cities across the land, because of local pressure, because of a variety of reasons, have passed laws, statutes, provisions that restrict their own employees specifically and often the police departments from sharing information with the INS. They say if you in fact stop or arrest someone and determine that that person is here illegally, you cannot tell the INS about that. You cannot aid the Immigration and Naturalization Service in upholding the law and enforcing the law, telling actual police departments to not aid in the enforcement of our law. This is bizarre, it is incredible, but it is happening. And they call themselves sanctuary cities.

Some of these cities, by the way, actually allow people to vote, even if they are not citizens of the United States, even if they are here illegally. All they require is that you show some proof of residency in that city. That is all. Bring your utility bill and you can vote. There are places in Maryland, there are places up and down the East Coast. Again, pretty bizarre stuff, but absolutely true.

Now, this House and this Congress must act to bring these cities and other jurisdictions into compliance with the law. That is why I will continue to offer this amendment on other legislation. A recent Zagby poll revealed that over 70 percent of Americans wanted our immigration laws enforced. I assure you that the same Americans want criminal aliens off the streets and out of our country.

My amendment did not require any city to do anything other than obey existing Federal law. More than a dozen major cities and the State of Oregon are now acting in open violation and defiance of the 1996 Illegal Immigration Reform and Immigration Control Act. These cities are Los Angeles; San Francisco; San Jose; San Diego; Seattle; Houston; Durango, Colorado; Chicago; Portland, Maine; and Portland, Oregon. These cities and the State of Oregon have adopted official policies ordering law enforcement officials to not obey the law.

Can you believe that? Let me repeat it. The leaders in these cities take an oath of office just like every Member of this body, a solemn oath to support and