

## MEDICARE FOR ALL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the minority leader.

Mr. ELLISON. Mr. Speaker, today we are going to talk about Medicare for All, the importance of making sure that every American, regardless of income, can get the healthcare that they need. That will be our topic over the course of the next hour.

So I would like to invite to the podium to kick off our discussion the gentleman from California, Mr. RO KHANNA, a distinguished gentleman from the great State of California who has been a leader on economic justice, and justice in general.

Mr. Speaker, I yield to the gentleman from California (Mr. KHANNA).

Mr. KHANNA. Mr. Speaker, I thank the distinguished gentleman from Minnesota for his leadership on so many issues, particularly on healthcare and the fight for Medicare for all.

I rise today to share a heartbreaking story so we understand what is at stake in this fight.

Sarah Fay Broughton was a young woman in San Jose, California. Sarah was going to work with special needs kids. At the age of 20, she came down with a simple sinus infection. Such a condition is usually managed by a primary care physician and an ordinary specialist. However, Sarah did not receive treatment because she could not afford health insurance.

Six months before she fell ill, Sarah applied for Medi-Cal, California's Medicaid system, but her paperwork kept getting lost. The county was so overwhelmed that her family went through three different caseworkers trying to get medical coverage, but each time they were told to start over. Like more than 28 million Americans without any healthcare, for Sarah, getting sick meant facing crippling medical bills and harassment by debt collectors.

So she ignored the pain, only going to the emergency room when it became too much to bear. By that point, the simple sinus infection had grown powerful, spreading to her brain, swelling it, and causing irreversible damage. It was simply too late. On the day Sarah passed away, her family received a letter saying that her Medi-Cal coverage had been approved. She was doing everything right, but the system failed her. Her life was cut short because the wealthiest country in the world has not yet prioritized healthcare.

The question is: Should a young woman who is 20 years old die of a simple sinus infection in the United States of America? If we care about the lives of people like Sarah, if we believe that healthcare is a basic right, then it is long past time to have Medicare for All. Every American should be guaranteed decent, basic healthcare from the day they are born.

This is not a political issue. This is a moral issue. It is an issue of human de-

centy. It is an issue to make sure we don't have people who have simple conditions like Sarah be denied the care they deserve.

That is why I am so proud of my colleague KEITH ELLISON for leading the call for Medicare for All. I am proud to serve on the task force and encourage my colleagues to join him, PETER WELCH, and other voices in bringing to this country Medicare for All.

Mr. ELLISON. Mr. Speaker, I want to thank the gentleman again for his comments. We can talk about statistics. We can talk about the way the program is going to work. We can talk about all these things. But there is nothing that can replace the precious life of the young woman whom you talked about. She had people who loved her. She had people who knew her. She had everything to look forward to.

She just needed her society, her community, to step forward for her and to help her. And because we don't have the kind of healthcare system we could have, we weren't there for her. But in her memory, we have to be able to make it right for the young people and the people who are still with us. In her memory, we will fight for Medicare for All.

I thank the gentleman. Would the gentleman like to make any final comments?

Mr. KHANNA. Mr. Speaker, I appreciate the gentleman saying that. I had a conversation with her mother and with the community, and people just feel: what a tragic loss. So, if there are things we can do here under your leadership and as elected Representatives, I hope we will—and we will—take seriously the consequence of the failure in our healthcare policy.

Mr. ELLISON. Mr. Speaker, I would like to invite to share a few remarks the gentleman from the great State of Vermont. As you can see from the course of this debate, Mr. Speaker, we have tremendous geographic diversity: California, Vermont. But we have one thing in common: we need a healthcare system that works for everybody.

Mr. Speaker, I yield to the gentleman from Vermont (Mr. WELCH), my good friend.

Mr. WELCH. Mr. Speaker, I thank the gentleman very much for yielding.

We have the wealthiest country in the world, we have the healthcare system that is the most expensive in the world, and we have more costs and more people not covered than is at all necessary. The fact is, we have had as a goal in this country, since the Presidency of Harry Truman, a goal that all our citizens be covered and have access to healthcare.

And that dream made a solid step forward when Lyndon Baines Johnson was the President and Congress, on a bipartisan basis, passed Medicare, which provided healthcare protection for all Americans 65 and older and provided Medicaid for low-income children and families. We made a second step forward, unfortunately not on a bipar-

tisan basis, with the passage during the Obama administration of the Affordable Care Act. That extended coverage to millions of Americans who otherwise never would have had access to care. It also made some significant improvements in how we deliver care.

We are continuing with that battle. Those are two solid steps forward. Medicare and Medicaid passed in the Johnson administration and the Affordable Care Act during the Obama administration. Yet we are still spending the most on healthcare with outcomes that are not the best and, in fact, in many cases, are not even in the top ten. So we are spending the most and getting the least.

The program for healthcare that has the most popularity in this country among Republicans, among Democrats, and among Independents is Medicare. The reason: all of us pay into the Medicare fund, and then when we are eligible at 65, we are all covered. It is simple. It is not a government-run program. It is financed by taxpayers, and taxpayers are the beneficiaries of that program itself. It makes sense. It has the confidence of the American people.

It also puts us in a position to try to control costs, not at the expense of throwing 24 million people off of the healthcare rolls, which is what would have happened had the repeal of the Affordable Care Act been passed; but by bringing down, for instance, the cost of prescription drugs, where something that was costing \$7.50 suddenly cost \$1,500 per pill because the owner bought up a company and then had a monopoly power and stuck it to the consumers.

I believe we should strive to get Medicare for every single citizen in this country. Would there be hard questions that we have to address? Sure. There are. But what we have now with this fractured system is young girls who, because they don't have access to healthcare, because the bureaucracy takes so much time to see if she is eligible for Medicaid, or Medi-Cal in the case of this young girl, they don't get access to care, and the tragedy of that situation is that this young woman lost her life.

Had there been healthcare where the parents weren't terrified about what that bill would be, about how they might have to take out a second mortgage, about how they would be bearing the burden of escaping the clutches of bill collectors, that person would have been able to get to a doctor in time to get limited care that would have taken care of what, at that point, was a very limited challenge.

So I thank my colleague (Mr. ELLISON) for convening this here tonight. And the goal that I believe we should have in this country is to have a healthcare system where everybody is covered and everybody helps pay for that system and is about affordable, quality care where the emphasis is on the patient and on the taxpayer.

By the way, this is not about making government run the healthcare. That is

the important thing to remember. If you are on Medicare or Medicaid or ObamaCare, you get to pick your doctor, you get to pick your hospital. This is about having the security of a system that works for you regardless of your income, regardless of your job status, regardless of your medical situation. It works in all the other industrialized countries of the world; it can work here.

By the way, the cost is starting to kill us. If we don't start dealing with the cost of healthcare, it doesn't matter whether it is the taxpayer who is footing the bill, the employer who is footing the bill on behalf of his or her employees, or the individual trying to reach into his or her pocket to pay. We have got to bring these costs down, and an organized system without a broken market, I think, is the way to go.

Mr. Speaker, I thank Mr. ELLISON very much, and I applaud him for his work.

Mr. ELLISON. Mr. Speaker, let me thank my colleague from Vermont for his comments. And if I can ask him a quick question.

If we are already paying the most in the world per capita, why aren't we getting the best healthcare outcomes?

Mr. WELCH. That is really a good question. But that example about that pill going from costing \$7.50 to \$1,500 means that the owner of that pill—and Martin Shkreli is the guy who did it; he is now in jail—was able to corner the market and then just make people who absolutely have to have that medication pay through the nose, and more than they can afford. That is an example.

We have all of these stops along the way where private profit is the motive. The market is about profit; it is not about having a system that is going to work and be affordable. I think that is a big reason.

Mr. ELLISON. That is a big reason. I want to thank the gentleman for his work. Let's keep working on this.

Mr. Speaker, we are talking about Medicare for All tonight, H.R. 676. Mr. John Conyers carried the bill all these years, and I'd like to thank him.

But we are carrying the fight forward. It is important to note from the onset that I recognize, the Progressive Caucus recognizes, the Affordable Care Act made important steps, critical steps, for getting more people covered, and we must continue to fight for it.

We have to protect the Affordable Care Act. We have to do what we can to defend it. There are people in our Congress who want to just get rid of it. But the truth is, it actually helped many people. It helped bring coverage to people who hadn't had it. It helped bring real answers for families that needed it.

But we can look further down the line. We can think about a system in which everybody pays and everybody benefits. We could look forward to a system like that. We can look to a Medicare for All-styled system where

we can say healthcare is a right for everybody.

This is not something that should surprise anyone. Education is guaranteed for everyone. Every schoolkid in America can go to a public school in the United States.

□ 1830

Fire services—you don't have to pay a separate contract to get the fire department to put out your fire. If you live in the city and there is a fire, you can call them, and they will help you. They are paid out of the taxes that we all pay. The police department, public works—we have systems in our society now that we pay for through our taxes and other sorts of things that we do to afford these services. Healthcare, I believe, is a service that we should look at in a similar light.

A Medicare for All system would decrease overall cost of healthcare for a multitude of reasons, but most importantly, because it would allow the government to negotiate decreases in the cost of care with service providers.

I think that my good friend, PETER WELCH, had an excellent example when it came to prescription drugs. There is a company called CorePharma that hiked the price of a DARAPRIM pill from \$1 to \$13.50 and watched revenues climb.

In 2015, CorePharma sold the rights to DARAPRIM to Turing, which raised the price to \$750. So in a system like that, of course, whatever somebody can make more money doing, they are going to do. And yet, we don't have any real controls to make sure that they don't do it. It is the kind of thing that we have to step forward and address.

In 2012, for example, the average cost of coronary bypass surgery was more than \$73,000 in the United States, but it was less than \$23,000 in France. France has good healthcare. The world doesn't deny that—\$73,000 for a coronary bypass surgery in the United States; \$23,000 in France.

A Medicare for All single-payer system would lower administrative costs and nearly eliminate spending for competitive advertising, which doesn't really bring health to anyone. The U.S. spends about 18 percent of its GDP on healthcare, while Canada spends about 11½ percent on healthcare.

The United Kingdom, Britain, England, Scotland, Ireland, Wales, the U.K. spends about 9 percent of its GDP on healthcare. Germany and France spend about 11 percent. We spend substantially more, and yet, we do not have the best outcomes in the world. We have to look at this system and whether it is working for the American people.

I just make this point because we really could join the rest of the world and have more affordable, more effective healthcare. It is not only countries like Germany, France, and Canada that spend less and get better outcomes than the United States. It is also New Zealand, Norway, Denmark, Sweden,

all have systems that are similar in style, and they cover more people and the people benefit from that.

Our systems like Medicaid and Medicare are some of the most popular systems out there. People tend to like it. Now, I am not saying they are trouble-free, but anybody who thinks there is some program made by human beings that is going to be absolutely perfect all the time, of course, they are going to be wrong.

But I guarantee you, I spent plenty of time in Montreal, Canada, Calgary, and I tell you, for all the Americans down south of the border who complain about Canadian healthcare, Canadians kind of like their healthcare. They don't want to switch with us; neither do the people in England. We need A Better Deal, and we can have one if we were to move forward.

Taiwan has a healthcare system that also is similar to Canada, New Zealand, Norway, and Denmark. We can do better than we are doing right now, and we should.

As I mentioned before, Medicaid and Medicare are popular. These are programs where people get the benefit of a healthcare system that is a system that we benefit from as a government of, by, and for the people, and millions of our constituents, from birth until death, benefit, and they support people with disabilities, having children, pregnant women, and seniors. They are wildly popular, and they actually have pretty low administrative costs and essential to the stability of our country.

It also makes sense that Americans must also support Medicare for All single-payer. Both a Harvard-Harris poll from 2007 and a 2018 Kaiser Family Foundation poll found that the majority of Americans support a single-payer healthcare system funded by the government. Yet some folks in this body want to actually cut Medicaid. They want to cut—they want to drain funds from the Medicare trust fund.

The fact is Americans all over this country, they think that many of our programs, whether it be the VA or Medicare or Medicaid, actually help a lot of people. These programs are popular, and yet, we continue to have to fight to protect them every day.

What if we just move forward instead so that more people can benefit from a program like a Medicare-style program? An expanded Medicare for All will create millions of good jobs. It is a program that would bring more people in; therefore, we need more healthcare professionals to cover folks, more nurses, more doctors, more nurse anesthetists, more folks to keep folks healthy, even more exercise professionals, because we know that in a good, solid, single-payer system, we would put an emphasis on preventative care and try to make sure people stay well, stay healthy.

Let me just say that cost savings for individuals is an important factor here. Medicare fraud isn't just a fringe idea that will help very few people. Medicare for All is good for business and

good for people. A single-payer system would lift the significant financial burden from businesses that currently fund the healthcare insurance for their employees and would largely eliminate the financial burden of illness, a leading cause of bankruptcy, and debt sent into collection.

Even with the Affordable Care Act, which substantially helped 28 million people, or about 9 percent of the Nation, still remain uninsured. I am grateful for the Affordable Care Act. It made substantial advances, but we still can do better.

A single-payer system is not just about ensuring that no person is uninsured. It is also about making sure that nobody is underinsured. Many people are underinsured. They face costs associated with their insurance that they just can't afford to handle, and that is also a substantial problem.

Underinsured individuals are less likely to obtain healthcare when they need it. They skip doctor visits, they avoid filling prescriptions, and they are more likely to end up in medical debt. We can have a system that can help us avoid these problems. Medical debt is one of the leading causes of personal bankruptcy in the United States.

If we were to set up a system that was focused more on health and wellness where we all could pay and then we can all benefit, it would make our society stronger, better financially and physically.

Now, Medicare for All would actually help reduce income inequality. One of the problems of the society we live in now is that we have really historic record inequality. The rich and the top 1 percent are far more wealthy relative to the rest of their countrymen and women than has been the case since the Great Depression, since the Gilded Age. You probably have to go back to the time when the Great Gatsby was written to actually see the level of inequality that we see today and marks the society that we live in.

In a time when we are facing these record levels of inequality, a single-payer system can also help level the playing field and help working people make a better go at this economy. Medicare for All would make sure that everyone would have the same access and level of care, regardless of their income, their job, or the community that they live in. A Medicare for All system would mean that people would be able to cover their medications, cover their bills. It would mean that they would be able to get what they need.

And if you compare this, what if we had a system—what if we did healthcare the way we do education, that you have to have a private—it is a private system and you couldn't go unless you could pay? The bottom line is that what we would end up with is a system that would be very unequal, educationally speaking. It would undermine our productivity. It would weaken our society.

If we were to have a Medicare for All system that would help make sure that

everybody had a basic health benefit, and it didn't matter whether you had a job at the moment or not, didn't matter whether you—where you lived, then it would provide a platform for economic prosperity in the marketplace where people would work.

This would also make our society more equal when it comes to opportunity for people of color and racial minorities. Black and Hispanic Americans are more likely to be uninsured than others. The studies show a direct link between being uninsured and a higher mortality rate.

By the way, when people have died with a higher mortality rate, they don't just die. Often, they end up in the ER, which is one of the most expensive places to treat somebody. But what if they actually had the treatment that they needed, they had a regular doctor, they had the treatments they needed, they had ways to keep themselves healthy? African Americans and indigenous people tend to have lower life expectancies than White Americans, experiencing higher rates in most major causes of death: infant mortality, trauma, heart disease, and diabetes. Much of this is just related to the fact that healthcare access is not evenly distributed, and, therefore, the disproportionate impact is on people with the lower income.

Rates of unemployment are higher among African-American men and women than their non-Hispanic White counterparts, and job loss is more prevalent among minority groups. Getting employer-based coverage is not easy if you work a few part-time jobs you have to piece together rather than a solid full-time job.

So what do people do when that happens? You go without healthcare or you have gaps in your healthcare coverage, especially if you live in a State where things like expanding Medicaid are not preferred. If you are a Governor and your State legislature doesn't want to expand Medicaid, then the chances that you are going to experience these gaps in coverage and be uninsured are higher, and consequently, people's health outcomes are worse.

The U.S. healthcare system is ranked, when we look at it, among the worst among countries with advanced economies, despite the fact that we are among the ones that spend the most on healthcare. If we want to have more equality based on people's different racial backgrounds, if we want more opportunity for all, regardless of their race but based on income, and we want to make sure that this is a country where a middle class person, a working class person can do better, then the fact stands true that we have got to move to a Medicare for All style system.

Now, Medicare for All style system and drug pricing—very important topic to take up. We are one of the only countries in the world that doesn't in some way regulate the cost of prescription drugs. We talked a little bit about

this before, using the examples of DARAPRIM, but it just seems to me that if we were to move to a system, a Medicare for All style system, an expanded better system, we could find ourselves in a situation where Americans could actually start affording their drugs. While prescription drugs are not covered by Canada's system, there are price controls for medications, so prescription drugs are often cheaper than they are in the U.S.

We have a drug pricing crisis in this country. American people know it. They live it every day. The worried parent struggling to pay their kid's insulin, a senior living on a fixed income who takes arthritis medication, and millions of working people who have to take medication at some point or another in their life, they know that we have a system that is uncontrolled and out of control.

In a recent Kaiser Family Foundation poll, over 50 percent of the people said that addressing this medication crisis would be one—should be one of the President's and Congress' top priorities. This should come as no surprise to us.

A majority of Americans are using prescription medication. For too many folks, people have to choose between paying their bills and getting the medicine that their family needs.

In fact, 92 percent of Americans support the Federal Government negotiating lower drug prices for folks on Medicare part D. Medicare part D is a very unfortunate program where it is written into the law that we cannot negotiate drug prices. This is an outrageous thing, and for people dedicated to free-market principles, the fact that you couldn't negotiate a price seems extremely ironic to me. It seems more like crony capitalism than free market.

Eighty-six percent of Americans support requiring drug companies to release information on how they make their drug prices. I think, while that is certainly something that we should know, it is not particularly difficult to figure out. They price based on as much as they can get. And 78 percent of surveyed Americans support lifting what drug corporations can charge for drugs for illnesses like cancer.

□ 1845

We must continue to fight to protect the ACA and fight for Medicare for All as a solution. We should, and we could, begin to tackle so many of our Nation's problems if we had a shot at good health and stable healthcare.

There is proof from our fellow wealthy nations that you can have a free market economy and you can have a national health insurance program that works. They are doing it in Canada; they are doing it in the UK; they are doing it in New Zealand; they are doing it in Taiwan; they are doing it in Norway, Denmark, and Sweden; and they are doing it all over the world. There is no reason why we can't do it

here, other than some people want to benefit while other people actually suffer.

There is an important debate going on in our country. There is an important conversation that we are having in communities all over. I hope that all across the United States, in church basements, synagogue basements, mosques, Quaker meeting rooms, VFW halls and union halls, in lodges and coffee shops all across America, wherever people gather, folks will get together and discuss our healthcare future as Americans.

There is a better way, and I think that it is right in front of us.

I was speaking about this issue with somebody who told me: Well, Keith, I mean, look, how are we going to pay for this?

I thought that was an interesting question, given that we just passed a Republican tax bill that carved about \$1.5 trillion out of Federal revenue over the next 10 years. Some people have estimated it is even higher than that. Nobody was particularly worried about how we are going to pay for that. But the question is still a legitimate question. We do have to pay for things.

I think that, if we look at the fact that about two-thirds of all the healthcare spending now is public spending, we are two-thirds of the way there now. We need to figure out how we are going to come up with the rest. People will see the healthcare expenditures that they are already making be able to be part of how we will pay this. But the other part is a legitimate question.

I think that we can set out a system of a payroll tax or, perhaps, a tax on Wall Street trades. There are a number of things that we can do. And we also can squeeze costs out of the system.

We know that simply because you have got multiple insurance companies, multiple payers, that there is rampant waste in the system; and if we were to squeeze it out and we get efficiencies, we would be able to lower costs in the system. If we could control costs better, we would be able to have a world-class system, as other countries have, with excellent health outcomes and be able to still pay for it. It is not beyond our reach.

I can tell you that it has often been said that single-payer systems have long waiting lines. Well, not according to the data. One grant from the Commonwealth Fund looks at what percent of adults can get a same-day doctor's appointment when they are sick, counting systems like Canada, the United Kingdom, and the rest. And the fact is that in New Zealand, Germany, Australia, and the United Kingdom, people can get same-day doctor visits at a higher rate than in the United States. It is not the case that you have to have these long lines and you have to wait so long in every system.

Of course, the U.S. system will be an American system. We will design it for our own purposes. But it simply is not

true that a single-payer system will have longer waiting lines. It is just not the case. People will say this, but it is not true.

The fact is that we need to have the debate. We need to have the discussion. We need businesses to say: Well, what would it mean to me if I didn't have to pay health insurance out of my business expenses?

Individuals have to ask: What would it mean if they never had to pay for copays, deductibles, things like that, if they could get eyes, ears, other types of coverages that they need, what would it mean if these things were possible? How would it impact our economy? Would it free people and allow them to be more creative and more innovative?

We have seen our country see a decline in small business development first in startups. Is this in part because people are locked into debt in jobs just so they can have insurance? I think there is certainly a possibility there.

At the end of the day, we have got to have a dialogue about how we can better serve the American people. Other countries around the world are doing it, and it is time for us to move forward in that direction, too.

Mr. Speaker, I yield back the balance of my time.

#### HONORING THE LIFE AND LEGACY OF FIRST LADY BARBARA PIERCE BUSH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. CULBERSON) is recognized for 60 minutes as the designee of the majority leader.

##### GENERAL LEAVE

Mr. CULBERSON. Mr. Speaker, I ask unanimous consent that all Members participating tonight may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the topic of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. CULBERSON. Mr. Speaker, it is my privilege tonight to pay tribute to the life of a great Texan and a great American: Barbara Pierce Bush.

Mr. Speaker, it is my privilege to yield to the gentleman from Texas (Mr. BURGESS), my colleague.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for yielding, and I thank the gentleman for calling this Special Order hour to honor the life and legacy of his constituent, Barbara Pierce Bush, whom we lost last week. I am certainly proud to stand with my colleague from Texas to honor the life and the legacy of our former First Lady Barbara Bush.

From Rye, New York, to west Texas, to the West Wing, Mrs. Bush served her family and her country with integrity, strength, and grace. She, indeed, was a

member of the Greatest Generation and spent her life in service to others.

It is incredible to reflect. She was only the second woman in our Nation's history to be both the wife and the mother of a United States President. Mrs. Bush joined Abigail Adams in an exclusive club of those who have advised our Nation's Chief Executives long before they reached the Oval Office.

In her capacity as First Lady, Mrs. Bush used her influence to enact positive change. Although her name was never on a ballot, the American people chose Mrs. Bush as a leader and as a role model.

Just yesterday, the Energy and Commerce Health Subcommittee marked up more than 50 bills that offer solutions to what is currently a significant crisis in our country dealing with deaths caused by opioids, a devastating epidemic that has touched literally every neighborhood in our Nation. Combating this crisis requires not only legislation, but compassion and understanding.

But years ago, in her work to help the most vulnerable, Mrs. Bush epitomized such compassion. I actually mentioned this at the start of yesterday's markup in committee. A significant part of Mrs. Bush's legacy will always be her simple embrace of a child with HIV/AIDS at a clinic at a time when the illness was not well understood and, I dare say, the illness was feared by most people in the country. This simple act, this simple embrace, to reach out and pick up a child at an HIV/AIDS clinic, helped to destigmatize HIV/AIDS in American culture. It was a seemingly small, but a powerful, gesture in 1989.

Then Mrs. Bush paved the way for acceptance of patients with HIV/AIDS, their families, and they were moved out of the shadows and could begin to look at treatment options. The world is vastly different today for the patient with HIV/AIDS because of that simple act of compassion evidenced by Mrs. Bush.

As Congress now considers how best to end the opioid crisis and other human dignity issues before us, I hope we can remember and follow Mrs. Bush's unwavering dedication to always do what is right.

I am certainly proud to join my fellow Texan from Houston honoring his constituent tonight and expressing our condolences to former President George H.W. Bush and the rest of the Bush family and celebrating the wonderful life of former First Lady Barbara Pierce Bush.

Mr. CULBERSON. Mr. Speaker, I thank the gentleman for those remarks.

Barbara Bush and George H.W. Bush do exemplify all of the greatest character traits that made the Greatest Generation what it is and made this country what it is. It has been a privilege to represent the Bush family and to succeed George H.W. Bush in Congress, who was followed by Bill Archer.