

North Carolina. The journey was long, but we now have two reasons to celebrate.

The Jacksonville facility marks the second outpatient clinic in eastern North Carolina. It has just been joined by a third. Earlier this week, an additional VA clinic opened in Greenville, North Carolina. They both serve as tributes of the commitment to duty, God, and country that each of our soldiers accept.

Madam Speaker, I am proud of the efforts of the Department of Veterans Affairs to reach out to veterans across this country, especially considering the drastic cuts they have suffered. Since the end of 1994, the Department of Veterans Affairs has cut 20,000 medical care employees, eliminated half of its acute-care hospital beds, and merged many neighboring hospitals. Following such extreme fiscal cutbacks, the Administration's budget request for Fiscal Year 2000 was worth little more than the paper it was printed on.

Fortunately, I am proud to stand here today to report that a Republican Congress has increased the VA budget \$1.7 billion over the President's recommendation. And I only wish that it could be more.

Madam Speaker, today I came to the floor to reaffirm my commitment to the men and women who answered their call to duty and protected the freedom my colleagues and I enjoy today. I urge my colleagues to join me in fighting to make sure our Nation's veterans have access to quality, accessible health care, a promise made to them by the government they pledged to protect.

Again, I want to quote Abraham Lincoln when he said it, and he said it best: "Let us care for him who shall have borne the battle and for his widow and his orphan."

Madam Speaker, it is the least we can do to thank our Nation's heroes, our United States veterans. God bless America, and God bless those who have served and those who are serving America today.

□ 1615

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

(Mr. PALLONE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BLUMENAUER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### CALLING FOR END TO FAILED POLICY IN YUGOSLAVIA

The SPEAKER pro tempore (Mrs. EMERSON). Under a previous order of

the House, the gentleman from Kentucky (Mr. WHITFIELD) is recognized for 5 minutes.

Mr. WHITFIELD. Mr. Speaker, how long must the bombing of Yugoslavia continue? I have asked that question repeatedly on this floor over the last week, and no one seems to have an answer. Where is the President leading us?

Today, the New York Times, which is generally supportive of the President, contained an article written by Michael Gordon entitled, NATO's Battle Within: Is Leadership Missing? In the article, Mr. Gordon wrote that NATO strategy for bringing the war to a successful close is starting to unravel. Without clear direction from Washington, Britain, Germany and Italy have begun to promote publicly their separate and conflicting plans. Britain wants ground troops in Kosovo and Yugoslavia. Germany is opposed to ground troops. Italy wants to stop the bombing. In the article, they quoted the former Director of European Affairs at the National Security Council who was quoted as saying, there is a lack of direction because no one is leading the way.

Mr. President, why do you not lead the way and stop the bombing? Mr. President, Italy today has urged NATO to impose a 48-hour bombing pause to pursue a diplomatic settlement. I urge you to stop the bombing.

Just last night, NATO launched its strongest air attack in 2 weeks against the Belgrade area. Our bombs hit a hospital and at least three civilians were killed. Furthermore, an operating room was demolished, an intensive care unit was leveled, and rescuers were evacuating women and children from the maternity ward, just last night in Belgrade, because of our bombings. In addition, the Swedish ambassador's residence was damaged when an exploding bomb blew out windows and a door.

Mr. President, your policy is not working. Not only are we losing the support of our allies but bombing has exacerbated the refugee problem among the Kosovar Albanians and now, because of the bombings, the Serbian people themselves. From a policy point, it is difficult to imagine how the situation could be much worse. Our bombs have killed innocent people, destroyed hospitals, leveled the embassy of China, damaged the infrastructure, and now even damaged the residence of the Swedish ambassador to Yugoslavia. The incessant bombing has transformed what was a Balkan crisis into a worldwide crisis. In fact, the New York Times Sunday reported how demonstrations are erupting all over the world against the bombing.

So I would say to the President, what do you want? The Yugoslavian government is beginning to remove forces from Kosovo. They have expressed a willingness to negotiate. How many more bombs must be dropped? How many more deaths must occur before you stop this failed policy and give diplomacy an opportunity to work?

#### ON H.R. 644, PRESCRIPTION DRUG FAIRNESS FOR SENIORS ACT

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

Ms. WOOLSEY. Madam Speaker, I rise to put an end to a national disgrace. Plainly speaking, I am talking about price gouging, price gouging some of the most vulnerable members of our community, our seniors.

Americans widely support programs to ensure the health and welfare of older Americans. We have Social Security, we have Medicare, as well as housing programs, nutrition programs and programs that really protect our low-income seniors. Seniors today have less fear of being taken advantage of because of consumer laws and senior abuse laws that protect them. But there is one area where we clearly have failed, and that is to ensure that prescription drugs are affordable, affordable to the people who need them the most, our seniors.

The latest surveys indicate that 86 percent of Medicare beneficiaries take prescription drugs and that the elderly in the United States, who make up only 12 percent of our population, use one-third of the prescription drugs sold in this Nation. The need for prescription drugs to treat such diseases as arthritis, diabetes, high blood pressure, heart disease, is simply a fact of life for seniors, or a fact of death. A few years ago, a survey of seniors reported that 13 percent of older Americans had to choose between eating or buying medicine.

In Sonoma and Marin Counties, the district I represent, the two counties north of the Golden Gate bridge, two individuals that I have come to know, Roy and Ivera Cobbs of Sebastopol, have had to make some very difficult decisions around their prescription drugs. What they decided was, she would take her prescription drugs and he would not because they could not afford both. That is not the way we are supposed to be treating our seniors.

Also in Sonoma and Marin County, the area Agencies on Aging and Green Thumb have told me some other stories. They tell me about cases where seniors just do not buy food because they have to have prescription drugs, or they take part of their prescription every other day instead of every day or once a day instead of twice a day, as prescribed by their doctors, because they cannot afford to pay for the whole dosage. And for the reason some seniors cannot pay for them keeps our seniors from having the best health care they can. This reason, I believe, is solely on the shoulders of the Nation's largest drug companies, because they engage in discriminatory pricing. If you are a favored customer, like an HMO, like a large insurance company, you pay less, much less for prescription drugs. But if you are an older person, on Medicare, you pay a premium price for your drugs.