

illnesses among African American men, census data has confirmed the tremendous growth of the Latino population in the United States. Hispanic men are also affected more than other groups by illnesses that can often be prevented or treated successfully if detected early. Hispanic Americans are almost twice as likely to have diabetes as non-Hispanic white Americans of similar age.

We can and must do more to educate all men about this disease. People with diabetes are also two to four times more likely to have heart disease and suffer from stroke. Advanced diabetes can cause blindness, kidney disease and severe nerve damage. The risk of getting diabetes, as well as many other illnesses, can be reduced by lifestyle changes such as maintaining a healthy weight, eating a healthy diet and exercising.

Another public health concern that can be reduced with proper health, education and screening is the rate of illness and death from HIV/AIDS. Approximately 35,000 people are living with HIV/AIDS in Illinois. More than three-quarters of those people are estimated to live in the Chicago area. Chicago ranks sixth in its number of living AIDS cases among the 100 largest U.S. Metropolitan Statistical Areas, and Illinois ranks seventh among all States in the United States. Communities of color are disproportionately affected by HIV/AIDS in Chicago and throughout Illinois. More than two-thirds of living AIDS cases and more than three-quarters of new cases occur among African Americans.

Directly related to this is data from the 1999 National Household Survey on Drug Abuse showing that Illinois ranks fifth in estimated numbers of people who recently used illicit drugs.

Heightened awareness of what men can do to protect themselves and their loved ones from AIDS, heart disease, preventable accidents, diabetes and other health risks is what National Men's Health Week is all about. Therefore, Mr. Speaker, I would urge all men throughout America and, quite frankly, throughout the world to pay more attention to our health so that not only can we maintain better health but so that we can continue to observe and have far more happy Father's Days with more fathers who are healthy, alive and well.

#### PRESCRIPTION DRUGS

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

Mr. GUTKNECHT. Mr. Speaker, I rise tonight to talk about an issue that we in Congress and most Americans are becoming painfully aware of, and that is, the differential between what we pay for prescription drugs in the United States and what people around the rest of the world pay for the exact

same drugs made in exactly the same plants, under the same FDA approval.

What I have here tonight is a chart which shows what I think are 15 of the most commonly prescribed drugs in the United States and a comparison which was done. These are not my numbers. These were done by the Life Extension Foundation, and they have been studying this issue for a number of years and probably have done a better job of assembling raw data about the differentials, and I would like to go through some of the numbers on these charts.

Let me talk about, for example, Glucophage. Glucophage is an amazing drug, and let me first of all say, I am not here tonight to beat up on the pharmaceutical industry. They have done some wonderful things. We are all living longer and better quality lives because of the research that they have done, but Glucophage is a very important drug for diabetes.

The average price for a 30-day supply of Glucophage in the United States is \$124.65. That exact same drug in Europe, again made under the same FDA approval, sells for \$22. That is six times as much for the same drug, and that is a very important drug for the millions of Americans who suffer from diabetes.

Let us take another drug that is very common, commonly prescribed particularly for older women, women who are beyond menopause. Let us take Premarin. It is actually a fairly simple drug to make. In the United States, a 30-day supply sells for \$55.42. That same drug in Europe sells for \$8.95, and we do go down the list and we see it repeats itself.

Let us take a very commonly prescribed drug, one that my 85-year-old father takes. It is Coumadin. It is a drug that is used as a blood thinner, and the interesting thing, when most people start on these, particularly seniors, they do not just take them for a week or a month. Most of them will be on those drugs for the rest of their lives. So we are talking about huge expenditures when people start down the path of having to take these drugs.

They are important drugs, but let us take Coumadin. The price in the United States for a 30-day supply, \$64.80 cents. That same drug in Switzerland sells for \$15.80 on average. What a difference.

We are going to have a big debate in the next several weeks about whether or not we should extend Medicare coverage and have a new prescription drug benefit, and I think clearly if we were reinventing Medicare today, as they did in 1965, we would include a Medicare benefit, but this is not so much shame on the pharmaceutical industry because they are doing what any company would do, and that is, they are maximizing profits. It is shame on the FDA for doing this to our seniors, and it is shame on us for letting it happen.

Let me show you another chart. One of the things that disturbs me is how much the price of prescription drugs has gone up. In the last year we have

numbers, the average Social Security recipient received a cost-of-living adjustment of 3½ percent. Prescription drugs went up 19 percent. We hear stories every day about these seniors who have to make difficult, painful choices that no American should have to make, and a big reason is because of the price.

What does this mean ultimately for the budget? I have a plan to make it easier for Americans to import through their pharmacist or by themselves these prescription drugs from other countries. My vision is that people would be able to go to their local pharmacy, and if they wanted the prescription filled today, they could literally pay the American price but the pharmacist would be able to say, listen, I can fill it today and the price for that Coumadin would be \$64.80, or I can have this prescription filled in Geneva, Switzerland, and the price will be \$16.80 and it will take three days and we will ship it FedEx and then the person will have it. I think many Americans would choose that option.

Let me talk about the numbers because this is a very big number. This is \$1,800,000,000,000. That is \$1.8 trillion. Even in Washington that is a huge number. What is \$1.8 trillion? That is what the Congressional Budget Office tells us that senior citizens, people 65 and older, will spend on prescription drugs over the next 10 years. I am convinced that if we open up markets, if we allow people to buy drugs from other countries we can save at least 35 percent. If we multiply that out, it is \$630 billion that we can save seniors. It is time to open up markets. It is time for Americans to pay their fair share of the cost of developing new drugs, but it is time to say that we will stop subsidizing the starving Swiss.

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

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. GREEN of Texas, 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 New York (Mr. ISRAEL) is recognized for 5 minutes.

(Mr. ISRAEL 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 California (Mr. LANTOS) is recognized for 5 minutes.