

□ 1845

REMOVAL OF NAME OF MEMBER  
AS COSPONSOR OF H.R. 1472

Mr. KING of Iowa. Mr. Speaker, I ask unanimous consent to have my name removed as a cosponsor of H.R. 1472.

The SPEAKER pro tempore (Mr. BOOZMAN). Is there objection to the request of the gentleman from Iowa?

There was no objection.

## SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

(Mr. DEFAZIO 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 Indiana (Mr. BURTON) is recognized for 5 minutes.

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

## AIDS IN UGANDA

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

Ms. LEE. Mr. Speaker, as we all know, this week the President is in Africa visiting five countries and describing his personal commitment to combating the global HIV/AIDS pandemic, among other things. This is a good thing.

Just 6 weeks ago the President signed into law H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, to provide \$15 billion over 5 years to 12 African countries and Haiti and Guyana in the Caribbean. Throughout the debate on this bill, which Uganda's approach to its own AIDS epidemic was highlighted very prominently as a model for the bold initiative that we were proposing and for our heavy reliance on the ABC model of prevention. That is, abstain, be faithful, or use a condom.

People on the ground in Uganda were telling us that while the message of the ABC model was important in helping to drive down infection rates and raise awareness of this disease, it was equally important that Uganda's President Museveni exerted strong political leadership in combating the disease and for the country to engage in a frank and open dialogue about sex and how the disease is transmitted.

But when we were debating this bill, the administration and social conserv-

atives in this body put their own spin on Uganda's AIDS efforts by claiming that it was primarily the practice of abstinence that had reduced Uganda's rates from 15 percent to 5 percent in over 10 years despite evidence to the contrary.

In debate during the committee markup of H.R. 1298, we successfully placed abstinence, fidelity and the use of condoms on equal footing by successfully passing an amendment which I offered. The majority of members on the committee understood the danger of attempting to steer our prevention funding from Washington instead of allowing each individual country to determine how best to spend its prevention resources. Even the Washington Times indicated in an editorial on May 1, 2003, that it would be better to leave such decisions to experts in the field.

Unfortunately, the social conservatives in this body did not heed this very practical advice and persisted in promoting a misguided amendment that directs 33 percent of all prevention money in the bill towards abstinence-only programs. Now 6 weeks after the President signed the bill that we passed into law, he is visiting Africa to tout his commitment to fighting AIDS in Africa. Everywhere Africans are wondering what the true depth of the President's commitment is to fighting AIDS in Africa, and whether or not he will provide the full \$3 billion per year authorized in our legislation.

There is also a considerable amount of concern in Africa that the President's focus on abstinence as the most important method of prevention will sidetrack the initiative based on an unrealistic understanding of the situation on the ground.

I want to be clear here. I agree that abstinence is an important method of prevention, but it must be balanced by a comprehensive prevention policy that includes the use of condoms, otherwise it cannot be effective in stopping the spread of the virus. It is important for programs like the AIDS Support Organization of Uganda, which runs the clinic in Entebbe that the President will visit tomorrow, to provide this kind of comprehensive education so that young adults who are just becoming sexually active know what to do to protect themselves.

Mr. Speaker, we are right in the thick of the appropriations process that provides the funding that will carry out this initiative. Unfortunately, we are about \$1 billion short of the \$3 billion authorized in our global AIDS legislation, mostly because the President does not believe we should provide more than \$2 billion this year.

I am hopeful that by visiting the TASO clinic tomorrow, the President will understand the true gravity of the situation and will push for the full \$3 billion in funding. The lives of thousands of Africans can still be saved if this money is provided now. That is why over 100 Members of this body wrote President Bush asking him to

provide an emergency appropriation of \$1 billion in funding if we are unable to get \$3 billion through the regular appropriations process.

So it is not too late, and I am asking this Congress, I am letting the rest of our country know that the President is visiting Uganda tomorrow and that we want people in Africa to understand that we are committed in terms of delivering on the promises which we made in terms of making sure that the full \$3 billion that we authorized becomes real.

## PRESCRIPTION DRUG COSTS

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

Mr. GUTKNECHT. Mr. Speaker, I rise again tonight to talk about the price that Americans pay for prescription drugs relative to the rest of the world.

As I have often said, I think we as Americans ought to be willing to pay our fair share. But as Members can see, and I apologize for this chart, the numbers are a bit hard to read for Members who are watching on C-SPAN in their offices, but if you cannot read the chart, it is available on my Website. Simply go to [gil.house.gov](http://gil.house.gov), and Members can review this chart.

This is a chart essentially showing the prices that we paid for prescription drugs, 10 of the most commonly prescribed prescription drugs, when I was in Germany 2 months ago. Then we asked some of the local pharmacies here in Washington how much those same drugs, same dosage and number of tablets, would be here in the United States.

Let us take this drug, Coumadin. This is a drug that was developed originally at the University of Wisconsin veterinarian schools. It was a rat poison. It was designed to help kill rats. It is a blood thinner. When they consume it, they mix it with feed, and the rats eat it, and they go back to their dens and bleed to death internally. It was found that in small dose dosages this was very effective for people with heart conditions. My 86-year-old father takes Coumadin. We bought this drug in Germany for \$21 American. This same package here in the United States sells for \$89.95.

Glucophage is another drug we bought in Germany. It is an effective drug against diabetes, borderline diabetes. I am not a doctor, and I do not play one here in Congress, but we bought this drug in Germany, 30 tablets, 850 milligrams, for \$5. That same drug here in the United States sells for \$29.95 for the same package. The report goes on and on.

Prozac, we had a relatively small difference. We bought Prozac for \$36.46, but here in the United States it was \$49.95.

But then a drug like Pravachol, the price we paid in Germany was \$62.96. That same drug and same dosage in the United States is not \$62 but \$149.95.

My wife takes a drug called Synthroid. She has a problem with goiter. Synthroid in the United States, 50 tablets of 50 milligrams sells for about \$21.95. You can buy that exact same drug probably made in the same plant under the same FDA approval in Germany for only \$4. So \$21.95 in the United States, \$4 in Germany.

Then I come to the one that really chaps my hide because we hear about the reason these drugs are so expensive is because it is so expensive to develop them, the research and development costs. And I recognize there are costs, but let us talk about tamoxifen, which was essentially developed by the NIH. So we paid for it. The American taxpayers paid for virtually all of the research and development. We bought 60 tablets, 20 milligrams of tamoxifen in Munich, Germany, for \$60. That same drug in the same package sells in the United States for \$360.

Now, tamoxifen is a very effective drug against women's breast cancer. We are happy to pay our fair share for the research costs; but as I always say, we ought to be willing to subsidize the poor people in sub-Saharan Africa, we should not be required to subsidize the starving Swiss.

And that is what is happening today because American consumers are being held captive. Some people ask why are prices so much cheaper in Europe. Well, in part they have something called price controls. That is part of the answer, but it is not the whole answer. They also allow in Germany, for example, they allow German pharmacists to do parallel trading. So the German pharmacist can order the drug wherever they can get it the cheapest. That is called competition. That is how markets work.

Mr. Speaker, I have introduced a bill called the Market Access Act, which would allow American pharmacists and American consumers to have that same kind of opportunity to go into the world markets. There are roughly 25 countries that are already recognized as having similar FDA-type regimens as we have in the United States, 25 countries are already recognized in the statute, and the bill I have would allow our pharmacists and our consumers to have access to those markets.

It may not be the perfect answer, but if Members do not like my plan, what is your plan? What is the administration's plan? What are we going to do about this? Because I will tell Members if next year we come back, and if Americans are still required to pay six times the amount for the same anticancer drug, they are not going to say shame on the pharmaceutical industry, they are going to say shame on us.

The time has come to make certain that Americans have access to world-class drugs at world market prices.

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.)

#### EXCHANGE OF SPECIAL ORDER TIME

Ms. JACKSON-LEE of Texas. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from the District of Columbia (Ms. NORTON).

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

There was no objection.

#### LABOR-HHS APPROPRIATIONS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I would say to my good friend that previously spoke on the issue of dealing with the high cost of prescription drugs, I accept the challenge, and I believe it is crucial that this House address this question, and it is a travesty that our senior citizens and others are bearing this enormous burden.

I hope that we can get to work as a House on behalf of the people of this Nation. It seems too long that we have come to the floor and simply acknowledged that we are here either paddling water, swimming upstream, and maybe causing the American people to drown. We are in this boat, leaking boat, because we decided, the majority did, a few months ago, that it was more important to give a \$550 billion tax cut of which the richest of Americans will get somewhere about \$90,000, and then as we decided to strip our finances to its bare bones, we now come and debate today on the floor of the House in a couple of hours one of the most appropriations bills we will ever see in the course of this season of appropriations.

□ 1900

And that is the Labor-HHS bill dealing with the neediest of Americans, but frankly dealing with all Americans. And, Mr. Speaker, I think it is important to simply call the roll with respect to what we did today. We passed a bill, although very narrowly, that breaks all of the promises to Americans who have worked hard, who have contributed to this country, and who believe that we in this Congress are here to provide them with a big umbrella, the necessities of life that they have helped build in this Nation.

But what did we do? We cut overall education funding. We promised \$3 billion, but in this budget we only had \$2.3 billion or a 4.3 percent increase. So in essence, we have left many children behind. This bill only provides a \$382 million, or 1.6 percent, increase over current funding for the Leave No Child Behind Act. So in essence we have mil-

lions of children that will not be served because of the bill we passed today. In real terms this funding is \$8 billion short of what we need. Special education that I thought was an issue that all of us can come together around, we absolutely left that standing by the wayside, a \$1.2 billion shortfall so the children that need special ed, the teachers that need to be in the classrooms to give our children that extra added lift will not exist. On title I funding for the poorest of our children, \$12.35 billion provided in the bill, it is \$334 million short. The title I program will eliminate being able to serve 9 million children. It was promised for 9 million children, and yet we will not have that amount of money.

It reduces our commitment to support college education. It reduces the amount of Pell grants compared to 84 percent when Pell grants were first established. This amount only meets 38 percent of college costs. Nearly 5 million students depend on Pell grants. The majority of them have incomes of \$30,000 or less. And one of the things that we note in this country is that education is the great equalizer, but we passed a bill today that totally eliminates opportunities for millions of children.

In Houston, in the heat of the summer, Texas and southern States do not get LIHEAP moneys, but every year we face a heating crisis. When I say that, it is too hot and we do not have the resources to provide individuals with cooling dollars. Every year I organize a heat crisis team to go out and solicit air conditioners because my senior citizens and the disabled and others do not have the resources. But yet we can cut the LIHEAP moneys and treat those southern States that may not have the cold weather but have the hot weather in an unfair status. National Institutes for Health moneys have been cut drastically. So we have cut right at the heart the major resources for research that can help save lives.

I heard our President himself speak about community health centers, the need to bring health clinics closer to the people. But what do we do? Our community health centers serve 13 million people who lack access to health care in rural and urban areas, and yet we have inadequately funded those so the very local communities that were trying to bring health care to our rural communities, obviously no help.

Unemployment programs, Mr. Speaker, can my colleagues believe it? Unemployment at its all-time high, 6.4 percent, the highest in 9 years. African Americans at a rate of 1.971 million unemployed African Americans. The number of unemployed has reached 9.4 million. But yet we voted on a bill today, which I voted against, unfortunately it passed by the Republicans, of course, that takes money away from unemployment programs, \$150.8 million. We take money away from homeland security. We take money away from helping the nursing shortage.