

this investment. The possibilities are too great for American companies to miss by sitting on the sidelines.

Again, I would like to congratulate the Lithuanian people on not only their independence but on the strides they have made over the last 10 years to make their country what it is today. Through continued perseverance, they have shown in the past Lithuania will be an outstanding addition to NATO and an economic powerhouse in central Europe.

TALIBAN ATROCITIES IN AFGHANISTAN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. MALONEY) is recognized for 5 minutes.

Mrs. MALONEY of New York. Mr. Speaker, I join my colleague, the gentleman from Maryland (Mr. HOYER), in speaking out for equality, equal opportunity, freedom of choice, and freedom to live. There was once a time when these words were only meaningful to men. However, more than 50 years ago, the universal declaration of human rights declared once and for all the principle of equality for women and men around the world. Then why is it that in the year 2000, the beginning of the year and the decade of hope and advancement and greater opportunity that there is an entire population of women who still live in constant fear and violent oppression?

Since 1996, the Taliban, an extremist militia, has seized control of 90 percent of Afghanistan and then unilaterally declared an end to women's basic human rights. Women are banished from working, girls are not allowed to attend school beyond the eighth grade, women are beaten for not fully covering themselves, including their eyes and ankles. Women and girls are not allowed to go out into public without being covered from head to toe with a heavy and cumbersome garment and escorted by a close male relative. Women are not allowed to seek health care, even in emergency situations, from male doctors. The Taliban has allowed some women to practice medicine, but women must do so fully covered and in sectioned-off special wards. And even these services are only available in very few select locations, leaving women to die from otherwise treatable diseases.

A 16-year-old girl was stoned to death because she went out in public with a man who was not her family member. A woman who was teaching girls in her home was also stoned to death in front of her husband, children, and students. An elderly woman was beaten, breaking her leg, because she exposed an ankle. These are atrocious actions and they are real. They are happening now. They will continue tomorrow as long as the extremist Taliban government is still in control.

The restriction on women's freedom in Afghanistan is not understandable to most Americans. Women and girls cannot venture outside without a burqa, a heavy and expensive restrictive garment, that covers the entire body, including mesh over the eyes. For some women, not having the means to afford and purchase this expensive garment will banish them to their homes for the rest of their lives.

The effects of this decree have been severe. Many Afghan women are widows and have no means of income because they cannot work. And unless they have a close male member in their family, they have no access to society for food, for their families and for themselves.

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It is no wonder that under these conditions, the Feminist Majority Foundation reports that the Physicians for Human Rights found that 97 percent of Afghan women show signs of major depression.

I join my colleague, the gentleman from Maryland (Mr. HOYER), in condemning the Taliban regime. We must continue to speak out against the Taliban, on behalf of the women and girls that risk death for speaking out for themselves.

We must not accept the Taliban as a legitimate government.

We must send a strong and clear message that gender apartheid is unacceptable and a gross violation of the most basic human rights.

Afghanistan may be physically located on the other side of the world, but the voices of the women and girls suffering there are heard loud and clear here.

I urge my colleagues to continue their support of the women and girls in Afghanistan by cosponsoring my resolution, H. Res. 187, to prevent any Taliban led government from obtaining a seat in the United Nations, and refused any attempt to recognize any Afghan government, while gross violations of human rights persist against women and girls.

In closing, I want to share with you an excerpt from a poem written by Zieba Shorish-Shamley called "A poem dedicated to my Afghan Sisters":

I remember you . . .
When you have no choice, no voice, no rights, no existence
When you have no laughs, no joy, no freedom, no resistance
Your pain, your agony, your silence, your loneliness
Your anger, your frustration, your cries, your unhappiness

To the women of Afghanistan I say, we remember you, we will not forget you, we will fight for you!

NOT ALL AMERICANS EXPERIENCING THE SAME PROSPERITY

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

Mr. GOODE. Mr. Speaker, when the President delivered his State of the Union address on January 27, he touted the unprecedented prosperity of the Nation. He pointed to the fast economic growth and the lowest unemployment rates in 30 years.

Unfortunately, this is not the case in all areas of the country. In some parts of the Fifth District of Virginia, which I represent, we have experienced significant job losses and unemployment rates that are three to five times greater than the State average. The job losses are the result of textile plant closings and the decline of the apparel manufacturing industry in Southside Virginia and throughout the Nation.

Martinsville and Henry County, Virginia, used to be known as the "sweatshirt capital of the world," but with the recent loss of over 3,000 apparel manufacturing jobs, that title will no longer be applicable. Recent figures show that the unemployment rate in Martinsville for the month of December was 19.6 percent, and the unemployment rate for surrounding Henry County was 11.6 percent. Neighboring counties, including my home county of Franklin, also have seen textile plants close and unemployment rates increase.

The people who have lost their jobs are able and willing workers. Many in the community were concerned when NAFTA was proposed, and they feared the impact that the agreement would have on their jobs and the local economy. Their fears and concerns have now been realized. Nearly all of the plant closings in the area have been certified by the Department of Labor as NAFTA impacted, making the workers eligible for the Trade Adjustment Assistance Program and the NAFTA Transitional Adjustment Assistance Program. Many have taken advantage of these programs which provide job training grants. With the help of the Virginia Employment Commission, many of them are enrolling in training programs. However, job training will be of little benefit to these people if there are no jobs available to them.

There is legislation that has been introduced in the House of Representatives which I believe would help these displaced workers and others like them around the country. H.R. 1967, the NAFTA Impact Relief Act introduced by the gentleman from Mississippi (Mr. SHOWS), now has over 70 cosponsors. The NAFTA Impact Relief Act would provide tax incentives and grants to communities affected by the loss of businesses and jobs as a result of NAFTA.

I believe this measure is an example of what we need to try to do in order to assist adversely impacted localities in their efforts to create jobs and to get their economies on the same track as those sectors of the country which are enjoying more prosperous times.

I hope that in these times of economic growth for the Nation as a whole, my colleagues and the President will recognize that not everyone is experiencing the same prosperity. I hope that we can all work together on efforts to help these hard-working Americans in their time of need.

OPPOSE UNILATERAL CLOSURE OF PUBLIC LANDS

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

Mr. RADANOVICH. Mr. Speaker, yesterday President Bill Clinton announced plans to create a monument in the Sequoia National Forest. Not in Sequoia National Park, mind you, but Sequoia National Forest. It will be 400,000 acres, almost 625 square miles.

The 19th District of California is my home. It encompasses four counties, Mariposa, Madera, Fresno, and Tulare. The people of my district share their home with three national forests and two national parks. That makes my district over 85 percent federally owned, one of the highest ratios in the country.

Make no mistake, we are proud of our public lands. Yosemite and Sequoia National Parks are crown jewels. The old growth trees that are there inspire majestic awe. The people of my home love and respect the environment.

But, Mr. Speaker, this designation is not about protecting the environment and it is not about protecting giant sequoias. Nobody is logging these trees. The sequoia groves have been off limits for years. This designation is all about politics. It is a campaign looking for a press release.

It seems our President will say just about anything to prolong his rule. Today he will close down the Sequoia National Forest for some good press, and tomorrow it will be someplace else. What is next? When a government can close off public lands, on a whim, without asking for public comment, they are not really public lands any more.

Mr. Speaker, how can we allow a President to close access to public lands the size of Rhode Island without asking permission from the people who own them?

Today I am introducing a resolution. It requests that the President tell us what he plans to do with the rest of our public lands before election day. He has, so far, steadfastly refused to answer this question. It requests that the President include real public participation as he moves forward with the Sequoia Monument. He needs to talk to people who live there, not just people in Washington.

We should oppose this kind of unilateral closure of public lands, if not for the people in my district or in your district, but then for the sake of our de-

mocracy. It seems we need an administration that remembers that we do live in a democracy.

PRESCRIPTION DRUG BENEFITS AND THE MEDICARE PROGRAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Pennsylvania (Mr. GREENWOOD) is recognized for 60 minutes as the designee of the majority leader.

Mr. GREENWOOD. Mr. Speaker, this evening the gentleman from North Carolina (Mr. BURR) and I are going to talk about prescription drug benefits and the Medicare program.

In 1965, when Medicare was created of course it was created without a prescription drug benefit. It seems unimaginable now in the year 2000 that the Congress would create a program to provide for the health care of the elderly without providing a prescription drug benefit, but those were different times. In 1965, a far smaller percentage of Americans in general and American seniors used prescription drug benefits on a regular basis, and so Congress did not include prescription drug benefits in the creation of Medicare.

But today, as we stand at the millennium in the year 2000, the world is a very different place, and today's seniors, as we all do, benefit from health care innovations that were inconceivable just 35 years ago, and particularly in the area of pharmaceutical products and biological products.

Today if you do not have access to the latest miracle drugs produced by the pharmaceutical industry and you do not have access to the latest biological products that are being produced, that are creating cures for diseases that could not have been imagined 35 years ago, if you do not have access to these products, you really do not have good health care in America. Yet 35 percent, over one-third of all of the seniors in the United States, as well as the disabled, who also receive their health care through the Medicare program, do not have access to these products.

This chart to my left here, the pie chart on the right, describes which Americans do and which Americans do not have access to prescription drugs through the Medicare program and other similar programs.

About 31 percent of American seniors receive a prescription drug benefit from their former employer. They worked long enough to receive a lifetime of benefits and their employer was in a position and perhaps the union negotiated for a benefit that would be a good prescription drug benefit that would last for the rest of the life of the retiree.

About 11 percent of today's elderly population purchase a prescription drug benefit when they purchase a

Medigap policy, the Medigap policies that cover those costs of health care not covered by the regular Medicare program.

Then there are about 10 percent of America's senior citizens who are of such low income that they are eligible for the Medicaid program, health care for the poor, and they have through that program a pretty good prescription drug benefit.

Then there are about 8 percent of the elderly who choose to receive their Medicare in what is called Medicare Choice Plus plans, and that is that they have a managed care package, and that managed care package provides them with the benefit.

But the yellow piece of the pie there, the largest piece of the pie, represents the 31 percent, the chart says, and the estimates are between there and 35 percent, of America's seniors who do not in fact have any Medicare prescription at all.

Let me change charts for a moment. This is a chart that demonstrates of those that do not have, the 35 percent of Americans's elderly who are without prescription drug benefit, who they are in terms of income levels. As this chart readily indicates, the likelihood that one is covered with a prescription drug benefit is in direct proportion to one's income at retirement. So those American retirees who have incomes in excess of \$50,000 per year, 95 percent of them are able to in one way or another meet their prescription drug needs.

That figure climbs for those between \$25,000 and \$50,000 to 16 percent. Between \$15,000 of income and \$25,000 of annual income those uncovered by a prescription drug benefit is 22 percent. Between \$10,000 and \$15,000 the number is 20 percent. For those Americans below \$10,000 and yet with enough income so they do not qualify for the Medicaid program or a State-operated Medical Assistance Program, 37 percent of those elderly do not have a prescription drug benefit.

As this chart indicates, this problem is going to be exacerbated by time. In 1999, 13 percent of the American population was older than 65, and of those over the age of 65, 33 percent were taking some form of medication on a regular basis.

Thirty years from now, when the baby-boom is fully retired, about 20 percent of Americans will be of retirement age, over 65 years, and more than half, 51 percent of them are expected to require daily medications. So clearly this problem will get worse in time unless the Congress acts to solve this problem.

As this chart indicates, the problem is being exacerbated because of the increasing costs of prescription drugs, the total prescription drug costs for any given elderly person.

In 1993, this is the price increase per year, these are year-over-year percentage changes, so in 1993 the price of