

SEC. 3. POLICY OF THE UNITED STATES.

(a) **POLICY WITH RESPECT TO INTERNATIONAL ORGANIZATIONS.**—It shall be the policy of the United States that the extent to which each international organization supports, or otherwise recognizes, OPEC will be an important determinant in the relationship between the United States and this organization.

(b) **POLICY WITH RESPECT TO INTERNATIONAL FINANCIAL INSTITUTIONS.**—It shall be the policy of the United States that the extent to which each international financial institution supports or otherwise recognizes OPEC, will be an important determinant in the relationship between the United States and the institution.

(c) **POLICY WITH RESPECT TO THE ENERGY AND DEVELOPMENT ACTIVITIES.**—The United States should carefully review all the energy development projects and programs administered by the United States Agency for International Development in developing countries to ensure that these projects and programs do not indirectly or inadvertently support the activities of OPEC.

SEC. 4. POLICY TOWARD THE INTERNATIONAL FINANCIAL INSTITUTIONS.

(a) **REPORT TO THE CONGRESS ON ACTIVITIES OF THE INTERNATIONAL FINANCIAL INSTITUTIONS.**—No later than 90 days after the date of the enactment of this Act, the President shall transmit to the Congress a report that contains the following:

(1) A description of any loan, guarantee, or technical assistance provided or to be provided by any international financial institution that does or would directly or indirectly support any activity or program of OPEC or any other cartel, or any member of OPEC or any other cartel, engaging in production cutbacks or other market-distorting practices.

(2) A description of the energy sector loans of, technical assistance provided by, and policies of each international financial institution, and an analysis of the extent to which the loans, assistance, or policies promote the complete dismantlement of international oil price fixing arrangements and the development of a market-based system for the exploration, production, and marketing of petroleum resources.

(b) **UNITED STATES POSITION IN INTERNATIONAL FINANCIAL INSTITUTIONS.**—The United States Executive Directors at each international financial institution shall use the voice, vote, and influence of the United States to oppose the provision of any loan, guarantee, or technical assistance by the institution that would directly or indirectly support the activities and programs of OPEC or any other cartel, or any member of OPEC or any other cartel, engaging in production cutbacks or other market-distorting practices.

SEC. 5. REPORT RELATING TO THE ORGANIZATION FOR ECONOMIC COOPERATION AND DEVELOPMENT (OECD).

Not later than 90 days after the date of the enactment of this Act, the President shall prepare and transmit to Congress a report that—

(1) describes the efforts of the Organization for Economic Cooperation and Development (OECD) to review the market-distorting practices of international cartels, including OPEC, and recommends specific actions that the member countries of the OECD can undertake to combat such practices; and

(2) describes actions to be taken by the United States to ensure that the OECD expands upon its activities and programs regarding the operation of international cartels.

SEC. 6. AMENDMENT TO THE FOREIGN ASSISTANCE ACT OF 1961.

Section 106 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151d) is amended by adding at the end the following:

“(g)(1) In carrying out the activities under this chapter, the President shall—

“(A) ensure that amounts made available to carry out this chapter are not used to support, directly or indirectly, the programs, activities, and policies of the Organization of Petroleum Exporting Countries (OPEC), or any other cartel, or any member of OPEC or any other cartel, if OPEC or such other cartel engages in oil price fixing; and

“(B) certify annually to the appropriate congressional committees that the requirement of subparagraph (A) has been met for the prior fiscal year. “(2) In this subsection—

“(A) the term ‘appropriate congressional committees’ means—

“(i) the Committee on International Relations and the Committee on Banking and Financial Services of the House of Representatives; and

“(ii) the Committee on Foreign Relations and the Committee on Banking, Housing, and Urban Affairs of the Senate; and

“(B) the term ‘oil price fixing’ has the meaning given such term in section 7(2) of the International Energy Fair Pricing Act of 2000.”.

SEC. 7. DEFINITIONS.

In this Act:

(1) **INTERNATIONAL FINANCIAL INSTITUTION.**—The term “international financial institution” has the meaning given in section 1701(c)(2) of the International Financial Institutions Act.

(2) **OIL PRICE FIXING.**—The term “oil price fixing” means participation in any agreement, arrangement, or understanding with other countries that are oil exporters to increase the price of oil or natural gas by means of, inter alia, limiting oil or gas production or establishing minimum prices for oil or gas.

(3) **OPEC.**—The term “OPEC” means the Organization of Petroleum Exporting Countries.

(4) **PETROLEUM RESOURCES.**—The term “petroleum resources” includes petroleum and natural gas resources.

PERSONAL EXPLANATION**HON. LOUISE McINTOSH SLAUGHTER**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, June 23, 2000

Ms. SLAUGHTER. Mr. Speaker, I was unable to be present for rollcall votes 315, 316, 317, and 318, amendments to H.R. 4690, a bill making appropriations for the Departments of Commerce, Justice, and State, the Judiciary, and related agencies for Fiscal Year 2001.

Had I been present, I would have voted yes or aye on each of these votes.

Campbell amendment; Reduce Federal Prison System spending: No. 315, “aye”.

Hinchey amendment; Fund Economic Development Administration: No. 316, “aye”.

Scott amendment; Increase funds for Boys and Girls Clubs in public housing: No. 317, “aye”.

DeGette amendment; Abortion for women in prison: No. 318, “aye”.

CANADA'S MEDICINE WON'T CURE U.S. SYSTEM**HON. SAM JOHNSON**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, June 23, 2000

Mr. SAM JOHNSON of Texas. Mr. Speaker, I would like to insert for the RECORD and excellent editorial written by the Republican Conference Chairman J.C. Watts. His editorial ran in the Dallas Morning News on Sunday, June 11, 2000.

Mr. Watts correctly identifies the pitfalls of Congress adopting any health care system that resembles Canada's failed socialist system. Americans told us in 1994 that they do not want a national takeover of our health care system. We must stop any one-size-fits-some government run program and embrace a concept that gives seniors a plan that best fits their own needs.

That is why Republicans have drafted a Medicare prescription drug bill that will provide needed medicine to our nation's seniors. It is a private based plan that will give seniors access to affordable, reliable and quality health care because I believe seniors should never have to choose between food and medicine.

[From the Dallas Morning News, June 11, 2000]

CANADA'S MEDICINE WON'T CURE U.S. SYSTEM
(By J.C. Watts)

While it certainly is true that grass often looks greener on the other side of the fence, anyone who has gotten a closer view can tell you where the crabgrass grows. That couldn't be any truer than in the debate over prescription drug prices.

Those who are making political hay by holding up Canada's system of health care on the basis of cheaper drug prices are playing a false and dangerous game of bait and switch. The truth is that Canada's drug prices are linked to a system of health care that no American would settle for. Don't trust anyone who pretends to sell you one without the other.

Just as Democrats say Americans should flock to Canada for drugs, Canadians already flock to the United States for treatment. The Canadian government uses a big-government approach that rations health care and discourages new medical technology. As a result, Canadians wait three times longer for cancer treatments and nearly 12 weeks to see a specialist. Canada also strongly controls the prices of innovative medicines, which has discouraged investment in research to develop medicines.

Worse yet, the Canadian government won't pay for many of the latest breakthrough medications. For example, a number of top-selling drugs that are widely used by seniors in the United States—drugs that treat ailments such as arthritis, osteoporosis and allergic rhinitis—aren't reimbursed by some of Canada's biggest provincial health plans that provide prescription drug coverage to the poor, elderly and disabled.

Canadians also face longer waits in gaining access to new medicines produced by Canadian drug makers. The Canadian government typically takes about a year and a half to approve a new drug for sale—that is at least 6 months longer than it takes here at home. Then, each provincial government in Canada takes additional time in deciding whether

the new medicine will be placed on its list of reimbursable.

Even after approval, it can take almost two years for officials in Canada to place a medicine on the provincial reimbursement list. Typically, elderly patients with serious health problems don't have that kind of time to spare.

A recent report from the highly regarded Fraser Institute in Vancouver found that 76 percent of Canadians believe their health care system is "in crisis." Seventy-one percent said changes are needed because health care needs aren't being met. The study also found that Canadian patients often are forced to use the medicines selected by the government solely for cost reasons. Patients who would respond better to the second, third or fourth drug developed for a specific condition often are denied the preferred drug and are stuck with the government-approved "one-size-fits-all" drug.

Perhaps most significant, however, is the fact that Canada's system of establishing artificially low drug prices has resulted in Canadian drug makers investing less in their own research and development of promising new medicines. And foreign companies often are reluctant to introduce new drugs in Canada because of price controls. That means Canadians' access to lifesaving new drugs is limited.

Yet this Canadian-style health care with prescription drug benefits is what some in Washington are proposing for America.

Just recently, we Republicans proposed a plan that modernizes Medicare and adopts a prescription drug coverage benefit. Unlike a one-size-fits-all plan, the plan is a market-based solution that gives Medicare beneficiaries real bargaining power through private health plans to purchase drugs at discount rates, and it guards against escalating out-of-pocket drug costs by setting a monetary ceiling beyond which Medicare would pay 100 percent of beneficiaries' drug costs.

Our plan is 100 percent voluntary and preserves current coverage for seniors who want to keep what they have, while extending to other beneficiaries the choice of several competing prescription drug plans. By rejecting the big-government approach, our plan not only would provide a needed prescription drug benefit, it also would ensure continued innovation and the development of lifesaving drug therapies by American pharmaceutical companies.

Today, America's pharmaceutical industry, which is being criticized in the current debate, spends about \$24 billion on the research and development of more than 1,000 new medicines that could combat a wide range of diseases. But that effort comes with a cost—it takes 12 to 15 years and an average of \$500 million to bring each drug from the laboratory to the market.

For every dollar that American pharmaceutical companies earn in drug sales, 20 cents is reinvested in developing newer, better drugs. In many instances, American companies invest the money and research time in discovering medicines that Canada and other countries then turn around and reproduce at a cost of a few pennies per pill. The reality is that the Canadian system works because of the free-market practices of the United States and other nations.

America sets the global standard for creating new medicines. Let's keep it that way, so that all Americans and the rest of the world can continue to reap the healthful benefits of our home-grown ingenuity.

HONORING MIGUEL LAGUNA FOR OUTSTANDING SERVICE TO THE COMMUNITY

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Friday, June 23, 2000

Ms. DELAURO. Mr. Speaker, it is with great pleasure that today I join people from the Greater New Haven area, to pay tribute to one of our most outstanding community members, Miguel Laguna. Miguel will be retiring after a twenty-six year career as the Executive Director of Crossroads, Inc., a bilingual drug rehabilitation program.

Crossroads has been an invaluable asset to area residents since its inception in 1973 and Miguel has been the driving force behind its success. Through his commitment, dedication, and most importantly, compassion, Crossroads has grown from its original 25-bed capacity to its current capacity of 101. In only twenty-five years, this is indeed a remarkable achievement. With Miguel's foresight and leadership, Crossroads has continually met the ever-changing needs of individuals seeking to recover from chemical dependence. The development of a women's program, the eventual extension of services to pregnant and parenting women, and the addition of contracts with the Department of Corrections and Office of Alternative Sanctions has allowed Crossroads to reach out to our entire community. Crossroads offers some of our most vulnerable citizens the services and programs they need to live happy, productive lives. Though originally serving primarily Latino clients, Crossroads now serves a culturally diverse population, making a real difference in the lives of hundreds of area residents.

Miguel has not only had a tremendous impact on our community professionally, but in his civic life as well. Throughout his time in New Haven, he has served on a variety of boards, commissions and task forces aimed at enriching the lives of our children and families. Whether as a police commissioner, a member of the Mayor's Task Force on AIDS, the National Puerto Rican Coalition, or the Regional Planning Committee for Mental Health, Miguel has demonstrated a unique commitment to public service. His unparalleled dedication is reflected in the myriad of local, state, and national awards which have been presented to him throughout his career.

Tonight, friends, family, colleagues, and community members will gather to salute the many accomplishments of Miguel Laguna as he retires from his position as Executive Director of Crossroads. It is both an honor and a privilege for me to extend my sincere thanks and appreciation for his many contributions to the City of New Haven and send my best wishes for continued health and happiness as he enjoys his retirement.

REAUTHORIZATION OF THE NATIONAL AND COMMUNITY SERVICE AMENDMENTS ACT OF 2000

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, June 23, 2000

Mr. FARR of California. Mr. Speaker, "Volunteerism," as defined by the American Heritage Dictionary—"To give or offer to give on one's own initiative." The time has come for Congress to recognize the lasting contribution of volunteerism in America by passing the National and Community Service Amendments Act of 2000. This bill reauthorizes the national service programs administered or funded by the Corporation for National Service, including AmeriCorps, AmeriCorps*VISTA, the National Senior Service Corps, Learn and Serve America, and the Points of Light Foundation. These public-private partnerships are transforming our communities and successfully challenging our citizenry to make something greater of themselves.

As communities and as a nation we are stronger and healthier because of the volunteers the Corporation for National Service provides. They tackle problems like illiteracy, crime, and poverty while instilling a commitment to public service in Americans of all ages, in every community nationwide. Our society works precisely because lots of folks are out there are helping other folks in many different ways. In fact, we have a social contract to help each other.

In this country, we have young people in need of basic reading and writing skills, we have teenagers in need of mentors and role models, we have home-bound seniors in need of food and companionship, we have families in need of homes, and we have communities in need of disaster assistance. Solutions to these problems can best be found when individuals, families, and communities come together in service to their neighbors and fellow citizens. We can make a difference, but volunteers are critical to finding these solutions and touching these lives.

That's where the Corporation for National Service comes in. National Service volunteers fill these needs by providing the essential people power at the local level. In my own state of California, we have more than 145,000 people of all ages and backgrounds working in 289 national service projects. Nationwide, more than 40,000 Americans served in AmeriCorps in 1998-99, bringing the total number of current and former members to more than 100,000.

They have taught, tutored, and mentored more than 2.6 million children, served 564,000 at-risk youth in after school programs, operated 40,500 safety patrols, rehabilitated 25,180 homes, aided more than 2.4 million homeless individuals, and immunized 419,000 people. And, they have accomplished all this while generating \$1.66 in benefits for each \$1.00 spent.

Volunteers also have a profound impact on the communities they work in by embodying the values of public service for all. Studies have found that people are more likely to volunteer if they know someone who volunteers