

75 million people a year, and most of them will live in the world's poorest countries.

If current trends continue, the result will be more abject poverty, environmental damage, epidemics, and political instability; and we are not such an isolated island of prosperity that we are not immune from the ramifications of this desperation.

From our own shores to the far reaches of the world, there is ample evidence that we have not been able to use our trade policies as effectively as we would like to address the negative impact of globalization which contributes to these great disparities between the privileged and impoverished.

□ 1845

Our failure to respond adequately to these problems is a moral dilemma that should be a pivotal part of our overall foreign assistance and international trade framework. Consider, for example, the plight of the seriously ill in the developing world. It is a testament to the failure of industrialized nations that 80 times more pharmaceutical products are sold in the much less populace west than on the entire continent of Africa.

Each year, 300,000 people in Africa develop sleeping sickness, and many of them die from this disease. It is a disease that we could conquer if we had the political will and the research wallet to do it, but we do not. We will apply more of our resources to cure bald American males than African children with sleeping sickness.

The most shocking global misallocation of health resources, of course, is the HIV/AIDS pandemic. AIDS is a global crisis which threatens the security of every government in every Nation including the United States. This is not merely a health issue, this is an economic, social, political, and moral issue. AIDS has destroyed societies, destabilized governments and has the potential to topple democracies. According to UNAIDS, nearly 22 million people have lost their lives, and over 36 million people today are living with HIV and AIDS. Fewer than 2 percent of them have access to life-prolonging therapies or basic treatment. The number of new infections of HIV is estimated at 15,000 every day, and it is growing. I am told that nearly a quarter of some of Africa's armies are HIV positive.

In a year when President Bush has requested an \$8 billion increase in spending over the current \$320 billion defense budget, U.N. Secretary General Kofi Annan has called for a global AIDS trust fund to raise \$7 billion to \$10 billion a year to combat the pandemic. That is almost the same figure as the defense spending increase that we would be adding to a \$320 billion budget. This has to be a joint effort among governments, private corpora-

tions, foundations, and nongovernmental organizations.

We are ranked last among the 22 OECD countries in terms of what we spend on foreign assistance, and we have got to spend more. It is in our interest as well as in the interest of the rest of the world. If we are going to maintain our position as the world's superpower, the most prosperous Nation in the history of western civilization, then we have got to share our resources. If we do not, we are going to pay a price in the long run.

These are national priorities, and I hope that they get better addressed in our foreign assistance budget and in our national priorities generally.

#### THE NATURE OF THE BEAST

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

Mr. DAVIS of Illinois. Mr. Speaker, I rise today to add my voice to those who have been talking about support for a patient's bill of rights. But, of course, Mr. Speaker, not just any patients' bill of rights. I support the robust patients' bill of rights sponsored by my esteemed colleagues, Mr. MCCAIN, Mr. KENNEDY, and Mr. EDWARDS in the Senate, and the companion legislation, sponsored by the gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL) in the House. I support the patients' bill of rights that puts patients before profits and values human life over the bottom line.

The idea of a patients' bill of rights is nothing new to this Congress. We have all listened to the rhetoric and we have all been involved in the debate. As a Member of Congress since 1996, I must say that it is interesting to see where this debate has gone. I find it worth commenting that the question we are now faced with is not so much whether or not we should pass a patients' bill of rights but which version we should pass. In other words, we are all in agreement that patients need to be afforded an increased level of protection from the predatory tendencies of managed care organizations.

Rather than immediately delve into the particulars of why we should prefer one version over another, I believe it is instructive to take a step back for a moment and look at the concept of a patients' bill of rights in the first place. The very idea that we need a patients' bill of rights, an idea I remind my colleagues that we all are in support of, implies the presence of an injurious element within our health care system. The simple fact that we are debating this idea means that each one of us, on some level, acknowledges the basic reality that the interests of managed care organizations tend to be adversarial to the interests of patients.

I believe that the debate over which patients' bill of rights to accept can be resolved simply by looking more closely at the nature of the beast. Too often I believe we talk about solutions without fully understanding the problem. I believe that with a careful examination of the means and motives by which managed care corporations make money, off the pain and suffering of patients, the answer to the question of which patients' bill of rights is the real patients' bill of rights becomes self-evident.

Now, what is it about managed care that is so inherently evil? Well, let me just quote one thing that Milton Friedman, a well-known advocate of free market economics, said. "Few trends could so thoroughly undermine the very foundation of our free society as the acceptance by corporate officials of a social responsibility other than to make as much money for their stockholders as possible." In other words, if we go by the dictates that managed care organizations live by, not only is it undesirable to take a patient's well-being into account, it is simply unethical to do so. Any motive other than profit is extraneous and inappropriate.

Now, obviously, this narrow-minded approach has put us in the situation that we are currently in. And I would suggest, Mr. Speaker, that we simply take stock of where we are as a country with a health care delivery system, put patients before profits, make sure that patients and their physicians have the opportunity to collaborate, to make decisions and determinations about the kind of treatment they should receive, and not some bureaucrat or clerk sitting in an office. That is the only real way to do it.

So I would urge all of my colleagues and all of America to really support the Ganske-Dingell bill so that patients can have real rights, and that is the right to be involved, the right to live, the right to get good medicine when they are in need of it.

#### HONORING THE NATION'S PREMIER LATINA LABOR LEADER, DOLORES HUERTA

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

Ms. SOLIS. Mr. Speaker, I rise today to honor one of our Nation's premier Latino labor leaders, Dolores Huerta.

Growing up in a predominantly Latino neighborhood in Southern California, I often looked to my community leaders for lessons in how to live and how to treat other people. One of the most influential role models continues to be Dolores Huerta, pre-eminent civil rights leader who has fought for the rights of underserved laborers for more than 40 years.

Born in Dawson, New Mexico, on April 10, 1930, Dolores Huerta was

raised along with her four siblings in the San Joaquin Valley town of Stockton, California. While there, she witnessed firsthand the poverty that local farm workers endured, but also saw the generosity her mother showed them in the form of free meals and lodging.

Although she earned a teaching degree from Stockton College, Dolores Huerta left the profession because she could not stand to see her students, children of farm workers, arrive at school hungry, without shoes and food. Rather than just teach, she decided to organize the farm workers to help them fight for their civil rights as well. So in 1955 she founded the Stockton chapter of the Community Service Organization, a community organization designed to educate, organize, and assist these poor families.

Her dedication to farm workers continued and, in 1962, Dolores Huerta joined with Cesar Chavez to establish the National Farm Workers Association. The group was a precursor to the United Farm Worker Organizing Committee, for which she served as secretary-treasurer.

But Dolores Huerta has done much more than just organize farm workers. She has also fought for health benefits, higher wages, and disability insurance for those people who work in the fields. Without her, today's farm workers would not enjoy the fair treatment and safe working standards that they enjoy now in the State of California.

Dolores Huerta's dedication, though, is not just confined to farm workers. She fought hard for the rights that we all hold dear, women's rights, environmental justice, civil rights, and free speech. In fact, in the 1960s, Dolores Huerta launched a campaign for environmental justice. She began to advocate against the use of toxic pesticides that harmed farm workers and consumers. Her vehement lobbying and organizing led growers to finally stop using dangerous pesticides such as DDT and Parathyon in their fields.

Dolores Huerta has also been visible in the political spectrum. As a legislative advocate for the labor movement, she has led farm worker campaigns and various political causes. In fact, she is probably most remembered standing beside Robert F. Kennedy as he acknowledged her help in winning the 1968 California Democratic presidential primary moments before he was shot in Los Angeles.

She has also worked tirelessly to make sure that all people, including those that only speak Spanish, have the opportunity to be heard. She has helped to establish Spanish language radio communications organizations with five Spanish radio stations, and has participated in numerous protests to highlight the plight of farm workers throughout the country. Although most of those demonstrations were peaceful, Dolores Huerta herself has

endured physical harm and more than 20 arrests for peacefully exercising her right of free speech.

Her dedication to farm workers and people of color across America has earned her numerous accolades, including the American Civil Liberties Union Roger Baldwin Medal of Liberty Award, the Eugene Debs Foundation Outstanding American Award, the Ellis Island's Medal of Freedom Award, and induction into the National Women's Hall of Fame.

Today, my colleagues, we have the opportunity to honor Dolores Huerta, not only for her unwavering dedication to farm workers but to her commitment to creating a better environment for all Americans. This resolution that I am presenting today marks the first time in recorded history that Congress has chosen to honor a Latina labor leader. I urge all my colleagues to support this resolution.

#### PRESCRIPTION DRUGS

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

Mr. SANDERS. Mr. Speaker, as my colleagues may know, tragically millions of American citizens cannot afford the outrageously high costs of prescription drugs in this country. Some of these people die, others suffer, and still others take money from their food budgets or other basic necessities of life to buy the life-sustaining drugs that their doctors prescribe.

Tragically, and I think many of us are fully aware of this now, citizens of the United States pay by far, not even close, the highest prices in the world for prescription drugs. Some of us have taken our constituents across the Canadian border, others have gone over the Mexican border and have found, for example, that tamoxifen, a widely-prescribed breast cancer drug, sells in Canada for one-tenth of the price, one-tenth of the price that it sells in the United States. And this is for women who are struggling for their lives.

But it is not only Canada that has lower prescription drug prices. For every \$1 spent in the United States for a prescription drug, those same drugs are purchased in Switzerland for 65 cents, the United Kingdom for 64 cents, France for 51 cents, and Italy for 49 cents. Meanwhile, year after year the pharmaceutical industry appears at the top of the charts in terms of profits. Last year, for example, the ten major drug companies earned \$26 billion in profits while millions of Americans are unable to afford the products that they produce.

Now, why is it that prescription drugs in this country are so much more expensive than they are in any other industrialized country? I think the answer is obvious. The pharmaceutical

industry is perhaps the most powerful political force in Washington and has spent, unbelievably, over \$200 million in the last 3 years on campaign contributions, on lobbying, and on political advertising.

□ 1900

Amazingly, the drug companies have almost 300 paid lobbyists knocking on our doors in Washington, D.C. to make certain that Congress does not lower the cost of prescription drugs, and to make certain that their profits remain extraordinarily high.

Year after year senior citizens throughout this country and those with chronic illnesses cry out for prescription drug reform and lower prices, but their cries go unheeded as the pharmaceutical industry and their lobbyists defeat all efforts to lower prices.

This year it is my hope and my expectation that it is going to be different and that we are finally going to succeed, not only in passing a prescription drug benefit under Medicare, but lowering prescription drug costs for all people.

Last year this Congress in a bipartisan manner passed legislation that promised the American people that they would be able to buy prescription drugs at the same low prices as consumers in other countries through a drug reimportation program. In the House, the Crowley reimportation amendment won by the overwhelming vote of 363-12. Unfortunately, at the end of a long legislative process, loopholes were put into the amendment that made it ineffective. While the law remains on the books, it has not been implemented by either the Clinton administration or the Bush administration.

In an increasingly globalized economy where we import food and other products from all over the world, it is incomprehensible that pharmacists and prescription drug distributors are unable to import or reimport FDA safety approved drugs that were manufactured in FDA approved facilities.

Mr. Speaker, tomorrow as part of the agriculture appropriations bill, the gentlewoman from Connecticut (Ms. DELAURO) and the gentleman from New York (Mr. CROWLEY) and I will introduce essentially what the Crowley bill was that passed overwhelmingly last year.

Despite huge opposition from the pharmaceutical industry, I am confident that Congress will stand up and vote to begin the process to lower prescription drug costs in this country.

As Dr. David A. Kessler, former FDA Commissioner under President Bush and President Clinton stated in support of reimportation last year, "I believe U.S. licensed pharmacists and wholesalers who know how drugs need to be stored and handled, and who would be importing them under the strict oversight of the FDA, are well-positioned