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 the impending crisis.

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.

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 stability of governments in every Nation including the United States. This is not merely a health issue, it 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 treatments. 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. This 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 corporations, foundations, and nongovernmental organizations.

We are lowest 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 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 comparable 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 1986, 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 fact 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 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 organizations 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 make money, it is 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 informed, 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, a pioneering civil rights leader who has fought for the right of the right to live, for the right of the right to work, and for the right of the right to live in peace and dignity.

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 the plight of farm workers, 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. For prescription drugs, those same drugs that 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. For prescription drugs, those same drugs that are sold 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 prescription drugs, 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 remains on the books, it has not been compromised 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. This year in the House, the Crowley reimportation amendment was defeated, 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. This year in the House, the Crowley reimportation amendment was defeated, not only in passing a prescription drug benefit under Medicare, but lowering prescription drug costs for all people.

In an increasingly globalized economy, there are no longer 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 gentleman 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 this is the most basic of human rights. What wholesaler, 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...