

First Congressional District; and Prime Minister  
Atal Behari Vajpayee of India.

## Statement on the Deaths of United Nations Refugee Workers in Indonesia and in Guinea

*September 25, 2000*

I join all Americans in mourning the recent deaths of United Nations refugee workers in Indonesia and in Guinea.

On September 6 in West Timor, three staff members of the office of the United Nations High Commissioner for Refugees were brutally murdered by a rampaging local militia. One of those killed was an American, Carlos Caceres-Collazo, who was still new to the cause of helping refugees and displaced persons, but already dedicated to it, even in conditions of great danger and hardship.

Two weeks later, in the West African country of Guinea, another UNHCR staff member was killed, and a colleague abducted, by an unidentified armed group. I extend my condolences to

their families and to UNHCR, which has been shocked by these tragedies. We hope that the abducted employee will be returned to safety.

These international civil servants were willing to take enormous risks and endure great hardship to protect and assist the most vulnerable refugees, displaced and war-affected people. Humanitarian workers operate on the principles of neutrality and impartiality, and it is tragic that they so frequently become the victims of willful violence themselves. We must work to end the culture of impunity that allows such violence to flourish and dedicate ourselves to strengthening the protection of those whose mission is to help their fellow human beings.

## Letter to Congressional Leaders on the “Medicine Equity and Drug Safety Act of 2000”

*September 25, 2000*

*Dear Mr. Speaker: (Dear Mr. Leader:)*

In your letter, you outlined a number of health care issues that you indicated could be resolved before Congress adjourns. I want to be equally clear about my priorities and hopes for progress this fall. As the days dwindle in this session of Congress, I am seriously concerned about the lack of movement on some of our most important issues. I am, however, encouraged to learn from your letter that the Republican leadership is now committed to providing Americans with access to prescription drugs available at lower cost from other countries.

As you know, our people are growing more and more concerned that the pharmaceutical industry often sells the same drugs for a much higher price in the United States than it does in other countries, even when those drugs are

manufactured here at home. This forces some of our most vulnerable citizens, including seniors and people with disabilities, to pay the highest prices for prescription drugs in the world. This is simply unacceptable.

That is why I support the “Medicine Equity and Drug Safety Act of 2000,” which the Senate passed by an overwhelming vote of 74 to 21. This important legislation would give Americans access to quality medications at the lower prices paid by citizens in other nations. The Senate bill, sponsored by Senators Jeffords, Wellstone, Dorgan and others, would allow wholesalers and pharmacists to import FDA-approved prescription drugs and would establish a new safety system intended to track these imports and test them for authenticity and degradation. Before this provision could take effect, the Secretary

of Health and Human Services would be required to certify that the regulations would, first, pose no risk to the public health; and, second, significantly decrease prices paid by consumers.

With these protections in place and the \$23 million necessary to implement them, this legislation would meet the test that we both believe is crucial—preserving the safety of America’s drug supply.

Although your letter implies support for legislation similar to the Senate-passed bill, I am concerned by its statement that seniors would “buy lower-priced drugs in countries like Canada” [*emphasis added*]. Of course, few seniors live near the Canadian or Mexican borders and even fewer can afford to cross the border in search of lower-price drugs. Moreover, policies like the House’s Coburn amendment would strip the FDA of all of its ability to monitor safety and prevent seniors from buying counterfeit drugs, putting their health in danger and their finances at risk.

I urge you to send me the Senate legislation—with full funding—to let wholesalers and pharmacists bring affordable prescription drugs to the neighborhoods where our seniors live. Though this initiative does not address seniors’ most important need—meaningful insurance to cover the costs of expensive medications—it still has real potential to allow consumers to access prescription drug discounts.

I remain concerned that with less than one week left in this fiscal year, Congress has not passed eleven of thirteen appropriations bills; Congress has not raised the minimum wage; and Congress has not passed a strong, enforceable patients’ bill of rights. And, according to your letter, the congressional leadership has given up on passing a meaningful, affordable and optional Medicare prescription-drug benefit.

I am extremely disappointed by your determination that it is impossible to pass a voluntary Medicare prescription-drug benefit this year. I simply disagree. There is indeed time to act, and I urge you to use the final weeks of this Congress to get this important work done. It is the only way we can ensure rapid, substantial and much-needed relief from prescription drug costs for all seniors and people with disabilities, including low-income beneficiaries.

On the issue of the Medicare lock-box, I have endorsed the Vice President’s initiative, which has been effectively embodied in Senator Conrad’s amendment that passed on the Labor-Health and Human Services appropriations bill. I am therefore encouraged by your commitment to passing this legislation; but we must still make all efforts to ensure that the Medicare payroll taxes in the lockbox are used solely for Medicare.

Similarly, I am pleased to learn of your commitment to pass a greatly-needed package of Medicare and Medicaid health care provider payment and beneficiary refinements. As you know, I proposed such refinements in my budget and in my June Mid-Session Review. This includes payment increases for hospitals, home health agencies, nursing homes and other providers as well as access to Medicaid for legal immigrants, certain uninsured women with breast cancer, and children with disabilities; extended Medicare coverage for people with disabilities; an extension of the Balanced Budget Act’s diabetes provisions; and full funding for the Ricky Ray Trust Fund.

Again, I am pleased to learn of your commitment to providing Americans with access to high-quality, lower cost prescription drugs from other nations. There is no reason why we cannot work together to pass and enact such legislation immediately. As we do, we should not give up on passing both a workable, affordable and voluntary Medicare prescription-drug benefit for our nation’s seniors and a meaningful patients’ bill of rights for all Americans. I will do everything in my power to achieve that end, and I look forward to meeting with you on these issues as soon as possible.

Sincerely,

WILLIAM J. CLINTON

NOTE: Letters were sent to J. Dennis Hastert, Speaker of the House of Representatives; Richard A. Gephardt, House minority leader; and Thomas A. Daschle, Senate minority leader. An original was not available for verification of the content of this letter.

Message to the Congress Transmitting a Report on the National  
Emergency With Respect to Angola (UNITA)  
*September 25, 2000*

*To the Congress of the United States:*

As required by section 401(c) of the National Emergencies Act, 50 U.S.C. 1641(c), and section 204(c) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(c), I transmit herewith a 6-month periodic report on the national emergency with respect to the National

Union for the Total Independence of Angola (UNITA) that was declared in Executive Order 12865 of September 26, 1993.

WILLIAM J. CLINTON

The White House,  
September 25, 2000.

Message to the Congress Transmitting a Report on the National  
Emergency With Respect to Iran  
*September 25, 2000*

*To the Congress of the United States:*

As required by section 401(c) of the National Emergencies Act, 50 U.S.C. 1641(c), section 204(c) of the International Emergency Economic Powers Act (IEEPA), 50 U.S.C. 1703(c), and section 505(c) of the International Security and Development Cooperation Act of 1985, 22 U.S.C. 2349aa-9(c), I transmit herewith a 6-month periodic report on developments concerning the national emergency with respect to

Iran that was declared in Executive Order 12957 of March 15, 1995, and matters relating to the measures in that order and in Executive Order 12959 of May 6, 1995, and in Executive Order 13059 of August 19, 1997.

WILLIAM J. CLINTON

The White House,  
September 25, 2000.

Letter to Congressional Leaders Transmitting a Report on the Partnership  
For Peace  
*September 25, 2000*

*Dear Mr. Chairman:*

Pursuant to section 514 of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (Public Law 103-236), and section 205 of the NATO Participation Act of 1994 (title II of Public Law 103-447), I hereby transmit to you a report concerning Partnership for Peace (PFP) developments through July 15, 2000.

The PFP has been an unqualified success since its establishment in 1994. As reviewed in this year's report, through the PFP, Partners have built stronger ties with the Alliance and developed closer cooperative relationships with their neighbors. The PFP, and its political com-

ponent, the Euro-Atlantic Partnership Council, have also provided a means for incorporating Partners into NATO's operations in Bosnia and Kosovo, and assisting those countries that want to join NATO to implement reforms through the Membership Action Plan process. In addition, enhancements to the PFP have provided an improved mechanism for Partners to use in developing the interoperability with NATO that will be necessary for future NATO-led Allied/Partner missions.

Sincerely,

WILLIAM J. CLINTON