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.

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

(Mrs. JONES of Ohio addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. LANGEVIN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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 to safely import quality products rather than having American consumers do this on their own.'' That is Dr. David Kessler.

Mr. Speaker, I hope tomorrow will win an overwhelming victory for prescription drug consumers in this country.

LIFT MEDICAID CAPS IN U.S. TERRITORIES

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

Mr. UNDERWOOD. Mr. Speaker, a couple of speakers this evening have talked about the need to improve health care for all American citizens, the most recent speaker talking about prescription drugs, and earlier my colleague talking about a real Patients' Bill of Rights.

This evening I would like to raise another issue, and that is lifting of the Medicaid caps for the Territories of the United States, including my home Island of Guam.

At the start of this Congress, I, along with other territorial delegates from the Virgin Islands, America Samoa, and the Resident Commissioner of Puerto Rico, introduced a bill, H.R. 48, to remove caps on Medicaid payments to the U.S. territories and adjust the statutory matching rate. H.R. 48 is authored by my esteem colleague, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), formerly a practicing physician there.

When this bill was first introduced during the 106th Congress, we reported that Medicaid allotments fell far short of meeting the needs of indigent populations in the Territories, and because of depressed economic conditions, high unemployment rates and the rising health care needs of growing indigent populations, the reliance on Medicaid assistance continues to surge way beyond the Federal cap and beyond the Territorial Government's ability to match Federal funds.

In Guam, for example, for fiscal year 2000, Medicaid assistance was capped at $5.4 million. However, the Government of Guam, because of the emerging population, spent approximately 3 times that amount to serve the medical needs of the people of Guam. For fiscal year 2001, the Medicaid ceiling is capped at an additional $200,000 at $5.6 million. However, the estimated cost to provide medical care to Guam's needy today is approximately $27 million over that amount, resulting in a dramatic overmatch for the Government of Guam, way beyond any match that is expected of any State jurisdiction.

I fear the squeeze will even be greater as the Government of Guam implements the President's tax cut plan which has a deep impact on the economies of Guam and the Virgin Islands. These two U.S. jurisdictions have tax systems which mirror the Internal Revenue Code of the United States, which means whatever tax policies are implemented on the Federal level automatically take effect at the local level, even without consulting us. The Government of Guam has no surplus to cover the anticipated $30 million shortfall in revenues which will occur resulting from this tax cut.

Thus, the struggle to provide medical services to Guam's needy will be more than the local economy can bear. Lifting the Medicaid caps for territories and changing the Federal Territorial matching rate currently set at 50–50 would provide relief to the neediest populations of the Territories.

This legislation proposes that the Federal Territorial matching share be set at the share of the poorest State, which is currently a 77 to 23 Federal-State match. Congress must consider the reality that Territorial Governments have not shared in the same economic prosperity which has been experienced in the U.S. mainland, and should recognize this by changing the matching rate.

I stand here this evening to urge my colleagues to join in support of H.R. 48. Health care is an issue of importance to every American, whether they reside in the 50 States or the U.S. Territories. Resolving Medicaid issues in the Territories is a step in the right direction towards providing much needed health care relief for Americans, no matter where they live. We are all one country when it comes to responsibilities like service to our country. We should all be one country when it comes to realizing benefits and services like health care.

CORRECT UNEQUAL TREATMENT AMERICANS IN THE TERRITORIES RECEIVE FROM MEDICAID PROGRAM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, I rise today to join my colleague from Guam in once again speaking out against the unequal treatment that the American citizens in the Territories receive from the Medicaid program. By virtue of where we live and only by virtue of where we live, low-income Americans in the territories are not able to receive the full benefits of the Medicaid program.

For the residents of my district, the U.S. Virgin Islands, in order for a family of 4 to qualify for medical care under Medicaid, the maximum salary that a family can earn is $8,500 a year, one-half of the Federal minimum wage. By contrast, in year 2002, all States at a minimum will provide Medicaid for all children 19 years old and younger living in families at or below the poverty level at $17,050 for a family of 4, more than twice that amount.

Historically the Government of the Virgin Islands matched the Federal contribution with a combination of cash and in kind. When the value of both is added, it equaled and many times exceeded the Federal contribution. While this resolves the Federal requirement on paper, it has created a financial havoc for the Territorial hospitals and clinics that really incur the cost of in-kind services but never get reimbursed.

Because of the cap and 50–50 local match, the local Virgin Islands Government also bears the brunt of the cost of the Medicaid program contributing 66 percent or more on average, adding to the burden of the Territory.

In addition, because our hospitals do not get DSH payments to supplement the large amount of low-income patients that we serve, this creates an additional financial burden on the Territory's hospitals; and compounding this dilemma is the fact that the Virgin Islanders, nor do the residents of Guam, get SSI benefits, which means that our disabled citizens are also excluded from the benefits of this program, again just because of where we live. I place emphasis on ''where we choose to live'' because the fact that all a low-income Virgin Islands resident has to do to receive SSI or full Medicaid benefits is to move to Miami or New York where a growing number of our residents now reside. We would prefer to keep our poor, sick and disabled residents at home instead of sending them to these districts because of an inequity in the law.

Moreover, it is plain wrong that families must move away from their homes and friends in order to receive a benefit that their fellow citizens on the mainland do not have to leave their home to receive.

Why does this unequal treatment exist? The answer most given is that the Territories do not pay Federal income taxes, but it is not as simple as that. The fact is that people who receive SSI and themselves in the States do not pay Federal taxes because they do not earn enough money.

This Congress in their wisdom, through the earned income tax credit and other tax credits, allow low-income Americans to pay very little Federal taxes. But these same citizens, like my constituents, all pay Social Security and Medicare payroll taxes for which there are no credits or exemptions.

How is it that one group of American citizens, or even residents who are not yet citizens, can receive medical care even though they do not pay Federal taxes while another group does not. Likewise when my constituents are called to serve their country when we are at war or even when we are not, they are not asked whether they pay Federal taxes; and we serve willingly and proudly and in large numbers.

Mr. Speaker, a recent report, the Access Improvement Project of the Virgin Islands, revealed that great disparities exist for Medicaid eligible children in the Virgin Islands compared to the continental United States. The report shows that while the Nation as a whole spends an average of $76 for EPSDT screening per Medicaid eligible child, the U.S. Virgin Islands only spent $1.20. Additionally, the total Medicaid expenditures per child also shows an astonishing disparity. In the age group 15 to 20, national Medicaid expenditures were approximately 599 percent more than what is being spent in the Virgin Islands. We also received a 50 percent match, despite a State like Mississippi where the average income is $1,500 higher than ours. They receive 80 percent match. And the Virgin Islands Medicaid program cannot provide wheelchairs, hearing aids or prosthetic devices, and only provides physical and occupational therapy to a limited degree because of the limited funding.

Mr. Speaker, the gentleman from Guam (Mr. UNDERWOOD) and I pledge to work to remove the Medicaid cap and to right this injustice on behalf of the poor and disabled in our districts. I hope that our colleagues will agree that it is not right to penalize American citizens of similar circumstances only because of where they live, and that they will join and support our efforts.

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NATIONAL ENERGY POLICY

The SPEAKER pro tempore (Mr. KENNEDY of Minnesota). Under the Speaker's announced policy of January 3, 2001, the gentleman from Colorado (Mr. MCINNIS) is recognized for 60 minutes as the designee of the majority leader.

Mr. MCINNIS. Mr. Speaker, before I start this evening on the main subject