

to meet just basic needs such as food, shelter, and water. Many times, men, women, and children find themselves living in destitute conditions in camps that leave them vulnerable to attack and to disease. There are anywhere from 3 million to 6 million refugees and approximately 10.6 million internally displaced refugees in Africa. More than half of all African refugees have fled from four countries: Sierra Leone, Somalia, Sudan, and Angola. These four countries, along with Eritrea, Burundi and Liberia, each produce over a quarter of a million or more of refugees. The numbers are staggering, too large even to imagine, and difficult to connect to human lives.

So what do we do? What does it mean to be a refugee? Who needs to be resettled?

Let me tell my colleagues the story of one. Jean Pierre Kamwa, a student activist from Cameroon, fled to the United States in 1999 seeking asylum from imprisonment and torture, evils visited upon him because of his activism, ethnic background, and pro-democracy rhetoric. After arriving at JFK Airport from the long trip and treacherous ordeal, he was immediately taken into custody, fingerprinted, photographed, and handcuffed by an INS officer. Mr. Kamwa was told to remove his clothes and was subsequently searched. Then he was taken, still handcuffed, to the Wackenhut detention facility in Queens, New York, where he was detained for 5 months until granted asylum in April of 2000.

Mr. Kamwa now works with refugee visitation programs, such as First Friends, a community-based network that coordinates visits to the Elizabeth, New Jersey, immigration facility where 300 refugees are being held waiting for their cases to be judged and, might I add, at a facility that still does not reach the standards, in my opinion, that it should.

This one man's story shows that even refugees who find their way to our shores have a long way to go before they can lead normal lives again. Now imagine that you are a refugee, seeking asylum in the United States. Imagine how difficult life is, held in detention, while you are being processed.

Since September 11, that wait has become even longer. Understandably, the tragedy that occurred created a delay in the processing of immigration and refugee resettlement cases. On November 21, 2001, President Bush authorized the admission of 70,000 refugees into the United States for fiscal year 2002. Yet, as of May 31 of this year, slightly less than 13,800 refugees have been admitted. Given the current pace of processing, it is highly unlikely that the allocation admissions level will be reached by September 30 of 2002; and, therefore, those people will not have an opportunity to come into this country.

What is even more disturbing is that while 28 percent of the refugees worldwide are Africans in origin, less than 7

percent of the refugees admitted into this country in fiscal year 2002 are of African origin. A mere 891 African refugees have been admitted this year, while 14,089 refugees from the Near East and South Asia have been resettled in the same amount of time; and a staggering 6,470 have come from the former Soviet Union. There is clearly an imbalance here, and it has to be redressed.

Testifying at a February 12 hearing held by the Senate Immigration Subcommittee, the head of the State Department's Refugee Bureau, Assistant Secretary Dewey, and INS Commissioner James Ziglar committed their agencies to working very diligently to admit the 70,000 refugees that President Bush pledged to bring to the United States of America. In his testimony Ziglar said, "The terrorist attacks of September 11 were caused by evil, not immigration. We can and will protect ourselves against people who seek to harm the United States, but we cannot judge immigrants or refugees by the actions of terrorists. Our Nation must continue in its great tradition of offering a safe haven to the oppressed and persecuted."

Mr. Speaker, I ask all of my colleagues to join in to try to make the processing of refugees more humane.

The Refugee Resettlement program has proved to be a success for many individuals seeking asylum from terrible situations in their own countries, such as the thousands of Dinka youths that have come to be known as the "Lost Boys" of Sudan. The treacherous war in Sudan, fueled by the lust for oil, has forced thousands of Southern Sudanese to flee to neighboring countries like Kenya and Ethiopia. As the war rages on, thousands of Sudanese boys went from one country to another and 5,000 survivors of the 33,000 who originally fled Sudan ended up in a refugee camp in Northern Kenya called Kakuma. They have since become known as the "Lost Boys" of Sudan.

John Tot and 109 other Sudanese teenagers arrived in Philadelphia and other cities around the U.S. in late 2000, part of a humanitarian effort of the State Department and the UN High Commissioner on Refugees. These young boys have overcome numerous obstacles to learn English, graduate from high school, and even make their way to college.

The refugee resettlement program can work and can mean the difference between barely surviving and leading a full, productive life. We must do what we can to urge the processing of African refugees. It's a matter of life and death.

WARPED LEGISLATIVE PRIORITIES

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

Ms. KAPTUR. Mr. Speaker, I rise to discuss this administration's and this Republican leadership's warped and dangerous legislative priorities. Let us start with Social Security, which is dead last on their priority list. This House leadership has simply refused to

bring up Social Security. Not only are they refusing to debate. They are completely dodging the issue.

The situation is so bad that this week, Democrats were forced to launch a discharge petition wherein we have to get 218 signatures in order to try to bring a bill to the floor to provide the American public with the debate on Social Security that our people deserve. All the while, the Republicans are on a course to raid and are raiding the Social Security trust fund to the tune of \$1.8 trillion.

This debt clock tells the story of this week. Every week since they have started to do this, because we were in surplus a year and a half ago, finally, after years of budget regimen during the Clinton years and this Congress, we were able to bring revenues and expenditures into balance, even though we have an accumulated debt we are paying off. Nonetheless, they have begun to try to raid the Social Security trust fund to pay for ongoing expenses; and every week while they are doing this, I am going to come down here and let the American people know how much they borrowed this week.

So as of today, they have now taken \$218,095,890,410, which amounts to, for each citizen in our country, they dipped into your pocket \$775. You could say it is akin to a tax imposed on each senior and their family in this country.

Now, what do Republicans propose to do about it? Nothing. In fact, if they had their way, they would sneak through a debt ceiling increase and go on about the business of pushing their number one priority, one which lies at the very heart of the Republican Party, and that is cashing out the revenues of the people of the United States to the wealthiest people and corporations in this country, even those that locate their headquarters offshore, as the gentleman from Texas (Mr. ARMEY), the Republican leader, endorsed yesterday.

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Members know the companies I am talking about, the energy giants like Enron Corporation, which is going to take 350 million more dollars of our seniors' money for tax breaks that are given to them, and the pharmaceutical companies that lined up for the big dinner that the Republicans held last night over here at the convention center, where they raised over \$30 million for this fall's election.

Let us look at veterans. That is another low priority on the Republican list. This administration has proposed a 250 percent increase on copay for pharmaceuticals that our veterans must buy when they go into the veterans' clinics or veterans' hospitals.

If one is a heart patient or somebody that needs 10 prescriptions a month, figure out, if one is charged an additional \$7 per prescription, that is over \$70 to \$100 additional per month. That is a tax on our veterans.

Republicans who profess to be the party of tax cuts would impose new

taxes on our veterans in the form of higher pharmaceutical costs, while pushing for more tax breaks for the superwealthy and our Nation's most profitable corporations.

What about a prescription drug benefit for Medicare, an issue they are finally getting around to after ramming through over \$2 trillion in tax breaks over the next 10 years for their campaign sugar daddies? Their plan would put Medicare on the road to privatization, and leaves a \$3,600 gaping hole in coverage between the initial benefit limits that people would qualify for and the kick-in of a stop-loss protection at \$4,500 in out-of-pocket spending.

Their plan is so defective it is no surprise that even some leading Republican experts are skeptical that it would work. Is it any surprise that the pharmaceutical industry, whose inflated prices are the root cause of the problem, has endorsed the bill and actually is hugging it, as I watched them walk across the streets of Washington?

Republicans are fond of the phrase "Leave no child behind," even though the education bill they sent to this floor through the budget is \$2 billion under last year's spending. Then how are we going to leave no child behind?

But what about America's seniors? How many of them are going to be left behind? Every day how many of our veterans are being left behind? That is what Republican policies do, they will leave the American people behind the eight ball for generations to come.

America needs to put Social Security first. Our mothers, fathers, grandmothers, grandfathers who built this great country and put their lives on the line for it, they should not have to worry. We ought to take care of the problem here. We owe it to them.

We need to repair the broken lock on the Social Security lockbox that was not supposed to be invaded, but it has been invaded seven times now. We need to provide prescription drug coverage for our seniors. We need to create good jobs for our people here at home, and not give tax breaks for them to invest offshore. We need to start creating wealth and good-paying jobs in this country again.

We need the Republican Party to get its priorities straight for a change.

PRESCRIPTION DRUG BENEFITS AND COSTS

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

Mr. KINGSTON. Mr. Speaker, I wanted to address the House tonight on the question of prescription drug benefits and prescription drug costs for our seniors. I have worked very closely on this issue, and while the Committee on Ways and Means and the Committee on Energy and Commerce are busy marking up prescription drug benefits for our seniors, which incidentally would

include a no-cost benefit to people under a certain income bracket, there are other things that we should be doing to help lower the cost of prescription drugs.

So I applaud the committee for their work on it, but with the number in mind of \$1.8 trillion, which is what the Congressional Budget Office estimates seniors will be paying for prescription drugs over the next 10 years, we realize the size of the task in front of us, so we cannot just say, let us do a prescription drug benefit and be done with it. There are other things we should do.

One of the things, Mr. Speaker, we should allow is drug reimportation. Drug reimportation is very important, because while we can buy clothes, food, cars, and, in fact, we can buy practically anything from our neighbor north of the border from us in Canada, the FDA does not allow American citizens to buy their drugs over there. Even though they are FDA-approved, the same dosage, the same bottle, the same brand, the same prescription, we cannot drive from Detroit over to Windsor and buy our drugs, according to the FDA.

Now, that is too bad, because there are a lot of seniors who already are doing this and saving thousands of dollars a year, which is an important and significant savings for anybody, but particularly for people on a fixed income.

I have a constituent who actually is buying Lipitor from another country. The prescription of Lipitor in Texas is about \$90, but if she buys it over the border, it is \$29. The gentleman from Wisconsin (Mr. GUTKNECHT) has submitted for the RECORD time and time again a list of the costs of drugs for America versus Europe and America versus Canada. We need to allow seniors to buy their drugs from any country they want if they are FDA-approved drugs, and we should let their pharmacists do it locally, on a wholesale basis.

The second thing we should do, Mr. Speaker, is look at the patent issue. Drugs right now get a 17-year patent. I ask Members, is that long enough, or is that too short?

One of my concerns is we pay for a lot of the basic research as American taxpayers. We pay to the National Institutes of Health and other government research agencies, and then we allow the pharmaceutical companies to get a big research and development write-off on their taxes, so we do subsidize drug research.

That being the case, should we allow a 17-year patent on drugs? When the patent on Prozac went off last August, the price of Prozac fell 70 percent. We have to ask ourselves, this government-sanctioned monopoly, is this a good idea? I bring up the question, Mr. Speaker. I do not know the answer to it, but I think we should look at it.

Thirdly, we should look at drug approval time. The FDA right now takes 3 to 8 years to approve a new drug. We

need to narrow that window. We need to put safety first, but if we can get the drug to market faster in a safe way, we need to do it.

Finally, Mr. Speaker, there is a study from the University of Minnesota, which the gentleman may be familiar with, which actually says as much as 40 percent of the prescription drugs that are taken are either unnecessary or are taken incorrectly. We need to help people take the prescription drugs in a safe and in a correct manner, because the cost, if we can imagine 40 percent of the drugs being used incorrectly, that is a tremendous amount of savings and a huge health hazard.

So these are some of the things we should continue to do along with the prescription drug benefit, which the Republican Party is offering next week on the House floor.

I want to say these things, Mr. Speaker. I appreciate the time and the work the gentleman from Minnesota (Mr. KENNEDY) has put into this himself, and look forward to following this process down. As my mother would say to me, it is the cost, stupid. Bring down the cost of my prescription drugs. We need to do it now.

THE PROBLEM SENIOR CITIZENS FACE AFFORDING PRESCRIPTION MEDICINE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Texas (Mr. TURNER) is recognized for 60 minutes as the designee of the minority leader.

Mr. TURNER. Mr. Speaker, during this special order hour, the Members of the Democratic side of the aisle are going to talk about an issue that we feel very strongly about, and that is the problem that senior citizens are having today affording their prescription medicines.

We just heard a few remarks a moment ago from the gentleman from Georgia (Mr. KINGSTON) talking about this problem, and yet the real heart of the problem lies in the fact that this Congress, and particularly those on the Republican side of the aisle, have refused to really deal with this problem of providing adequate prescription drugs for our seniors.

In fact, next week we are going to have a Republican plan presented on the floor of this House. Now, we do not know yet, since we are the party in the minority, whether the Republican majority will allow us to present our alternative plan or not. It may be very difficult for them to allow us to do so, because our plan is so attractive to America's seniors.

But we are here this afternoon because we believe it is important for the American people and our senior citizens to understand the differences in what the two parties are proposing to do to help our seniors afford their prescription medications.

Ever since I have been in Congress, I have received hundreds of letters from