

The brewing famine is the worst the region has seen since a drought 10 years ago threatened 18 million people, the U.N. said. But today's situation may prove even more disastrous. One difference, the U.N. said, is that now the working populations of the countries involved have been gutted by AIDS. In Zimbabwe, for instance, HIV infects 35% of pregnant women, and many households are now headed by children or grandparents.

Zimbabwe's government has pushed the region closer to the edge of catastrophe through policies that have devastated local food production and prevented private food aid from entering the country, the U.N. said. Mr. Mugabe, who kept power through an election widely criticized as rigged, has distributed white-owned commercial farms among his supporters—a politically popular but economically disastrous move in the view of the U.S., U.N., and other foreign entities. The government has barred food imports that don't go through official channels, the U.N. said.

The crisis "is very much complicated in the case of Zimbabwe by a number of policy decisions that have turned that country from one of the grain baskets of Africa into one of the basket cases of Africa," Mr. Mountain said.

Zimbabwe needs about half of the assistance the U.N. is requesting.

Sign Chavbonga, press counselor at the Zimbabwean Embassy in Washington, said the food situation is serious, but denied that government policies have worsened the effects of the drought. He said World Food Program aid is starting to reach drought-stricken areas.

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

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

THE HIGH COST OF PRESCRIPTION DRUGS

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

Mr. GUTKNECHT. Mr. Speaker, I rise once again to talk about the high cost of prescription drugs, more importantly, the price that Americans pay versus what people in most of the rest of the industrialized world pay for exactly the same drugs.

This particular chart is one that I have used many times here on the House floor and at town hall meetings back in my district. They are beginning to get dated and a little bit frayed, but I want to talk about some of the prices that Americans pay, and what we have listed here is roughly about a dozen of the most commonly prescribed drugs.

One that we have learned an awful lot about last fall when we had the anthrax scare here in Washington, and unfortunately four of our postal workers lost their lives to anthrax, we learned a lot about Cipro. Cipro is a drug made by a German drug manufacturer called Bayer. We in the United States know it as a company that became famous making aspirin, Bayer

Aspirin; but it is a German company, and they make a lot of other pharmaceuticals. But I wanted to point out to my colleagues what we pay for a 30-day supply on average for Cipro is about \$88. It is \$87.99 to be exact. That same drug in Europe sells for an average of about \$40.75, less than half the price for exactly the same drug.

I will say that Tommy Thompson, our Secretary of Health and Human Services, did a good job; he negotiated a very good price on the millions of capsules that we bought at the time that we were concerned about anthrax, and we still are concerned about anthrax, and he got a much better price than that, but this is what the average consumer would pay. A drug like Claritin, which is a very commonly prescribed drug this time of year for allergies that people have, in the United States the average price is \$89. That same drug on average sells in Europe for \$18.75. A drug that my father uses, my 84-year-old, soon to be 85-year-old, father takes a drug called Coumadin. Many seniors take Coumadin. It is a blood thinner and one of the most commonly prescribed drugs. A 30-day supply if you have to go down to your local pharmacy and pay for it yourself sells for about \$64.88. That exact same drug made in the same plant under the same FDA approval sells in Europe for about \$15.80. And so the list goes.

I am not here tonight to beat up on the pharmaceutical industry. It is really not so much shame on them, because they are only doing what any free market company would do and, that is, to exploit a market opportunity that they have.

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So it is not shame on them. They have done a great job of developing many drugs that not only save lives but improve the quality of lives not only for Americans but for people around the world. The problem is that the way we have set this system up, because we do not require competition, we have created a monster and the monster is that we are paying literally all of the costs for the research for the rest of the world.

More importantly, there are estimates that at least 60 percent of the drug companies' profits come at the expense of American consumers.

I happen to believe that Americans ought to pay their fair share for prescription drugs. We are a very wealthy country. God has blessed this country. We are the most productive country in the world, and therefore we probably should pay more than the developing countries in Europe, but I do not think that American consumers should have to subsidize the starving Swiss. Let me say too, Mr. Speaker, these are not my prices. I did not make up this chart. These are from a group called the Life Extension Foundation which for more than a decade has been studying the differences between what Americans pay for prescription drugs and what the

rest of the world pays. I also want to point out a chart, because what we are seeing is an incredible inflation rate in the cost of prescription drugs, and what you see here from the latest estimates we have for 2001, prescription drugs went up in the United States about 19 percent. The average Social Security cost-of-living adjustment was a little less than 3½ percent. One does not have to have a degree in statistics to realize that this is unsustainable. We cannot live with this system. So some of us have come together and tried to put together a program that we think will work, and what we are going to be introducing is a bill here in the next several days that will make it very clear that Americans do have access to these drugs at world market prices and it is a simple bill that simply says if it is an FDA-approved drug made in an FDA-approved facility that both consumers and their pharmacists can import those drugs or reimport those drugs into American markets.

And how much can we save? Let me give you an idea. We estimate that you can save at least 35 percent on the drugs coming in, the same drugs made in the same FDA-approved facilities as opposed to what you will pay for them here in the United States. And to put a pencil to that, our own accounting experts, the people at the Congressional Budget Office, estimate that seniors alone over the next 10 years will spend over \$2 trillion on prescription drugs. Two trillion dollars times 35 percent is \$700 billion that we can save.

I hope my colleagues will join me in supporting this very important legislation which will give Americans access to world market drugs at world market prices.

The SPEAKER pro tempore (Mr. PLATTS). 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.)

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

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

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

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

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

(Mr. ROGERS of Michigan addressed the House. His remarks will appear

hereafter in the Extensions of Remarks.)

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

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

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

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

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

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

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

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

TRIBUTE TO U.S. MARINE LANCE CORPORAL PETER ORLANDO

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

Mr. MEEHAN. Mr. Speaker, I rise to pay tribute to my friend, 20-year-old United States Marine Lance Corporal Peter Orlando, who died on Saturday in service to our country. Peter Orlando was a lifelong resident of my hometown of Lowell, Massachusetts, who joined the United States Marine Corps 2 years ago. He valiantly served his country as part of our forces of Operation Enduring Freedom, deployed on a supply ship off the coast of Bahrain in the Persian Gulf. Peter was currently training at Camp Lejeune in North Carolina in preparation for continuing desert warfare training later this month in California.

Peter was a member of the 3rd Battalion 2nd Marines, 2nd Marine division, since December of 2000 after graduating from boot camp at Parris Island. Peter was assigned to the battalion's combined antiarmor platoon within the weapons company. He served as a machine gunner.

In June of this year, Peter had returned to the United States after a 6-month deployment in Okinawa. While deployed to Okinawa, Peter had further deployed to Bahrain from January to April of this year. There he participated at shipboard security operations in support of Operation Southern Watch and Enduring Freedom.

Peter was an expert rifleman and was a recipient of the Armed Forces Expeditionary Medal, the Sea Service Deployment Ribbon, and the National

Service Medal. Peter's death during a military training exercise was a tragic and devastating loss to his loving family, to his community, and to his country. His death touched me personally as well. I got to know Peter when he was 9 or 10 years old. He became involved in my first campaign for Congress in 1992. I remember Peter walking the mile or so from his home in the Centerville area of Lowell to our campaign headquarters. I remember his useful enthusiasm as a volunteer, his constant zeal. He was always campaigning, no matter where he was. Over the decade that followed, I kept in touch with Peter and was proud that from time to time he would call me for advice or my view on something that he was doing. Every Saturday when I would go to the Double Tree Hotel in Lowell for breakfast with community leaders, I would meet his mother and she would tell me how Peter was doing and where Peter was, wherever he was around the world.

He was a 2000 graduate of Lowell High School, after which Peter enlisted in the armed services, a career that I was very, very proud of him for entering. I remember one time he said to me "I am going to enter the service, which do you think I should enter?" I said, "Well, I hear the Marines is the toughest." He said, "Yeah, that is the one for me. I have brothers who are also Marines."

And I was extremely proud to hear of his plans to reenlist for another 4 years, his resolve, like that of our Nation, strengthened by the cowardly attacks on our country on September 11.

Peter is survived by his loving mother, Audrey, and 10 siblings: Lisa, Karyn, Christine, Heidi, Allyson, Gino, Anthony, Joseph, Maria, and Sara, as well as of many nieces and nephews. Yes, Peter was a United States Marine, but first and foremost he was a loving son, brother, uncle, a young man who was committed to his family, a legacy where he will always be remembered by not only his family but to those he touched and to those who loved him from his hometown of Lowell.

Peter Orlando served his family, his community, and his country proudly and faithfully, and I salute him today in the United States House of Representatives and say to you, Peter Orlando, today, thank you for your service to our country, and tonight from the floor of the House, Peter, you are my hero.

FOOD CRISES IN SOUTHERN AFRICA

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

Mrs. CLAYTON. Mr. Speaker, I want to share with my colleagues and put into the RECORD a continuous issue that I have been trying to bring before the Congress and others, as you have heard the gentlewoman from California (Ms. WATERS) as well speak of. The issue is Southern Africa, and many of

those countries have reached proportion of their citizens suffering from hunger and malnutrition to the extent of being a famine. Whether it is in Malawi or Swaziland or Zambia or Zimbabwe, Lesotho, all of those countries now suffer for one reason or another in terms of having food insecurity. It is either the drought that is there or mismanagement of their government or conflict in the area. It is currently said, and I have some figures up here, that right now we know more than 7 million people now are starving. Hunger is over a long period of time, and as people call it a slow burn, if we do not see them dying in the streets, we do not get the impression that they are suffering. Right now we know they are dying from it. It is a slow death. We do not feel the urgency but it is an urgency. What makes this a travesty is that it is an urgency, an emergency that we can do something about. We can actually intervene and make a difference. We can provide food and stop the starvation and possibly stop the death, but if we do nothing, we allow the starvation to continue and we allow other issues to develop. Indeed, if we do nothing right now, rather than in Zimbabwe having 6,000 people who are now starving, you will have more than 7,000 people who are. In other words, right now we could intervene and make a difference. In that region, more than 7 million people right now. We could intervene and move that from starvation to maybe food insecurity, but if we do nothing, we can be assured that it is our cavalier attitude or our disregard that it is not our problem but their problem.

I want to suggest to you that our security is in fact dependent on others having a sense of humanity and a state of living because it does threaten our security when free regions of the world are so destabilized that they care nothing about their lives or anyone else's life, that indeed threatens their security. So there is something we can do. We certainly can intervene and provide some food. Let me suggest that the United States is indeed doing some things. The World Food Program, which this country funds, is involved in there. Right at the bottom there it tells the number of families that are being fed now because the program that we support is providing that, but they would say that we need to do a lot more if we are going to make a difference in that program.

So we get a sense of the region. It shows on the map, the darker shading of the map is an indication where more than 100,000 people are right now suffering. And so we see that whole region, the deepness of the orange and the yellow indicates the severity. The light yellow is less than 10,000 people are suffering. The dark brown is where you have more than 100,000 people.