

they seldom mention that the government and foundations do literally half of all their research and development that leads to new drugs. Families USA found that in 2001 the nine drug companies selling the most drugs to American seniors spent more money, in fact spent more than twice as much money on marketing and on administration than they did on research and development.

The Republican majority would like us to accept a Medicare drug plan that is administered by profit-driven insurance companies, profit-driven HMOs who will negotiate with profit-driven drug companies on behalf of our most vulnerable populations. It is not hard to see who is going to lose out in those negotiations, Mr. Speaker.

This Republican plan will not guarantee seniors access to fair-priced drugs, it will not guarantee seniors access to health care, but you can bet the Republican plan will guarantee sustained double-digit profit margins for the Nation's drug companies. Responding to the public outrage at astronomical drug prices, the brand-name drug industry says not to worry, prescription drugs actually save money by reducing health care costs. That is true if prescription drugs were more reasonably priced, but under the Republican bill they will not be. There is no doubt prescription medicines reduce disability and can prevent illnesses which helps alleviate the need for other health care services. Unfortunately, though, Mr. Speaker, prescription drugs are priced so outrageously high that the costs associated with their increased use far outstrips any offsetting savings that might accrue. They are so high priced that millions of seniors and other Americans simply cannot afford them. The choice too often is between heat and their prescription drugs in winter. The choice too often is between food and prescription drugs. Even a miracle cure is worthless if people who need it cannot afford it.

Skyrocketing drug costs are jeopardizing employer-sponsored health insurance, undercutting the financial security of seniors and absorbing an enormous and increasing share of limited Federal and State tax revenues devoted to health care. Something has to give.

The reason the drug industry has spent millions of dollars lobbying for the Republican Medicare bill is because the industry knows that scattering seniors into multiple private plans undercuts the purchasing power that Medicare would provide. They know that squashing efforts to consolidate the purchasing power put 40 million seniors into one purchasing pool to save money. They know that mixing them up into smaller numbers in a multitude of plans enables the drug companies to sustain outrageous drug prices. That is why the drug companies lobbied so hard for the Republican prescription drug plan.

The government negotiates price on everything else. When the Architect of

the Capitol bought the carpet for this room, he did not take the manufacturer's word that a fair price would impair his fiber research. When the National Park Service buys park rangers' uniforms, he does not take the first bid that comes in.

But not with prescription drugs. On prescription drugs, Republicans insist that the government take whatever price the drugmakers want to charge. If you want to talk about an incentive, that is an incentive. It is an incentive to turn the screws on American businesses who cannot afford the price of prescription drugs in their health plans, to turn the screws on American families and seniors who cannot afford the price of prescription drugs, and to turn the screws on government because taxpayers cannot afford the outrageous cost of these prescription drugs.

I do not lose sleep, Mr. Speaker, over sustaining double-digit profit margins for the drug industry. I am concerned, however, at the millions of Americans who are shouldering the burden for these double-digit profit margins at the expense of their health. The average Medicare beneficiary earns \$14,000 a year. Many of the prescription drugs seniors use cost about \$100 per prescription per month. Mr. Speaker, the Republican plan written by the drug companies does not make sense for American seniors. I ask my colleagues to vote for the Dingell-Rangel substitute which will provide drug coverage and will ratchet down prices so Americans no longer pay higher prices than any other country in the world for prescription drugs that are manufactured right here in the United States.

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

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

EXCHANGE OF SPECIAL ORDER TIME

Mr. MORAN of Kansas. Mr. Speaker, I ask unanimous consent to utilize the time of the gentleman from Indiana (Mr. BURTON).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kansas (Mr. MORAN)?

There was no objection.

TRIBUTE TO THE KANSAS WHEAT HARVEST

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

Mr. MORAN of Kansas. Mr. Speaker, in Kansas today the combines and har-

vest crews are rolling through day 13 of the 2003 wheat harvest. Farm trucks and semi-trailers crowd the highways and gravel roads bringing Kansas's most celebrated crop from the fields to the grain bins and local elevators.

After a few days of rain, harvest is now in full throttle in the southern half of the largest wheat producing State. And with just under 20 percent of the harvest in, there is some good news to report. The yields are good and the landscape is of golden waves of grain, a welcomed change from the scenery of a year ago.

Two thousand and two was one of the worst years that farmers in Kansas ever faced. Because of severe drought wheat yields were poor, many families had net incomes of zero and farm equities plunged, the trickle down effect of the hard hit causing cash-flow problems for rural businesses and closing down stores on main streets in many small towns across our State.

But after consecutive years of natural disaster, Kansans can finally be cautiously optimistic this year. The harvest reports from producers are more positive and even a little upbeat this year, and the cause for that improvement can best be described in one word, rain. Thanks to the spring rains, many producers are getting their first wheat crop in 3 to 4 years. By the time this harvest is completed the first part of July almost 10 million acres of wheat will have been cut, the largest acreage harvested in our State in the last 5 years.

Behind the numbers of wheat harvest, bushels per acre, test weights, yields, are stories of real people who make farming their way of life. Harvest is a family affair. Although the methods of harvest are constantly changing thanks to new technology, the work ethic passed down from generation to generation still exists. Fathers, sons, grandfathers, brothers work side by side from dawn to sunset. A story in yesterday's Salina Journal paints the typical picture in a profile of the Anderson family from McPherson County. Wheat producer Tim Anderson is on the combine harvesting a field near Roxbury, Kansas. His father, Bill Anderson, is on another combine, and the third is manned by Tim's son Scott, age 17. Younger son Shawn is in a tractor nearby pulling the grain cart. Meanwhile Tim's wife, Renee, arrives in the field in a farm truck bringing lunch to the family. Harvest is a team effort.

In addition to being a family affair, the annual wheat harvest is a trademark claimed by our entire State, and we have been growing wheat there in Kansas since before Kansas became known as "The Wheat State." Kansas's farmers produce more wheat than any other State, 20 percent of the Nation's total production, and Kansas ranks first in our Nation in flour milling, wheat gluten production and wheat stored. Kansas really is the "Breadbasket of the World."

Wheat harvest is a tradition, a legacy, and our livelihood, and as goes the wheat crop, so goes the Kansas economy. A good wheat harvest is the leading contributor to our State's revenue, about \$1 billion annually.

So Mr. Speaker, as the combines roll northward and the harvest continues, it is good for all of us to take a few moments to recognize the lessons of the wheat field, to remember that there is satisfaction in making the right decisions and putting in the hard work to produce a bumper crop but ultimately mother nature has the final say in whether or not the yield is bountiful. That cautious optimism is the hallmark of every farmer who puts the seed in the ground hoping for a good harvest months later, and there are few things in life more rewarding than working with family side by side to complete the job of the wheat harvest. Wheat harvest is important to the Kansas economy but even more important as a way of life.

Kansans have been saying their prayers throughout the years of drought for rain and snowfall. Those prayers have been answered. Now we pray for abundant crops, good prices, and a safe harvest. Once again the old hymn reminds us: God our Maker doth provide.

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

(Ms. CORRINE BROWN of Florida addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

PORT SECURITY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I rise tonight to talk about port security and the critical importance that increased funding for port security would have for my region of Long Beach and Los Angeles and to the American people.

Mr. Speaker, last night I appeared before the Committee on Rules about an amendment that would provide funding for container security and port security. Regrettably, this amendment was not made in order. If my amendment had been made in order, this germane amendment would designate \$20 million to establish a secure container and safe mobility pilot program. Further, this project would be carried out at the Nation's port with the highest volume of container traffic. This program would work in conjunction with existing city and local infrastructure in developing fast, efficient, effective and secure ways to move containers through the port complex and through surrounding cities and communities throughout the Nation.

We recognize that not all containers that come into our country are inspected. We must provide resources to port security initiatives that help us utilize our existing infrastructure while making sure that our communities that receive these containers are protected. A program like this will set the standard for similar communities around the Nation that provide the infrastructure that move our Nation's goods out of the Nation and keep our economy moving forward.

Long Beach and Los Angeles, our port complex, the largest in the country and the third largest in the world, receive 45 percent of the Nation's containers. These ports are a vital economic link to the rest of the Nation. Eighty percent of the goods that come into the country from the Pacific rim comes into our ports. If these ports in the communities that support this supply chain of goods movement were ever threatened or damaged, our economy would be stalled.

In October of 2002 our Nation witnessed firsthand what happened to our economy when our ports are not moving goods out of the country. The lockout that occurred at the western ports served as a grim reminder of just how interconnected and how dependent we are on one another in moving our Nation's goods. The lockout that occurred at the western ports cost the U.S. economy an estimated \$1 billion a day.

We must provide support and precious resources to our ports to ensure that they are secure. In addition, we must provide security to the communities that are connected and support our ports. We cannot view port security as merely inside the gates. Ports are a part of our communities. The resources that we provide for port security also provide security for our Nation's communities.

Mr. Speaker, I would have offered this amendment, and I offer this statement for the RECORD.

THE RURAL VETERANS ACCESS TO CARE ACT

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

Mr. OSBORNE. Mr. Speaker, I represent a rural area, 64,000 square miles, 68 counties, and it goes without saying it is a long ways between towns. In an area like this, veterans oftentimes have a hard time accessing healthcare. Let me give a real example. Let us say a veteran lives in Ogalala, Nebraska, which is in the western part of the State but is by no means the most remote part of the State, and let us say that individual has to go to Omaha, Nebraska to a VA hospital which is 350 miles away, and he may just be going for a routine blood test, diabetes checkup, blood pressure checkup, or any type of simple checkup of that nature. Oftentimes when he makes an appointment, the appointment will not be fulfilled for 6 months.

So he waits for 6 months, and that veteran at that time then gets up at 4 a.m. and leaves for North Platte, Nebraska, which is 50 miles away. After he gets to North Platte, he boards a van to go to Grand Island, Nebraska, where he spends the night and that is another 140 miles, and early the next day he gets on another van, goes to the VA hospital in Omaha, a 3-hour trip. He completes the test that day and then he returns to Grand Island for the night, and the next day he takes the van from Grand Island to North Platte, another 140 miles, and then he gets a ride to Ogalala, another 50 miles. So he has waited 6 months, he has had a 3-day trip to go 660 miles for routine tests. This is ridiculous.

Had the veteran driven his own car or had somebody drive his own car, he still would have had an 11-hour trip and it would have taken at least 2 days, if not 3.

Let me give an urban example. Let us say that someone, a veteran with the same health problem lived in Richmond, Virginia. It would be the same as if that individual from Richmond, Virginia drove to New York City and back for basic medical care. Those same tests that were performed in Omaha, Nebraska at the VA hospital could have been done at the local hospital in a matter of three or four blocks away or maybe a couple of minutes away from that veteran, and sometimes because of their age some of our World War II veterans are having a hard time traveling today, maybe a disability, maybe the weather, a blizzard or a snowstorm, and the veteran simply does not get the healthcare at all. He does not even try because he is not able to make the trip.

So that is why I have introduced H.R. 2973, the Rural Veterans Access to Care Act. H.R. 2973 would allow the VA to contract for care with local medical facilities. The only stipulation is that the veteran must travel at least 60 miles or more for the care. Some people say that only happens in Montana or North Dakota or South Dakota or Nebraska. And it is true. Those States would be hard hit. But there probably are hardly any States in the Union with the exception of maybe Rhode Island or Connecticut or someplace like that where we do not have at least some veterans who are somewhat isolated from VA hospitals and are having to go great lengths to get their medical care. H.R. 2973 would set aside 5 percent of the VA funding to contract with local medical facilities for veterans living in rural areas. By contracting with local clinics in remote areas, number one, medical care would be prompt, it would not be a four to five to six-month wait. Number two, veterans who have difficulty traveling would be served. They would not have to just simply give up on getting medical care. Number three, there will be no additional cost and might even cost