North Carolina. The journey was long, but we now have two reasons to celebrate.

The Jacksonville facility marks the second outpatient clinic in eastern North Carolina. It has just been joined by a third. Earlier this week, an additional VA clinic opened in Greenville, North Carolina. They both serve as tributes of the commitment to duty, God, and country that each of our soldiers accept.

Madam Speaker, I am proud of the efforts of the Department of Veterans Affairs to reach out to veterans across this country, especially considering the drastic cuts they have suffered. Since the end of 1994, the Department of Veterans Affairs has cut 20,000 medical care employees, eliminated half of its acute-care hospital beds, and merged many neighboring hospitals. Following such extreme fiscal cutbacks, the Administration's budget request for Fiscal Year 2000 was worth little more than the paper it was printed on.

Fortunately, I am proud to stand here today to report that a Republican Congress has increased the VA budget $1.7 billion over the President's recommendation. And I only wish that it could be more.

Madam Speaker, today I came to the floor to reaffirm my commitment to the men and women who answered their call to duty and protected the freedom my colleagues and I enjoy today. I urge my colleagues to join me in fighting to make sure our Nation's veterans have access to quality, accessible health care, a promise made to them by the government they pledged to protect.

Again, I want to quote Abraham Lincoln when he said it, and he said it best: ''Let us care for him who shall have borne the battle and for his widow and his orphan.''

Madam Speaker, it is the least we can do to thank our Nation's heroes, our United States veterans. God bless America, and God bless those who have served and those who are serving America today.

□ 1615

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 Oregon (Mr. BLUMENAUER) is recognized for 5 minutes.

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

CALLING FOR END TO FAILED POLICY IN YUGOSLAVIA

The SPEAKER pro tempore (Mrs. EMERSON). Under a previous order of the House, the gentleman from Kentucky (Mr. WHITFIELD) is recognized for 5 minutes.

Mr. WHITFIELD. Mr. Speaker, how long must the bombing of Yugoslavia continue? I have asked that question repeatedly on this floor over the last week, and no one seems to have an answer. Where is the President leading us?

Today, the New York Times, which is generally supportive of the President, contained an article written by Michael Gordon entitled, NATO's Battle Within: Is Leadership Missing? In the article, Mr. Gordon wrote that NATO strategy for bringing the war to a successful close is starting to unravel. Without clear direction from Washington, Britain, Germany and Italy have begun to promote publicly their separate and conflicting plans. Britain wants ground troops in Kosovo and Yugoslavia. Germany is opposed to ground troops. Italy wants to stop the bombing. In the article, they quoted the former Director of European Affairs at the National Security Council who was quoted as saying, there is a lack of direction because no one is leading the way.

Mr. President, why do you not lead the way and stop the bombing? Mr. President, Italy today has urged NATO to impose a 48-hour bombing pause to pursue a diplomatic settlement. I urge you to stop the bombing.

Just last night, NATO launched its strongest air attack in 2 weeks against the Belgrade area. Our bombs hit a hospital and at least three civilians were killed. Furthermore, an operating room was demolished, an intensive care unit was leveled, and rescuers were evacuating women and children from the maternity ward, just last night in Belgrade, because of our bombings. In addition, the Swedish ambassador's residence was damaged when an exploding bomb blew out windows and a door.

Mr. President, your policy is not working. Not only are we losing the support of our allies but bombing has exacerbated the refugee problem among the Kosovar Albanians and now, because of the bombings, the Serbian people themselves. From a policy point, it is difficult to imagine how the situation could be much worse. Our bombs have killed innocent people, destroyed hospitals, leveled the embassy of China, damaged the infrastructure, and now even damaged the residence of the Swedish ambassador to Yugoslavia. The incessant bombing has transformed what was a Balkan crisis into a worldwide crisis. In fact, the New York Times Sunday reported how demonstrations are erupting all over the world against the bombing.

So I would say to the President, what do you want? The Yugoslavian government is beginning to remove forces from Kosovo. They have expressed a willingness to negotiate. How many more bombs must be dropped? How many more deaths must occur before you stop this failed policy and give diplomacy an opportunity to work?

ON H.R. 644, PRESCRIPTION DRUG FAIRNESS FOR SENIORS ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Madam Speaker, I rise to put an end to a national disgrace. Plainly speaking, I am talking about price gouging, price gouging some of the most vulnerable members of our community, our seniors.

Americans widely support programs to ensure the health and welfare of older Americans. We have Social Security, we have Medicare, as well as housing programs, nutrition programs and programs that really protect our low-income seniors. Seniors today have less fear of being taken advantage of because of consumer laws and senior abuse laws that protect them. But there is one area where we clearly have failed, and that is to ensure that prescription drugs are affordable, affordable to the people who need them the most, our seniors.

The latest surveys indicate that 86 percent of Medicare beneficiaries take prescription drugs and that the elderly in the United States, who make up only 12 percent of our population, use one-third of the prescription drugs sold in this Nation. The need for prescription drugs to treat such diseases as arthritis, diabetes, high blood pressure, heart disease, is simply a fact of life for seniors, or a fact of death. A few years ago, a survey of seniors reported that 13 percent of older Americans had to choose between eating or buying medicine.

In Sonoma and Marin Counties, the district I represent, the two counties north of the Golden Gate bridge, two individuals that I have come to know, Roy and Ivera Cobbs of Sebastopol, have had to make some very difficult decisions around their prescription drugs. What they decided was, she would take her prescription drugs and he would not because they could not afford both. That is not the way we are supposed to be treating our seniors.

Also in Sonoma and Marin County, the area Agencies on Aging and Green Thumb have told me some other stories. They tell me about cases where seniors just do not buy food because they have to have prescription drugs, or they take part of their prescription every other day instead of every day or once a day instead of twice a day, as prescribed by their doctors, because they cannot afford to pay for the whole dosage. And for the reason some seniors cannot pay for them keeps our seniors from having the best health care they can. This reason, I believe, is solely on the shoulders of the Nation's largest drug companies, because they engage in discriminatory pricing. If you are a favored customer, like an HMO, like a large insurance company, you pay less, much less for prescription drugs. But if you are an older person, on Medicare, you pay a premium price for your drugs.

In the district I represent, Sonoma County seniors pay on the average of 145 percent more for the most commonly used drugs than favored customers pay for the same drugs. For one drug, they pay 242 percent more than favored customers. I know this, because I asked the minority staff of the Committee on Government Reform to look into prescription drug pricing in Sonoma and Marin Counties. I released the results to that report to my community and its central conclusion can be summed up in the report subtitle, Drug Companies Profit at the Expense of Older Americans. As Members can see by these charts, for Sonoma County alone, the study looked into five commonly used prescription drugs, charted their price at local pharmacies and compared those prices to what the Federal Government pays for the same drugs. The Federal negotiated price is nearly the same, you must know, as that charged to favored private customers, large insurance companies and HMOs. Senior citizens and other individuals who pay for their own drugs pay more than twice as much for these drugs than do the drug companies' most favored customers. For some drugs listed in the report, the price is even more outrageous. Synthroid, for example, a hormone treatment, costs Sonoma County seniors 1,738 percent more than it cost the manufacturer's favored customers. By looking at these charts, we can see that for Medicare patients, those who need the cholesterol drug Zocor, their costs are significantly greater than the favored customers. This comes out to $115 for Medicare patients and $34 for the favored customers. That is 231 percent different. The difference is not in price because the HMOs, the large insurance companies and government buyers are able to negotiate and buy in bulk. The difference is because they are charging seniors to make up the difference for what they cut for their most favored customers.

INTRODUCING LEGISLATION TO HELP AMERICA'S FARMERS

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

Mr. NETHERCUTT. Madam Speaker, American agriculture today and rural communities today face an extraordinary challenge, the challenge of having farm policy change in 1996 with the consent and approval of this Congress and the consent and approval of the President of the United States for the good, to have an opportunity to have less farming for the government and more farming for the market. Overall, combined with the freedom that this new agriculture policy provides and the additional expenditure of taxpayer dollars for agriculture research with the movement toward reduction of Federal regulations that hampered the farmer's freedom to do what the farmer does best, and that is farm for the market and other changes that were made in the 1996 farm bill, it has overall been a good thing. What the American farmer faces today is low prices and lack of markets. Our farmers do not have the ability to market overseas the products that we grow so well in this country.

My State of Washington is a perfect example, and the Fifth Congressional District is a more narrow example of a perfect example. That is, our farmers in the Fifth District grow wheat and barley and oats and peas and lentils and potatoes and apples, the best in the world. But yet most of our products, on our grain products and commodities, are exported overseas. My farmers are limited in those exports because of unilateral American sanctions on countries that used to be wonderful trading partners of Washington State farmers and agriculture in the West.

I have introduced legislation, H.R. 212, earlier in this Congress as a priority matter for not only the farmers of the Pacific Northwest but the farmers of the country. What that bill does is lift the unilateral sanctions that are currently in place by our government that prevent our farmers from selling to countries that other farmers around the world can sell to. We used to have a fine market in wheat sales to Iran and Iraq and the Sudan and other places that are currently sanctioned. The sanctions are imposed because of our disagreements with the terrorist policies and the enemy policies of these governments.

I disagree with those policies of those rogue nations that have used terror in the world and oppression in the world. But yet selling agriculture and medicine to those countries does not in my judgment pose a national security threat on our country. What it does as we unilaterally impose those sanctions is hurt our farmers. So H.R. 212 does two things. It lifts the sanctions that are currently in place for food and medicine only, and it gives the President the opportunity in the event that the President feels that lifting those sanctions poses a national security threat, the President has the ability to reimpose those sanctions on that basis. But in the meantime, it allows our farmers, then, to seek to reclaim those markets that we have lost by virtue of the sanctions.

In 1980, President Carter imposed a sanction on the Soviet Union for political purposes. Who did that hurt? It hurt the Olympics, and the American interest in the Olympics, and it hurt American farmers, a market that was a prime market for my farmers in the West. We have yet to get that agriculture market back by virtue of those sanctions back in 1980.

□ 1630

Yesterday in the Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies on which I serve as a subcommittee member I introduced a narrower version of H.R. 212 which would lift of the sanctions on food and medicine for these countries that are currently sanctioned, but it would not allow any government spending in connection with the lifting of those sanctions. In other words, the taxpayer would not bear any of the burden for allowing our farmers to deal directly with those countries and make sales. It is a $6 billion plus market for our farmers in commodities as diverse as rice and corn and peas and wheat and barley. It is a great market that is exposed to our farmers.

Unfortunately, Madam Speaker, my friends on the appropriations subcommittee defeated this amendment by a vote of 28 to 24. It was a very close vote, but it was a great debate, and we ought to have that debate again on H.R. 212 and on this next version of this amendment that went into the appropriation bill yesterday.

So, I urge my colleagues to study H.R. 212, study the concept of lifting sanctions on food and medicine. It is a humanitarian basis that is good policy for our country, and it will absolutely help our agriculture markets who are struggling to find markets overseas.

One final point: In the event that we lift these sanctions and allow farmer-to-country correspondence and sales, it prevents the agriculture community that is in straits from coming to the Congress and seeking Federal tax dollars. It is the free market approach to agriculture success.

INTRODUCTION OF THE BROADCASTERS FAIRNESS IN ADVERTISING ACT OF 1999

The SPEAKER pro tempore (Mrs. EMERSON). Under a previous order of the House, the gentleman from Illinois (Mr. RUSH) is recognized for 5 minutes.

Mr. RUSH. Madam Speaker, today I am here to introduce the Broadcasters Fairness in Advertising Act of 1999. There is a silent and pervasive trend among ad agencies and the companies they represent to engage in discriminatory practices which are called, quote, ''no urban/Spanish dictates'' end of quote, and they are called, quote, ''minority discounts,'' end of quote. The term: ''No urban slash Spanish dictates'' means not advertising products on stations that cater to minorities. ''Minority discounts'' means paying minority-owned stations far less for advertising the same product that is paid to nonminority-owned stations. These policies have no business rationale and are purely discriminatory.

Madam Speaker, year in and year out minority broadcasters lose millions of dollars in revenues, however the advertising companies would have us believe otherwise. They will contend that they do not advertise in these stations because minorities do not buy their products.