his arms to hold the families who have given their loved ones dying for freedom. I ask God to please bless the American people, to bless the House and Senate that we will do what is right in the eyes of God Almighty. I ask God to please be with the President of the United States so that he will do what is right for the future of this country. And I ask three times, God please, God please, God please continue to bless America.

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.)

EXCHANGE OF SPECIAL ORDER TIME

Mr. EMANUEL. Mr. Speaker, I ask unanimous consent to take the time of the gentleman from Oregon (Mr. DEFAZIO).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

SUPPORT LOWER PRESCRIPTION DRUG PRICES THROUGH FREE MARKET ACCESS

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

Mr. EMANUEL. Mr. Speaker, people from around the world come to America for their medical care, yet Americans are forced to travel the world for their medications. A recent Families USA study found that the prices of the 50 drugs most commonly used by seniors in America increased by an average of 3.5 times the rate of inflation over the past year. Between 2000 and 2003, seniors' expenditures on prescription drugs increased by 44 percent. For too long, seniors have been paying premium prices for the same prescription drugs that are available in Canada and European countries at 30, 40, 50 percent reductions.

What we are proposing through the market access bill is allowing people here in the United States to buy medications in Canada and Europe, is free market competition, allowing the market to work. That competition will bring prices down in the United States and save our consumers and our taxpayers thousands upon thousands of dollars.

We as public officials are entrusted by the American people to represent them. We are not entrusted to ensure that they pay the most expensive price, but get the best price for the medications they paid for the research on. A recent USA Today Gallup poll showed that 71 percent of the American people showed support for allowing them to buy their medications in Canada or Europe.

I stood just Sunday with the Governor of Illinois who announced that for the first State ever in the Union, that they will now study what would be the savings to the taxpayers of Illinois if the 230,000 retirees and State employees would be allowed to buy their medications in Canada. In the last year, the cost to the State for prescription drugs increased by 15 percent. Illinois now spends $340 million a year for prescription drugs for their employees and retirees. It is projected in the Illinois budget that that will increase by 17 percent next year and another 15 percent the following year after that.

There are early predictions of what the savings will be, but I will wait for that study to be produced. The Governor asked for two actions: a, report back in a period of time for the savings to the State, if there are any; and, b, if there are savings, to then open up the health care contracts that the State has for its employees and retirees so they can cover prescription drugs bought in Canada.

That is the same program that the AARP does for its own seniors today. United Health covers 96,000 seniors who buy their medications in Canada and covers it with an insurance policy.

Now, nobody believes that the AARP would risk the health and welfare of our grandparents. Now, if there is an ability for a State government to save $50 million to $60 million, rather than lay off teachers, rather than lay off police officers, rather than close prisons, I think they have an obligation to the taxpayers and to their employees to get them those savings.

We too will face that choice. Just in July, prior to going home for the August recess, a bipartisan majority of the House Members came together and voted across party lines to allow market access, to allow Americans to buy the medications, the name-brand drugs that they need for cholesterol control, blood pressure control, arthritis, other types of medications, either in Canada or in Europe. That passed with an overwhelming majority. This is not a decision of Democrat versus Republican, or right versus left, but of right versus wrong. We can do better for the American people. We can give them the choice and the competition they deserve so that they can get the savings they deserve.

The irony of all of this situation is that Americans pay 50 percent more for the medications that their colleagues in France, Germany, England, Italy, Ireland, and Canada pay.

□ 2000

And yet what is ironic is every cancer drug, every AIDS drug, every major medication in this country was developed by the taxpayer funded research through the tax credit research and development credit or through direct funding by the National Institutes of Health.

The American taxpayers and consumers today are not only underwriting the research in this country, they are underwriting the profits of the American pharmaceutical companies. I have nothing against profits. I think they are a good thing. But they do not need to make up their profits in the United States from our seniors and our consumers when they can actually have the free market operate in the appropriate way so we can get the best price for our consumers and our seniors and for our taxpayers.

As we embark on this largest expansion of an entitlement in over 40 years, thinking of adding $400 billion to Medicare to cover a prescription drug plan, I think we owe the decency and respect to the taxpayers to ensure that we get them the best price, not the most expensive price for that $400 billion.

Now, those medications exist out there. Today you take Tamoxifen, which is a major cancer fighting drug, it costs $360 million here in the United States. In Canada that same medication for the same amount cost $33. In Germany it cost $60. You can go drug by drug and there is a major 40 to 50 percent reduction.

I would call on our colleague and I call on governors and mayors around the country to look at what we did in Illinois and see if you cannot save your taxpayers and your employees the cost that they need so we can plow that back into other health care coverage for the uninsured, to expanding our school, retaining our teachers, doing teacher training, and make sure that our police are on our street making them safe. Those are the right choices we owe to our employees, our consumers, and, most importantly, the taxpayers.

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

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

EXCHANGE OF SPECIAL ORDER TIME

Mr. PAUL. Mr. Speaker, I ask unanimous consent to take the time of the gentleman from Georgia (Mr. NORWOOD).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

REJECT IRAQ WAR APPROPRIATION

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

Mr. PAUL. Mr. Speaker, the neo-conservative media machine has been hard

at work lately drumming up support for the $87 billion appropriation to extend the precarious occupation of Iraq. Opposition to this funding, according to the Secretary of Defense, encourages our enemies and hinders the war against terrorism. This is a distortion of the facts and is nothing more than destroying the messenger when one disapproves of the message.

Those within the administration, prior to the war, who warned of the dangers and real costs were fired. Yet it now turns out that they were more right, that it would not be a cakewalk, that it would require a lot more troops, and costs would far exceed original expectations.

The President recently reminded us that we went into Iraq to force Iraq's compliance with U.N. resolutions since the U.N. itself was not up to the task. It was not for national security reasons. Yet we all know that the U.N. never endorsed this occupation.

The question we in the Congress ought to ask is this: What if our efforts to Westernize and democratize Iraq do not work? Who knows? Many believe that our pursuit of nation building in Iraq will actually make things worse in Iraq, in the entire Middle East, through the entire Muslim world, and even here in the United States.

This is a risky venture and this new funding represents an escalation of our efforts to defend a policy that has little chance of working.

Since no weapons of mass destruction were found in Iraq, nor any evidence that the army of Saddam Hussein could have threatened the security of any nation, let alone the United States, a new reason is now given for the endless entanglement in a remote area of the world 6,000 miles from our homeland.

We are now told that the need to be in Iraq is to fight the terrorists that attacked us on 9/11. Yet, not one shred of evidence has been produced to show that the Iraqi government had anything to do with 9/11 or the al-Qaeda.

The American people are first told they have to sacrifice to pay for the bombing of Iraq. Now they must accept the fact that they must pay to rebuild it. If they complain, they will be accused of being unpatriotic and not supporting the troops. I wonder what a secret poll of our troops would show on whether or not they thought coming home next week indicated a lack of support for their well-being.

Some believe that not raising taxes to pay for the war is a way to pay for the war on the cheap. It is not. When deficits skyrocket the Federal Government prints the money and the people are taxed by losing value in their savings and in their paychecks. The inflation tax is a sinister and evil way to pay for unpopular wars. It has been done that way for centuries.

Mr. Speaker, I guess we shouldn't worry because we can find a way to pay for it. Already we are charging our wounded soldiers $8.10 a day for food when recuperating in a hospital from war injuries.

We also know that other soldiers are helping out by buying their own night vision goggles, GPSs, short wave radios, backpacks and even shoes. That is sure to help as well.

It does not seem like much of a bother to cut veterans' benefits. Besides, many conservatives for years have argued that deficits do not really matter, only tax rates do. So let us just quit worrying about deficits and this $87 billion supplemental.

Seriously, though, funding for this misadventure should be denied no matter how well-meaning its supporters are. To expect a better world to come from force of arms abroad and confiscatory taxation at home is nothing but a grand illusion. The sooner we face the reality, the better.

While we nation-build in Iraq in the name of defeating terrorism, we ignore our responsibilities to protect our borders at home and we compromise the liberties of our citizens with PATRIOT Act types of legislation.

There are two main reasons we need to reject the foreign policy of the past 50 years that has been used to rationalize our presence in Iraq. First, the practical: We cannot expect to force Western, U.S.-style democracy on a nation that for over 1,000 years learned to live with and accept an Islamic based legal system.

No matter what we say or believe, to the Iraqis they have been invaded by the Christian West, and whether it is the United States, U.N. or European troops that are sent to teach them the ways of the West it will not matter.

Second, we have no constitutional authority to police the world or involve ourselves in nation building, in making the world safe for our style of democracy. Our founders advised against it and the early Presidents followed that advice. If we believe strongly in our ideals, the best way to spread them is to set a good example so that others will voluntarily emulate us. Force will not work. Besides, we do not have the money. The $87 billion appropriations request should be rejected.

PROTECT EMPLOYER-SPONSORED COVERAGE IN MEDICARE CONFERENCE

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

Mr. PALLONE. Mr. Speaker, I rise this evening to highlight a crucial issue that is beginning to take center stage in the Medicare debate, and that is the fate of employer-sponsored health coverage for retirees.

As it currently stands, the House-passed Republican Medicare bill encourages employers who are currently providing retiree health benefits to drop that coverage. Unfortunately, the Republican bill states that any dollar an employer pays for an employee's prescription drug costs would now count towards the employee's out-of-pocket catastrophic cap. This disadvantages seniors with employer-sponsored coverage because it would be almost impossible for them to ever reach the bill's catastrophic cap over which Medicare would pay 100 percent of their drug costs. Without a doubt, many employers will simply stop offering retiree coverage.

The potential loss of this valuable benefit that many unions and employers provide today was reported today in the New York Times. According to the front page lead story by Robert Pear, ''About 12 million of the 40 million Medicare recipients has retiree health benefits, usually including some drug benefits. But the Congressional Budget Office estimates that one-third of the people with such drug coverage could lose it under bills passed in June by the House.''

Mr. Speaker, Republican conferees so far are unwilling to provide a final Medicare agreement that will provide seniors with an affordable, available and guaranteed prescription drug benefit that does not privatize Medicare. With the added threat of employers dropping retiree health benefits if a retiree is eligible for Medicare, we will no doubt have a public health crisis on our hands.

Mr. Speaker, Republicans are promising tax credits and subsidies to employers in order to persuade them not to reduce or deny benefits to seniors. But these approaches do not work and the answer is very simple. Employer dollars being provided for retiree coverage should contribute towards the out-of-pocket cap on the Medicare benefit. This system would allow seniors to reach the catastrophic amount earlier in the year, the amount at which point Medicare would pay 100 percent of drug costs, thereby providing relief to employers and providing an incentive for them to continue providing retiree coverage. It is simple.

I just hope, Mr. Speaker, tomorrow when President Bush plans to meet with the Medicare conferees, I would encourage him to ask the conferees to ensure that this important issue is addressed, because if all we do in passing a Medicare drug benefit is manage to basically eliminate employer-retiree coverage for drug benefits in health care, then certainly there is no point in having the Medicare agreement or the Medicare drug coverage at all.

I would hope that this could be addressed. Otherwise, I would say that the Democrats will continue to raise this as an issue while the conferees meet because it is so important. And so many of my constituents, Mr. Speaker, have already talked to me about it and are very concerned about the possible loss of their coverage.