(Mr. METCALF 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 Ohio (Mr. STRICKLAND) is recognized for 5 minutes.

(Mr. STRICKLAND 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 California (Mr. ROHRABACHER) is recognized for 5 minutes.

(Mr. ROHRABACHER 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 gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

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

FIX 96/FIX THE TERRITORIES

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

Mr. UNDERWOOD. Madam Speaker, I rise to the floor today to talk about an issue in the context of the appropriations struggles that we are having, and that is to bring a modicum of fairness and justice to the people, American citizens, of the U.S. territories.

It is ironic that there are many proposals around today which I endorse which will restore some of the benefits that have been taken away since 1996 for legal residents, not U.S. citizens of the United States, including some access to health care.

At the same time that we are doing this, health care for U.S. citizens in the territories like my home island of Guam are severely hampered by the fact that Medicaid assistance to the territories is capped at certain amounts; for Guam it is $5.4 million. Moreover, the match between the local government and the Federal Government is fixed at 50/50.

Madam Speaker, what this means essentially is that if the government of Guam is to participate in the Medicaid program, which it currently does and for this past year it did and spent some $14 million in Medicaid, the actual share that the government of Guam paid is not at 50/50, but is somewhere along the line of 70/30. And as a consequence, the people of Guam, the resources are taxed to a greater extent than is to be expected.

The territories, especially Guam, have not shared in the economic boom that has occurred. In the 1990s, we have not shared in the economic boom that the U.S. mainland has enjoyed; and as a consequence, with double digit unemployment and the fact that the numbers of low-income people and people eligible for Medicaid has dramatically increased, not only due to poor economic statistics, but immigration from surrounding islands, under compacts of free association agreements with the United States. As a consequence, the people of Guam have to share a much bigger burden than the average citizen in the U.S. mainland for the provision of medical care for the indigent and the low-income.

What we proposed, and I think all of the representatives of the territories, I know all the governors of the insular areas as well, have proposed that either the caps be lifted or the cost-sharing arrangement be altered. Preferably, we could do both.

But at a minimum, we need to provide relief to these insular areas, and the way that we can do it is to secure within the context of the current appropriations process a little bit of increase in the caps, not to raise the cap entirely, but at least to raise the dollar amount on the cap, not to eliminate caps, but to at least raise the dollar amount on the caps.

We have raised this issue; I have personally raised it with the President in a meeting on Tuesday. We have raised this issue with a number of White House officials. We raised this issue with leaders here in Congress. And although it is perhaps a little bit late in the game, it is important that if we think that health care access should be extended to all people who live in the United States, regardless of their ability to pay and regardless of their legal status at a minimum, U.S. citizens in the territories should be included.

So we hope that in the context of the negotiations and the discussions over Medicaid payments, that there will be increases lifting, not eliminating, the caps, but at a minimum at least lifting the caps for Guam and American Samoa and Puerto Rico, the U.S. Virgin Islands and the Northern Marianas.

HOUSE RECOGNITION OF THE 40TH ANNIVERSARY OF THE NATIONAL RECONNAISSANCE OFFICE

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

Mr. GOSS. Madam Speaker, I come to the floor with a great sense of pride and admiration to recognize the National Reconnaissance Office, the NRO, for 40 years of outstanding service to our Nation. Since its beginning as a small covert organization on 31 of August 1960 during the administration of President Dwight D. Eisenhower, the NRO has developed an unprecedented capability to conduct signals and photographic reconnaissance from space, a capability that to this day remains unmatched by any other nation in the world.

Part of the success during the last 4 decades is due to the partnership between American industry and the NRO's highly capable workforce. This workforce, which consists of government civilians and military members of the four services, has consistently delivered new and innovative satellite systems that provide critical intelligence information to our national policymakers and to our military and civilian officials during periods of peace or in crisis or in war.

Its record of outstanding technological achievement has rightly earned the NRO the title of Freedom's Sentinel in Space.

As one of 13 Members of the intelligence community, the NRO has been very skillfully managed throughout its history by the Secretary of Defense and the director of Central Intelligence. Today the NRO provides systems that push the limits of reconnaissance capability to acquire enhanced images of the Earth and an ever-expanding variety and volume of electromagnetic signals. NRO space systems serve us daily from making it possible to verify arms control treaties to aiding in protecting American lives throughout the world, Americans at home and abroad.

For these many important achievements and the promise of continued excellence in space reconnaissance during the years ahead, we heartily congratulate the men and women of the NRO past and present on the occasion of the organizations's 40th anniversary.

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

(Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

H.R. 4292, THE BORN-ALIVE INFANTS PROTECTION ACT OF 2000

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

Mr. CANADY of Florida. Madam Speaker, as I thought about the subject upon which I rise to speak today, I was reminded of the words of William Butler Yeats's poem ''The Second Coming,'' where he wrote: ''Things fall apart; the centre cannot hold; mere anarchy is loosed upon the world, the blood-dimmed tide is loosed, and everywhere the ceremony of innocence is drowned.''

Now, that is a pretty bleak picture, but I think it is an accurate reflection of the problem addressed by the bill I am here to discuss today.

H.R. 4292, the Born-Alive Infants Protection Act, legislation that would provide legal protection to living, fully born babies who survive abortions; tiny, helpless infants brought into the world through no choice of their own and struggling to survive.

Now, surely we may say such legislation could not possibly be necessary. Surely fully born babies are already entitled to the protections of the law.

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Well, until recently, that certainly was true, but the corrupting influence of a seemingly illimitable right to abortion, created out of whole cloth by the Supreme Court in Roe v. Wade has brought this well-settled principle into question.

Just weeks ago, for example, in Stenberg v. Carhart, the United States Supreme Court extended the right to abortion to include the right to partial birth abortion, a procedure in which an abortionist delivers an unborn child's body until only the head remains inside of the mother; punctures the child's skull with scissors, and sucks the child's brain out before completing the delivery.

Every time I describe that procedure, I shudder but that is the reality of what the Supreme Court of the United States has said is protected by the Constitution of the United States.

Now even more striking than the holding of the Carhart case is the fact that the Carhart court considered the location of an infant's body at the moment of death during a partial birth abortion to be irrelevant for purposes of the law. Rather, the Carhart court appears to have rested its decision on the pernicious notion that a partially-born infant's entitlement to the protections of the law is dependent not upon whether the child is born or unborn but upon whether or not the partially-born child's mother wants the child or not.

The United States Court of Appeals for the Third Circuit made the point explicit on July 26, 2000, in Planned Parent of Central New Jersey v. Farmer, a case striking down New Jersey's partial birth abortion ban. According to the Third Circuit Court of Appeals, under Roe and Carhart a child's status under the law is dependent not upon the child's location inside or outside of the mother's body but upon whether the mother intends to abort the child or to give birth.

The Farmer court stated that in contrast to an infant whose mother intends to give birth, an infant who is killed during a partial birth abortion is not entitled to the protections of the law because, and I quote, a woman seeking an abortion is plainly not seeking to give birth, closed quote.

The logical implications of these judicial opinions are indeed shocking. Under the logic of these decisions, once a child is marked for abortion it is not relevant whether that child emerges from the womb as a live baby. A child marked for abortion may be treated as a nonentity even after a live birth and would not have the slightest rights under the law; no right to receive medical care, to be sustained in life or to receive any care at all. Under this logic, just as a child who survives an abortion and is born alive would have no claim to the protections of the law, there would appear to be no basis upon which the government may prohibit an abortionist from completely delivering an infant before killing it or allowing it to die.

As horrifying as it may seem, the Subcommittee on the Constitution heard testimony indicating that this is, in fact, already occurring. According to eyewitness accounts, live-birth, so-called live-birth abortions, are indeed being performed, resulting in live-born premature infants who are simply allowed to die, sometimes without the provision of even basic comfort care such as warmth and nutrition.

On one occasion, a nurse found a living infant naked on a scale in a soiled utility closet, and on another occasion a living infant was found lying naked on the edge of a sink. One baby was wrapped in a disposable towel and thrown in the trash.

Consider that these things are happening today in this country. Now statements made by abortion supporters indicate that they support this expansion of the decision in Roe v. Wade. For example, on July 20 of this year, the National Abortion and Reproductive Rights Action League issued a press release criticizing H.R. 4292 because in NARAL's view extending legal personhood to premature infants who are born alive after surviving abortions substitutes an assault on Roe v. Wade.

Well, I think they are wrong in their interpretation of Roe v. Wade, and I do not agree with that opinion but even that opinion, if properly understood, could not be extended in that way, but that is what they advocate.

I urge my colleagues to consider this important legislation as it is considered by the House in the days to come.

CONGRESS SHOULD PASS A REAL PRESCRIPTION DRUG PLAN BEFORE THEY ADJOURN

The SPEAKER pro tempore (Mrs. BIGGERT). Under a previous order of the House, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I rise today to call my colleagues' attention to passing a real prescription drug plan before Congress adjourns. It is ironic that the Presidential candidate for the Republican Party has a new slogan about real plans for real people. I think we can all agree that senior citizens are real people and they need some real help.

As a registered nurse who has spent countless hours helping senior citizens with their medical needs, I can say what these real people need. They desperately need Medicare to cover the cost of buying lifesaving drugs. As a registered nurse, I had the pleasure of working with seniors before coming to Congress. I know firsthand that many of them are on fixed incomes and already struggling to buy food and pay their rent. I have paid close attention as to what we need to do as a nation to help senior citizens. I can say that our seniors simply need assistance with purchasing life-sustaining drugs. They simply cannot afford the high cost of the drugs now.

When the big pharmaceutical companies escalate the prices of prescription drugs every year at a pace that exceeds the annual level of inflation, between 1993 and 1998, spending nationwide for prescription drugs increased at an annual rate of 12 percent. This past April, I hosted a town hall meeting back in Dallas where I talked with constituents, the real people, about the exorbitant cost of prescription drugs. And here are some of the other startling statistics that were revealed: 85 percent of the seniors fill at least one prescription per year for common conditions because for their age such as osteoporosis, hypertension, heart attacks, diabetes, or depression; seniors nationwide are paying over 130 percent more for essential prescriptions than the drug companies'' most favorite customers, the HMOs; nearly two-thirds of Medicare beneficiaries have no drug coverage or unreliable, costly, and limited coverage and must pay these costs out-of-pocket; one-third of the Medicare beneficiaries have absolutely no coverage for prescription drugs at all.

What disturbs me even more are the statistics relating to the fat cat insurance industry and the pharmaceutical industry. Premiums and copays are rising; caps of $500 to $1,000 a year are being imposed frequently; drug companies' profits were actually three times more than the average profits of all other pharmaceutical companies. I understand that we have passed one bill that favors the pharmaceutical industry. That is not what the people need. The people really need, the real people, need a plan that is covered by Medicare because the profits, they talk about research, the profits outstrip their research budgets.

That is not true. The average compensation for a drug company's CEO was $22 million a year in 1998. So if we look at all of these facts, we have to wonder how the other side could put together the plan that they have devised. It gives subsidies to the big insurance companies. It seems that penny-pinching actuaries are the other side's idea of real people, not to mention the big pharmaceutical companies. It is ironic that we have allowed all of this time to lapse and are about to leave to go home, and we have forgotten about the real people.

The American people, including the residents of Dallas, have had enough of the other side's stonewalling. The American people do not really need smoke and mirrors. They need a real prescription drug benefit for seniors, not a phony plan that relies on drug companies and insurance profiteers.

As we head toward the final stretch here, I hope that we can put the playing aside, consider that these are really