Further, the Project has been recognized for outstanding contributions to women and children and their education by the National Education Association; for diversity in education by the National Association For Multicultural Education; and for scholarship, service, and advocacy by the Center for Women's Policy Studies.

As I pay tribute to women's history month, I am truly grateful to all the devoted women at the National Women's History Project for their continued commitment and for making an indelible mark on our country.

PRESIDENTIAL DECISION-MAKING RELATED TO KOSOVO

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

Mr. LEACH. Mr. Speaker, I rise to address the issue of presidential decision-making related to Kosovo.

Sometimes the challenge of leadership is to recognize that restraint at the outset is a better policy than entanglement at the end.

The Balkans are a caldron of conflict based on a history of internecine violence of which we on this side of the Atlantic have little understanding or capacity to ameliorate.

Policy in such a circumstance should be designed to avoid being caught up in destructive dissensions which are beyond our ken and beyond our control.

There may be a humanitarian case for intervening on the ground in Kosovo as part of a small NATO peacekeeping operation. But this case disintegrates if we unleash air power against one of the sides. In the wake of air strikes, we will be barred forever from a claim to the kind of neutral status required of a peacekeeping participant. More importantly, it is strategic folly to assume civil wars can be calmed by unleashing violence from 30,000 feet.

Teddy Roosevelt once admonished ''to speak softly but carry a big stick.'' At risk to the public interest, this President has taken a different tack. He has raised the rhetoric, threatening one side that air strikes will occur if it does not capitulate, and allowed a war criminal, Slobadan Milosovic, to force his hand.

Now, in part because White House threats are either not being taken seriously or are viewed as potentially counterproductive, Milosovic has put the President in a position of advocating air strikes in order to keep his word, even though their effect may be more anarchistic than constraint.

The world will little note nor long remember what most Presidents say most of the time. But people from every corner of the earth are taking stock of what appears to be a too-ready trigger hand on cruise missiles and air power.

A question worth pondering is whether use of such power in East Africa and Afghanistan, for instance, precipitates or diminishes efforts by destabilizing powers to build weapons of mass destruction and missile delivery systems for themselves.

Meanwhile, the case for unleashing a military strike in order to make a meaningful threat meaningful should be reconsidered.

It is time to disengage pride and review circumstance. It is time to stop being a bully in the use of the bully pulpit.

WE CANNOT AFFORD TO PRIVATIZE MEDICARE

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

Mr. BROWN of Ohio. Mr. Speaker, the Medicare Commission fortunately has voted down a Medicare reform proposal that would have privatized one of the best government programs in American history.

The Commission's charge was to come up with a scheme for putting Medicare on a solid financial footing and improving its value to seniors. Instead, they came up with a scheme to end Medicare as we know it. While the Commission's time may have run out, it is not, unfortunately, the end of the story. Plans are being made to introduce legislation based on the plan, they call it premium support, that the Commission just rejected.

Under this proposal, Medicare would no longer pay directly for health care services. Instead, it would provide each senior with a voucher good for part of the premium for private coverage. Medicare beneficiaries could use this voucher to buy into the fee-for-service plan sponsored by the Federal Government or to join a private plan.

To encourage consumer price sensitivity, the voucher would track to the lowest cost private plan; ostensibly, seniors would shop for the plan that best suits their needs, paying extra for higher quality care. But the proposal would abandon the principle of egalitarianism that has made Medicare one of our Nation's best government programs.

Today the Medicare program is income-blind. All seniors have access to the same level of care. The premium support proposal, however, would be structured to provide comprehensiveness, access, and quality only to those who could afford them.

The idea that vouchers would empower seniors to choose a health plan that best suits their needs is simply a myth. The reality is that seniors will be forced to accept whatever plan they can afford.

The Medicare Commission was charged with ensuring Medicare's long-term solvency. This proposal will simply not do that.

Bruise Vladeck, a former administrator of the Medicare program and a commission member, doubted the commission plan would save the Federal Government even one dime. The same proposal under another name will not do it either.

The privatization of Medicare is, of course, nothing new. Medicare beneficiaries have been able to enroll in private managed care plans for some time now, and their experience does not bode well for a full-fledged privatization effort. They are already calling for higher government payments, they are dropping out of unprofitable markets, and they are cutting back on patient benefits.

Managed care plans are profit-driven, and they do not tough it out when those profits are unrealized. We learned this the hard way last year when 96 Medicare HMOs deserted more than 400,000 Medicare beneficiaries because their customers simply did not meet the HMO profit objectives.

Before Medicare was launched in 1965, more than half this Nation's seniors were uninsured. Private insurance was then the only option for senior citizens. Insurers did not want seniors to join their plans because they knew the elderly would use their coverage. The private insurance market has changed considerably since then, but it still avoids high-risk enrollees and, whenever possible, dodges the bill for high-cost medical services.

The purpose of public medical systems is to provide the best health care possible to help people, especially children and the elderly, so that they can live longer, healthier lives.

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The purpose of privatized medical systems is to maximize profit through private insurance companies, denying benefits and instituting physician and other provider incentives to withhold care.

The problem is the expectation that private insurers can serve two masters: the bottom line and the common good. There are 43 million uninsured Americans. If the private health insurance industry cannot figure out how to cover these people, most of whom are middle-income workers and children, how will they treat high-cost seniors?

If we privatize Medicare, we are telling Americans that not all senior citizens deserve the same level of care. We are betting on a private insurance system that puts its own interest ahead of health care quality and a balanced Federal budget. As the focus of Medicare reform shifts to Congress, we must question our priorities.

The answer is clear: Medicare is a national priority and must be kept the excellent public program that it has been for 3 decades. Thirty-six million Americans depend on Medicare every day, and it has helped our Nation lead the world in life expectancy for people 80 years and older.

The Medicare Commission wisely disbanded without delivering a final product. It is time now that we go back to the drawing board and construct a plan