

OCLL as a liaison officer in the U.S. House of Representatives and later as a colonel and chief of the House Liaison Division. In June 1989, Colonel Jones assumed command of the 11th Infantry Regiment at Fort Benning, GA. Relinquishing command in July 1991, he served as the director of the Army's family support program for a short period of time prior to returning to OCLL as the deputy chief.

Col. Jim Jones is culminating his service as chief, Congressional Inquiry Division. He effectively used his vast knowledge of the Army, his personal communications skills, and his management abilities to tell the Army story. He had personal and daily contact with members of Congress and key committee staff providing critical information. Colonel Jones guided and personally assisted U.S. Representatives in verbal and written responses to consistency resulting in strengthened relationships while promoting the Army's interest and professional image to Congress.

Colonel Jones is indeed the quintessential officer. His selfless service, love for soldiers, commitment to excellence, and caring professionalism have continually provided inspiration to those with whom he has served. This exceptional officer truly personifies those traits of courage, competency, and integrity our nation has come to expect from our Army officers. He has served our Nation well and our heartfelt appreciation and best wishes for continued success go with him as he prepares for his next endeavor.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York [Ms. SLAUGHTER] is recognized for 5 minutes.

[Ms. SLAUGHTER addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas [Ms. JACKSON-LEE] is recognized for 5 minutes.

[Ms. JACKSON-LEE addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

#### THE TRUE SITUATION WITH MEDICARE

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentlewoman from North Carolina [Mrs. MYRICK] is recognized for 25 minutes as the designee of the majority leader.

Mrs. MYRICK. Mr. Speaker, we thought we would like to give an explanation of what is really going on in the situation with Medicare. We have heard so much discussion over this past couple of weeks, and we are going to hear more, especially tomorrow, when the plan is actually released.

I wanted to clarify just a very simple point. That is that it really is true that the fund is going bankrupt, and will be bankrupt in 7 years, and this is not something that is just a figment of someone's imagination or politics or political rhetoric, it really is true. This is part of the conclusion of the Medi-

care trustees, as we see on the chart before us, that the fund will be exhausted in 2001, and that they also made a statement right after that that simply says that the present financing schedule for the Medicare program is sufficient to ensure the payment of benefits only over the next 7 years.

This is why the Republicans have taken it very seriously, that we must deal with this, we must be up front on this issue, and we must be responsible. We must find a solution. That is what we are doing with the help of the American people.

The thing that has been so gratifying to me is that when I have been home in my district over the last few weeks, we have spent so much time not only talking with seniors but talking with the hospitals and the providers, the doctors, and really getting a lot of input. I know all my colleagues have been doing the same thing. The encouraging part is that the people really do understand that there is a problem, and they want to be part of the solution.

We have been very, very, I think, pleased with the idea that people have come forward and said, "I want to help, and I would like to give my suggestions, and will you really take these to heart?" We want the American people to know that yes, we take these suggestions to heart, and we really are going to incorporate them to make a better system for the American people.

Mr. HAYWORTH. Mr. Speaker, will the gentlewoman yield?

Mrs. MYRICK. I am delighted to yield to my colleague, the gentleman from Arizona.

Mr. HAYWORTH. The gentlewoman from North Carolina, Mr. Speaker, makes a very valid point. As I look here tonight for this special order, I see my colleagues, the gentleman from Arizona, two of my colleagues from Oklahoma, and a colleague from Indiana.

I think nationwide we have been getting outstanding input from members of our various districts, citizens and constituents in our district. I think the unique aspect of this is something that the gentlewoman from North Carolina [Mrs. MYRICK] referred to. In stark contrast to that very cynical statement that laws are like sausages, no one should watch closely while either are being made, we are going in totally a different direction with this.

Indeed, because we are representatives serving here in the Congress, we are going home. We are not only talking to seniors in the district, but pulling together folks from various walks of life for our task force meetings, and the thing that I think is important to stress is that this discussion is open to everyone, regardless of their partisan affiliation or political dispensation, regardless of their age. Every citizen in this country should be involved in this vital debate, for while it now affects seniors, and I think particularly of my granddad who resides in the State of North Carolina, 91 years of age, and my parents who reside in the district rep-

resented by the gentleman from North Carolina [Mr. COBLE] who will soon be aging into that program, I think some 3 years away from Medicare, this is a program that vitally affects our seniors, but also has great implications for our future as a Nation in term of offering choice; indeed, in terms of bringing elements of the free market back into medical coverage, and transforming and saving and improving Medicare for future generations.

I think the gentlewoman from North Carolina is to be commended for setting aside this time to take a look at what has transpired in the past, and again to say to the American people, Mr. Speaker, those joining us tonight via television, those who have written us, faxed us, phoned us, the debate continues on.

Mrs. MYRICK. That is very true.

Mr. HAYWORTH. I know with great clarity my colleague, the gentleman from Arizona, put together a town hall that was really quite a sight and very gratifying. I know that the input continues.

Mr. SALMON. Mr. Speaker, will the gentlewoman yield?

Mrs. MYRICK. I am glad to yield to the gentleman from Arizona.

Mr. SALMON. Mr. Speaker, this debate is probably the most crucial thing we have debated since we began this Congress in January. It is important for a lot of reasons. It is important because, as I have done my town halls back home and I have talked to the senior citizens in my district, they have very, very clearly given me the understanding that they want to change Medicare so that it lasts beyond the next 7 years.

I give the seniors that have come to my town halls, that have called my office, that have come in to visit with me personally, a lot of credit. They are not individuals who are shortsighted, who are not concerned about the future of this program. No. 1, most of them hope to live beyond the next 7 years, at least the ones that I have talked to. No. 2, they realize that this is an important program that needs to be around for their children and their children's children.

I have sensed a lot of support. In fact, the town hall that the gentleman from Arizona [Mr. HAYWORTH] was referring to, we had about 700 to 800 people show up. I was so pleased to see the kind of can-do attitude that Americans have always had, that we will fix this system, that we will preserve and protect the Medicare system, because it is too important to politicize.

As we talked about options, I think very clearly they gave me a message. That is, "When you go back there to fix this problem, make sure that you preserve our dignity and that you do not interfere with our relationship with our doctor, and that you do not take away our choices, but you enhance our choices so we can take the direction for our own medical care and take it away from the bureaucrats, VerDate 20-SEP-

give us more decisions. If the problem is waste and fraud, involve us in the solutions. Let us shop around so we can get the best deal."

That is why I am so thrilled with the prospect of the medical savings accounts, which puts the power back in the hands of the individual, not bureaucrats who do not have a vested interest in the outcome of this individual's health care, but it gives seniors the ability to barter, to choose the doctor of their choice, to stop the mumbo-jumbo that is created here in Washington, and to take control of their own lives. I am just really pleased that we have come up with a plan that incorporates so many choices, and will help seniors again to take control of their own destiny.

Mr. MCINTOSH. Mr. Speaker, will the gentlewoman yield?

Mrs. MYRICK. I yield to the gentleman from Indiana.

MR. MCINTOSH. Mr. Speaker, I want to say I appreciate my colleague's putting together the opportunity tonight to share with the American citizens what we are hearing about Medicare. I wanted to share a report from Indiana about what citizens in my district have been saying. I held 12 town meetings in August, and four more meetings just last weekend with a special Medicare advisory task force dedicated to developing ideas to preserve and protect and improve Medicare.

I wanted to let people know, probably the greatest worry that constituents in my district have was preserving Medicare. They are worried that if we do not act soon, it will not be available for 33 million Americans, and it will go bankrupt within the next 7 years.

I wanted to get their ideas on how we could fix that very serious problem. I told my constituents I would forward these ideas to my colleagues here in the House of Representatives, and to the Speaker, the gentleman from Georgia [Mr. GINGRICH], as we considered legislation in Congress to preserve, protect, and improve Medicare.

□ 2320

The following is what some of the Hoosiers in my district told me we should consider as we look for ways to improve the current Medicare system and ensure that we keep our compact with senior citizens to be able to provide them the quality health care in the world.

First, do not play politics. They do not want us to play around with this legislation. They do not like the fact that the President and members of the minority party are willing to do nothing in order to score political points, and they commend our effort to step up to the plate and address this very serious problem.

Second, they want us to tell the truth. A lot of them were very nervous about cuts in Medicare, and they were seeing on the nightly news that we are cutting Medicare. They asked me, "What are you going to do about this?"

I showed them a chart similar to the one that we have here tonight and pointed out to them that the truth is Medicare is actually going to be increasing under our plan. It is going up from \$4,800 per beneficiary this year to over \$6,700 per beneficiary in the year 2002.

People were pleased that we were being honest about this. We pointed up, that is not as fast as some people want it to grow in Washington and they are calling it a cut because we did not increase it as fast as they wanted to, but they were relieved to see that Republicans were committed to increasing spending in Medicare so that we can provide good quality health care.

And then the No. 1 issue that senior citizens asked us to address was to reform the system so that they could eliminate the fraud and abuse that is driving up the cost, and the No. 2 issue was to provide them more choices, so that they could take advantage of a lot of the new benefits in the health care system and be able to choose for themselves what type of health care they wanted, what type of coverage they wanted to get, and how they wanted to have their relationship with their doctors structured.

I want to close my report from Indiana by saying that I was very pleased with the input I got from citizens all over the district and pleased that they were willing to spend the time to help us craft legislation that will allow us to increase spending on Medicare, preserve and protect the system for senior citizens in the future, and I think they will be thankful that this Congress did not play politics with a very serious issue and stepped up to the plate to do what is right for all Americans.

Every senior had a personal example of fraud in his Medicare billing, including one in Milroy who was billed \$5 for one aspirin, or another in Columbus who would take a taxi to the hospital instead of a bus because Medicare would not reimburse travel for the less expensive bus.

Constituents in Pendleton said they were told by hospital officials not to worry about what was on their bills.

"Don't worry," one hospital official said. "You're not paying for this—Medicare is."

Excessive paperwork required by Medicare also was mentioned at every Town Meeting.

One constituent from Alexandria suggested paperwork could be reduced by introducing competition.

She suggested private-sector firms could be used to process claims, with those that process claims the fastest receiving a bonus.

A man in Pendleton suggested a flat tax-like form to reduce Medicare paperwork.

Seniors told me they should be allowed to purchase their own insurance, and that competition would reduce fraud and overall costs.

One woman in Cambridge City said her daughter's HMO provided greater coverage, such as for eyeglasses and dental services, than Medicare does.

"Competition is good," she said.

"Let me decide the kind of insurance that's best for me."

A woman in Elwood said people should be held responsible for their own bad health habits.

For example, she said, smokers should pay more for Medicare than nonsmokers, giving Americans an incentive to live healthy and reduce overall health costs.

One witness, in Muncie said that he welcomed choices but wanted to make sure we had "Truth in Health Care," each choice lays out cost and coverage.

Finally, Mr. Speaker, a man in Union City said seniors who work full-time past the age of 65 should have the option of remaining on their private insurance plans.

Mr. Speaker, I was heartened to learn that Hoosiers recognize the need for immediate action to save Medicare.

But more than that, they want to ensure that we learn from the problems in the current system as we work to preserve, protect and strengthen Medicare while also offering seniors more health care choices.

Mr. Speaker, Indiana seniors are paying attention to this issue.

They understand that something must be done. They expect us to act. They know we are listening, and I insist that we act boldly, responsibly, and without delay.

I see my colleague from Oklahoma has risen. Would you like to join us in reporting on what you are hearing from your part of the country?

Mr. WATTS of Oklahoma. If the gentleman will yield, I would like to do that.

Mr. MCINTOSH. With pleasure.

Mr. WATTS of Oklahoma. It is interesting, my colleague from Indiana put up the chart there that says that Medicare spending will go from \$4,800 per beneficiary this year to over \$6,700 per beneficiary in the year 2002. Somehow or another over the last 4 or 5 months, some have been able to get a cut out of that. I know that my math is not what my other colleague's from Oklahoma is, but I just cannot figure that out, how that is a cut. That is almost like my son coming to me and let us say I am giving him a \$10 allowance and he comes to me and he says, "Daddy, I want my allowance raised to 20 bucks."

I say, "Well, I'll give you 15," and he goes to his friend and says, "My dad cut my allowance." How he can get a cut out of that, I do not know.

In the town meetings that I did, and I did about 18 different forums, town meetings, over the August break, and what I found, it was interesting that last March I started doing some focus groups and visited with some folks, about 60 senior citizens in a local church, and we had dinner together. After dinner, we talked about Medicare. It was amazing what they were saying then, and I think because they use the system, they are out there in the trenches on a daily basis trying to make this system work, they saw many of the flaws that are in the system.

The number one complaint all over the district they have been talking about is the fraud and the abuse of the system and how that hurts those people that really do it the right way and

really want to see the system work. But it was interesting the attitude shift from back in March when we first started doing the town meetings and the focus groups and the different forums to where it was in August, when we were doing the town meetings and focus groups.

Back in March there was a little apprehension and people were saying, "Well, yeah, we don't know what's going on with this Medicare thing, but we're willing to wait and see because we know there's some fraud, we know there's abuse, we know the system's a little out of kilter but we're wanting to see what you guys are going to propose." That was what was being said in March. In August they were saying, "Fix Medicare. Take care of the problems. Get rid of the fraud and the abuse, and cure all the problems with Medicare."

I think it is important to note, as it has been noted here with my 3 previous colleagues, is that the Medicare Board of Trustees in the last 2 annual reports, in 1994 and again in 1995, said that it is going bankrupt. It will be broke in 1996, it will be bankrupt by the year 2002. I think it is very irresponsible for any Congressman that has a vote in the 104th Congress to say that we should not do what we must do to fix and save and protect and strengthen the Medicare system, as my colleague from Arizona said, not just for today's seniors but for future seniors that depend and that will be depending on this program.

I see my other distinguished colleague from the State of Oklahoma that represents my home district, by the way, he has risen, and I will yield to him.

Mr. COBURN. I appreciate that very much.

Mr. Speaker, I bring a somewhat different perspective to this debate. Many of the people in my district know that I am a practicing family practice physician. I get a unique perspective because not only have I been a provider in the Medicare system and I have hundreds and hundreds and near thousands of patients who are on Medicare, I get to see what they say and what they like about Medicare, and the security they have in knowing that their health care is going to be there, and at the same time the obligation of being a physician is to offer yourself to solve the problem.

It just strikes me that of the group of people that are talking here tonight, what the election in 1994 was all about. There is not a career politician among any of the group that has stood up here tonight to talk. Many of us have already signed commitments that we do not want to be here. I have no plans to be here 6 years from now.

Therefore, what is our goal? Is our goal self-aggrandizement? Is our goal to elevate ourselves? Or is our goal, do we really come here with the best interests of everybody in our district, the

best interests of the senior citizens in this country, to solve the problem?

I want people to know that there is no patent on caring. I would not have left a medical practice, other people would not have left other great careers to come and do what we are doing if in fact we did not want to solve the problems.

We have lots of input on how to solve this. The one thing that we should all ask is are we getting value for what we are paying for? Therein lies the problem with Medicare.

And the seniors know the answers. The seniors know where the problems are, whether it is fraud, whether it is waste, whether it is a lack of comprehension of how the system works and how we have excluded seniors from the payment of bills so they will not know what they cost and how we have allowed a system to be overused and abused. It just strikes me that the way we solve this problem is that we are honest. We are going to make some mistakes. We are not going to have a perfect solution for Medicare. But what we are going to do is work hard, listen and try to do the right thing.

You cannot take that away from me. I can sleep every night knowing that my interest is best in watching for my district and the seniors, and also the taxpayers in our district. We can solve Medicare. We are going to solve Medicare. We are going to make a viable, optionable, quality-oriented health care system that every senior in this country can depend on and can count on and they are not going to have to go to bed at night worrying about whether or not it is going to be there in the future.

□ 2330

Mr. MCINTOSH. Will the gentleman yield for a question?

Mr. COBURN. I yield to the gentleman from Indiana.

Mr. MCINTOSH. As a doctor, were you hearing from citizens in your district that they welcomed the chance to have a choice about health care plans; that they would be able to maybe be able to get benefits to cover their medications, which they cannot right now under Medicare, and some of the other options that the current system, because it is so heavily regulated out of Washington, does not provide for senior citizens?

Mr. COBURN. I think that is very true. I think with a problem comes opportunity. And we have a problem. The trust fund is going broke, but the opportunity that we have is to not only preserve what we have, but to strengthen it and improve it.

I have seniors in my district that choose between eating supper and taking a pill. And to have them have an option that would take away that burden, where they will not have to make a choice between a medicine and supper, is something that many of them would welcome.

I talked to a lady today on the phone and she said, "I do not think that is

possible. I think that is a scam." But the fact is, there are going to be options out these where seniors can choose to go into a program that will offer them their medications.

Mr. MCINTOSH. Would that not be a blessing?

Mr. COBURN. It would be a blessing for hundreds and hundreds of people in my district to have that option. It is not available to them now.

We need to listen to the seniors of this country. They have a lot of experience to share with us.

Mrs. MYRICK. If the gentleman would yield for just a moment, I wanted to make a point too. There is another option we really have not discussed tonight and that is something that was asked of me a lot in my district when people would come up and say, "What is going to happen?" And we would tell about the choices and they would say, "Why can I just not stay in the plan that my employer had for me? It was a good plan and I liked it a lot better." That is going to be another option that we hadn't talked about; the option that they can stay as they are if they want to.

Mr. MCINTOSH. So you are saying, under our reform, if somebody wanted to stay in Medicare under the program they know right now, they could do that?

Mrs. MYRICK. That is exactly right.

Mr. SALMON. Would the gentleman from Indiana yield? That is the beauty, and as I have talked to the seniors in my district, in fact, my father, before I came back to Washington this last week, he said, "Son, you better make sure when you get back there that you guys preserve those options that you have talked so much about, because I am looking forward to this. Right now, the current Medicare system just is not giving me these kinds of options, and I like the medical savings account option, personally, because it will incentive me to control my own costs. I think I can do a better job of controlling my costs than a nameless, faceless bureaucrat in Washington can do."

Let us talk about the options. Number 1, I think it has been mentioned that they can stay on the current fee-for-services type program. They can move to an HMO or PPO type program. They can go to a medical savings account.

Mr. COBURN. They can go to a provider-based network to do that. So the options that are, in fact, not available now, are going to be available that they have not had before. They not only will have choice of options, but choice of doctors.

Mr. SALMON. And the difference between who decides what those options will be is that it will not be dictated by some bureaucrat. The choice is up to the individual.

Mr. MCINTOSH. If the gentleman would yield, the minority leader is on television a lot telling seniors they are going to have to spend another \$2,000 under this plan, but is it not the truth

that, in fact, some of these options will mean it will not cost them as much as it does right now? That they will actually save money because of our plan?

Mr. SALMON. I believe so. In fact, most people out there will actually do better under this plan.

Mr. MCINTOSH. Why do seniors not know that?

Mr. SALMON. I would say this to the American public. If you think that Washington has managed your dollars well in the past, then we have every reason to believe that the bureaucrat-laden system that we have got is the best thing. But if we believe that the American people out there can take control of these costs, and that they can look out for their needs better than a bureaucrat can, then this option is the best way to go.

Mr. MCINTOSH. So it really is just not true that they are going to have to pay thousands of dollars more, and, in fact, sometimes people will save money under our plan?

Mr. SALMON. In fact, I think in most circumstances the individuals will save money and will do better under our plan, because there are more options and there is less interference between their relationship with their doctor.

Mr. COBURN. I would like to interject one thing. It is not moral to take away somebody's comfort about their security. And there is no intention anywhere in any of the plans to do anything other than to make sure every senior citizen in this country has quality affordable health care.

Mr. WATTS of Oklahoma. If the gentleman would yield for 1 second, as we close, I want to clearly define why we are offering options and choices. That creates competition with doctors, hospitals, insurers. They compete. And when you make the marketplace compete for market share, that gives value, that brings about efficiency.

Just one simple illustration, if I see this ink pen, if I am the only one settling it I can sell it for what I want to sell it for. If my other colleagues come along and set up shop and say we are going to sell ink pens, I have to be more conscious about how much I am selling it for. That is why we are giving options for efficiency.

#### THE TRUTH ABOUT MEDICARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentlewoman from Texas [Ms. JACKSON-LEE] is recognized for 20 minutes as the designee of the minority leader.

Ms. JACKSON-LEE. Thank you, Mr. Speaker. And I appreciated the dialog and interchange of my colleagues who, like me, are mostly freshmen in this House. But I think that if we are to provide a real discussion, it must be clear, decisive, nonargumentative, and as forthright as we can possibly be.

And I think if there is one singular indictment of this so-called proposal

by Republicans to help Americans with respect to Medicare, it is that they absolutely refuse to have full and open hearings on this very major change in American history.

One day, the say. Fraudulent. Cover-up. Misrepresentation. Not many of us could understand a massive change in medical reform in 1 day.

Clearly, I would simply ask the question to my colleagues, and certainly I enjoyed the opportunity to work with them and come to this podium with no baggage, I would simply as the question: How do you manage to reform with \$270 billion in cuts of a program that is in need of reform and in need of a major health reform in conjunction with the reform of Medicare?

The question simply becomes, How do you respond to the citizens in all 50 States in this Nation? The citizens in Florida that will be paid over \$5,000 extra under the reform plan by the Republicans in the next 7 years, or the citizens in Louisiana for \$4,000, or the citizens in Texas for \$3,000?

Mr. HAYWORTH. Would the gentlewoman yield?

Ms. JACKSON-LEE. I would be happy to yield in a moment, just for a moment. Or, in fact, the citizens in California for \$4,783? Or in Washington State for \$2,246?

You simply do not have the facts, and the Democrats have been representing to the Republicans, our colleagues, that we stand ready to debate this issue truthfully and factually over a period where hearings can bring people from their distributes, I hope, from our districts, medical professionals, senior citizens, long-term care givers and actually discuss the real crux of the issue.

Just for a moment, let me frame the question for you. All of us can agree that we can fix Medicare on many planes and many platforms, but one that we can unanimously agree on is that we can save \$61 million if we take away fraud, abuse and waste.

When I go to the 18th district of Texas, no one disagrees that they are prepared to work against and to inform and to improve Medicare from that perspective. But they do tell me, and the speakers that were here earlier indicated and did not give an answer, that they had seniors in their district that were making choices between prescriptions and food. I do too.

□ 2340

And those seniors will continue to have to make those choices or in fact have absolutely no health care under this plan by the Republicans.

Let me also mention a point that is extremely important. This whole masquerade about choices, which I think would be relevant to 4 weeks of hearings, because we could understand what the choices actually mean. But in fact, we know in the private sector that the sickest of the population are not insured.

In the present health care system that we have now in America, we do

not have provisions for preexisting disease; we do not have portability, because we do not have national health reform. So how would that occur for senior citizens? Would there be the option for those who are sickest to have an opportunity to be in a solid program, or would you find a pool of the sickest senior citizens left by the way-side by the empty well not being able to drink the water?

I would simply raise the point that in this Nation we have now the most healthy population of senior citizens. Thirty years ago in 1965, not one Republican voted for Medicare. In fact, they argued vigorously against it. But 30 years into the history of Medicare, now 1995, we can brag on the fact that our senior citizens are healthier and they are living longer. Shame upon us, that we come now 5 years before the 21st century and what we will say to those entering the 21st century is not for the future, but that we will return to those very damaged days when those who were in need of health care were lost in the wilderness of health care in this Nation, and were lost and never found on their dying beds because they were not able to receive the coverage necessary.

I will yield to the gentleman for just a moment, for I have a long litany of things that I would like to proceed with, and I hope I can engage him in a discussion, and maybe he would give me an answer that we would in fact do well for the American public if we join together on 4 weeks at least, minimally, to have hearings to be able to have his position explained, not to each other, but to the American people, and to make the right choice and go in the right direction in the 21st century and to be able to be proud about the health care that we provide for our senior citizens.

Mr. Speaker, I yield to the gentleman from Arizona [Mr. HAYWORTH].

Mr. HAYWORTH. I thank the gentlewoman for yielding the time so graciously. Certainly the gentlewoman raises many questions tonight and I thank her for raising them.

First and foremost, I think it is important for us to understand as the gentlewoman has been doing in our district in Texas, as I have been doing in Arizona; in effect we have been holding our own hearings. But she raises a point that I think is of some interest. Of far more interest to me tonight is the chart purporting to talk about increase of out-of-pocket expenses. Could we explain the formula, the methodology, or the rationale that leads us to make this claim that the prices would rise so drastically. Because I can tell you it is certainly not my intent, nor did we come to the Congress with the notion of trying to bankrupt our seniors. Quite the contrary, we want to save this program.

So I am just curious where these numbers come from, how they were arrived at, how we arrived at these numbers. VerDate 20-SEP-95 07:02 Sep 21, 1995 Jkt 099061 PO 0000