was also the last time that the Republican party was able to take over this Congress. I think that was in 1952 when we won the Congress.

Now, the other thing that most people do not know is that in 1948 we also won the World Series when we controlled the Congress, the Republicans did, and the Indians went to the series then with the Braves again. Not the Atlanta Braves, of course, but at that time the Boston Braves. It was the Boston Braves at the time, and we won that series four games to two.

So I think that those things are extremely good omens for the Indians in this World Series.

By the way, I wanted to make sure that the gentleman from Washington, we remember what the Indians looked like here with the logo, and of course, as I understand it, people are going pretty crazy in Cleveland right now, as you can imagine, after 40 years of drought.

I wanted to say one other thing if I might on the gentleman's time, and that is that I spoke with the distinguished Speaker of the House of Representatives, the gentleman from Georgia [Mr. GINGRICH], who of course represents a part of the great city of Atlanta with whom the mighty Indians of Cleveland will be battling and what is undoubtedly going to be dubbed the most politically incorrect series of this century with the Atlanta Braves going against the Cleveland Indians.

But I have made a proposal to Mr. GINGRICH which he has accepted. He is not able to be here tonight, I have been informed, because he is trying to solve the last bits of the Medicare bill, but I made the following wager and that is that I have a beautiful tie that has Cleveland Indians on it, and he has agreed that if the Indians win he will wear that tie for an entire day that this House is in session, and he will also make a contribution of whatever special foods they have, hopefully Vidalia onions and peaches from the great State of Georgia, to a hunger center of my choice in Cleveland.

If the Braves win, I will wear a Braves tie and also make a contribution of a slew of frozen pirogies to be sent down to a hunger center in Atlanta.

I appreciate the Speaker accepting the wager.

I really do appreciate the kind words of the gentleman from Washington [Mr. METCALF]. I am looking forward to that smoked salmon, I have to tell you, and I am sorry that the season was curtailed for the great Mariners, but it could not be better for the Indians.

Mr. METCALF. I thank the gentleman, and I might comment that I would have presented their logo even without the banner, but I do appreciate the banner.

AMERICA'S VOICE MUST BE HEARD ON MEDICARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina [Mrs. CLAYTON] is recognized for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, the voice of the American people must be heard. Their cries and pleas cannot be ignored by those of us in Congress. We must heed their call.

I received petitions from my congressional district—hundreds and hundreds of missives from my constituents on the issue of Medicare. Here are their voices—listen to all of them—''Without Medicare, I won't have anything'' said one elderly woman. ''Do not cut Medicare * * * it is all that I have'' wrote another senior citizen.

Did the Congress, created by the Founding Fathers to be a deliberative body as it creates legislation, deliberate this issue with all due respect. Indeed, I say not. The majority insured that this governing body devoted all of a single day to this issue—integral to the health and welfare of our Nation.

The 1-day hearing conducted by the majority was to discuss their proposal to cut the Medicare Program by $270 billion.

That cut is roughly three times higher than any previous plan. My colleagues, before America or this Congress buys into the proposal to cut Medicare, there are many questions that should be asked and that must be answered.

We must ask, how they expect poor seniors, those on fixed income, to pay for the increases they must bear?

Will Medicare beneficiaries be able to choose their own doctors? True freedom and choice for seniors does not exist under the Medicare Preservation Act.

Where will the $90 billion in unspecified savings come from?

How will hospital closings be prevented, especially in rural communities?

Why is it that none of the funds from the increase Medicare premiums will be contributed to the Medicare trust fund? Where is it going—I know the answer and so should the American people—to pay for your imprudent tax cut.

Why is it necessary to insist on a tax break for the wealthy, while cutting Medicare for those least able to absorb those cuts—the elderly, the sick, and the disabled?

These and others are important questions, my colleagues.

They deserve frank answers.

The majority should not rush this legislation to the floor as part of their speeding train. We need to have more bipartisan support to protect Medicare as well as Medicaid.

We cannot ignore the impact of this $270 billion cut upon the heart and soul of our Nation—rural areas.

Citizens of rural America will certainly be jolted by these unnecessary cuts, since their incomes are 33 percent, yes one third, lower than their urban counterparts.

One third less money for everything, including health care.

Did you also know that our elderly citizens, they are 60 percent more likely to live in poverty if they live in rural areas—60 percent.

Through the Medicare Preservation Act, Medicare funds for rural Americans will be cut by at least $58 billion dollars.

That is $58 billion less for our rural health care facilities and providers. If this atrocity comes to pass, we are certain to lose more rural hospitals than we already have. I have been there, have you? I served as the chair of the Warren County Board of Commissioners, my home county, when we had to close our county hospital. Citizens of Warren County now have to drive outside the county to seek hospital care.

Twenty-five percent of rural hospitals already operate at a loss, and that is because Medicare and Medicaid alone accounts for almost 60 percent of the average hospital's net patient revenue. Can you imagine the havoc that these cuts will wreak upon rural areas. More hospitals are sure to go under, need there be more counties like Warren?

I cannot in good conscience believe that the bulk of the American people support the majority's plan to cut Medicare and Medicaid.

The $270 billion cut translates into at least $45 billion dollars less for the health care for impoverished, disabled or elderly Americans in rural areas. For Pitt County Memorial Hospital, one of the finest university medical schools in rural areas, this cut translates into $621 million dollar loss from 1996 to 2002—$621 dollars less of needed medical care. For Nash General Hospital, $234 billion dollars less in the same time period. For the Craven Regional Medical Center, $211 billion less and I could go on and on and on. I think you get my point. And I know that the senior citizens of my district as well as the nation hear me. Mr. Speaker why can't we hear the pain of these proposed cuts. I will vote against this mean-spirited legislation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California [Mr. HORN] is recognized for 5 minutes.

[Mr. HORN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

AMA WRITING KEY PORTIONS OF MEDICARE BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois [Mr. LIPINSKI] is recognized for 5 minutes.

Mr. LIPINSKI. Mr. Speaker, cynicism toward our political process received another boost last week, as the American Medical Association [AMA] received key concessions in return for endorsing the Republican's plan to reduce Medicare spending by $270 billion. In return for their support, the AMA is being allowed to write key portions of

this plan, molding the cuts with their own best interests in mind.

The question is, Do they have the interests of senior citizens at heart? The answer, Mr. Speaker, sadly, is no.

I have over 15,000 petitions from the senior citizens of my district opposed to the drastic cuts in Medicare. Every day I have dozens more calling my office asking me if they can sign a petition. ''How can I help, can I circulate more petitions?'' they ask. They tell me of hundreds of seniors who have not yet had a chance to have their voices heard, but who are very afraid and confused by the Republican Medicare proposal.

What started out as a need to shore up Medicare, so as to keep our sacred contract with seniors, has turned into a raid to fund a $245 billion tax cut for America's wealthiest citizens. The Republicans wave a report by the Medicare trustees saying the system is headed toward bankruptcy. But nine times in the past, we have faced the threat of the trust fund going bankrupt and have dealt with it as it should be dealt with now—without fanfare and without partisan propagandizing. The report says only $90 billion is needed to insure the solvency of the trust fund, but the Republicans insist on cutting $270 billion to pay for their tax cut.

To pay for this tax cut, Medicare recipients will pay more, but they will get less in return. By the year 2002, $1,700 less will be spent on each beneficiary. However, deductibles will be doubled and premiums will skyrocket. Seniors will pay an average of $3,300 more over 7 years and will be herded into managed care, forced to give up their own doctors. Simply said, seniors will be paying more for less.

I recently sent a letter to the presidents of the various hospitals in my district, asking them to analyze the impact of the Republican proposals for Medicare. The president of MacNeal Hospital in Berwyn, IL writes, ''The reductions, as proposed, if implemented, could force MacNeal Hospital to close. Over the 7 year period from fiscal years 1996 through 2002, Medicare reimbursements would decrease by $92 million. As an employer, it would result in the direct loss of 3,000 jobs. Needed access for the people of your district to high-quality low-cost healthcare would obviously be dramatically and negatively affected.''

The president of West Suburban Hospital in Oak Park, IL wrote an emotionally moving letter. ''None of the news I have heard sounds encouraging. In fact, the question is not how will we serve patients in spite of funding shortfalls, but how will we serve them at all.''

According to figures from the American Hospital Association, this plan will result in a reduction in reimbursement to hospitals in metropolitan Chicago totaling $2,830,000,000 in fiscal years 1996 to 2002. Clearly, the Republicans Medicare proposal will hurt not only the elderly, but hospitals too, which will cause cost shifting to the private payer.

A respected Chicago newspaper columnist recently noted the quiet silence of senior citizens on this proposal. Given the partisan rhetoric and the cynicism, it is no surprise that many are not vocally taking sides. But with these petitions, thousands have quietly sent me a message that this is too much change, much too fast.

968 pages of a bill to amend title 18 of Social Security Act to preserve and reform the Medicare Program, were delivered to me this morning. But these 968 pages are not intended to preserve and reform the Medicare Program. Rather, they are intended to destroy Medicare's security blanket for our seniors, and radically replace it with an untried system.

Mr. Speaker, Medicare was signed into law 30 years ago as a sacred commitment with the elderly of America. I will not break that commitment. I do not want to see the elderly have to choose between paying their doctor's bills and their utility or grocery bills. Republicans are big on contracts these days. Let's keep our contract with seniors and preserve the Medicare system. I urge my colleagues to oppose H.R. 2425.

□ 2145

The SPEAKER pro tempore (Mr. BUNN of Oregon). Under a previous order of the House, the gentleman from Tennessee [Mr. DUNCAN] is recognized for 5 minutes.

[Mr. DUNCAN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

GOP PLAN WILL SAVE, STRENGTHEN, AND SIMPLIFY MEDICARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Idaho [Mrs. CHENOWETH] is recognized for 5 minutes.

Mrs. CHENOWETH. Mr. Speaker, tomorrow the House of Representatives will take a giant step toward putting Medicare back on sound fiscal footing and giving our seniors the same choices enjoyed by Federal employees, including Members of Congress, and citizens in the private sector when it passes the Medicare Preservation Act of 1995 [MPA]. The goal of the MPA is to preserve Medicare for current beneficiaries, protect it for future generations, and strengthen it through reforms that have been tested and proven in the private sector.

On April 3, 1995, the Medicare trustees, including three members of President Clinton's cabinet, issued the following warning: Medicare begins going bankrupt next year and unless prompt and decisive action is taken, Medicare will be completely out of money by 2002.

There is no reason to doubt the accuracy of the report or its conclusion. I urge you to obtain an official summary from my office (356–2010) and judge for yourself.

The bottomline is that if Medicare is not reformed, either seniors will be forced to accept sharply curtailed medical services or working Americans will be forced to pay sharply increased payroll taxes, estimated by the Heritage Foundation to cost the average Idaho household an additional $1,200 per year.

Under the MPA, total Medicare spending will increase 54 percent, from $161 billion in 1995 to $274 billion in 2002. On an annual per beneficiary basis, average spending will increase from $4,800 today to more than $6,700 in 2002. Obviously, not only is Medicare not being cut but at an average of about 6.5 percent per year, it will grow faster than the current 3.2 percent rate of private sector medical inflation and more than fast enough to accommodate all new entrants into the system. Only in the bizarre and convoluted world of Washington bookkeeping and partisan bickering can such an indisputable spending increase be called a cut.

The MPA will give seniors the right to choose from these:

First, if they want to, seniors can stay with the current Medicare system—exactly as it is today. And if they choose another option and decide later that they want to return to traditional Medicare, they can do that, too. No senior citizen will be forced to give up his or her current Medicare coverage, switch doctors, or be forced into a plan they don't want.

Second, seniors can opt for managed care and join a health maintenance organization [HMO], in which beneficiaries agree to receive their medical care from a defined pool of providers in exchange for lower out-of-pocket expenses and broader coverage, which could include prescription drugs, dental care, and eyewear. Many seniors, particularly those whose private physicians are already associated with the HMO they choose, will find this an attractive alternative.

Third, seniors can opt for a medical savings account [MSA] plan, which uses the beneficiary's Medicare stipend to fund both catastrophic health insurance plus an MSA, out of which seniors would pay for routine medical needs. Seniors choosing this plan would have complete control over the money they spend on medical care and any money left over in the MSA at the end of the year would belong to the senior, not the insurance company or the Government.

Fourth, seniors can join provider service networks, similar to HMO's, that are organized by doctors and hospitals themselves.

The Medicare Preservation Act also aggressively attacks the waste, fraud, and abuse that has contributed so much to Medicare's rising costs. Incredibly, the Congressional Budget Office has estimated that as much as 20 percent of Medicare spending is fraudulent.