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Congratulations to Fosston, MN, and every person in the community who has worked to make the town what it is today.

LANDMINE REMOVAL ASSISTANCE ACT

HON. JAMES P. MORAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 26, 1996

Mr. MORAN. Mr. Speaker, I rise today to urge my colleagues to join me and our colleague and my good friend from Maryland, CONNIE MORELLA, in sponsoring legislation to combat one of the most serious crises facing our planet. The earth is covered with hidden, silent killers. This deadly menace is the more than 100 million antipersonnel landmines that are lying in the ground in 64 countries waiting to explode and kill or injure some unsuspecting person.

This terrible tool of war does not distinguish between children and soldiers. These mines only cost between \$3 and \$30 to make. It costs from \$300 to \$1,000 to clear just one landmine. Last year alone, 2 million new mines were laid. That is twenty times the number of mines removed. At the current pace it would take 1,100 years to rid the world of antipersonnel landmines. That is truly disturbing and disheartening.

We must do more to combat this global crisis. The time has come to provide a comprehensive, flexible, and long-term approach to improve the role that the United States plays in international awareness, detection, and clearance of antipersonnel landmines and unexploded ordnance.

The bill we are introducing today takes some important steps toward making U.S. participation in humanitarian demining more effective.

Through measures set forth in this legislation, the United States, working with the international community and nongovernmental organizations, will have the necessary flexibility and ability to provide educational, financial, and technical assistance to those in need of humanitarian landmine removal.

This bill will provide a long-term strategy to guide and sustain U.S. demining programs. We would require a 3-year plan. The report would also include a budget plan for the following 3 years, with recommendations for development of better technologies than exist today.

Currently, landmine funding is largely on an annual basis. This bill does not appropriate any funding but does provide the necessary flexibility to utilize those funds available for humanitarian demining efforts. This bill would make humanitarian demining appropriations "no year" money which is particularly important since most demining projects are multi-year efforts.

Most significantly, this legislation responds to the growing nationwide consensus on the landmine issue. Thanks especially to the tremendous efforts and able leadership of Senator PATRICK LEAHY and our colleague, Representative LANE EVANS, the landmine menace has been under attack here on the Hill; and

this issue is now attracting the Nation's attention. We must keep pressing this growing problem of landmines.

How many years will it be before landmine clearance even equals the number of new landmines? The world may be many decades away from achieving this break-even point. We must speed that day along, so that we may measure it in years and not decades. Momentum is with us on this issue. Much has been done. More needs doing.

I urge you to join me and our colleague from Maryland to help protect the innocent children, the mothers and other unsuspecting civilians, and the peacekeepers in Bosnia and around the globe, by joining with us to move this important bipartisan legislation through Congress as soon as possible to combat the landmine plague. Thank you, Mr. Speaker.

MEDICARE

HON. LEE H. HAMILTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 26, 1996

Mr. HAMILTON. Mr. Speaker, I would like to insert my Washington Report for Wednesday, June 26, 1996, into the CONGRESSIONAL RECORD.

MEDICARE: PROVIDING SECURITY FOR SENIORS

Medicare is a fundamental security net for older Americans that has contributed enormously to the well-being and quality of life for seniors. It is the major source of health care for 38 million older Americans, covering the vast majority of their physician and hospital services. Medicare has its faults, but it has dramatically improved the health care and the longevity of older people in this country. As one older person said to me, "I cannot live without Medicare." There is no question that it must be preserved and protected.

The Medicare system faces financing problems, but it is not in jeopardy of extinction. Medicare will continue to be available for seniors and future retirees despite some of the frightening rhetoric we have heard of late. The issue of Medicare's financing is complex and confusing for many Americans. Seniors already in the system and those planning for retirement are understandably wary.

Medicare is facing short-term financing problems because people are living longer (the number of people over 65 today is some 65% greater than it was in 1970), medical technology continues to explode, and the cost of medical care continues to rise. These cause financing problems that need to be dealt with in order to shore up the system for the near-term. The more difficult issue is the longer-term financing problem caused by the impending baby boomer retirements. As more and more people retire, fewer are left in the workplace to help finance Medicare. There is no easy solution, but there are ways to fix this problem. In the past, Congress has acted to extend the program's solvency, and we will do so again. We must work to find solutions which ensure Medicare's solvency and maintain quality health care for seniors.

MEDICARE'S FINANCING

There are two basic parts of the Medicare system which help seniors meet their health care costs: the Hospital Insurance (HI) trust fund and the Supplementary Medical Insurance (SMI) trust fund. HI, which covers hospitalization costs, is financed through a payroll tax of 2.9% on wages, half paid by em-

ployers and half by employees. SMI, which covers physician and outpatient services, is financed by general tax revenues and monthly premiums paid by beneficiaries. Beneficiary premiums make up about 25% of SMI's costs.

The Medicare trustees recently issued their annual report on the financial status of the HI and SMI trust funds. Even though the trustees have issued ominous projections almost every year since 1970, the latest HI projections were particularly troubling. According to the trustees, the HI trust fund is projected to be insolvent in 2001, a year earlier than expected. The problem is that the payroll tax, which finances the fund, is not sufficient to cover the ever-increasing cost of health care and the increasing number of Medicare recipients—factors which will only continue to strain the system unless changes are made. Unlike HI, SMI is not in danger of bankruptcy, but inflation and an aging society have led to rapidly rising costs. Costs will continue to rise as health care costs in general continue to escalate.

SOLUTIONS

Over the past several years Congress and the President have taken action to extend Medicare's financing in the short-term and prevent bankruptcy of the fund. That has happened nine times in the past and we will certainly do so again. Neither Congress nor the President will allow Medicare to go bankrupt. Medicare is too big, too successful, and too popular for it to fail. Proposals to save Medicare have included curbs on increases in fees to providers, higher premiums and co-payments for better-off beneficiaries, an increase in the eligibility age, new taxes, a range of new options for obtaining health care, and containing costs through market forces. Each of these options, or some combination of them, will have to be considered in the future. The long-term solvency of Medicare will not be easy to resolve, but it must be done.

I have several thoughts about Medicare reform. First, we must preserve doctor choice. I do not want to force older people into managed care. If they want to choose their own doctor, they should have the right to do so. Second, whatever changes are made, we must assure that Medicare delivers good care. I do not want to reduce the quality of health care for older Americans. Third, we should not cut Medicare to provide for a big tax cut. We should separate the Medicare debate from the highly politicized and partisan budget process. We should reform Medicare on its own, and not use Medicare as a piggy bank for making tax cuts. Fourth, a wholesale restructuring of Medicare should be approached with caution. Such a major change would likely be ineffective unless coupled with a restructuring of the entire health care system to hold down escalating costs. It is better to make incremental changes in Medicare aimed at health promotion and disease prevention, increasing efficiency, and reducing fraud and abuse. But we do need to begin making adjustments. The sooner we start the gentler it will be.

A major accomplishment of the 104th Congress has been blocking the plan put forward by Speaker Newt Gingrich to cut back Medicare by \$270 billion. The problem with this plan was not that it squeezed too hard. Savings of that magnitude were estimated to be twice as much as needed to keep the program solvent. Excessive cutbacks could threaten the quality of care. While some cutbacks and some restructuring of Medicare will be necessary, \$270 billion in cut-backs was necessary not to help Medicare, but to help finance huge tax cuts targeted toward well-to-do Americans.