

Texas will always be that community of quality, with credit due to the quality of its people—people like James Roberts.

COMMEMORATING GENERAL  
LUCIUS D. CLAY

**HON. NEWT GINGRICH**

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 3, 1998*

Mr. GINGRICH. Mr. Speaker, today Congressman Barr and I introduced a House Resolution to commemorate and honor fellow Georgian General Lucius D. Clay, the United States Military Governor of Germany and Commander of the US Forces in Europe following the end of World War II.

Born in Marietta, Georgia in 1897, Clay's Southern heritage influenced his ideology and policy throughout his life and military career. General Clay's impressive military career began in the 1930's as a military engineer. He soon established himself a highly competent, willful and vigorous man with an exceptional understanding of the purpose of government. General Clay's impressive role in US Military affairs in Europe and more specifically in Germany are marked not only by his military prowess but also by his humanitarian efforts to protect all men and women regardless of their military allegiance and ideology.

The Russian motivated Berlin Blockade, which halted all freight, passenger, water and food supply traffic to Berlin, began June 24, 1948. On June 26, 1948, the United States, under General Clay's leadership, began the Berlin Airlift that provided the German people with the necessary supplies for day-to-day existence. The Airlift continued for 328 days until May 12, 1949 when the Russians ended the blockade.

We are very pleased to honor the prominent role General Lucius Clay played in implementing the Berlin Airlift and in shaping post-WWII Europe. Issuing a postage stamp would be a first step in appropriately recognizing General Clay's role in history.

RECOGNIZE AND LAUD PROGRESSIVE  
ALTERNATIVE BUDGET  
FOR BERKELEY

**HON. RONALD V. DELLUMS**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 3, 1998*

Mr. DELLUMS. Mr. Speaker, I rise today to call attention to, and to praise the passage of the Progressive Alternative Budget 1997–1998 for the City of Berkeley. This landmark budget was passed by the City Council on June 24, 1997.

This budget, initiated by the Honorable Vice-Mayor, Maudelle Shirek, established the seemingly impossible goal of forging a budget which would meet the needs of two apparently divergent, distinct communities within Berkeley. Although Berkeley's population of approximately 112,000 places it in the category of a small city, it has two polar economic groups with attendant issues, a common characteristic of large urban areas. To quote Vice-Mayor Shirek: "The City of Berkeley is divided into

two distinct societies; one consisting of those well above the safety net; the other made up of those just above, within or below that same safety net."

The Vice-Mayor's 1997–98 budget achieved the target of meeting the basic needs of the entire city by maintaining the excellent police and fire services, as well as meeting the special requirements of the citizens with the lowest income and the greatest needs. The Vice-Mayor, working with four other Councilmembers, Margaret Breland, Linda Maio, Dona Spring and Kriss Worthington, set three priorities in allocating the \$200 million discretionary funds available; increased employment opportunities for the poor and homeless, access to health care for at-risk individuals, and more affordable housing.

Within these three priorities, the Vice-Mayor proposed that the budget be appropriated in the following manner; city parks and waterfront, clean, safe streets, and the library (39.92%); public safety (22.84%); a healthy city and the disabled community (7.17%), the needy and soon-to-be-needy (5.35%); economic development (4.22%); children and seniors (3.19%); South and West Berkeley, two traditionally underserved sections of the city (0.32%); and arts and culture (0.29%).

In presenting this premier budget, Vice-Mayor Shirek expressed her appreciation for City Manager James Keene and his staff for the data that formed the basis of her budget, and was especially proud to note that this budget included the traditional annual 4% surplus as well as an AA rating enjoyed by only 17 other cities in California.

It is appropriate at this time for me to thank all those involved in this undertaking for their energy and hard work. I am proud that the Berkeley community has united to focus its attention on issues which are critical to the health, safety, and well-being of its citizens.

VOTE ON THE AMERICAN LAND  
SOVEREIGNTY PROTECTION ACT

**HON. BILL PASCRELL, JR.**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 3, 1998*

Mr. PASCRELL. Mr. Speaker, on October 8, 1998, I inadvertently cast a vote in favor of H.R. 901, The American Land Sovereignty Protection Act. I intended to vote against the bill, but mistakenly voted for it. As you well know, debate on the bill and amendments to the bill occurred in the evening of October 7, but all of the votes were delayed until the next afternoon. The votes were then taken in rapid succession without debate or review.

As my record clearly indicates, I voted in support of each of the four amendments that would have significantly weakened this misguided legislation. Unfortunately when it came time to vote for final passage, I mistakenly thought we were voting on another amendment. Had I recognized that the vote was on final passage, I would have certainly voted "no."

I would like for my record to reflect that this vote was cast in error, and that should it come up for a vote again, I fully intend to vote against H.R. 901.

1972: SENATE PASSES EARLY BUY-  
INTO MEDICARE

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 3, 1998*

Mr. STARK. Mr. Speaker, Members of Congress will soon be introducing a bill to provide affordable health insurance for people in the age 62–65 bracket and for displaced workers over age 55. The bill will let Americans buy into Medicare at full cost—that is, without any cost to the existing Medicare system.

Five Senators have already voted for this proposal: Senators ROTH, STEVENS, THURMOND, BYRD, and INOUE all voted for it in 1972, when the Senate version of H.R. 1 included a proposal from the Senate Finance Committee to let spouses of Medicare eligible individuals and early Social Security retirees buy into Medicare.

Senator Dole also voted for the proposal.

The Senate floor statements by Republican Senator Gurney of Florida and Democratic Senator Cranston of California are still an eloquent testimony to why this year's proposal makes great sense. I would like to include this legislative history in the RECORD at this point. The numbers cited in speeches have to be updated, of course, but the reasons why we should give people the option of spending their own money to buy into Medicare are still accurate:

SOCIAL SECURITY AND WELFARE REFORM—  
SUMMARY OF THE PRINCIPAL PROVISIONS OF  
H.R. 1 AS DETERMINED BY THE COMMITTEE  
ON FINANCE, COMMITTEE ON FINANCE,  
UNITED STATES SENATE, RUSSELL B. LONG,  
CHAIRMAN, JUNE 13, 1972

MEDICARE COVERAGE FOR SPOUSES AND SOCIAL  
SECURITY BENEFICIARIES UNDER AGE 65

*Present Law*

Under present law, persons aged 65 and over who are insured or are deemed to be insured for cash benefits under the social security or railroad retirement programs are entitled to hospital insurance (part A). Essentially all persons aged 65 and over are eligible to enroll for medicare insurance (part B) without regard to insured status. The House bill includes a provision that would permit persons aged 65 and over who are not insured or deemed insured for cash benefits to enroll in part A, at a premium rate equal to the full cost of their hospital insurance protection (\$31 a month through June 1973).

*Problem*

Many additional social security cash beneficiaries find it difficult to obtain adequate private health insurance at a rate which they can afford. This is particularly true if they are of an advanced age, say, age 60–64. Frequently, these older beneficiaries—retired workers, widows, mothers, dependents, parents for example—have been dependent upon their own group coverage or that of a related worker who is now deceased for health insurance protection. It is a difficult task for such older persons to find comparable protection when they no longer are connected to the labor force.

*Finance Committee Amendment*

The provision makes Medicare protection available at cost to spouses aged 60–64 of Medicare beneficiaries and to other persons age 60–64 (such as a beneficiary who elects early retirement at age 62) entitled to benefits under the Social Security Act.

SOCIAL SECURITY AMENDMENTS OF 1972—  
AMENDMENT

AMENDMENT NO. 989

(Ordered to be printed and referred to the Committee on Finance.)

Mr. GURNEY. Mr. President, I am today introducing an amendment to H.R. 1 that would apply to that part of the bill dealing with medicare.

My amendment is directed toward the 3 million or so people between 60 and 65 whose husbands or wives receive medicare benefits but who are not eligible for it themselves. By and large these people live on limited retirement incomes and, as retirees, are more vulnerable to economic hardship resulting from serious illness. The most reasonable solution would be to bring them under the umbrella of medicare, while adding as little as possible to the cost of that program.

This amendment would do just that. It provides that one spouse must be over 65 and already enrolled in the medicare program for the other spouse, who must be at least 60, to enroll in the program and receive equivalent benefits at cost.

The cost of these benefits to the newly eligible spouse should be reasonable enough to attract enrollees yet comprehensive enough to provide the necessary medical coverage. For an estimated \$30 to \$35 a month, spouses will get the same hospital insurance and insurance to cover physician's charges that anyone else enrolled in medicare gets.

To discourage people from waiting until they are sick to enroll, this amendment provides for a 10-percent increase in premiums for each year they delay. Thus, the potential enrollee has an incentive to sign up when he or she is 60. Such a proviso will put the program on a sounder financial basis.

In summary, this proposal will provide the spouse of a retiree on medicare with adequate medical insurance at reasonable rates during a 5-year period when getting a policy from a private company would be either impossible or prohibitively expensive. Once the person reached age 65, regular medicare would take over, dropping the \$30 to \$35 a month charge to an estimated \$5.80 per month.

Since the financial burden of this proposal would be underwritten by the subscribers and since its implementation would utilize the administrative services of a program already in existence—medicare—this seems to be the most efficient and most economical way to reduce some of the trails and tribulations faced by our senior citizens. They have worked hard for their retirement and they deserve a chance to live it in peace and contentment. This amendment would help give them that chance without depriving them of their dignity or overburdening the already hard-pressed American taxpayer.

EXTENSION OF MEDICARE COVERAGE TO EARLY  
RETIRES AND THEIR DEPENDENTS

Mr. CRANSTON. Mr. President, I submit for printing today for myself and the Senator from Florida (Mr. GURNEY) an amendment to H.R. 1, which would enable certain individuals who have not yet reached age 65—those who are entitled to old-age, wife's, husband's, widow's, widower's, or parent's Social Security benefits—to "buy-into" Parts A and B of Medicare by the payment of equal-to-cost-premiums.

The need for this legislation stems from the fact that medicare eligibility does not begin until age 65, yet many older persons lose their group health coverage when they retire before the age of 65. They are then forced to enroll in high-cost individual health policies—usually not even available to them—or to forego any coverage whatsoever, gambling that they will stay healthy at

least until they reach age 65 when they become eligible for medicare. This is an intolerable situation, Mr. President, and I believe that we can effectively counteract it through the enactment of the measure we propose today.

Senator GURNEY submitted on March 3 an amendment (No. 989) to H.R. 1. The amendment provides that if one spouse is over 65 and enrolled in medicare, the other spouse, if at least 60 years old, may enroll in the program and receive equivalent benefits at cost. As Senator GURNEY stated when he introduced this measure:

"Since the financial burden of this proposal would be underwritten by the subscribers, and since its implementation would utilize the administrative services of a program already in existence—Medicare—this seems to be the most efficient and most economical way to reduce some of the trials and tribulations faced by our senior citizens."

I believe that Senator GURNEY has submitted an excellent amendment, and I have requested to be added as a cosponsor.

In discussing the benefits afforded by amendment No. 989, which the Finance Committee has already tentatively adopted in its markup of H.R. 1 in executive session, Senator GURNEY and I agreed that, at still no cost to the American taxpayer, these benefits could be made available to an even broader range of older Americans—those already on the social security rolls. It is these individuals that the amendment we are submitting today would cover. They include in addition to the social security spouse covered by the Gurney amendment: First, social security old age beneficiaries 62 years old and over; second, a wife or widow, regardless of her age, if she is caring for a child under 18 or disabled and the child received payments based on the worker's record; third, a wife 62 or older or widow 60 or older; fourth, a dependent husband 62 or over, or a dependent widower 60 or over; or a disabled widower who has attained age 60; or fifth, dependent parents of a deceased worker.

The "buy-in" procedure we propose today is similar to that allowing States to buy into medicare on behalf of their retired public employees 65 years old or older—a provision contained in section 202 of H.R. 1 as passed by the House. And H.R. 1 as passed by the House also extends medicare coverage to recipients of social security disability benefits. The Senate Finance Committee has tentatively agreed to this extension of coverage which I have long advocated. In light of this expansion of the medicare program, I believe it is only fitting that we concern ourselves, too, with the health care needs of the individuals who would be covered by this amendment.

Our amendment would allow these individuals, at an estimated cost of approximately \$30 per month in the first year of operation—and perhaps as low as \$22 per month thereafter—to enroll in part A of medicare—Hospital Insurance Benefits—anytime they are or become eligible during a 90-day period following receipt of notice of eligibility from the Social Security Commissioner.

Because the enrollment period is limited to a specific number of days—a reasonable period of 90 days after the recipient receives notice of eligibility—the opportunity for adverse selection of coverage is very much reduced, thereby promising to keep premium charges to the absolute minimum.

Our amendment would allow these same eligible individuals to enroll in part B of medicare—Medical Insurance Benefits—with in the same 90 day period. The premium for part B coverage would be 200 percent of the regular part B premium—one-half of which the Government presently underwrites for medicare beneficiaries. If a provision is en-

acted in H.R. 1 to eliminate completely or place a limitation upon, as the Finance Committee proposes, the part B premium cost to beneficiaries—it is presently \$5.60 per month—I expect that the cost to those covered by this amendment would be appropriately adjusted.

Individuals may opt out of either part A or part B at anytime, but automatically cease to be eligible for part B if they drop or lose eligibility for part A. All of these beneficiaries of course, would be eligible for the regular medicare program when they reached the age of 65.

Mr. President, on March 3 and 4, as ranking majority member of Senator EAGLETON'S Subcommittee on Aging of the Labor and Public Welfare Committee, I was privileged to preside at hearings in California on legislation affecting our Nation's more than 20 million older Americans. I discussed with many of the witnesses present the legislation that Senator GURNEY and I propose today, and all testified to the importance of and vital need for such a measure.

Adequate health care coverage is a matter of the greatest concern to Americans reaching retirement age. This amendment addresses that concern and provides a mechanism for a substantial number of particularly hard-pressed older Americans to take full advantage of the benefits under the medicare program.

IN MEMORY OF MR. WALTER  
RHULEN

**HON. BENJAMIN A. GILMAN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 3, 1998*

Mr. GILMAN. Mr. Speaker, I would like to take this opportunity to honor the life of Walter Rhulen of Sullivan County NY, who has passed away after decades of dedication to his business, his community and family.

Walter Rhulen was a man of many exceptional qualities. His business sense helped him build an insurance empire, worth more than a billion dollars, out of his family company. With his dedication to Sullivan County he personally helped to make for it a better place. Walter Rhulen spent his life giving his spirit, ideas and his financial support Sullivan County, changing it forever.

Walter Rhulen's work touched the lives of thousands of his neighbors. He was committed to the Sullivan County region and to its people. Even after his business's great success he kept its headquarters in his home town, showing his dedication to the home he loved.

Mr. Rhulen helped to bring better health care to his neighbors by campaigning for a new hospital. With his leadership and financial support he helped to open the new Community General Hospital. This modern facility provided better health care for the entire region.

Mr. Rhulen also helped to create and fund a scholarship fund for Sullivan Community College students.

Walter Rhulen has provided the residents of my Congressional district with an invaluable service. His love for our region was remarkable and estimable. With the death of Walter Rhulen our community lost much more than a resident. We lost a role model and a great man. His dedication was exemplary and will not be forgotten or underappreciated.