closely watching the House of Representatives between now and the end of this Congress. They will be looking for bipartisanship, for cooperation, for a good faith effort to provide them with the lifesaving medicines they need. The lack of prescription drug coverage is one of the most pressing problems facing America's older and disabled citizens today. Because Medicare does not include a drug benefit, its promise—access to comprehensive medical care for the elderly and disabled—is unfulfilled. I rise today to introduce the Essential Medicines for Medicare Act, legislation that will move us one step closer toward keeping that promise of comprehensive coverage.

Medicare, the federal health insurance program for the elderly and disabled, covers a large number of medical services—inpatient hospitalization care, physician services, physical and occupational therapy, and skilled nursing facility, home health and hospice care are all covered by the Medicare program. Despite Medicare's success in eliminating illness as a potential cause of financial ruin for elderly Americans, the burden of high prescription drug costs remains a source of hardship for many beneficiaries.

When Congress created Medicare in 1965, prescription drugs were not a standard feature of most private insurance policies. But health care in the United States has evolved considerably in the last 34 years. Now most private health plans cover drugs because they are an essential component of modern health care. They are viewed as integral in the treatment and prevention of diseases. But Medicare, for all its achievements, has not kept pace with America's health care system. It is time for Medicare to modernize.

Because Medicare does not pay for prescription drugs, its beneficiaries, 80 percent of whom use a prescription drug each and every day, must either rely on Medicaid if they qualify, purchase private supplemental coverage, join a Medicare HMO that offers drug benefits, or pay for them from their fixed incomes. These costs can be extraordinarily burdensome for the elderly, who already have the highest out-of-pocket costs of any age group and who take, on average, eighteen prescriptions each year.

There is no question that Congress should enact a comprehensive Medicare prescription drug benefit without further delay. I support a benefit package that covers all necessary drugs for seniors as a part of basic Medicare. However, I am concerned that the 107th Congress appears to be headed down a previously traveled road.

Two years ago, this House debated legislation that would require seniors to contract with private insurance companies for prescription drug coverage. It passed narrowly along party lines. As predicted, the Senate never considered that legislation, and no drug bill was signed into law. At the time, most seniors deemed the House Republican plan unworkable; another program based on the same premise—relying on the participation of private insurance plans—had failed to provide for Medicare beneficiaries. Since the June 2000 vote, that concept, the Medicare+ Choice program, has abandoned a million more seniors.

Other once reliable sources of coverage have dissipated. Nearly 60 percent of Medicare beneficiaries with incomes below the federal poverty level were not enrolled in Medicaid as recently as 1997. And even Medicaid enrollees with drug benefits must forgo some of their medications. With the recent economic downturns, more and more state Medicaid programs are reducing their benefits. The high cost of these Medigap policies puts them out of reach for most low-to-moderate income Medicare enrollees. Finally, employer-sponsored plans no longer offer reliable prescription drug coverage. Although between 60 and 70 percent of large employers offered retiree health benefits in the 1980s, fewer than 40 percent do so today. Of these, nearly one-third offer no drug benefits.

Finally, as members across the country can attest to, the benefits offered by Medicare+Choice plans are neither guaranteed nor permanent. Because they are not part of the basic Medicare benefit package, which by law must be included in all Medicare+Choice plans, drug benefits are considered ''extra'' and as such can change from year to year. This means that even in those counties where plans remain in the Medicare market, there is no certainty that they will continue to offer drug benefits or that they will not severely reduce the benefits.

These statistics combine to make us painfully aware of the gaping hole in Medicare's safety net, This Congress can move this session to provide a benefit before more elderly and disabled citizens fall through. My bill, the Essential Medicines for Medicare Act, recognizes the importance of preventive care and provides coverage for drugs that have been determined to show progress in treating chronic diseases. Why chronic diseases? Because the average drug expenditures for elderly persons with just one chronic disease are more than twice as high than for those without any. And because we know from years of advanced medical research that treating these conditions will reduce costly inpatient hospitalizations and expensive follow-up care. Furthermore, this bill addresses those beneficiaries who have the greatest need for assistance with purchasing their medications: a review of the Medicare+ Choice program reveals that seniors who join HMOs are younger and healthier than those in fee-for-service Medicare. This tells us that it is the older, sicker seniors, precisely the ones who need prescriptions the most, who have reduced access to drug benefits.

Our bill addresses their needs. It begins with five chronic diseases—diabetes, hypertension, congestive heart disease, major depression, and rheumatoid arthritis—that have high prevalence among seniors and whose treatment will show improvement in beneficiaries' quality of life and reduce Medicare's overall expenditures,

The Medicare costs associated with inpatient treatment of these diseases are exorbitant. I have attached for the record fact sheets that illustrate the enormous price tags that borne by the Medicare Part A Trust Fund when these chronic conditions remain untreated.

The bill I have introduced provides coverage for certain medications after an annual $250 deductible is met, with no copayment for generics and a 20 percent copayment for brand-name drugs. Lower-income beneficiaries will be exempt from deductibles and copays. The Agency for Healthcare Research and Quality will review available data on the effectiveness of drugs in treating these conditions, and based on AHRQ's review, the Department of Health and Human Services will determine the drugs to be covered. Pharmacy Benefit Managers, PBM, under contract with the Centers for Medicare and Medicaid Services will negotiate with pharmaceutical manufacturers to purchase these drugs and will administer the benefit.

This bill covers five major chronic conditions, but I recognize that there are others that should be covered as well. The legislation provides a process for the Institute of Medicine to determine the effectiveness of this benefit and the Medicare savings it produces, and to recommend additional diagnoses and medications that should be considered for coverage.

Mr. Speaker, modern medicine has the capability of doing extraordinary things. But no medical breakthrough, no matter how remarkable, can benefit patients if they can't get access to it. This cost-effective, economically sound approach to prescription drug coverage is a matter of common sense: if Medicare beneficiaries can secure the medications they need, they will be able to manage their conditions, and will be much less likely to require extended and costly inpatient care. This legislation is a first step, a major step, toward making this happen. I urge the House to consider this approach to providing a solid package of prescription drug benefits, an approach that will modernize Medicare for the 21st century for the millions of elderly and disabled Americans who depend on it.

PAYING TRIBUTE TO CHARLES ''GEORGE'' SIMMS JR.

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 25, 2002

Mr. McINNIS. Mr. Speaker, I would like to take this opportunity to pay tribute to Mr. Charles ''George'' Simms of Pueblo, Colorado and recognize his contributions and service to his community. George recently passed away at the age of 73. He was a longtime teacher and coach at Centennial High School and is remembered today as a hero and role model for many of his students and players.

George was born in Walsenburg, Colorado and attended Centennial High School in Pueblo, where he excelled in basketball and baseball. As a student at Pueblo Junior College, veteran coach Harry Simmons referred to him as ''the best second baseman I ever coached.'' George continued his education and athletic career at Wyoming and after graduation in 1950; he signed a contract with the St. Louis Cardinals. George's baseball career was interrupted when he joined the Air Force to fight courageously during the Korean War. During the war, he met his wife, Anne playing service basketball. George brought her back to Pueblo and began his teaching career in 1954.

In 1982, George was inducted into the Greater Pueblo Sports Association Hall of Fame. He taught and coached baseball for twelve years. He and his wife celebrated their 50th anniversary last fall. George is survived by his wife, five children and eight grandchildren.

Mr. Speaker, it is a great privilege that I recognize Charles Simms and his selfless contributions to the City of Pueblo and this nation.

His friends remember him as ''George'' a man who didn't know that he was the hero.'' It is an honor for me to pay tribute to this veteran before this body of Congress and this nation. I express my condolences towards family and friends during this difficult time, but I would also like to remember the joy he provided to us all, his legacy and contributions will be greatly missed.

HONORING OFFICERS ROBERT ETTER AND STEPHANIE MARKINS

HON. MARK GREEN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 25, 2002

Mr. GREEN of Wisconsin. Mr. Speaker, I am profoundly dismayed today to share a piece of dreadful news from my district with this House and with our entire nation.

On Monday, in an act of terrifying evil, a man deliberately crashed his truck into a police squad car in the Town of Hobart, Wisconsin. The two police officers in the car, Robert Etter and Stephanie Markins, were killed.

Officer Etter, who was known by some in the community as ''Officer Bob,'' served in law enforcement for three decades. He retired a few years ago but soon realized how hard it was to leave behind 30 years of serving and protecting his neighbors—so he returned, bringing his immense experience and skills back to the local law enforcement community. In fact, he was sharing some of that experience with a new officer when their car was hit on July 22. He leaves behind a wife, four daughters, two grandchildren and a community grateful for having had the opportunity to share life with him.

Officer Markins was that new officer learning from Officer Etter. She had served on the force for just a short time. Described by one of her trainers as ''very much a gogetter'' who wanted to ''get out and deal with people,'' Officer Markins' promise as a law enforcement officer was tragically cut short Monday. She was a fiancé, a daughter, a sister, a friend, a neighbor and a protector who was willing to give everything for the security of others. She will be missed.

Mr. Speaker, this heartbreaking and senseless case tragically demonstrates that law enforcement is a dangerous job whether it's done in New York City or Hobart, Wisconsin. And it shows that the people who choose it as their profession are truly extraordinary in their character, their courage, and their dedication to their fellow citizens.

I offer today these few brief remarks to honor the memories of Officers Etter and Markins, to ensure that they are remembered in the annals of our nation's history, to recognize these families' incredible loss, and to remind all of us of the sacrifices made every day by law enforcement officers and their loved ones.

ELI HOME CARIÑO WALK-IN CENTER

HON. LORETTA SANCHEZ

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 25, 2002

Ms. SANCHEZ. Mr. Speaker, I rise today to congratulate the Eli Home Cariño Walk-In Center in Anaheim which opened its doors on July 13 to families throughout my district.

Many families in my district do not have a place to go to get support, find information, or just ask questions. The Center will help these families, many of whom are dealing with economic crises and other stress creating situations.

The Eli Home is dedicated to providing free, bilingual services to Spanish-speaking families. The center offers parenting classes, weekly forums, case management, counseling, and child-abuse prevention.

The City of Anaheim has recognized this organization and has welcomed it into the community. I would like to do the same.

I would like to personally thank The Eli Home Cariño Walk-In Center staff for their hard work and dedication to the community and for creating a positive environment for my district.

ANNIE SNYDER: ''SHE HELD HER GROUND''

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 25, 2002

Mr. WOLF. Mr. Speaker, a legend in the 10th District of Virginia died on Friday, July 19. The headline on Monday, July 22, from The Washington Post may have said it best in describing the life of a stalwart defender of preserving the rural and historic lands in northern Virginia. It was, ''Annie Snyder: She Held Her Ground.''

Annie Snyder, a 53-year resident of Prince William County, passed away at age 80. She was one of my constituents from northern Virginia and many believe she single handedly in the late 1980's stopped the development of a shopping mall which threatened the Manassas National Battlefield Park. As the Post reported, she ''led battles against great odds and powerful foes'' in her quest to protect the hallowed grounds of the Manassas Battlefield and other threatened historic lands.

Affectionately known as ''Annie,'' she led me into what became known as ''The Third Battle of Bull Run,'' as I introduced legislation to take the land which threatened the battlefield, make it federal land and incorporate it into the park. But it was her fighting spirit, perhaps from her days of serving in the Marine Corps, that won the day.

She had a motto, ''Never, never, never give up.'' And she never did, in fighting for the causes in which she believed. The Post said it well: ''She maintained a 'Semper Fi' attitude toward civic involvement until the end.''

On my office wall is a photo she sent me after the legislation was signed into law. The statue of General Stonewall Jackson standing tall on the Manassas Battlefield ground is in the lower left corner and a bolt of lightning in the center of the picture draws from the sky into the ground. She wrote on the photo: ''When lightning struck Manassas, you were there. Thank you. Annie Snyder.''

Mr. Speaker, on behalf of northern Virginians, we remember the life of and say ''thank you'' to Annie Snyder for going into battle to preserve the lands she held so dear. We also express our sympathy to her husband of 57 years, Pete, of Gainesville; her six children, six grandchildren and a great-grandchild.

INDIA'S HEGEMONIC AMBITIONS LEAD TO CRISIS IN SOUTH ASIA

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 25, 2002

Mr. TOWNS. Mr. Speaker, we are all hoping that war can be avoided in South Asia. A war there would take an enormous toll in human lives an din damage to land and the fragile economies of India and Pakistan. The biggest losers, clearly, would be the Islamic people of Kashmir and the Sikhs of Punjab, Khalistan.

Unfortunately, some of the media accounts of this conflict have been very one-sided. You would think after reading a lot of the papers and watching a lot of TV news that India is absolutely blameless in this conflict. That is not true. As the Wall Street Journal pointed out on June 4, it is India's hegemonic ambitions, as much as anything, that have brought this crisis to a head.

Mr. Speaker, at the time that India was partitioned, the Hindu maharajah of Kashmir, despite a majority Muslim population, acceded to India. That accession has always been disputed and India promised the United Nations in 1948 that it would settle the issue with a free and fair plebiscite on Kashmir's status. As we all know, the plebiscite as never been held. Instead, India has tried to reinforce its rule there with over 700,000 troops. According to columnist Tony Blankley in the January 2 Washington Times, meanwhile, India supports cross-border terrorism in the Pakistani province of Sindh. Indian officials have said that everyone who lives in India must either be Hindu or subservient to Hindus, and they have called for the incorporation of Pakistan into ''Akand Bharat''—Greater India.

In January, Home Minister L.K. Advani admitted that once Kashmir is free from Indian rule, it will bring about the breakup of India. India is a multinational state and history shows that such states always unravel eventually. We all hope that it won't take a war to do it. No one wants another Yugoslavia in South Asia, but there are 17 freedom movements within India. Unless India takes steps to resolve these issues peacefully and democratically, a violent solution becomes much more likely. As the former Majority Leader of the other chamber, Senator George Mitchell, said, ''The essence of democracy is self-determination.'' It is true in the Middle East and it is true in South Asia.

The Sikh Nation in Punjab, Khalistan also seeks its freedom by peaceful, democratic, nonviolent means, as does predominantly Christian Nagaland, to name just a couple of examples. The Sikhs declared the independence of Khalistan on October 7, 1987. They ruled Punjab prior to the British conquest of