

In the past 20 years Beverly Braun has worked under five speakers, under both Democratic and Republican control of the House and has been involved in coverage arrangements of many diverse events. Some were annual like State of the Union Addresses, St. Patrick's Day luncheons and Christmas Tree lightings. Some were periodic like mock swearing-ins of new members. Some were joyful like the joint meeting to celebrate Harry Truman's 100th birthday. Some were tragic like that lying in honor for Officers Chestnut and Gibson, and September 11th. Some were historical hearings such as Iran-Contra and Waco. Some were historical visits such as those by Queen Elizabeth, Nelson Mandela, Vaclav Havel, and most special to Braun, the Dalai Lama.

As part of her regular Gallery work Braun worked with many Congressional staffers and committee members, but in recent years has primarily served as liaison to the Ways and Means, Financial Services and Rules Committees. In addition to her regular Gallery work, Braun helped with broadcast arrangements for 10 Democratic and Republican national political nominating conventions and provided on site assistance in San Francisco, Dallas, Atlanta, New Orleans, New York City, Houston, San Diego, Chicago, Philadelphia and Los Angeles.

Braun was born to Phyllis (Lawson) and Ray Nicholas in Warren, Ohio in 1942, attended Ohio University and graduated from St. Vincent School of Medical Technology in Cleveland in 1961. She and her first husband Roland Braun lived in Pittsburgh PA where her son Stephen was born in 1964, and in Ramsey NJ where her daughter Leslie de Vries was born in 1966. They moved to Minnesota in 1967 where Braun became active in politics and women's rights organizations and where she ran unsuccessfully for a state senate seat in 1972. She later served as Communications Director for the Minnesota Bicentennial Commission, Director of the Small Business Division of the Minnesota Department of Economic Development and managed a Small Business Development Center for Control Data Corporation.

Braun and her second husband, Skip Loescher, moved to Washington, D.C. twice, staying here since their second move in 1981. After spending 20 years with WCCO-TV and a short stint with Senator and Vice President Walter Mondale, Loescher has been the Washington correspondent for CNN Newsource for the past 12 years. Prior to her employment with the Gallery, Braun worked in Washington with the National Women's Education Fund and later founded a business which provided services to companies that did not have a Washington Office.

Braun and Loescher's families are spread all across the country. Braun's mother Phyllis Beadle lives in Queensbury NY. Braun's son Stephen and his wife Anne live in Columbia MD. He has a son Nicolas and daughter Katie. Braun's daughter Leslie and her husband Jackson Griffith live in Sacramento CA with daughters Emma and Ellie and son Will. Loescher's son Jeff lives in Portland OR with wife Carol, daughter Nicole and son Tyler. Loescher's son Mick and wife Erin live in Peabody MA with sons Sean and Christian. Loescher's daughter Suzy and husband Jeff Quinlan live in Covington GA with son Alex and daughter Kate. Both Braun and Loescher

are also blessed with aunts, uncles, cousins, former classmates and friends in almost every other state represented by the members in this chamber.

After leaving Congress, Braun plans on possibly teaching, writing and doing more gardening at her home in Annapolis where she and her husband moved after 19 years on Capitol Hill. She also wants to address end of life issues. She and her husband hope to eventually pursue training and taking therapy dogs in hospitals, nursing homes and hospices . . . and spending more time with all those adorable grandchildren.

Braun has always been a helpful and cheerful professional and she will be missed. So at the end of her career with us, let us say to Beverly as we have heard her say at the end of many a photo op . . . "Thank you . . . lights!"

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. ROHRABACHER) is recognized for 5 minutes.

(Mr. ROHRABACHER addressed the House. His 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 of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

□ 2130

#### THE HEALTH CARE CRISIS

The SPEAKER pro tempore (Mr. BRADLEY of New Hampshire). Under the Speaker's announced policy of January 7, 2003, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 60 minutes as the designee of the minority leader.

#### GENERAL LEAVE

Mr. CUMMINGS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maryland?

There was no objection.

Mr. CUMMINGS. Mr. Speaker, I rise this evening with my fellow members of the Congressional Black Caucus to address the health care crisis in America. While millions of Americans lack adequate health insurance, the rights of the uninsured continue to increase. In addition, the cost of prescription medication is placing an enormous financial burden on consumers. And our seniors, many of whom are living on fixed wages, are in desperate need of relief.

Mr. Speaker, the late Senator and former Vice President, Hubert Humphrey, once said, ". . . the moral test of government is how it treats those in

the dawn of life, the children; those in the twilight of life, the elderly; and those in the shadows of life, the sick, the needy, and the handicapped." As a Nation we have failed that test on all three counts.

Currently, my colleagues on the other side of the aisle are offering a bill to overhaul the Federal Medicare program under the guise of a much-needed prescription drug benefit for this Nation's seniors. This bill, if passed, would cost our children over \$400 billion. Mr. Speaker, I say it will cost our children because the government is currently operating in a deficit. We simply do not have the money. Therefore, it is the younger generations and those yet unborn who will have to shoulder the financial burden required by this legislation.

Mr. Speaker, let us not be mistaken. Every dollar being spent worth saving or improving one's quality of life is a dollar well worth spending. However, this bill directs billions of dollars towards enhancing the financial well-being of corporations at the expense of the physical well-being of those who need it the most.

This Nation's seniors have practically begged us, as their congressional representatives, to work together in drafting a comprehensive bill that would provide prescription drug coverage and enhance the current Medicare program. Quite frankly, this bill is an inadequate response to their plea.

Let me boil it down to the very basics. The Medicare conference agreement prohibits the Secretary of Health and Human Services from negotiating lower drug prices on behalf of the 40 million Medicare beneficiaries. In other words, this legislation says that the Secretary of Health and Human Services cannot negotiate lower prices although we have millions of Medicare beneficiaries buying medicines or obtaining medicines from these pharmaceuticals.

This proposed legislation also creates a gap of \$2,844 that would be impossible for lower-income seniors to bridge and disallows lower-income seniors the ability to receive coverage under both Medicare and Medicaid. And further, Mr. Speaker, the bill could have disastrous effects on my home State of Maryland. 59,640 Maryland Medicare beneficiaries could lose their retiree health benefits and 75,800 Maryland Medicaid beneficiaries could pay more for the prescription drugs that they need. Mr. Speaker, that is simply unacceptable. We can and we must do better for our seniors.

The Congressional Black Caucus is extremely concerned about the health care needs of the 26 million people of every color that we represent. Therefore, providing affordable, high-quality health care for every American is a top priority. And I emphasize the fact that the Congressional Black Caucus represents not only African American people but we represent people of all colors. As a matter of fact, many of our

districts do not have a majority African American population, and we have consistently found that we have spoken for Americans who are merely feeling as if they have no voice in this Chamber.

Some have said that we have been the conscience of the Congress. I would submit that we have been the conscience of this Nation. To this end, the Congressional Black Caucus, the Asian Pacific American Caucus, the Hispanic Caucus, and the Native American Caucus introduced the Healthcare Equality and Accountability Act of 2003. This comprehensive and ambitious legislation will improve the lives and livelihoods of all Americans and signifies a historic milestone towards providing equal access to affordable and quality health care.

The gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), who will be addressing us a little bit later, played a very significant role in leading the Black Caucus and the other caucuses to create this very important legislation.

Mr. Speaker, let me say why it is so important to communities of color that this Congress create an affordable prescription drug benefit under Medicare and work to pass the Healthcare Equality and Accountability Act. The state of health care within communities of color is particularly disturbing. According to a recent report released by the National Urban League, "African Americans are more likely to be among Medicare's lower-income beneficiaries . . . 65 percent of African American beneficiaries fall below 200 percent of the poverty level and 33 percent have incomes that actually fall below the poverty level itself."

Minorities are also disproportionately among the uninsured, representing more than half of all uninsured Americans. Hispanic Americans, 35 percent; Native Americans, 27 percent; African Americans, 20 percent; and Asian-Pacific Islanders, 19 percent. All have substantially higher uninsured rates than white Americans, which is 12 percent. Conversely, the health care needs of minority Americans are often greater than those of nonminorities. Our communities disproportionately suffer from numerous chronic diseases: diabetes, heart disease and stroke, and many forms of cancer.

Racial and ethnic minorities are also more likely to receive unequal treatment than white Americans. According to the National Academies' Institute of Medicine Report of 2002, racial and ethnic minorities tend to receive inferior care in comparison to white Americans even when insurance status, income, age, and severity of conditions are comparable.

Communities of color are less likely to receive preventative care and face a greater risk of misdiagnosis, inadequate treatment, and even premature death. The state of health care in minority communities is nothing short of alarming.

Mr. Speaker, consider the following statistics: The death rates from heart disease among African American adults is 29 percent higher than white adults, and the death rate from stroke is 40 percent higher. Compared with whites, Native Americans are 2.5 times more likely to have diagnosed diabetes, while African Americans and Latinos are 2 and 1.8 times more likely, respectively.

African American women are more likely to die of breast cancer than women of any other race or ethnicity. The infant death rate among African Americans is more than twice as high as it is for white Americans. African Americans and Latinos account for 68 percent of new adult and adolescent AIDS cases. Americans of Asian and Pacific Islander descent have the highest rate of hepatitis B of all U.S. ethnic groups. Older African Americans are 3.6 times more likely to have lower limbs amputated as a result of diabetes. African American seniors are more than two times less likely to receive treatment for prostate cancer.

In general, the health of minority Americans continues to lag far behind that of white Americans, creating a health care divide between communities of color and the rest of America.

Mr. Speaker, as the richest Nation in the world with an average gross domestic product in the trillions, the United States spends a greater percentage of its GDP on health care than any other G-8 or Scandinavian nation.

On a per capita basis, the United States spends far more on health care than any other country in the world, \$3,935 or 13 percent in 1997, while the median Organization for Economic Cooperation and Development country spent \$1,728 or 7.5 percent. Yet the United States had the largest percentage of citizens without government-assured health insurance coverage.

In addition to having the largest number of uninsured, we rank 12th among 13 countries on 16 available health indicators. The United States ranked 13th for low-birth-weight percentages, 11th for life expectancy at 1 year for females, 12th for males, and 13th for neonatal mortality and infant mortality overall.

Mr. Speaker, through the Healthcare Equality and Accountability Act of 2003, the Congressional Black Caucus, the Hispanic Caucus, the Asian Pacific American Caucus, and Native American Caucuses confront the issue of disparate minority health care head on. Our bill addresses the shortage of minority health care providers and improves workforce diversity through the expansion of such successful programs as the Health Career Opportunities Program and the Minority Centers of Excellence. Our bill would help patients from diverse backgrounds, including those with limited English proficiency, with provisions such as codifying existing standards for culturally and linguistically appropriate health care, assisting health care profes-

sionals provide cultural and language services, and increasing Federal reimbursement for these services.

Mr. Speaker, I would like to take this opportunity to thank my colleagues in the Congressional Black Caucus, the Congressional Hispanic Caucus, the Congressional Asian Pacific American Caucus, and the Native American Caucus for their diligence in drafting this important piece of legislation.

I would also again like to extend my special recognition to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), the chair of the Congressional Black Caucus Health Braintrust; the gentlewoman from California (Ms. SOLIS), chair of the CHC Health Task Force; the gentleman from California (Mr. HONDA), chair of the CAPAC Health Caucus; and the gentleman from New Jersey (Mr. PALLONE), chair of the Native American Health Caucus; Senate Democratic leader Daschle; and the gentlewoman from California (Ms. PELOSI), House Democratic leader, for their leadership.

I also appreciate the support of my congressional colleagues who continue to stand firmly by our side in our efforts to make universal health care a reality.

Mr. Speaker, as Members of the greatest national legislature in the world, our social contract is clear. We have a moral responsibility to promote the general welfare of all of our citizens regardless of race, age, ethnicity, or social economic status. We must work to accomplish this goal by providing comprehensive health care coverage to all of our citizens and meaningful prescription drug coverage to our seniors. We should not rest nor recess until this task is done.

Mr. Speaker, I yield to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Speaker, I thank the gentleman from Maryland (Mr. CUMMINGS) for yielding, and I thank him for hosting this Special Order today.

I would have come here to primarily discuss H.R. 3459, the Healthcare Equality and Accountability Act of 2003, which is a very important piece of legislation that the four caucuses that we have heard have introduced with our Democratic leadership in both this and the other body.

□ 2145

The bill, which I call the Heal America Act, would do just that: heal America, because the health of people of color is inextricably linked to that of all Americans. So the provisions that are included, which would expand Medicaid to include pregnant women, young people to the age of 20, and legal immigrants, which provides that Federal program set standards and pay for translation services; that includes programs for young people of color to enter the health professions at all levels, and even for older ones to enter the

health professions by changing their profession as long as they practice in underserved communities; which would strengthen the safety net facilities like our hospitals and our community health centers; fully funds and strengthens the Office of Civil Rights within the Department of Health and Human Services, as well as the Office of Minority Health which creates empowerment zones so the communities themselves, which face high disparities, will get the resources and technical assistance that they need to address their health care challenges. This bill would finally bring this country to the top of the list of nations in the world for our health, reverse the global statistics that we have heard from our chairman and, instead of being the thirty-ninth of all of the nations of the world, it would reduce the premature deaths and disabilities that exist in the people of color here; would begin to reduce the skyrocketing health care costs, and also to restore the greatness of this country, which has indeed been tarnished by our recent history here and in the world.

But tonight I want to focus more on an imminent threat to the equality and accountability in health care for millions of Americans. After years of promising a prescription drug benefit, and my knowing from experience as a family physician how badly it is needed, it is a painful task to come to this floor this evening to oppose what we understand is going to be brought to the floor as a Medicare reform bill, perhaps tomorrow. I, like many of my physician colleagues, was tempted to support it, just so we could get something done to alleviate the burden of health care for our patients. But the lives, the health, and the needs of our seniors and the disabled people in this country are too important to just take anything, no matter how defective it might be, just to do something. It would not be fulfilling our promise of a comprehensive prescription drug benefit; it would be renegeing on that promise.

We who are here tonight have too much respect for our constituents. We know that we have to continually earn the trust that they have placed in us with their vote. So we are here tonight to oppose the Medicare conference agreement, and to tell our colleagues why.

Despite all of the carrots; for example, the rural provisions which themselves seem to be little more than smoke and mirrors, and the increased payments for physicians which, if the leadership believes, as I do, that it needs to be done, we can do that separately. The bottom line for me is that this bill begins to destroy a program that has provided real health security, that has kept many seniors and disabled persons out of poverty, and which has provided access to health care for them for over 30 years. I cannot in good conscience be a part of dismantling this important safety net program.

Yes, I know that some provisions, like premium support, are just demonstration programs, but that is opening a door that should just remain shut.

This conference report goes against what we have been working towards in our caucus: the elimination of disparities in health care for African Americans and other people of color. African Americans are 8 percent of Medicare recipients, and 32 percent of African Americans who have some insurance, have Medicare. While 40 percent of all Medicare beneficiaries are below 200 percent of poverty, 65 percent of African American beneficiaries are. Thirty-three percent are below the poverty level period.

We are then disproportionately among the very poor, and this bill will increase cost-sharing for people who fall in that category. While it may start out relatively low in the first year, it can be counted on to increase with increasing drug prices which average 10 percent an increase a year.

I am also very concerned that there is a very strict means test that will be applied to even these poor beneficiaries: \$6,000 for individuals and \$9,000 for a couple, which means that many seniors and disabled who need this benefit will be left out.

All of this will mean that even the little that the bill does to provide for low-income Medicare beneficiaries will not be available for as many as up to 2.8 million individuals. This is not, Mr. Speaker, what we promised.

Let us look at what happens to beneficiaries who have prescription drug coverage. Not only will this bill jeopardize the retiree prescription drug benefit, and 22 percent of African Americans with Medicare have a retiree prescription drug benefit, as well as 17 percent of Latino beneficiaries, but how could we, in good conscience, also worsen the already bad situation this report would create for the very poor dual-eligible who would also lose benefits that they have under Medicaid because this bill would eliminate the wrap-around provisions.

Lastly, let me mention the potential cap on Medicaid, the potential cap on this Medicare prescription drug benefit if we pass the conference report. It goes to cost containment. We all know what cost containment has done for us thus far. It has filled the coffers of managed care corporations and, for the most part, has done so by reducing access to needed medical care for those who are enrolled and, virtually, it has left out the sicker, many of whom are poor, who are people of color, or who live in our rural areas. And has the cost of health care gone down in this country because of that cost containment? No, it has not. Have insurance premiums gone down or even stayed steady? No. They are increasing in double digits. So what we would be likely to see would be the rationing of care where we have just begun to see some minor changes. Cost containment would just expand the 2- and 3-tiered health care

system where the sickest get the least care. This is not what we promised.

I want to take this opportunity to answer one of my constituents, Rosalee Dance from Saint Thomas. She asked the question, because she is confused like many seniors are in this country. She asks me two questions. She asks, is it true that the bill creates a situation where people either pay sharply increased premiums to stay in traditional Medicare where they can choose their doctors, or be forced out into an HMO?

Ms. Dance, the answer is yes, that is what the conference report would do.

The second question she asks: is it true that it would require that people who want the prescription drug coverage that it is advertised to provide to buy such coverage that they would have to buy it from private insurance plans?

Again, the answer is yes. This is not Medicare as it needs to be.

All of these aspects reduce access of poor and minority seniors more than others to needed medication, which would otherwise maintain good health, prevent complications, prevent disabilities, and also prevent excess and preventable deaths. What we are doing, or what the Republican leadership is attempting to have us do is continue the same wrong-headed policies that have created the health care crisis that we are now in, through denying good prevention and health maintenance to all of the seniors and the disabled who are most in need and to most of the 16 percent of Medicare beneficiaries of racial and ethnic minority backgrounds. We would diminish the quality of services if we do this and increase the cost, continue to increase the cost of care for all.

Mr. Speaker, it is time that we actually do what H.R. 3459 says, which is begin to heal our country, to heal America, and we can begin to do that by voting no on the Medicare proposal that will be coming before this House tomorrow.

Mr. CUMMINGS. Mr. Speaker, I yield to the gentlewoman from California (Ms. LEE).

Ms. LEE. Mr. Speaker, first, let me thank the chairman of the Congressional Black Caucus, once again, the gentleman from Maryland, (Mr. CUMMINGS), for his continued leadership and for ensuring that the Congressional Black Caucus continues to have the opportunity to wake up America, and for continuing to stand up for our seniors' rights to an affordable, quality, and guaranteed prescription drug benefit. Also, to really protect Medicare as a vital institution. So I just want to thank the gentleman again for giving us this opportunity.

Now, I did not come to Congress to dismantle Medicare, and I will not stand by quietly while my Republican colleagues do just that.

Last night, I came to the floor and detailed my very strong opposition to the Republican prescription privatization plan, which does represent a giant

kickback to the pharmaceutical and insurance industries. Tonight I come to the floor again to reiterate my opposition and to discuss the other inadequacies in our health care system that are addressed in the Health Care Equality and Accountability Act, H.R. 3459, a bill which my colleague, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), has guided and has led and has brought us together through her tireless work to introduce on behalf of America. I just want to thank the gentlewoman for her leadership in providing us a real vision and a real alternative and a real roadmap to quality health care for all of our communities in America; specifically, our communities of color.

Now, our constituents realize that the cost of prescription drugs are really crippling our seniors, and this Republican prescription drug bill is a real joke, a cruel joke on seniors and the disabled. This bill will only raise false hopes that real help is on the way from the drug prices that are currently crushing our seniors. But nothing could be further from the truth.

This bill not only weakens benefits by creating major gaps in coverage; it actually prohibits, mind you, it prohibits the Secretary of Health and Human Services from negotiating lower drug prices on behalf of America's 40 million Medicare beneficiaries. It is a shame that not only will the government be prohibited from lowering the prices of medicines, senior citizens cannot even benefit from lower prices through drug reimportation, which this body actually passed. But, of course, any measure to reduce the cost of prescription drugs does not meet the approval of the pharmaceutical companies. So, quite frankly, these provisions are not in this bill, which really is their bill.

Now, in California, almost 250,000 Medicare beneficiaries are projected to lose their retiree health benefits. Nearly 300,000 fewer seniors in my State will not qualify for low-income protections because of the assets test and qualifying income levels.

When we get right down to it, the 300,000 low-income seniors will disproportionately be older women who, as we all know, have fewer financial assets, tend to live longer, have more chronic health conditions than men, and ultimately are more dependent on Medicare than men in their later years.

□ 2200

And, of course, women are more than twice as likely as men to face poverty in retirement and account for more than 70 percent of the elderly poor.

This bill is harmful to the poorest and the sickest. And their out-of-pocket costs would increase above what Medicaid currently allows, and co-payments would dramatically increase further in future years.

A constituent from Oakland wrote to me and said, and I quote, "I am on Medicare and do not like this bill. I

cannot understand why Congress will not allow anyone to bargain for better rates. I don't understand why Medicare must be privatized. The proposed deductible is too much. And I will not be able to afford medication for my disabilities if this bill passes. This bill amounts to another Republican publicity thing." I agree with her. H.R. 1 punishes people for getting older and for needing to use prescription drugs and for being disabled.

In 2002, for example, the Kaiser Family Foundation found more than 33 percent of seniors without drug coverage did not fill the prescriptions that their doctors prescribed. That is a rate twice as high as those with coverage. Lower-income Americans really do deserve better.

On July 24 of this year, the Wall Street Journal reported that black Medicare beneficiaries are more than twice as likely as white beneficiaries to go without a prescription drug because they could not afford it. Nearly 40 percent of elderly African Americans lived in poverty in 2001 compared with 10 percent of whites. As a result of the disparities in our health care system, African American seniors are more likely to be in poor health and to report having one or more chronic health conditions, while only 26 percent of whites on Medicare report their health status to be fair or poor.

While the Republicans punish seniors, particularly women and minorities, with this bill, California drug companies will make out like bandits. More than 860,000 Medicaid beneficiaries pay more for the prescription drugs that they need, pay more. This bill is really not just, however, a gift to the drug companies, it is the beginning of the end of Medicare. And it is the beginning of the privatization of Medicare.

Under this Republican bill, beneficiaries dropped from one plan may face a period of noncoverage before they are picked up by traditional Medicare or another private plan, if one is available at all. During this time, all beneficiaries lose continuity of care and may not even be able to get the care that they need.

Secondly, beneficiaries even in a new private plan may not be able to use the same doctors, services, and prescriptions due to the plan limitations. African Americans face a disproportionate risk under such a coverage gap since they are more likely to have serious health problems.

Prescription drugs are not a luxury for our seniors; they are a necessity. And our seniors cannot afford to pay more than the outlandish prices for prescription drugs that they are already paying. Also seniors with income levels below the poverty level are nearly three times as likely as those with incomes of more than \$17,000 to go without prescription drugs. The pharmaceutical companies cannot continue to get rich off the poorest of the poor.

Let us be clear, this bill really is a fraud and really is an embarrassment.

We stand here today with a Republican bill that is not affordable, is not comprehensive, and is not guaranteed. On behalf of all people who see through this bill, I call on my colleagues to join us in opposing the sad attempt to pull the wool over the eyes of our nation's Medicare beneficiaries.

Further, I think that the President and the Republicans should really look at how to really provide a meaningful benefit and also to get at other pressing issues facing our health care system today: the cost of drugs, the lack of access to any health care at all, and the horrific disparities in access and the quality of care for communities of color and the needs to move forward with the system where health care is a basic human right provided for all.

Today African American Medicare beneficiaries are more than twice as likely as white beneficiaries to go without prescription drugs because they could not afford it. Nowhere in H.R. 1 are these beneficiaries considered.

So now is the time to expand the health care safety net which will increase the availability, quality and affordability of health care coverage options. The Healthcare Equality and Accountability Act, as I mentioned earlier, H.R. 3459, reminds us that now is the time for diversification of the health care workforce which will reflect the communities that have been neglected while incorporating a real understanding of the backgrounds, experiences, languages, and cultures of minority people.

H.R. 3459 reminds us that now is the time for an aggressive collection of data and dissemination of data on people of color so that that becomes a priority in terms of the health care of our communities. And H.R. 3459 reminds us that now is the time for a complete assault on HIV and AIDS and other diseases that are disproportionately killing minority communities.

So now is the time for Congress to take a real look at our health care system, diagnose our weaknesses and our illnesses, and prescribe a system where everyone will have quality universal guaranteed health care.

Again, as I said, I did not come to Congress to dismantle Medicare, and I cannot stand quietly while that happens. So I just want to thank our chairman again, the gentleman from Maryland (Mr. CUMMINGS), for giving us this opportunity to really allow our senior citizens and the entire country to hear our views in spite of what AARP has told individuals with regard to this very terrible bill. I want to thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) once again for her leadership to ensure that we have an alternative that makes sense for universal health care.

Mr. CUMMINGS. Mr. Speaker, I want to thank the gentlewoman from California (Ms. LEE). It is indeed interesting a lot of times when people hear the Congressional Black Caucus talk

on issues they have a tendency sometimes to think, oh, here are some liberals standing up and being against a certain provision or being for something. One of the most interesting things that came to my attention today is that there are many conservative organizations who are against this bill.

And one of them being the Heritage Foundation issued these comments within the last 2 or 3 days. And I quote, now, this is the Heritage Foundation, they say, "The agreement contains an unworkable and potentially unpopular drug benefit with millions of Americans losing part of their existing coverage. Instead of targeting benefits to seniors who need them, the Medicare conferees are insisting on creating a universal drug entitlement to be delivered through the vehicle of stand-alone insurance. In the process, according to both the Congressional Budget Office and recent independent economic analysis, more than 4 million seniors with existing private coverage are bound to lose it or have it scaled back. Meanwhile, the politically engineered premiums and deductibles coupled with their odd combination of donut holes or gaps in drug coverage are likely to be unpopular with seniors." That is dated November 17, 2003. And that is from the Heritage Foundation.

Now, the fact is that we all agree, maybe for a little different reason at times, that this is not an appropriate bill. But it is just interesting because I want to make it clear to everybody who may be listening to us tonight that it is just not the Congressional Black Caucus that is standing up against this legislation.

Ms. LEE. Mr. Speaker, I am glad that the gentleman from Maryland (Mr. CUMMINGS) raised that because this legislation is bad for America. I am glad that he cited the Heritage Foundation's comments and their opposition because I believe that we need to make sure that America understands that in spite of the leadership of AARP and in spite of the fact that the pharmaceuticals and the insurance industry for the most part wrote this bill, that there are, all of us, primarily, with the exception of a few, those who really believe that this will begin to dismantle Medicare and privatize Medicare. And if no one believes us, they sure should believe the Heritage Foundation. But I think that the Congressional Black Caucus, our tri-caucus has an unbelievable track record in telling the truth. So I am glad that the Heritage Foundation has joined us in that tonight.

Mr. CUMMINGS. Mr. Speaker, it is so interesting that when we talk about Medicare, Medicare is so important to so many people. If we did not have Medicare, we would have to invent it because it touches the lives of so many. And I have often said that if I were sick and did not have a way to get well, I think that would make me sicker.

I think that we are, with the way this conference report is structured, it

seems as if we are pushing more and more people out into the cold and placing them in a position where they will not be able to get available, accessible and affordable health care.

Ms. LEE. Well, Mr. Speaker, I think the gentleman from Maryland (Mr. CUMMINGS) has summarized what this bill does. And I think our senior citizens understand that Medicare has been that safety net and has provided the foundation for really the quality of life that they deserve in their golden years. And to see that safety net being tampered with and to see it put up on the chopping block at the whims of the insurance industry and pharmaceuticals is very shameful and very disgraceful. And I think that all of us have the duty and responsibility to fight against this. Because this is, I think, a basic value that America holds dear, and that is protecting and ensuring, I would say, the comfort of our senior citizens. And we cannot play around with that.

Mr. CUMMINGS. I want to thank the gentlewoman from California (Ms. LEE).

Mr. Speaker, I yield such time as he may consume to my colleague from the great State of New York (Mr. OWENS).

Mr. OWENS. Mr. Speaker, I want to congratulate and thank the gentleman from Maryland (Mr. CUMMINGS) for this Special Order. Nothing could be more timely than our focus tonight on the Republican Medicare Prescription Drug conference report that will be before us for a vote soon.

We also are concerned about the tri-caucus minority health bill, H.R. 3459, which I think is very significant; but that is in the works, and we will not be having a vote on that any time soon. And it will be very much jeopardized if we have the awful fate of having the Medicare prescription drug conference report of the Republicans passed tomorrow or the next day. It is impossible to move forward with a minority health bill which is of any great significance and impact if you do not have the envelope of Medicare.

Medicare and Medicaid are the beach heads for providing universal care in America. And all of us are hopeful we will move forward and provide health care to all those 43 million people who tonight have any health care and that some plan would be developed which is based on Medicare as a start. But what the Republicans have done here is started a slow and tortuous assassination of Medicare.

In the beginning when Medicare was first proposed and passed, very few Republicans voted for it. Over the years Republicans have repeatedly talked about liquidating Medicare. Former Speaker Gingrich made no bones about it. He wanted Medicare to fade away. His phrase was, "We should make it fade away."

So we are in the process now under this guise and camouflage of providing a prescription drug benefit of sticking Medicare in the back with a dagger for

a slow bleed to death. That is what will happen. The introduction of privatization, the build-up of HMOs, and the role that the pharmaceutical companies have played in this legislation is such that you know we may be discussing the beginning of the end of Medicare. We cannot do that. Nothing else in the area of health care would be go forward unless we have Medicare to build on. We need that very much.

The tri-caucus minority health bill would have talked more about adapting and refining the health care program to make certain that we deal with some of the basic problems in the African American community and the Hispanic community and other minority committees with respect to health care.

I want to bring in a very important event that took place, not many people have heard about, last Saturday. We had, last Friday night and Saturday, a conference on saving young black males. The gentleman from Maryland (Mr. CUMMINGS) kicked off the conference on Friday night. And I came on Saturday expecting to stay maybe half a day, but I was so impressed with the audience, the participants who showed up, that I got locked in the whole day and I did not leave until 6:00 because they were so serious, the people who came to participate. Counselors, principals, Boy Scout masters, Girl Scout masters, all kinds of folks who were interested in young people were there.

□ 2215

They were serious because, usually, on these weekends we have a serious panel. You can only hold people's attention an hour and a half. If you are good you go two hours. They came at 8:30 in the morning. They filled up the place. At noon when we had the address by Mr. DAVIS, of course, the place was packed, and they stayed. And I looked out in the audience at 5:30 and it was still packed. People began to drift home at 5:30. If they are willing to go from 8:30 to 5:30, you can imagine what a great deal of interest and how deeply people feel about saving the black males.

Again and again during that day the problem of health care came up. Some people who are getting the least amount of health care they need are black males. The alienation factor that sets in very early, where they do not feel the system is for them, drives them away from even seeking help in many cases. Then they focus in on the tremendous mental health problem. Studies have showed that the suicide rate among black males is far higher than most people realize because of the recklessness of some automobile accidents and the recklessness of confrontations with the police or other authorities, the number of ways that black males end up dying is driven by the fact that they have a suicide wish. And the hopelessness and the kind anxiety of black males was talked about in terms of nobody is out there to deal with that mental health concern.

I will not diverge too much here, but the fact that large numbers of them are incarcerated, we keep focusing on that. It was 25 percent 5 years ago, and now a greater percentage of black males are in the criminal justice system somewhere, parole, probation or prison. And a large number of those who are in that system, about half are in the system as nonviolent offenders. They are in the system because of drug use.

The problem that we have been trying to address in terms of the use of drugs and the way in which our society criminalizes the drug user, not necessarily the drug sellers or dealer but the user, has led to this tremendous percentage of incarcerated black males.

I must say that the way that Rush Limbaugh has been dealt with in terms of his problem, he had an addiction problem, a pain problem. Whether it is mental or physical, we are not sure whether it is just mental or just physical. Maybe it was both. Whatever it was he used large number of drugs and they were purchased in a way which obviously is suspect. And people have shown a great deal of sympathy for Rush Limbaugh who makes \$35 million a year. He certainly does not have the anxieties that black males who have tremendous anxieties about employment and adjusting to a world which is impacted heavily with racism.

Here is a man with anxieties in pain and he used illegal methods to seek relief. I will go so far to say that I think it is clearly illegal. He is hustled off to a treatment center. He is back on the air now seeking sympathy. And the same man has said and his friends have said that we should put people who use drugs into jail. They have the harshest words for them.

So the mental health of black males is not considered in the same league of the mental and physical health of Rush Limbaugh. So racism is a factor that we are concerned with, the racism that drives our society, whether it is the criminal justice system or health care system is still a problem.

In health care racism is a problem. The Tri-Caucus Minority Health Bill is aimed to do a number of things, but one of the things it has to deal with is the disparate health care treatment. And my colleagues have spoken about being too poor to afford Medicare and the kind of drugs they need; but the disparate health care treatment studies have shown that even when middle class blacks have health plans that pay for everything that white middle class persons are entitled to, the system is so racist that they are not offered the same procedures. They are not offered the same treatment. They are not offered the same medications.

Three studies have documented this. It is alarming. Money is not the factor, but somebody along the way decides that minorities do not deserve first class health treatment. This is sometimes decided by nurses, sometimes de-

ecided by technicians, the doctor's diagnosis and the determination of whether you get a heart bypass or whether you get a pill indicates the disparity in treatment.

So racism is a factor. It will become more of a factor as we struggle and compete for the existing health care that is out there now. If we do not go forward with Medicare and beyond Medicare, a universal health program based upon Medicare as a beginning, then we will have even more difficulty, and racism will play an even bigger role in determining the poor health care that minorities receive.

There is adequate health care treatment and inadequate health care treatment. Class does not come in and should not be considered as a factor.

Our first step is to make sure that we maintain Medicare as it is. The bill on the floor tomorrow goes far beyond dealing with prescription drugs. It sets up a situation for privatization, for a number of factors which will mean the end of Medicare. And when Medicare ends then minorities in general, poor and middle class, answer to the poor, we will have nowhere to turn. We must fight to the very end to see to it that our colleagues understand how decisive this action will be tomorrow in terms of determining the future of health care in America.

Mr. CUMMINGS. Mr. Speaker, I want to thank the gentleman for his outstanding statement. I really appreciate it.

I now yield to the distinguished gentlewoman from the great State of Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished chairman for yielding to me, and I thank him for bringing this important special order. Because one of the tragedies of the next 24 hours, and I do believe that this debate, this discussion and ultimate decision on Medicare, can in fact be a bipartisan decision. And I look forward to working with my friends on the other side of the aisle who have the same common goals. And that is to strengthen Medicare and to provide the best package possible within a fiscally responsible presentation Medicare, to save Medicare as we know it, to preserve the safety net as we know it. And frankly, Mr. Speaker, I do believe that there are Republicans who believe this same way.

I hope the opportunity that I have this evening and my colleagues have had from the Congressional Black Caucus that we have might share some of these thoughts sufficiently enough that our friends on the other side of the aisle might work with us tomorrow in this shortened time frame, limited debated, to do what is right. And that is to send this legislation back to the drawing board and really do what we have been asked to do.

I think there are two things that are creating problems and maybe even three as it relates to the Medicare system. The first one is what we have de-

bated and discussed for at least the almost 10 years that I have been here and that is to give a real guaranteed Medicare prescription drug benefit to our seniors in the Medicare system.

The second and third have to do with providing the compensation for providers whether they be physicians or whether they be, in fact, our hospitals, both urban and rural areas, that they can provide the kind of care that is necessary for all Americans who are senior citizens and who have access and are qualified for Medicare. I think that is really the crux of what we have been trying to do now for 10 years.

Many people are rushing to judgment feeling that we are desperate that we are at our wits ends, this is the last opportunity, and I would just say to my friend, it is not. The Congressional Black Caucus stands on this floor tonight to let you know that our districts now have become so diverse that whether or not you happen to represent a conservative Republican district, moderate, liberal, Democratic district as it may be so designated, you can be assured that there are people of all economic levels, races, color and creed and religion in your district.

That means if you cavalierly vote for a bill that will be on the floor of the House, 634 pages tomorrow, that rule destroys Medicare as we know it, that gets rid of the Medicare premise, the safety net for all Americans, you will have made a very big mistake. Once seniors begin to understand one that the vote tomorrow does not give them any benefit, it does not take effect until 2006, for the fiscally conservative and responsible Members of this House, for them to realize that this is more than a budget buster, this is a budget imploder. Because in actuality, because we have had to try to sweeten the pot for every constituency possible we really do not know what the cost of this bill is going to be. It is more than the \$400 billion that we surmise that it might be based upon the fact that the President gave that as a number.

In fact, what it does is it throws seniors of all accounts into a private system that may fall on its own weight. It insists on creating a prescription drug benefit not under Medicare; but under a private HMO system, which if it is not beneficial or prosperous or has a good profit margin just like we found in the HMO's crisis of about 5 or 6 years ago, you will see HMO's closing every single place in the Nation, including the districts of my friends across the aisle.

So if you think you are doing something for your seniors, take a second look. This is not a prescription drug benefit. It is, in fact, a prescription drug booster. And what it does is it causes the Social Security increases to not match up with the prescription drug increases.

Let me just bring several points to a close, Mr. Speaker. First of all, for those of us who have seniors who are on Medicaid, it is going to be a higher

co-pay for them. And the HMOs rather than the doctors are going to determine what drugs, what prescription drugs are going to be paid for under this plan. Then I will say there will be no reimportation allowed, and I know there will be a number of those who supported the reimportation. I will say one of the greatest shams of this bill is that it does not allow, Mr. Chairman, it does not allow the government to negotiate lower prices for prescription drugs under Medicare.

What an insult. It does not allow the government to save money. The reason for that is, and let me say I have no argument with the pharmaceutical companies. They do great work. I say that in terms of research and finding prescription drugs or drugs that will allow us to live longer or cure our ailments, but their participation in this kind of misfortune, in this legislation of tying the hands of government is a travesty.

So I would simply say that we will not have the time that we need to debate this tomorrow on the floor of the House. I know this is going to hurt Hispanics and African Americans. And I would just simply argue the point, Mr. Speaker, that this is a bad bill. Send it back as the Congressional Black Caucus would like you to do and put forward something that is reasonable and that works to help all Americans of which tomorrow's legislation will not do.

Mr. CUMMINGS. Mr. Speaker, I will close by simply thanking the Members of Congressional Black Caucus for being here tonight and being a part of all of this. I have often said that a hundred years ago, none of us were here. A hundred years from now, none of us will be here. The critical question is what do we do while we are here to lift each other up.

The fact is that we have a bill on the floor of this House tomorrow which is supposed to be a prescription benefit bill when, in fact, it does much more harm than good. And I think that when all the dust settles, when everything is laid out very clearly, the question becomes, Have we lifted our seniors up? So many of them have begged for relief. So many of them have cut pills in half and in quarters. So many of them have gone from one drug store to another begging for prescriptions.

□ 2230

So many of them have almost broken out in tears when they found out that their doctor did not have the sample prescription drugs that they needed, and so we stand here tonight not only saying that we consider the prescription drug bill to be bad, bad news, but we also on the other hand, Mr. Speaker, offer our HealthCare Equality Accountability Act of 2003 to say that we have a piece of legislation that does not cure everything but certainly it helps; but on the other hand, we have another piece of legislation, the prescription drug bill which does so much harm.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Ms. PRYCE of Ohio (during the Special Order of Mr. CUMMINGS) from the Committee on Rules, submitted a privileged report (Rept. No. 108-387) on the resolution (H. Res. 456) providing for consideration of motions to suspend the rules, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 1904, HEALTHY FORESTS RESTORATION ACT OF 2003

Ms. PRYCE of Ohio (during the Special Order of Mr. CUMMINGS) from the Committee on Rules, submitted a privileged report (Rept. No. 108-388) on the resolution (H. Res. 457) waiving points of order against the conference report to accompany the bill (H.R. 1904) to improve the capacity of the Secretary of Agriculture and the Secretary of the Interior to plan and conduct hazardous fuels reduction projects on National Forest System lands and Bureau of Land Management lands aimed at protecting communities, watersheds, and certain other at-risk lands from catastrophic wildfire, to enhance efforts to protect watersheds and address threats to forest and rangeland health, including catastrophic wildfire, across the landscape, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Ms. PRYCE of Ohio (during the Special Order of Mr. CUMMINGS) from the Committee on Rules, submitted a privileged report (Rept. No. 108-389) on the resolution (H. Res. 458) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Ms. PRYCE of Ohio (during the Special Order of Mr. CUMMINGS) from the Committee on Rules, submitted a privileged report (Rept. No. 108-390) on the resolution (H. Res. 459) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

#### MEDICARE PRESCRIPTION DRUG BILL

The SPEAKER pro tempore (Mr. ROGERS of Alabama). Under the Speaker's announced policy of January 7, 2003, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Mr. Speaker, it is good to be back tonight to talk on an issue that is really very, very dear to my heart. We have got an exciting day. In fact, I do not think I could even, though it is a late hour, I do not think I could go home and sleep tonight in anticipation of a historic moment tomorrow when we will finally deliver on a promise that has been made to our seniors, and that is a prescription drug benefit under Medicare.

Mr. Speaker, I would like to start out by maybe addressing some of the remarks that I just heard made from the other side, and it is the kind of remarks which I would really refer to as "Mediscare" comments. I just heard the gentlewoman from Texas refer to the government not being able to set prices. I think that is exactly what the Democrats tried to do in 1993 under "Hillary care." They wanted the government to set prices. They wanted a one-size-fits-all, essentially a national health insurance program, and the people of this great country rejected that.

Another comment I have heard them say just repeatedly is this business about, well, who is going to benefit from this prescription drug availability for our seniors, who is going to benefit the most, and they keep saying, well, it is the drug companies, the evil, greedy drug companies. Well, of course, no duh. Who makes the drugs? Who has made this country the greatest Nation on Earth in regard to having access to life-saving drugs? The pharmaceutical industry. Who do we expect? Who does the other side expect to provide these drugs? The chocolate cookie company or the potato chip factory? No, it is the pharmaceutical industry, of course.

Did they say the same thing in 1965, 40 years ago when Medicare was first enacted, that gosh, you know, we cannot do this, this program because who is going to benefit the most from Medicare part A, the evil hospitals, the evil skilled nursing homes; or who is going to benefit the most from Medicare part B, the doctors? Absolutely the doctors. They are the ones that provide health care.

So this argument about the drug company being the big beneficiary, it is absolutely bogus. Sure they are going to provide drug coverage, sell more drugs certainly, but the price of those drugs, Mr. Speaker, is going to come down. Their profit margin per sale is going to be drastically reduced. So, again, we hear these arguments over and over again, and it truly is nothing but "Mediscare."

Another argument we hear, and we have been hearing it today, we will probably hear it all day tomorrow and as long as this debate goes on, is the