

see the root of the dilemma in Dr. Chu's words: that they have served their purpose to America and are no longer needed, that they—who served a career in uniform to protect our freedoms—are now looked upon as a burden on society, that they have been used up and thrown away like an old worn out paper bag.

That is why our offices have received thousands of brown paper bags in the mail, with messages written on them urging this body to pass the Keep Our Promise to America's Military Retirees Act. I am told that, as of today, military retirees and their families and supporters have sent over 20,000 paper bags to Congress and that more are arriving every day.

The Keep Our Promise to America's Military Retirees Act was originally introduced in 1999 to acknowledge the promises made in good faith to America's military retirees. That version of the bill led to the enactment of Tricare for Life, TFL, which went a long way to restore health care to military retirees over age 65. But more needs to be done to keep our promises to that elderly group of retirees and to make sure that younger retirees receive the level of health care to which they are entitled.

Our new bill offers more meaningful restitution for broken promises by waiving the premium that World War II and Korean era military retirees must pay to enroll in Medicare Part B, a requirement of TFL. The new bill also addresses broken promises made to military retirees who joined the service after 1956. Even though laws were on the books beginning in 1956 that defined and limited military retiree health care, the sad truth is that the empty promise of lifetime health care was used as a recruiting tool for many years beyond the scope of the Col. Day's case, to those who entered the military after 1956. This is documented in recruiting literature well into the 1990s. We must keep our promises to them, too.

These retirees, mainly from the Vietnam and Persian Gulf eras, qualify for the military health care program known generally as Tricare. Tricare works well for many military retirees but fails to deliver quality health care for others. Some retirees cannot receive care at military bases due to lack of space availability. Base closures have cut off access for many retirees, and too many of them cannot find private doctors who will put up with bureaucratic inefficiencies or low reimbursements they have encountered with Tricare.

I believe strongly that military retirees who are not well served by Tricare deserve an alternative. The Keep Our Promise Act has offered these retirees the option of enrolling in the Federal Employees Health Benefits Program, FEHBP; the bill improves this benefit for military retirees by reimbursing them for expenses they incur under FEHBP that they would not have incurred under Tricare and makes certain improvements to the military pharmacy benefit.

The Courts have ruled. It is up to Congress to make good on the promises that were made—and broken—to our military retirees. They are not asking for handouts—they ask only for what was promised to them and what they earned. We need to do right by our military retirees, and to show our future military retirees that their government will live up to the promises it makes to them. We need to

enact into law the important provisions of the Keep Our Promise to America's Military Retirees Act.

#### KAZAKHSTAN PROMOTES RELIGIOUS TOLERANCE

### HON. BEN CHANDLER

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, February 2, 2005*

Mr. CHANDLER. Mr. Speaker, this week nearly 4,000 people will attend the National Prayer Breakfast, including 1,500 representing 170 nations from all continents of the world. What began in 1952 as a small gathering, led by President Eisenhower and Senator Frank Carlson of Kansas, has evolved over time to being a much larger ecumenical event, particularly as it relates to international participation. As my colleagues know, the Senate and House prayer groups are official sponsors of the National Prayer Breakfast.

While many of the major faiths are represented, with a special emphasis this year on involving leaders from Israel and Palestine, the purpose has not changed: to emphasize the principles and teachings of Jesus of Nazareth as the best means of achieving reconciliation and peace in a troubled world.

Our Nation is challenged as never before to deal with religious extremism and the increasing militarism of certain faiths occurring in many countries around the world. That is why I appreciate the example of Kazakhstan, whose president, Nursultan Nazarbayev, is making a considerable effort to deal with religious diversity in his country and in the region. In fact, all of the world's great religions—Islam, Christianity, Judaism, and Buddhism, are present and thriving in Kazakhstan, thanks to a climate of tolerance and openness in that country.

Kazakhstan today is a model of religious diversity. One half of the country's 15 million people are Muslim and roughly one-half are Orthodox Christian, with 40 other religions and 100 ethnic minorities among its citizens. Leaders of the major religious sects, including Russian Orthodox and other Christian as well as Jewish leaders, all say there is full freedom of religion in Kazakhstan.

Pope John Paul II, on a visit to Kazakhstan, called it an "example of harmony between men and women of different origins and beliefs." Kazakhstan is emerging as an example of regional stability given its positive atmosphere regarding religious expression and lack of interethnic and inter-religious conflicts.

In September 2003, Kazakhstan hosted the first ever congress of leaders of world and traditional religions. Upon conclusion of the congress, 120 religious leaders from 18 different religions unanimously adopted a declaration renouncing terrorism and promoting the true values of all religions—tolerance, truth, justice and love of one another as the basic tenets of all religious teachings. The delegates pledged to combat violence by propagating the peaceful values of their different faiths.

Mr. Speaker, I was pleased to learn that Mr. Nurtai Abikayev, who is Speaker of the Upper House and chairman of Kazakhstan's National Security Council, will be attending this year's National Prayer Breakfast and a featured speaker at the International Luncheon. It dem-

onstrates not only President Nazarbayev and Speaker Abikayev's personal commitment to the idea of religious tolerance in their country and throughout Central Asia, but to also learn more about our country's tradition and beliefs and how America's religious and ethnic diversity has also become a source of strength in our Nation.

As one who sits on the House International Relations Committee, I have come to appreciate the difficulty and challenge these countries face in making the transition to Western-style democracies where freedom and free markets are new experiences. It has been uneven, to be sure, and there is plenty of room for criticism. But I do applaud Kazakhstan's leadership and example in insuring that religious freedom will be a cornerstone of building a freer society in that country.

Mr. Speaker, I would like to conclude by inserting into the RECORD the Declaration of the Participants of the First Congress of Leaders of World and Traditional Religions.

#### ARTHRITIS PREVENTION, CONTROL AND CURE ACT OF 2005

### HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, February 2, 2005*

Ms. ESHOO. Mr. Speaker, I'm very pleased to join my colleague Representative PICKERING in introducing the Arthritis Prevention, Control and Cure Act of 2005, which authorizes programs and funding that will allow the Federal Government to better coordinate and increase our investment in efforts to prevent, treat, and care for persons with arthritis and related diseases. The bill represents the most significant Federal effort to address arthritis since the passage of the National Arthritis Act a generation ago. The Arthritis Prevention, Control and Cure Act of 2005 addresses this important issue by:

Enhancing the National Arthritis Action Plan by providing additional support to federal, state, and private efforts to prevent and manage arthritis;

Developing a National Arthritis Education and Outreach Campaign to educate the healthcare profession and the public on successful self-management strategies for controlling arthritis;

Organizing a National Arthritis and Rheumatic Diseases Summit to look at challenges and opportunities related to basic, clinical and translational research and development efforts;

Providing greater attention to the area of juvenile arthritis research through the creation of planning grants for innovative research specific to juvenile arthritis, as well as the prioritization of epidemiological activities focused on better understanding the prevalence, incidence, and outcomes associated with juvenile arthritis; and

Creating incentives to encourage health professionals to enter the field of pediatric rheumatology through the establishment of an education loan repayment and career development award programs.

Arthritis is the leading cause of disability in the United States with 70 million Americans living with a form of the disease. With the