

to condition aid based on progress in democratization and respect for human rights, however when the State Department decided to cut aid to Uzbekistan (or failure to meet these conditions (equal to \$18 million), the Chairman of the Joint Chiefs of Staff announced that Uzbekistan would receive an increase of \$21 million in military aid. Furthermore, the aid condition in Kazakhstan is allowed a presidential waiver.

This "soft-line" approach is probably in large part to the strategic location of these states. The Central Asian states offered overflight and other support when the U.S. went into Afghanistan. Kyrgyzstan, Tajikistan and Uzbekistan have hosted coalition troops and provided access to airbases. In 2003, Uzbekistan endorsed coalition military action in Iraq and Kazakhstan provided about two-dozen troops for rebuilding.

Our policy is convenient, not consistent. We talk about building democracy in the Middle East out of one side of our mouth, while we keep authoritarian regimes in power on the other side.

The world is watching closely what the U.S. does in Iraq, and we are hopeful that a legitimate democracy will flourish there and throughout the region. I am hopeful other Arab nations will eventually hold elections. But it must be on their timetable, not ours.

Our presence in Iraq is only slowing any hope for genuine democratization. Violence against Iraqis is only increasing as time goes by. The country is becoming even more destabilized. But this Administration has not yet presented an exit strategy or any kind of timetable of bringing our troops home. Instead, we are pouring billions of dollars into the probable construction of long-term military facilities in Iraq so that we can have a permanent presence there, as well as in the surrounding countries, none of which could be called democratic.

So, Mr. Chairman, I hope that this hearing will go beyond self-congratulation and beyond merely illuminating the desire for democracy by people in the Middle East. Rather I hope that this hearing will illuminate how our missteps are hindering democracy, so that we can correct a failed policy.

TRIBUTE TO LIEUTENANT
COLONEL MICHAEL VAN RASSEN

HON. ROBERT E. (BUD) CRAMER, JR.

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 19, 2005

Mr. CRAMER. Mr. Speaker, I rise today to recognize Lieutenant Colonel Michael Van Rassen upon his retirement from the U.S. Army after more than 20 years of outstanding service to our country. After his retirement on August 31, 2005, Lieutenant Colonel Van Rassen will reside in my Congressional district.

Lieutenant Colonel Van Rassen has been assigned to several key military positions throughout his career, which culminated as the Product Manager for Fielding and Integration for Air and Missile Defense Command and Control Systems (AMDCCS) Product Office in Madison, Alabama, a position he has held since 2002. It is in this role that Lieutenant Colonel Van Rassen will leave an enduring mark on the future of the Army.

He was instrumental in the deployment of the Forward Area Air Defense Command, cross leveraging software capabilities through the Air and Missile Defense Planning and Control System program, designing and vali-

dating the critical need for the Air Defense Aerospace Management Cell, leading the DOD Counter-Rocket, Artillery and Mortar initiative for deployments to Afghanistan and Iraq.

Lieutenant Colonel Van Rassen has distinguished himself throughout his military service in challenging and diverse assignments. Throughout his career, he has received many medals and awards for his ability to lead by example, encourage excellence from his peers and subordinates, effectively manage the Army's resources, and consistently produce outstanding results. I commend Lieutenant Colonel Van Rassen for his ability to energize a diverse staff toward a common purpose, setting high standards and inspiring his staff to achieve them.

Mr. Speaker, on behalf of the people of North Alabama, I congratulate Lieutenant Colonel Van Rassen for his 20 years of service to our country.

INTRODUCTION OF RESOLUTION
CONDEMNING RELIGIOUS INTOL-
ERANCE AND URGING RESPECT
FOR ALL HOLY BOOKS

HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 19, 2005

Mr. CONYERS. Mr. Speaker, so much of American history is defined by our national commitment to tolerate each others' religious differences. This was the wisdom behind the words of President John Kennedy, who reminded us that "tolerance implies no lack of commitment to one's own beliefs. Rather it condemns the oppression or persecution of others."

I introduce this Resolution today as a reminder that we must still strive to condemn bigotry and religious intolerance, and recognize that holy books of every religion should be treated with dignity and respect. Our dedication to this struggle has never been more important than it is today, with recent events both at home and abroad. We can begin to fulfill this obligation with a renewed effort to continued education and the dispelling of stereotypes.

For example, much of the public is not aware that the word Islam comes from the Arabic root word meaning "peace" and "submission." Terrorism cannot be justified under any valid interpretation of the Islamic faith. There are an estimated 7 million Muslims in America, from a wide variety of ethnic backgrounds. The holy book of Islam, the Quran, is recited by Muslims during prayer. From the Quran, Muslims learn valuable lessons about peace, humanity and spirituality.

This Resolution recognizes that believers of all religions, including the faiths of Christianity, Judaism and Islam, should be treated with respect and dignity. The mistreatment of prisoners and disrespect toward the holy book of any religion is unacceptable and against civilized humanity. I am concerned as anyone that our nation would disparage the Quran or the Muslim religion. This Resolution therefore makes it clear that it is not the official policy of the U.S. government to disparage the Quran, Islam or any other faith. I hope this Resolution will help us recognize that we need

to embrace the Muslim people and tolerance if we are truly interested in supporting democracy around the world.

SUPPORT FOR H.R. 2057

HON. CORRINE BROWN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 19, 2005

Ms. CORRINE BROWN of Florida. Mr. Speaker, I rise today to express my support for H.R. 2057, which disapproves of DC. Act 16-47 (the Terrorism Prevention in Hazardous Materials Transportation Temporary Act of 2005), which calls for the rerouting of hazardous materials around Washington, DC.

While re-routing hazardous materials from the Capitol area of Washington, DC sounds well-intentioned, it only shifts the risk of that transportation to other neighborhoods and other modes of transportation. The additional switching of these cars will add to the congestion in the yards, and back up traffic on CSXT main lines, potentially affecting their entire network, including Amtrak, VRE, and MARC. It also means that chemical containers could be sitting for hours, if not days, in rail yards waiting to be moved.

Longer transit times and distances, increased car handlings and dwell times are factors that tend to increase the inherent risk of transporting hazardous materials. This would also add significant cost to the shippers, and potentially disrupt the flow of commerce for those customers like water treatment plants, pharmaceutical companies, gas stations, etc.

The Federal Government has always had the ultimate authority over interstate commerce. The transportation of hazardous materials is governed by Federal regulations as proscribed under the Hazardous Materials Transportation Act, which gives the authority to DOT. And it is important to note that the railroads are governed by the common carrier duty, which means we must carry what is legally tendered to them by law.

Finally, the Department of Justice, the National Industrial Transportation League, the American Trucking Associations, the United Transportation Union, Norfolk Southern and others have either weighed in with an amicus brief in Federal Court, a letter to the STB, or a letter to the House Government Reform and Senate Homeland Security Committees.

I call upon government at all levels to develop meaningful standards that improve safety and security for all modes. Rerouting freight from one backyard to another does not constitute meaningful standards to improve safety and security for any mode, and I encourage this Congress to promptly disapprove DC's ordinance.

THE FIRST NATIONAL ASIAN AND
PACIFIC ISLANDER HIV/AIDS
AWARENESS DAY

HON. MICHAEL M. HONDA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 19, 2005

Mr. HONDA. Mr. Speaker, I rise today in support of the first National Asian and Pacific Islander HIV/AIDS Awareness Day. This commemorative day aims to raise the awareness

of Asian Pacific Islander American, APIA, communities about the devastating impact of HIV/AIDS as well as educating our communities about the progress in the areas of prevention, care and treatment, and vaccines.

Asian Pacific Islander Americans are among the fastest growing racial/ethnic populations in the United States. Despite stereotypes depicting APIAs as “model citizens” who enjoy perfect health, health advocates point out that HIV/AIDS awareness is lacking in many communities. Indeed, APIAs in the U.S. have higher rates of those preventable diseases that are also co-factors for HIV/AIDS—including hepatitis B and tuberculosis—than white Americans.

Worldwide, AIDS has killed more than 20 million people, including 3.1 million in 2004 alone. Through 2003, in the United States, approximately 930,000 people had been diagnosed with AIDS and more than 400,000 people were living with AIDS. While the number of reported AIDS cases among APIAs remains small, lack of detailed HIV surveillance, under-reporting, and misclassification often mask the true impact of the HIV epidemic on APIAs.

Mr. Speaker, according to such groups as the San Francisco-based Asian and Pacific Islander Wellness Center, the Asian Pacific Islander American Health Forum, and the Centers for Disease Control and Prevention, CDC, HIV data collected between 2000–2003 reveals a 54 percent increase in AIDS diagnosis among APIAs. As of December 2003, men accounted for 87 percent of APIA AIDS cases, with 71 percent occurring among men who have same-sex relations. Among APIA women, 49 percent of AIDS cases were attributed to heterosexual contact.

As Chair of the Congressional Asian Pacific American Caucus, I want to say it loud and clear that there is no misunderstanding. HIV/AIDS is a public health emergency for Asian Pacific Islander Americans.

National API HIV/AIDS Awareness Day is the first step in breaking the silence and reducing the shame associated with HIV/AIDS, and I applaud the Banyan Tree Project for their efforts. Reducing stigma will give APIAs greater access to services we need and deserve, which in turn will reduce the spread of HIV.

I urge my colleagues to join me today, along with national, regional, and local HIV/AIDS groups, in supporting this effort to raise awareness of HIV/AIDS among Asians and Pacific Islanders and to mobilize communities to get involved. Only through collaboration and a willingness to break down barriers and build bridges will we be able to win this fight against HIV/AIDS.

THE PRESERVING MEDICARE FOR
ALL ACT OF 2005

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 19, 2005

Mr. CARDIN. Mr. Speaker, I rise to introduce legislation to help fulfill the promise made by Congress and the President to our seniors. This year, Congress may consider a multifaceted approach to programs that affect the security of our seniors. Any discussion about ensuring the financial security of retired

Americans must also take into account their ability to access meaningful prescription drug coverage.

In November 2003, Congress passed legislation to provide limited coverage for prescription drugs. I opposed that legislation because it contained serious flaws that will result in more harm than help for Medicare beneficiaries. The bill that I am introducing today, the Preserving Medicare for All Act of 2005 corrects the legislation's structural defects and provides additional beneficiary protections.

Over the past several years, I have met with thousands of seniors in my district about Medicare and their need for prescription drug coverage. They brought me their empty pill bottles and their pharmacy receipts. With the highest out-of-pocket costs of any age group in the country, they and millions of other seniors across the nation were looking to Congress for real prescription drug coverage that would give them substantial help with their drug costs. They wanted their drug benefit to be provided like other benefits covered by Medicare—administered by the Centers for Medicare and Medicaid Services, CMS, with a guaranteed benefit, universally available regardless of where they live, for it not to jeopardize existing coverage, and yes, they wanted the choice of their own doctor and hospital and the freedom to choose a private health plan if they prefer that option.

I believe that a clear majority of the House and Senate wanted to enact legislation that met our seniors' needs. Unfortunately, the bill that moved through Congress failed to provide seniors with what they needed or expected. The plan that became law will not be administered by CMS but by private insurers.

Under the 2003 law, the government is prohibited from using the purchasing power of 40 million beneficiaries to lower drug prices. There will be no guaranteed benefit, but rather an “actuarially equivalent” benefit whose components insurance companies can manipulate to discourage high-cost seniors from enrolling. It will not be universal, because these insurers can offer different coverage in different areas of the country. It will jeopardize existing coverage: the Congressional Budget Office has estimated that 2.7 million retirees—half of whom have annual incomes of less than \$30,000—will lose the drug benefits they now enjoy as a result of insufficient subsidies to employers. Late last year, 14 months before the drug coverage provisions of the law are to take effect, hundreds of seniors in my district began receiving notices that their employer-based drug coverage would be dropped as their benefits are “coordinated” with Medicare.

Under the guise of “choice” and “competition,” this bill gives billions of extra dollars to managed care plans, which are already reimbursed at rates one-fifth higher than fee-for-service Medicare. This so-called “stabilization fund” and a premium support demonstration project are not designed to offer choice, but instead to lure younger, healthier seniors away from traditional Medicare and into private plans. These features of the bill do not save money, according to the Congressional Budget Office's estimate. Instead, scarce dollars that could be used to provide a better drug benefit are used to increase health plan profits. Those beneficiaries who remain in fee-for-service Medicare will be isolated in an underfunded program and they will see their premiums skyrocket as a result of phony “competition.”

Finally, the new law includes a “cost containment” provision that actually shifts rather than contains costs. By combining the Part A and Part B Trust Funds and creating a new definition of insolvency that caps Medicare's use of general revenues at 45 percent of total Medicare costs, this provision would force government to cut benefits or raise payroll taxes if this limit is exceeded. More than any other element of the new law, this provision would undermine the entire Medicare system as we know it, shifting the burden of the program onto those least able to afford it.

The bill I am introducing today will modify these damaging aspects of the new Medicare law. First it will authorize the HHS Secretary to use the purchasing power of 40 million seniors and disabled Americans to negotiate lower drug prices. Second, it will guarantee seniors the choice of a nationally available, defined benefit within Medicare. The premium, deductible, copays and stoploss will be set by law, not by private insurers. Third, my bill will fully reimburse employers for the cost of qualified retiree drug coverage and it will permit their costs to count toward seniors' catastrophic limits. Fourth, it will repeal the premium support demonstration and help ensure that Medicare remains a national program with equal access for all seniors. Fifth, it will eliminate the “stabilization” fund for private health insurers and dedicate these funds to strengthening the traditional Medicare program for seniors. Finally, it will eliminate the “cost containment” provision of the bill, which will harm both working families, seniors, and health care providers.

Mr. Speaker, the Medicare prescription drug provisions of this bill will not take effect until 2006. We have time to fix the structural problems that prevent this law from benefiting today's beneficiaries and those who will depend on Medicare in future years. If this Congress is serious about the financial security of older Americans, it will make every effort to keep the promises we have made to our seniors. I urge my colleagues to cosponsor this legislation.

LETTER TO SALVADORAN AMBASSADOR TO THE U.S. RENE ANTONIO LEÓN RODRIGUEZ

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 19, 2005

Mr. KUCINICH. Mr. Speaker, on April 29, 2002, Rep. RAÚL GRIJALVA and I sent the following letter to Salvadoran Ambassador to the United States, Rene Antonio León Rodríguez regarding police brutality against Salvadoran government officials:

DEAR AMBASSADOR LEÓN: It has just been brought to our attention that Salvadoran diputados Dr. Salvador Arias and Zoila Quijada were victims of police brutality yesterday while defending protesters of the Social Security Doctors Union (SIMETRISSS).

The protesters were members of the doctors union who were upset about the unjust decision to deport Dr. Pedro Bachon Rodríguez, an Ecuadorian doctor and adviser to the doctors union who has been a legal resident of El Salvador for the past 8 years.