

Make no mistake, this job is not easy. The people of Iraq and Afghanistan lived under brutal regimes for decades. There is much to be done, and our Armed Forces continue to do their jobs well.

Mr. Speaker, the young people who have spearheaded Operation Hometown Gratitude, as well as the sponsors who seeded this work, are not just sending care packages and supplies. By their support and their effort, they are displaying what Harry Truman meant by "unbeatable determination" and playing a major part in doing the job at hand.

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

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

ON THE CRISIS SITUATION IN DARFUR

Mr. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent to claim the time of Mr. DEFAZIO.

The SPEAKER pro tempore. Without objection, the gentleman from Illinois is recognized for 5 minutes.

There was no objection.

Mr. DAVIS of Illinois. Mr. Speaker, first of all, I want to commend Mr. PAYNE of New Jersey and all of those who have demonstrated tremendous leadership on this issue.

I have been told time and time again that the only way that evil can triumph is when good people do nothing, and I believe it was Dante who suggested that the hottest places in hell are reserved for those who declare neutrality and do nothing in times of great crisis.

We have all heard of the atrocities that are continuously being heaped upon the people in the Sudan. It is now time for us to act, and to act convincingly. We have to ask ourselves the question, if not us, then who? If not now, then when?

I am here tonight to help sound the alarm once again on genocide in the Sudan. There is no room for neutrality in the face of the crimes being committed there each day. Amnesty International has renewed its charge that the international community is not doing enough to protect women in the Darfur region and the refugee camps in Chad where mass rape is being used as a weapon.

Since 1983, more than 2 million black civilians have died during the civil war in the south Sudan. That struggle was especially brutal for the civilian population. Slave raids resulted in the enslavement of women and children, gang rape, ethnic cleansing and the imposition of famine conditions for hundreds of thousands of people.

On October 21, 2002, the President signed the Sudan Peace Act, which

stated in part that the acts of the Government of Sudan constitute genocide as defined by the United Nations Convention on the Prevention and Punishment of the Crime of Genocide. That bill requires President Bush to certify every 6 months that the government in Khartoum is negotiating in good faith for an end to the civil war. According to some sources, we may be close to a framework for peace in that region.

Mr. Speaker, only a short time ago we paused here to mark the 10th anniversary of the genocide in Rwanda, where more than 800,000 people died while the world watched and did nothing. Once again, genocide has unfolded before us, and those who have taken note have expressed their horror at what we have seen. But where is the public outcry? Where are the front page pictures? Where is the response of our government on behalf of the American people? I can tell you there has been some, but there has not been nearly enough.

So I join with my colleagues here this evening to call for the unequivocal, absolute declaration that genocide in the Sudan must end, and that it must end now. Not next year, not next month, but tonight.

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

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

ADDRESSING THE MEDICARE PART D DOUGHNUT HOLE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Nebraska.

The SPEAKER pro tempore. Without objection, the gentleman from Texas is recognized for 5 minutes.

There was no objection.

Mr. BURGESS. Mr. Speaker, we heard a lot last spring about the voluntary Part D prescription drug program that seniors had available to them for the first time. We haven't heard much about it recently, but it is important to revisit the concept because of two aspects.

One is the open enrollment period, which is going to begin the middle of November and run through the end of the year; and the other is to address the fact that some seniors are coming upon what is called the coverage gap. They have received enough help in the prescription drug program, and they have come into a period of spending where they are expected to cover the whole cost of their prescription drug components until they get up to a catastrophic level, after which they will only be responsible for 5 percent of their drug expenditures.

Mr. Speaker, last spring when we talked about the Medicare prescription drug program back home, I would tell

my constituents to focus on cost, coverage and convenience. If cost is your biggest driver, then look for the plan that has the lowest cost. That is pretty easy to do if you have got a computer and can go to Medicare.gov and scroll through the various computer screens of the plans out there.

In my State in Texas, there were some 48 different plans and combinations of plans that were available, but it is pretty easy to pick out the ones that are the lowest cost. If cost was the main driver, that is what I would encourage people to do, and then focus in on those three or four that were the lowest-cost plans.

If coverage was the main driver, there was a column devoted to coverage as well. You can certainly pick and choose from plans that covered 95, 98 percent or even 100 percent of the drugs in the Medicare formula.

Finally, convenience. If you want to use mail order, make sure that the program that you are looking at conforms to that expectation. If you want to use the Wal-Mart pharmacy, if you want to use the mom-and-pop drugstore down on the corner, make certain that that dispensing entity is available on the drug plan.

But by focusing on cost, coverage and convenience, then this rather daunting prospect of looking at 48 different drug plans became a whole lot easier.

Remember, Mr. Speaker, when we passed the Medicare drug prescription program, the idea was with the finite number of dollars we had available we were going to cover the people most in need. That meant the people who had the most trouble with illness, who were on the most medications, and those people who were the least well off. The sickest and the poorest received the greatest amount of help from the Medicare prescription drug program. And that indeed has been borne out. But of necessity, those of us who are more well off or perhaps not as ill will find ourselves exposed to some expenditure for prescription drugs in the so-called coverage gap.

Well, 92 percent of the people who signed up for Medicare are not affected by the coverage gap. That is, 45 percent of all Medicare beneficiaries will be eligible. Some fall into a category where they are eligible for low-income subsidies and therefore not affected by the gap. They have annual drug expenditures well below the \$2,250 level and will never reach the gap, or they have chosen an enhanced Part D plan that provides some coverage in the coverage gap. An additional 47 percent have prescription drug coverage from plans outside of Part D, government plans, veterans plans or another Federal program, or an employer-sponsored program. Or there are those 9 percent who just said, I don't get sick, I don't need drugs, I don't take drugs, and I am not going to sign up. Forty-seven percent of Americans fall into that group. So 92 percent of people will never be affected by the coverage gap.