

INTRODUCTION OF AMERICAN GOLD STAR PARENTS ANNUITY ACT

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, May 21, 2001

Mr. GILMAN. Mr. Speaker, I rise today to introduce The American Gold Star Parents Annuity Act of 2001, H.R. 1917.

This legislation would create a new annuity of \$125 per month for all current and future Gold Star Parents. Gold Star Parents are those individuals who have lost a child, who was an active duty member of the Armed Forces, and subjected to either enemy fire in a recognized conflict or to an act of terrorism.

The annuity is for each set of parents, to be divided equally if they are no longer married. Should one parent be deceased, the surviving parent would receive the full amount of the annuity. This annuity will be tax free.

The annuity is contingent upon the parents being awarded a Gold Star, the eligibility of which is determined by the Secretary of Defense.

Most of the recipients will be members of The American Gold Star Mothers, an organization that had its beginnings in World War I. During that conflict, a blue star was used to represent a person serving in the United States' Armed Forces. As American casualties mounted in 1917, silver stars were used to represent those who had been wounded, and gold stars were used for those who had died in the service of their nation.

On June 4, 1928, a group of twenty-five mothers residing in Washington DC, met to plan the founding of a national organization, which was officially incorporated on January 5, 1929.

Gold Star membership was initially open to all mothers who had lost a son or daughter in World War I, but subsequently was opened to all those who had lost a child in World War II, Korea, Vietnam and the Persian Gulf conflict.

These additions have paralleled congressional modifications to the U.S. Code to permit the Secretary of Defense to award Gold Star pins to the parents of deceased veterans of those conflicts as well as those who lost children in terrorist attacks on U.S. Armed Forces.

Since its founding, The American Gold Star Mothers has played a vital role in the healing process for those who had lost a child. By bringing together those who share a common tragedy, this organization has helped its members realize that they are not alone in their grief.

Furthermore, The Gold Star Mothers also performed the important service of assisting veterans of the last century's military conflicts and their descendants with the presentation of claims before the Veterans' Administration. They also perform thousands of hours of volunteer service in our VA hospitals, offering assistance and comfort to hospitalized veterans and their families.

Mr. Speaker, our country has always sought to look after the surviving spouse and children of a service-member who has been killed in action. Often overlooked however, are the parents of the deceased service-member. This is

unfortunate since the parents are usually those who have had the greatest role in shaping that person's, life and will have had the greatest impact on his or her life. Yet, beyond heartfelt condolences, the parents receive very little from the Government that their child chose to patriotically serve as a member of the Armed Forces.

While we all recognize that the Government has some obligation to the widowed spouse and the killed soldier's children, very few have argued on the behalf of the parents who lose their children to war. Only those parents who relied on their child as a primary means of support currently receive any benefit when their child is killed in the line of duty.

This legislation seeks to change that reality. It offers a small annuity to any parent, mother or father, regardless of need, as a sign of appreciation for the ultimate sacrifice made by their child in the defense of freedom and liberty.

Accordingly, I invite my colleagues to support this overdue measure, H.R. 1917.

H.R. 1917

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Gold Star Parents Annuity Act".

SEC. 2. SPECIAL PENSION FOR GOLD STAR PARENTS.

(a) IN GENERAL.—(1) Chapter 15 of title 38, United States Code, is amended by adding at the end the following new subchapter:

"SUBCHAPTER V—SPECIAL PENSION FOR GOLD STAR PARENTS

"§ 1571. Gold Star parents

"(a) The Secretary shall pay monthly to each person who has received a Gold Star lapel pin under section 1126 of title 10 as a parent of a person who died in a manner described in subsection (a) of that section a special pension in an amount determined under subsection (b).

"(b) The amount of special pension payable under this section with respect to the death of any person shall be \$125 per month. In any case in which there is more than one parent eligible for special pension under this section with respect to the death of a person, the Secretary shall divide the payment equally among those eligible parents.

"(c) The receipt of special pension shall not deprive any person of any other pension or other benefit, right, or privilege to which such person is or may hereafter be entitled under any existing or subsequent law. Special pension shall be paid in addition to all other payments under laws of the United States.

"(d) Special pension shall not be subject to any attachment, execution, levy, tax lien, or detention under any process whatever.

"(e) for purposes of this section, the term 'parent' has the meaning provided in section 1126(d)(2) of title 10."

(2) The table of sections at the beginning of such chapter is amended by adding at the end the following:

"SUBCHAPTER V—SPECIAL PENSION FOR GOLD STAR PARENTS

"1571. Gold Star parents."

(b) EFFECTIVE DATE.—Section 1571 of title 38, United States Code, as added by subsection (a), shall take effect on the first day of the first fiscal year beginning after the date of the enactment of this Act.

THE FAILURE OF MANAGED CARE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, May 21, 2001

Mr. STARK. Mr. Speaker, many of us in Congress—and many of our constituents around the country—have serious concerns about the future of managed care and what it means for the quality of our nation's health care system.

I recommend the attached article for my colleagues' attention. It is written by Dr. Ronald J. Glasser, a practicing pediatrician at Children's Hospital in Minneapolis, Minnesota. The article appeared in the May 2001 edition of Washington Monthly.

As many of my colleagues know, I am a longtime champion of expanding Medicare to eventually provide health insurance coverage for everyone. The article below provides strong support for that proposal.

[From the Washington Monthly, May, 2000]

FLATLINING, THE COMING COLLAPSE OF MANAGED CARE AND THE ONLY WAY OUT

(By Ronald J. Glasser, M.D.)

Everyone knows the horror stories of managed care; the denied treatment, the preauthorizations, refusals to allow subspecialty care, etc. So there is little reason to mention the motorized wheel chairs denied for patients with spina bifida—"our evaluation team has determined that your patient can walk assisted with braces or walker the prescribed twenty meters in under the approved ninety seconds." Nor is there need to remind of the termination of skilled nursing care for adolescents with cystic fibrosis—"home nursing care will be discontinued at the end of the month due to the plan's determination that there has been stabilization of your patient's clinical course."

Even as I write this, my home state of Minnesota's largest HMO is refusing to approve a discharge order to transfer a quadriplegic 18-month-old girl to the city's most respected and accomplished rehabilitation medical center because it isn't on the HMO provider list. Try to justify that to your conscience or explain it to traumatized, desperate parents. But these are only the everyday skirmishes. As a pediatric nephrologist and rheumatologist in Minneapolis, I've been on the front line of these battles for 15 years, and I've experienced first-hand the insanity of managed care.

Under managed care, physicians have fared no better than the patients. Despite what the managed-care industry would like you to believe, there is no real competition out there, no real choice. In any urban population of less than a million people, one dominant health plan usually covers more than 50 percent of the area's enrollees. In the larger cities, there are usually only four plans that cover more than 70 percent of the residents. These big plans run the show, shadow each others' prices, and do not easily tolerate criticism.

Steve Benson, a well-respected pediatrician for over 20 years worked in a clinic recently taken over by a health plan. After questioning the appropriateness of the plan's insistence on scheduling patients every 10 minutes, he was told that he was not a team player. But he continued to complain that ten minutes per patient was not enough time to perform an adequate exam, much less