proves the B–1B's readiness to meet global mission requirements.

Meticulous planning, requiring support across a full-range of Air Force commands, was required for this highly successful mission to prove the long-range, power-projection capability of the B1–B Lancer.

First, this mission required the idea, supplied by Capt. Christopher Stewart, a native of Logan, UT, the support of Air Force leadership and the skilled flight planning from dozens of professionals like Lt. Col. David Snodgrass, from the 9th Bomber Squadron, Capt. Jeffrey Kumro, the ground mission commander, and S. Sgt. Scott Fromm, now at Officer Training School, from the 7th Operations Support Squadron, who was responsible for coordinating the hundreds of airspace issues associated with such a complex mission.

Also key to the success of the mission were all the people who made possible the six in-air refuelings, closely coordinated around the globe, at precise times, to be sure the B–1B's had enough fuel to reach the next rendezvous.

Range support, at bombing ranges from Pachino, Italy, to Kadena, Japan, to the Utah Test and Training Range, allowed the crews to prove their global power by delivering ordnance on target around the globe.

And, of course this tremendous flight would never have been possible without the unsung heroes of military aviation, the maintenance crews, like crew chief, Sgt. Kenneth Kisner, who keeps these machines flying and safe for the air crews. A testament to their professionalism, these two aircraft left on time, completed the grueling mission, most of it a supersonic flight, and returned home requiring only minor post-flight maintenance.

Let me also recognize the flight crews who ultimately made Coronet Bat such a resounding success. In the lead, and record breaking aircraft, Hellion, was mission commander and 9th Bomber Squadron Commander Lt. Col. Douglas Raaberg, aircraft commander Capt. Ricky Carver, offensive systems officer, Capt. Gerald Goodfellow, and weapons systems officer, Capt. Kevin Clotfelter.

The crew of Global Power included Capts. Steve Adams, Chris Stewart, Kevin Houdek, and Steve Reeves.

As mission commander, Lieutenant Colonel Raaberg said, this was a global teamwork at its best and reinforces Air Force plans for the B–1B conventional upgrade program. Again, I want to offer my personal congratulations to all the members of the Air Force team that made this happen, and the thanks of the American people for the tremendous service you provide a grateful Nation each and every day.

Congratulations on a job well done.

□ 1415

DEBATE OVER MEDICARE

The SPEAKER pro tempore (Mrs. MYRICK). Under a previous order of the House, the gentlewoman from New York [Ms. SLAUGHTER] is recognized for 5 minutes.

Ms. SLAUGHTER. Madam Speaker, in the 1930s I was growing up in the coal fields of eastern Kentucky, in a family with four children, and I watched for years as my mother and father took responsibility for the health care of both sets of their parents.

It was an enormous burden. Health care was not all that good in the 1930s. Blood transfusions were given by anybody who came in off the street, and they did not go through typing and crossmatching as we do today. I had a sister that died in North Carolina, as they were operating on her for appendicitis, and she died of double pneumonia. So you can see that the benefits of medicine have increased enormously in the past half century.

One of the most important beneficiaries of that improvement has been the elderly of the United States. Since 1965, families like mine when I was a child no longer have to struggle to meet the health care needs of elderly parents. I remember when the debate took place in 1965, and I remember when it passed, and there was rejoicing in the country that senior citizens who were alone or senior citizens who were in impoverished circumstances could get the same kind of health care, the same appropriate kind of health care as the wealthiest person in the country. And we felt very good about this development.

But the debate over Medicare, like the debate over Social Security, was vitriolic in both houses. There was no unanimity of consent in either the House of Representatives or the Senate for Social Security or Medicare. Indeed, if you were to read that debate, you would be surprised I think at some Members who are still here who voted against the Medicare program and spoke very strongly against it.

It was the Democrat Party that gave us Social Security. It was the Democrat Party that gave us Medicare. Now it is the Democrat Party that is struggling to try to save Medicare.

There is a recommendation by the Speaker of the House of Representatives to have the largest cut in Medicare in its 30-year history. They are recommending $270 billion be cut out of Medicare over the next 7 years in order to pay for a $245 billion tax cut for the rich, the wealthy and corporations.

This is going to be done with one hearing, which will take place here tomorrow. The Democrats have not been allowed to ask for a hearing or even to participate very much in the meeting that let up to the decision for the hearing tomorrow. And for that reason, the Democrat Party, which gave this country Medicare, will have to hold its hearing tomorrow out on the lawn of the Capitol of the United States.

I am confident that has never been done before. The Capitol is a pretty large building. Meeting rooms all over it. But we have been told that not a single one is available for us tomorrow to hold a hearing.

So tomorrow we will have ordinary Americans, hospital administrators, caregivers, rural hospitals, community health associations, home care specialists to be here to say what these awful cuts are going to do in the services that they can provide.

Thirty-seven million seniors now are on Medicare, and by the year 2002, if you factor in for inflation, we will need to be paying $8,400 a year to cover the same benefits that $4,800 buys today. The Republican proposal only provides $6,700. Now, how is the difference going to be made up? Higher premiums, higher deductibles, inability perhaps to choose your own doctor or accept fewer services, fewer choices, and lower quality.

I think that is a rotton set of choices for the elderly in this country.

Last week, the Speaker of the House assured the American people on television that Medicare beneficiaries could expect their premiums to increase by only $7 a month. Within days, the leadership was forced to admit the figure was actually going to be more like $32 a month, about $400 a year. For people who live on a fixed income, that can be a devastating blow and can really make the difference in their lives as to whether they can eat or pay their rent. If they cannot afford it and if they are lucky enough to have children or grandchildren who will chip in, perhaps they can survive it. But a lot of our seniors do not.

Those premium increases will hurt not only the people who are recipients of the care, but we anticipate the closure of a lot of hospitals and a lot of services and perhaps even of home care.

THE REPUBLICAN MEDICARE PLAN

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Texas [Mr. DOGGETT] is recognized for 60 minutes as the designee of the minority leader.

Mr. DOGGETT. Mr. Speaker, during this next hour I and a number of my colleagues are going to be discussing the Republican Medicare plan. It is the pay more, get less plan. We have been discussing it this week during the special orders because of the fact that there is no real opportunity to debate this plan on the floor of the U.S. Congress, except during these sessions.

Indeed, it has been impossible to get even a public hearing so that citizens across America could come forward, the experts could come forward; and our seniors are among the leading experts on how Medicare works. There has been no opportunity for them to come forward for all of these many months really and be heard on a specific Medicare plan. All they know is

that they will have to pay more and get less.

Tomorrow we will have the only day that has been allocated to hear their concerns. And as I begin this discussion, I think it is appropriate, because the gentlewoman from New York [Ms. SLAUGHTER] has spoken so eloquently this afternoon on this matter, to hear the conclusion of her remarks, because she shares the same concern I do that if our seniors are saddled with a pay more, get less plan, this Nation will be much the worse off, and I would welcome the observations of the gentlewoman.

Ms. SLAUGHTER. I thank the gentleman for yielding to me, and I will be very brief.

I just want to make the point that the $270 billion cut in Medicare is almost equal to the defense budget of the United States. I think we pour over this month after month, and committee after committee looks into it, and debate often takes days on the floor of the House. To this day, a bill that we are supposed to vote on next week has not been printed. Nobody has seen a single written word on what the bill that the hearing is going to be held on tomorrow will cover, not one thing.

If you want to put this in some kind of context, imagine, if you will, the health care plan that was debated in Congress last year, had there been not a word of what was in it, not one sentence of what the consequences might be, just simply slash and burn, and that may give you some idea of what we are facing here with Medicare.

Mr. DOGGETT. Would the gentlewoman yield on that point?

Ms. SLAUGHTER. I would be happy to.

Mr. DOGGETT. I am a new Member, and so I was not here last year, but I read that when that health care plan came up and when the Congress moved along near the August recess, it was the Republican members of this body who were saying, even though there had been extensive hearings in several committees, we need more time, the people need more time.

Ms. SLAUGHTER. Absolutely, we need more.

Mr. DOGGETT. I know I read in the Dallas Morning News, a well-known publication and has been known throughout its history to have been known to have at least a slight Republican tinge to it, actually referring to the Republicans this year, and it was not my word but theirs, the Dallas Morning News word, as being guilty of hypocrisy.

How is it in 1 year, after having weeks of hearings on a health care plan, they could come to this Congress and deny us and the American people all but 1 day to focus on this essential problem?

Ms. SLAUGHTER. I think it is safe to say that nothing on the magnitude of this cut has ever gone through the Congress of the United States without complete hearings, without participation of the public, without an opportunity to go home and say to our constituents, what they have ahead of them.

We do not have anything to take home to show them. We get little notices in the press, and then we hear it is going to be $7 a month, and then we find out that that is not true. So, so far we are standing on sinking sand and shifting sands below us, and we do not know how it will affect the elderly of this country or indeed the fate of health care.

Mr. DOGGETT. I thank you for your important observations.

I see that we have been joined by other colleagues from Texas.

Again, I congratulate my colleague, the gentleman from Texas, Mr. GENE GREEN, for the work that he has been doing this session and for his victory this week on behalf of individuals with disabilities as he worked to preserve our State vocational rehabilitation system.

I know that there are people with disabilities across this country. Even though our focus in talking about this Medicare plan has been that it means pay more, get less for America's seniors, the same is true for many people with disabilities, several million in fact across America who are not 65 but because of a disabling condition are reliant or dependent upon the Medicare system. Perhaps you are aware of how they will be impacted by this vague plan that we have had presented.

Mr. GENE GREEN of Texas. Well, I thank the gentleman from Texas for yielding to me and my colleague from San Antonio. This is not just the Texas hour here.

But it will impact people who are not seniors, not only those who are disabled before they are 65 but the seniors' families. We all have family members who are over 65 and enjoy Medicare, because I have shared with my relatives what we had before 1965 when we had no Medicare, and we know the difference between 1964 and 1995 when we had no Medicare.

I rise today objecting to this phantom plan that we have that will be released today for two reasons: One, it is a proposed cut; and also objecting to the lack of the public hearings on the proposal.

Now, we have been told that the committees have been hearing Medicare proposals and talking about Mediscare tactics on what needs to be done, but we have not actually seen the plan, and we have not seen it as of today. And what they are going to have a hearing on tomorrow, 1 day of hearings is just wrong.

The propaganda being dumped on American people by the Republican Medicare plan that will be released, that it is not a cut and just slowing the growth is preposterous. We know that we have to plan, whether we are in business or in government, your expected growth in your business or in your senior population.

It is real simple that the population served by Medicare is growing, and there are going to be more people who will be 65 next year than were 65 last year or the year before. The people, thank goodness for our health care successes, are living longer. And yet when they say they are only slowing the growth in Medicare, they are actually going to end up rationing in the cut and in the growth. You either have to push people out of the system or you are going to provide people proportionally with less services. When they reduce that growth, they are affecting not only those who are currently beneficiaries in Medicare but those people who will become 65 next year and the year after and, you know, until the year 2002.

□ 1430

If we go back to the days when seniors had to choose between health care and food on their tables, are we going to do that, and I think that is what will happen by cutting a program with a growing population. We will need rationing.

Last year I was here. My colleague was still on the Supreme Court of Texas. I was here and involved in the health care reform, and the fear from all of us, and we would have rationing if we had some national health care. Well, here we have a plan that will create rationing for seniors, and the health care will be rationed to those who can afford to pay more out of pocket. They will be asked to pay more and more of their fixed incomes, which will lower the standard of living for our seniors.

Now I have heard and read the articles that everyone has read about how our seniors are so much better off today than they were 30 and 40 years ago, and that is true. That is why Medicare was established, because you realized in the 1940's, and 1950's, and early 1960's, that seniors were being left out of the growth and the benefits of America after they spent their life to build this country, and a number of them literally put their life on the line to make sure this country can still enjoy the freedom, and now we are going to take those people who served in World War II and say, ''OK, now you received Medicare, and we're going to make you pay more for less.''

I think your poster is so correct, I say to the gentleman. We need to ask ourselves, ''Do you want the force to pay senior citizens to pay more for less service and choose between health care and food? Do you want our elderly loved ones to have to have surgery in a hospital pushed to the brink of bankruptcy due to cuts in Medicare funding?''

In my district in Houston we have a number of hospitals that their patient base is substantially Medicare, and Medicaid, and managed care, and managed care is forcing hospitals to transfer those costs to Medicare recipients, and there is just no place to go if you

cut the cost of Medicare. You are going to have hospitals close not only in rural areas, but in urban areas. Do you want to have to be operated on by a physician or surgeon whose training may have been reduced by the cuts in Medicare that we do now for medical education?

We hear a lot these days about avoiding a train wreck. Well, the seniors of our country will experience one of the most destructive train wrecks in history if this plan is passed.

If you answered no to any of these questions, then I hope it is not only our duties as Members of Congress, but our constituents and people all over the country, to oppose this Republican Medicare train wreck that will be fostered on us tomorrow.

My second objection is lack of public hearings that we have had to this not-yet-released plan, and here we are Thursday, and you and I have not seen it. Of course we do not serve on the Committee on Ways and Means, so we might not see it even until tomorrow when it is released publicly.

But I participated in 10 days of hearings on the Waco incident. I saw 28 days of hearings on Whitewater and 8 days of hearings on Ruby Ridge, and I do not object to those hearings.

Mr. DOGGETT. If the gentleman will yield on that, so that is 10 days about the tragedy that happened in Waco, 28 days about what the President may or may not have done; was that 12 years ago? Some long time ago, back when he was Governor of Arkansas. Twenty-eight days on that. And how long on this incident in Idaho?

Mr. GENE GREEN of Texas. Well, 8 days on the Ruby Ridge incident that happened in 1992, long before most of us, least the majority in the House, were ever elected. So we had all those days of hearings after the fact, and here we are only going to have 1 day of hearings, 1 day on a plan that will be released maybe today for hearing tomorrow, and that is where our priorities are wrong, and that is why the Republican majority is wrong, and they need to look at what the American people are saying, that we need to get our priorities straight here in Washington. We need to realize that we need to listen to our constituents, we need to have more than just 1 day to hear from them, and the people are asking us, ''Don't go to Washington and lose touch.'' Well, this is a prime example of losing touch, by announcing a plan on Thursday, have 1 day of hearings on Friday, and then the whole House has to consider it.

Mr. DOGGETT. Let me ask you about that.

When you say ''announcing a plan'' it is true that the press release this week is thicker than the press release from last week, but you are going to be going, I know, in a few minutes back to a hearing on one of the other Republican ideas of this session, which is to destroy, or abolish, one of the Cabinet offices that has been here for decades in the United States. You do not go to that hearing without having a piece of legislation to consider. In other words, instead of just going there, and scratching your head, and thinking about somebody's good idea, or some think tank that has come up with some theoretical approach to deal with the security of health care for 37 million people, you do not go there without a specific proposal; do you?

Mr. GENE GREEN of Texas. We have had this proposal abolishing the Department of Commerce that I am not in favor of. I agree, in fact, that when we were in the Texas Legislature, you were the father of the sunset legislation, and you were in the State senate, and I was in the House, and I served on the sunset commission. I like the idea of looking at agencies and reforming them, but we reform them over a period of time. We do not all of a sudden wake up on Thursday and say we are going to abolish and we are going to change this agency to deliver services and provide assistance to American businesses. We are going to have vote on that Friday. You do not do that on those agencies, and why should we do it to the most important issue that this Congress may consider? It is like you said the health care for 37 million elderly U.S. citizens.

Mr. DOGGETT. And you know I am reminded by your comment that another of our fellow Texans who does not serve in this body, though I know he aspired to come to Washington, Ross Perot, who recently commented on this plan, though I have some differences with him about this subject among others, but he suggested if we were going to have these big changes in the way Medicare works, that just as you pointed out with business, you do not just jump what you have got and go to something else. You test it before you proceed to apply that to everyone and suggested that new ideas should be tested out before you make 37 million Americans the guinea pigs for this new approach that really amounts to little more than pay-more, get-less.

Mr. GENE GREEN of Texas. Well, we need to ask ourselves then why is the Republican majority rushing the Medicare reform bill to the House floor for a vote before the American people without time to review the consequences. Well, I think the answer is clear. The Republican majority does not want the American people to know what is in their Medicare reform bill because it is incredibly harmful. Frankly, it is no wonder that the plan is shrouded in secrecy. If I had a plan that was going to make seniors pay more for less service and force them to give up their, possibly their, lifelong doctor, and all to pay for ill-advised tax cuts, I think I would be scared, too, and I would want to rush it through on a short notice.

We hear a lot of times about how Medicare is in trouble and we need to reform it. We have reformed it over the last 30 years from the time it was passed, but right now we can deal with fraud, abuse, and waste in Medicare and do some of those reforms that will save us some money and reform Medicare, but not for $270 billion to pay for $245 billion in tax cuts.

Mr. DOGGETT. Let me ask you about that because we do hear examples on the press. Seldom do you go out and visit with seniors, as I know you do in your district, and I do up in Austin, without hearing about an incident where a health care provider perhaps abused the system. That is the kind of subject that we ought to have some bipartisanship about. I have not seen anyone yet come on the floor and defend fraud, maybe someone will, but we ought to be able to come together and work together.

But let me ask you about in that regard in trying to achieve some bipartisanship. I am amazed to hear this. Except for the experience we have had within the last few weeks here, I understand that the chairman of the Committee on Rules, actually the ranking member of the Committee on Rules, the gentleman from Massachusetts, Mr. MOAKLEY's office went over to the chairman of the Republican Conference's office to ask for the 30-page outline that is now available on this plan, that this happened as we have been here debating this afternoon, and was told that is not available to Democrats.

Now, I do not know if you have seen other incidences of that kind of rude and arrogant behavior here before, but those who come and say you need to be more bipartisan, it is a little different to be bipartisan with people that would not allow a hearing and would not even give an outline of their sorry plan to you.

Mr. GENE GREEN of Texas. Well, in an outline that is 30 pages long can you imagine how big the plan must be for us to be able to analyze it before the hearing tomorrow and before the members of the Committee on Ways and Means may have to have it? The numbers on the plans are that we have heard leaked out just do not seem to add up either. We talk about increases in seniors paying their monthly amounts that they pay doubling it over the next 7 years, or maybe more. But there is still an $80 billion hole that they are looking for.

The President has come up with, has a Medicare reform plan, and even the trustees, who our majority, have talked about that they are running around like the world is going to end unless we listen to the trustees' report, these very same trustees said we do not need to cut $270 billion out. We can do $90 billion worth of reform and safeguard Medicare.

Now 10 years from now, 8 years from now, Congress is going to have to revisit that issue because again I wish you and I could stand here today and solve our problems today, but that does not work. We always have to be ready to change in reform whether you are in

government or whether you are in business. There are different ways to do things. But we can solve Medicare's problems by without cutting $270 billion, and again I hope the American people understand we are looking at cutting $270 billion at the same time they are granting $245 billion in tax cuts, $245 billion. Medicare is paying for those tax cuts, and, if they can stand there on the floor and say that, I want to be bipartisan?

Let us solve Medicare's problem, but let us take those $245 billion in tax cuts off the table, and then we will talk about solving Medicare. Do not use Medicare to pay for tax cuts. We need to balance the budget, but we do not need to do it on the backs of Medicare.

I thank my colleague from Texas for the time, and I look forward to continue to being in the trenches.

Mr. DOGGETT. I know you have to be back for a piece of legislative markup, and, as you are departing, I will just continue some observations on this, and I think an appropriate observation in discussing this matter is to reflect on Congressman GREEN's remarks that many of the people who will be most directly affected by this are people who served our country both at home and abroad during World War II, and I do not think anyone served our country in a more distinguished role than a gentleman who figures prominently in this debate and was on national television last night, and that is the distinguished gentleman from Florida [Mr. GIBBONS], the ranking member of the Committee on Ways and Means, who will be considering this measure.

The gentleman from Florida [Mr. GIBBONS], for those of you who do not have personal familiarity with him, is a true American hero. He was a paratrooper on June 6, 1944, D-day, in France. He fought for this country. He fought against fascism and against tyranny, and since returning is now serving his country in another way in this body. He continues to be a true American patriot. It is not unlike the experience I just reflected on, about the inability of Democrats to even receive a copy of this measure, the incredible experience that he had yesterday.

True, sometimes the news media likes to focus on the fight rather than the substance of what produced the fight. But the American people and all of our colleagues who were not there should know that the reason that the gentleman from Florida [Mr. GIBBONS] expressed the anger and the dissatisfaction that he did was because of what occurred in the Committee on Ways and Means which was supposed to get a full outline of this measure yesterday and have a hearing on it as we are debating here this afternoon. But instead the committee met and refused to even permit the ranking member, a distinguished and senior Member of this body who served his country with such valor and distinction, to say word one. They would not let him discuss the proposal at all. Instead he was cut off without being able to say a word, a vote was taken in an autocratic method, and so his remarks were confined to what occurred in the hall outside this Chamber.

Again it is an example of how difficult it is for those of us who want to achieve a bipartisan solution not only to the issue of Medicare and the security of our Nation's health care, but on a widening range of matters in this House that, when you proceed with such arrogance, with such high-handedness, with such determination, to do it your way or no way, that it is very difficult to have a basis for reason and for moderation.

It is not only the State of Florida, of course, who has contributed heroes to this country like the gentleman from Florida [Mr. GIBBONS]. We have done our share in Texas as well. One of his contemporaries, I suppose, and someone who I have admired since earlier days in the public school system of Austin where he served as a distinguished member of the Texas legislature, is the gentleman from San Antonio, TX [Mr. GONZALEZ], my colleague who I know has some observations that bear on Medicare and a number of other things that are occurring here, and I would like at this time to yield for remarks that I know he has.

The dean of our Texas delegation, the Honorable HENRY B. GONZALEZ.

□ 1445

Mr. GONZALEZ. Madam Speaker, I, in turn, want to thank my colleague from Texas, a young gentleman I have admired from the beginning and have watched his political trajectory as he rose in Texas and am so proud of him. I want to thank him for his kind remarks.

Congress is getting ready to pass something called the Budget Reconciliation Act, which is a bill that's required to bring Government spending into line with the budget resolution passed earlier this year. Usually, budget reconciliation is pretty straightforward, but this year the new Republican majority in the House is putting together a bill that does far more than line up spending with the desired targets. This year, the reconciliation bill is being used for all kinds of radical projects that the Republicans hope to force through, without letting anybody have a fair hearing, let alone a fair shake.

The biggest piece of this stealth legislation involves changes the Republicans want to make in Medicare. So far, we've seen only the barest outlines of their proposal, but what we've seen makes clear that senior citizens are about to get less medical care and pay more for it.

But the reconciliation bill is also going to be loaded down with other ideas, like legislation to eliminate all federally required highway speed limits and just about all safety requirements for mid-sized trucks. Legislation that says that mid-sized trucks don't need safety equipment is a crazed notion at best, and has nothing to do with balancing the Government's books.

In my own Banking Committee, the Republicans are using the reconciliation bill to wipe out what's left of the savings and loan industry. They're moving fast and ignoring lessons of the past that time after time have proven you have to be very careful when you change banking laws in such basic ways.

Another project of dubious merit is the Republican plan to gut something called the earned income tax credit, which is a tax benefit that goes to poor, low-wage workers. The tax benefit doesn't go to anybody that earns more than $11,000 a year, but it has the effect of putting $25 billion a year of money where it does the most good—right in the hands of underpaid and hard-working Americans who want to have the pride and dignity of work even at low wages. But the Republicans want to cut this benefit, by perhaps a third.

If we want people to work instead of drawing welfare benefits, we should adopt policies that make it possible to earn a living wage. One way to do that is to adjust the minimum wage upward, which hasn't happened in many years. And another way to help people get off welfare and into work is to be certain that they get child care and medical care. But guess what? The Republicans don't want to do any of those things. It looks as if they're simply aiming to make the poor a whole lot more miserable.

The greatest asset any country has is its own people. Laws that help people get an education; laws that help people to get a decent, affordable house; laws that help people earn a living wage; laws that enable people to get adequate medical care at a reasonable cost—those are the kinds of laws that make this or any other country a better place. Sadly, every one of the laws that are intended to make this a cleaner, better, safer, and more decent country are under attack in Congress. There are some who think that it doesn't matter, but the truth is in the end, all of us will suffer together if poverty grows, if schools aren't improved, if the air we breathe and the water we drink are degraded, and if more and more of us find it impossible to get and keep a decent job or to afford decent housing and medical care.

Many of the actions that are about to unfold in the so-called budget reconciliation bill are downright silly or verge on the irrational—but others are mean spirited and can only result in a country that offers less hope to those who are struggling to rise above poverty and personal tragedy.

I feel certain the President will veto the reconciliation bill, and will also veto many of the worst bills that are working through Congress these days. But no doubt about it, the next couple

of months are going to be as mean as they ever get.

I thank my colleague.

Mr. DOGGETT. Madam Speaker, I thank the gentleman so much for his observations. I think actually, in referring to my colleague, Mr. GIBBONS, and some of his contemporaries, I may have referred to World War I. There actually may be some World War I folks that will benefit or be adversely affected by what we do on Medicare, but the gentlemen from Florida [Mr. GIBBONS] is not quite that senior and served during World War II. I think it is particularly that World War II generation that will be most troubled and has most reason to be concerned about what is happening here on Medicare.

Madam Speaker, I see that my colleague from New York, who has spoken so many times about the importance of not taking the care out of Medicare has arrived, and I would yield to him for such observations as he might have about the troubling developments of the day where the Republicans issue a bigger press release but do not give as much in the way of a detailed plan.

Mr. ENGEL. Madam Speaker, I thank my friend from Texas, who has certainly been one of the shining lights of the new freshman class of this Congress, who has spoken so eloquently on the floor not only today but many, many days, and the gentleman is quite right, the Republicans simply want to take the care out of Medicare.

Madam Speaker, Medicare actually was a program that was put into effect in the 1960's. It is a plan that many Republicans want to kill. And, in fact, that has been the modus operandi, the way the Republicans have operated, during this whole Congress. They take plans, they take bills, they take laws that they have wanted to kill for many, many years and say this law needs fixing. So instead of just fixing it, what do they do? They kill it or gut it.

We have seen it time and time again, not only with Medicare and Medicaid, but we have seen it in assaults against working people in this country. We have OSHA, which protects people; occupational safety and hazard laws, which protect the safety of American workers. Do they want to fix it? No, they want to kill it. They want to gut it. The National Labor Relations Board, which monitors unfair labor practices. They are trying to cut it, cut the funding and kill it. Davis-Bacon, which guarantees construction workers prevailing wage, a decent salary. They want to get rid of that, too.

As my colleague from Texas just mentioned, all the good environmental laws that bipartisan Congresses have put into effect for so many years, what are they trying to do? Not fix those laws, but kill it and gut it. Student loans. The same thing. Kill it and gut it.

The Republicans have been using the fact that they believe certain bills, certain laws like Medicare need fixing. They do not fix it, they kill it. So, Mr. Speaker, this is just the first assault on Medicare as we know it.

If we cut $270 billion from the program, we are, in essence, killing the program. It just starts that way and it goes on and on. One thing really ought to be made very, very clear. Medicare is a program that serves middle-class America. This is not some boondoggle or some program that is being doled out to people who have not worked in their lives, or people who have not made sacrifices in their lives; to people who have not done what they should do. Medicare benefits middle-class America, senior citizens who have worked hard and struggled all their lives, put a few dollars together only to see it dissipate in their later years. They are as scared as can be.

Madam Speaker, I take the case of my mother, who lives in Florida, and all her friends. They do not have money for prescription drugs right now. Many have to choose between eating well and buying medicines. Can any of us imagine what it will mean when $270 billion is cut out of Medicare? To my Republican friends who say, well, it is not a cut, we are actually increasing the funding; and, how could it be a cut if we are increasing the funding? Everybody knows if we do not increase the funding, with the rate of inflation, it is a cut. Everybody knows if we manipulate part A and B, it is a cut.

The bottom line is this, Madam Speaker, what kind of care do seniors get now under Medicare, and what kind of care will they be getting in the year 2002 after there is $270-billion worth of Republican cuts? The answer is very easy. Senior citizens, as my colleague from Texas says, the GOP Medicare plan means seniors will pay more for their health care and get less. That is the bottom line. Pay more in premiums, get less health care, get less choice, be forced into HMO's, be forced to accept strange doctors, because they sure will not be able to choose their doctors.

As we are talking right now, I will bet that senior citizens will suffer from a lack of choosing of their own doctors. It is not right, Madam Speaker. All we are saying on the Democratic side of the aisle is we want to have open hearings on this. The Republicans in this Chamber have the votes. They can outvote us every time. What is so terrible to let the light shine in so that the American people can understand what this means?

In the last Congress President Clinton proposed a health care plan. At the very, very beginning everyone seemed to be in favor of it, but as more and more people found out about it, for whatever reason, they decided they would not support it. And the Republicans, quite frankly, are afraid that if we let the light of day shine on their Medicare sham, or their Medicare proposal, that the American public will say, wait a minute, guys, this is not what we want. Medicare is a sacred covenant with the American people and we do not want to gut it. We do not want to hurt senior citizens.

They are afraid when their plan is exposed that seniors will understand that it hurts them; that it will be terrible for the senior citizens in this country. So how do they get around it? Let us only hold one hearing on this particular bill.

Now, the hearing is tomorrow. I do not know what is in their plan. I have not seen their bill. How can anyone have an intelligent hearing when we do not know what is in the bill? They would like to just blindfold us, gag us, not allow us to ask questions, and not allow us to hold hearings. What is so terrible with an open procedure?

Madam Speaker, the Republicans ranted and raved on the other side of the aisle in previous Congresses about muffling the minority. We are not talking about the minority or the majority. We are talking about the American people. They have the right to understand what this Congress is about to do. The only way we can do that is by holding hearings.

The hearings we are going to hold tomorrow are going to be on the lawn of the Capitol. That is because we could not get a decent hearing room in the Capitol to hold these hearings. What a disgrace. It is absolutely a gag rule. It is being perpetrated not on the Democrats in Congress but on the American people.

So the bottom line here, for me, is what is the quality of health care that senior citizens get under Medicare now, in 1955, and what will be the quality of care that they will get under the Republican plan in 2002? When we couple the 270 billion dollars' worth of cuts in Medicare and, at the same time, give $245-billion worth of tax breaks to the rich, that only adds insult to injury. To my friends on the other side of the aisle who say one has nothing to do with the other, well, $245 billion and $270 billion sounds pretty equal to me. If we eliminated the tax breaks for the rich, and even if we had to cut the Medicare Program, 270 minus 245 is only $25 billion. So we would have to cut it a lot less if we gave up on the tax breaks for the rich than we would under the Republican plan.

Mr. DOGGETT. Let me ask the gentleman one question about these hearings. Beginning about 9:30 or so eastern time tomorrow morning the gentleman has referenced hearings that will occur just outside the House Chambers here on the Capitol Grounds. Do I understand those hearings will continue into next week?

Mr. ENGEL. Yes, those hearings are planned to continue into next week, because if we cannot get 4 weeks of hearings, as we requested, we feel that we could at least have 4 days of hearings where senior citizens and representatives of senior citizen groups and people involved with Medicare can come and testify and tell us their opinions and tell us what Medicare means to

them and tell us what the GOP Medicare plan will be.

Those are the only open hearings, unfortunately, that are going to be held on Capitol Hill.

□ 1500

Mr. DOGGETT. They are open hearings. That is, any American citizen who would want to come forward and present their testimony, if we are not able to hear from all of them orally, can file their written testimony with us and get that to the attention of people, at least within the Democratic Caucus, the 200-plus Members here who would want to hear their observations.

Mr. ENGEL. The gentleman is absolutely right. We welcome testimony, written testimony and people testifying, from seniors in all walks of life, because we think it is very, very important to hear all points of view. Again, if the Republicans absolutely insist on ramming whatever they want to ram through, they have the votes in this Congress, but it ought not to be done under the secrecy of darkness. It ought to be done after we have an open and full hearing and the American people understand what is about to happen to them in Medicare.

Mr. DOGGETT. Indeed, given the ramifications of this particular plan, it might be well advised to have these hearings at a variety of different locations, since the Republicans are not doing that and we are forced to have ours outside the Capitol, for those citizens around the country who will not be able to come personally, perhaps someone who is confined to home and unable to leave and be here. Would there not be a mechanism where they could forward their comments here to the Capitol and advise people of their concerns about this plan or their suggestions improvements in Medicare to strengthen it?

Mr. ENGEL. Constituents can absolutely write to their Member of Congress, be it Democratic or Republican, and let us know what you feel, let us know what you think is happening to Medicare. I would hope that some of our colleagues would, and I know I plan to do it in my district in the Bronx, NY, and Westchester, NY, to have hearings in my district, have open forums in my district, so I can hear from the rank and file, from my constituents, who will be most affected by whatever Congress does on Medicare. I want to hear from them, what Medicare means to them, how important it is, not only not to cut Medicare, but to expand services. I want to see prescription drugs, for instance, expanded. I want seniors to be able to get prescription drugs.

There was one very interesting point. The Republicans have said that they want to balance the budget and they do not intend to touch Social Security. Well, for my senior citizens, if you do not touch Social Security, but you touch Medicare, it is the same darn thing, because senior citizens rely on Medicare as much as they rely on Social Security. So it is an absolute fraud to say we are not going to touch Social Security, when at the same time you are devastating Medicare.

Mr. DOGGETT. I thank you very much for your observations. I see another colleague of ours, Mr. BENTSEN, from Houston, TX has joined us, and may have an observation in response to your comments.

Mr. ENGEL. We have all these good Texans here. It is nice to join with them. We can bring New York and Texas a little closer together.

Mr. DOGGETT. Certainly when the issue is health care security and misrepresentation that is being made to our seniors about their health future, we all need to come together. I wish we could get more of our Republican colleagues coming together. There is nothing in the rules of the House that prevents them from coming to the floor this afternoon and utilizing their hour of time to outline in detail their plan, but apparently they have chosen not to do that.

Mr. ENGEL. It really is unfortunate, because I think the bottom line is, the only way we are really going to get a plan that helps our senior citizens is by doing it in a bipartisan fashion; not in this way, ramming it down everyone's throat without any kind of open hearings. I thank the gentleman.

Mr. BENTSEN. I thank my colleague from Texas for yielding. I thank him for taking the time today to speak about the issue of Medicare.

Let me just start out briefly by talking a little bit about procedure. I am glad to see that the dean of the Texas delegation, Mr. GONZALEZ, is on the floor, because I was with him the other day in the Committee on Banking and Financial Services where we were going through a similar process on legislation affecting the financial laws of this Nation. That appears to be similar to what is going on with Medicare.

We are now engaged in policy by the numbers, as opposed to policy for good government sake. I do not think there is any Member of the House who does not believe that our duty here is to have an efficient Government that works for all the people, but what appears to have happened is we are now driven purely by trying to achieve numbers in a budget and to form and fit the policy into that type of budget. That is what has brought us to his situation of having to cut $270 billion from Medicare and $180 billion from Medicaid.

I would start out by saying simply there is just no good way to cut $270 billion from the Medicare Program, and that is why we continue to hear little about what this Medicare plan will be. Unfortunately, we will have very little to say about it before it is put before the Committee on Ways and Means and put before the Congress.

Mr. DOGGETT. In other words, when our Republican colleagues coming up here, instead of giving us the details of their plan, they turn and say, ''Why do not you Democrats come up with a plan to cut $270 billion out of Medicare,'' they are going to have to cut an awfully long time, because we do not believe $270 billion ought to be cut out of Medicare.

Mr. BENTSEN. I think the gentleman is correct. He will recall that earlier this year many of colleagues from the other side of the aisle would come down and hold up a pamphlet from the trustees of the Medicare system saying ''Medicare is going broke and we need to do something to save it.'' But the facts are, if you read the report, not just the pamphlet, but if you read the report and talk to the trustees and hear what they have to say, No. 1, Medicare has always been projected, part A of Medicare, the hospital insurance program has always been projected to have shortfalls in the out-years, and it has been the Congress, and I would have to say the Democratic Congress, which has always stepped in to ensure that Medicare is a solvent program that runs forward. In fact, that is how the program was originally designed.

It is interesting to note that in the previous years, when both the gentleman from Texas and myself were not Members of this body but innocent bystanders, I guess, back in Texas, watching what was going on, that our Republican colleagues did not see any problem with the Medicare situation or the part A hospital insurance situation.

But, lo and behold, a year later, they are out crying wolf and saying we have this major probable out there.

Mr. DOGGETT. In fact, is it not true that last year, the trustee used the very words, save one or two, that they used this year, to express concern about the future of the trust fund.

Mr. BENTSEN. That is absolutely correct. In fact, if you go back and read the study, as I have done, the actuarial tables, you can see the points in time where the trustees in the past have said that Medicare would have an even shorter life than is projected today. You can also see the points in time where the Democratic Congress came in and made the necessary adjustments to make the cash flows work.

So I do not think that there is much basis of fact to that argument. Furthermore, we have heard from the trustees of the Medicare system that in fact you do not need $270 billion to save the program, and what little we do know of the plan that will be released tomorrow, I guess, the Republican plan on cutting $270 billion from Medicare, is that there is no evidence whatsoever that any of that money is actually going back into part A of Medicare.

The fact you are raising premiums on elderly citizens, something along the lines of $60 or $80 billion, if you look to see where the money goes, as they used to say in the Nixon times, you cannot find it going back into part A, which would lead me to believe that if in fact there is a problem in the fact we are

taking money out of the system and not putting it back in the system, we are only going to exacerbate the situation that exists, and it does appear we are shifting money out of the Medicare system by raising premiums on the elderly into other parts of the budget, presumably a tax cut. That really makes no sense whatsoever.

Mr. DOGGETT. That strikes me as such a critical point. As you say, during the Nixon years they said follow the money. It was a good trail, to follow the money back there during the Watergate era. It still is with this Republican Medicare plan, because the first plank of the Republican Medicare plan is pay more. But from looking at the press release that came out today, the pay more part is over in the part B premiums.

As you were pointing out, I believe I have this correct, they will increase the part B premiums that every senior has to pay, but not one penny of those increased premiums will go into this Medicare trust fund that they said they were so concerned about after they read the trustees report saying the same thing the trustees had been saying for years when they did not care a flip about it.

Mr. BENTSEN. The gentleman is absolutely correct, that in fact money from part B is going elsewhere in the budget, and if there is a problem in part A, it continues to exist. So I think that that is a major flaw in the proposed Medicare plan from the GOP, and it is something that the American people need to know about.

I think that, furthermore, when we look at what has been released so far, we find a gaping hole of something along the lines of $80 billion that is going to be made up in something that is called the look-back. That is sort of a ''trust us'' type approach to governing, that we think we can get there, and if we do not get there in a couple of years, we will just tell the Secretary of Health and Human Services to come up with $80 billion.

Well, where is that $80 billion going to come from? Is it going to come out of somebody's pocket? Higher deductibles, higher premiums, higher copayments? We do not know. But that is a major problem.

When you add to that the global price control which will be set on services provided by hospitals and doctors as a result of this, you in effect will push the price for fee for service, choice of doctor health care, down to a level where I think you will see physicians who will get out of the business because they just cannot lose money and do the business. You will see hospitals who will say that we have no choice but to go into a captive program with a health maintenance organization, and seniors will no longer have the choice as current law provides; they will no longer have the choice to choose between a health maintenance plan like an HMO or a fee for service like they have had. They will be left with only what the market will be able to give them because of the price controls set by the plan.

Mr. DOGGETT. I would like to talk about each of those. You have extensive experience in business and investment banking, are familiar with principles of financial planning, and you referred to this look-back provision. As I understand it, and I do not believe, though there are many pages in this new press release, that there has been any explanation of how it is of this $270 billion, how they are going to cover their $80 billion or so gap. Just from the standpoint of good, sound business, financial planning, what kind of plan is it that says we will cut $270 billion, except we do not really know how we are going to get $80 billion of that $270 billion? We have just kind of guessed if everything we are thinking about but have not put in a bill anywhere happens to come out, maybe like we hope some day under the best of all circumstances it will, we still got another $80 billion out there hanging and we do not know where we are going to get that.

Mr. BENTSEN. The gentleman is correct. I guess you would say it is less than creditworthy in trying to put together a plan. What it will result in, I think, is that at some point they will come back and say well, gee, we are $80 billion short and have to make it up, so we are just going to cut you across the board. Sorry, Medicare recipients, we did not think we were going to hit you as hard as we did, but we came up short and are going to have to take more money out of your pocket.

Mr. DOGGETT. If I understand it, then someone in the bureaucracy here in Washington, acting under the authority of the Secretary of Health and Human Services or the Health Care Financing Agency, when the year is gone by and there is this big old gap there of billions of dollars, will go back and say well, the gap is there, next year we are just going to have to cut how much we pay these health care providers by 50 percent, 30 percent, or 25 percent, or however much it is. Is that the way this so-called look-back provision works?

Mr. BENTSEN. I think in terms of trying to set a budget, that is what you would have to do. It would be equivalent to sequestration, which was provided under the Gramm-Rudman Budget Act.

Mr. DOGGETT. That was a real winner.

Mr. BENTSEN. The problem that exists with that is it does not allow for any strategic planning on the part of health care institutions, hospitals, providers of health care services. So if you are going out several years and you are trying to set your budget based upon prices that you think you were going to receive reimbursement from Medicare, but you know out there, there is a $80 billion footnote that can come into play some time, it is going to be very hard for you to set your plan.

Mr. DOGGETT. Congressman, representing the city of Houston, I think you represented one of the world's finest health care systems, research hospitals, teaching hospitals, hospitals that provide services all around the world, but particularly provide a wide range of services to people who are seniors and who are people without substantial means to pay for them.

What kind of impact could a look-back provision like this, continually cutting payments, have on a world class hospital system of the type that you have there in Houston?

□ 1515

Mr. BENTSEN. I am afraid that if we continue along this process, that it will start to cut into research. I think that as a result of a lot of work that has been done to try to explain to the Republican majority the impact on medical education, we are starting to hear that, yes, we do understand the importance of medical education, and we are going to start to provide for that. That is good.

However, we still do not know all the details. We still have clinical research which is carried out in these academic hospitals through the Medicare system. As you clamp down on the payments to the hospitals, at the same time that you have health maintenance organizations which are trying to pay as little as they can, because they are in the business of doing that, and that is the way the system works and that is fine, the problem is going to become that you are going to lose the necessary clinical research dollars that better the health care system, make it more cost-effective, and make it more efficient for seniors and for everyone else. You also are going to end up with not only cutting back on that research, but you are going to end up with jobs being lost in large medical centers.

Mr. DOGGETT. Madam Speaker, the gentleman you mentioned another effect of continuing to cut down to too low a level the payments made to health care providers. I just happened to come across a report here on the impact in central Texas of problems we already have with Medicare, the kind of thing that I know you and I want to do to improve Medicare to deal with these problems.

There is the story of Richard Bergin, who is 74 years old, has lived in Austin for 40 years, served as a naval officer, as a professor at the University of Texas at Austin, and he was doing fine and had a relationship of his own with his primary care doctor. However, when his 83-year-old brother moved into town from out of town to live with him, they could not find any doctor there that would take Medicare in all of their initial searching. The American Association of Retired Persons reports that about 80 percent of the doctors in most Texas towns today will not accept new Medicare patients.

If they have this look-back provision and they keep chopping back the

amount that health care providers are getting, will it not make it even more difficult for people like Professor Bergin and the others across Texas, whether it is in Houston, LaGrange, or Lubbock, or anyplace else in this country for that matter, will it not make it more difficult for them to find a physician that will take care of their needs?

Mr. BENTSEN. I think you are absolutely right. I think the fewer doctors who participate in the system, the harder it will be, particularly on rural communities and smaller urban communities, where there will be even fewer doctors who are willing to participate in the system.

I think there is another problem that comes into play here. By moving more people into health maintenance organizations, which again let me say, Medicare Select under current law already provides that choice, but what happens when you move more and more people into that system, basic macroeconomics will tell us that you will start to lose the efficiencies, and you will start to lose the ability to save costs or save money under that system. Therefore, I think that the projected cost savings from moving to an HMO system, where seniors do not have a choice of their doctors, are probably not correct. They are probably inflated. It is very hard to make those projections in the first place.

I think if you move from having 7 percent of the elderly population which are currently in managed care plans going to 90 percent, as is the desire of this legislation, that the cost savings that thus have been achieved will not carry forward at that time.

Mr. DOGGETT. I thank you very much for your observations and very helpful comments and, of course, your service here on behalf of all of the people of the Houston area and of our whole State.

My comments, of course, this afternoon and those of my colleagues have focused on the Republican pay-more-get-less Medicare plan. But I want to take just a moment here in concluding to tell people who are out there, who are thinking ''Well, they really cannot do that. They really cannot intend to make the kind of cuts that they are making to the American people,'' that they have not heard it all yet. Yesterday, about the same time that the great American hero, the gentleman from Florida, SAM GIBBONS, was being denied across the hall even a chance to mutter a few words in defense of Medicare and to raise questions about why these hearings were not occurring, another of our committees here in the House was considering a plan concerning Medicaid.

Most people think of Medicaid as being a program that provides assistance to the poorest of Americans, and it is true that it does; but it also, because of some need for improvement in the Medicare system, is about the only way that seniors and people with disabilities can get nursing home coverage. Most of the people that are in nursing homes today, who do not have substantial means, are there with support from Medicaid.

There is another thing that comes out of that system Of Medicaid. That is that the Federal Government establishes some patient abuse standards, some safety standards in our nursing homes that they have to meet in order to receive Medicaid funds.

Yesterday, at the same time that a slash effort was going on with reference to Medicare, another committee was slashing in Medicaid. Now, if that committee's handiwork becomes law, there will not be one Federal regulation on the books to assure the quality of patient care at nursing homes in this country. I think that by itself is an outrage, that there are people who have become so committed to a rigid ideological agenda that they have forgotten their good sense, they have forgotten our responsibility to protect vulnerable seniors. It seems that the only time people get interested in some nursing homes is when someone is found with abuse, with a death occurring. That is not the way it ought to be.

There are many fine nursing homes out there doing their best to provide quality care, but there are always some that try to skim, and it is only with the support of these Federal safety standards, and some inspections, that we have been able to address some of the worst of these abuses, and now that will be totally eliminated.

As if that were not enough, the same Committee on Ways and Means that did not want to hear about Medicare yesterday has, within the last several days, approved a proposal that will encourage corporations to withdraw as much as $40 billion from their pension plans, $40 billion from their pension plans, something that people who are not only retired now but may hope, like many of us, to retire some day in the future, should be amply concerned about. There are a number of troubling developments that only by Americans speaking out and making their concerns known are we going to be able to change.

As for the Republican pay-more-get-less Medicare plan, lest anyone think that I have a partisan attitude on that plan, let me end by quoting a Republican who was on the radio this week, September 19, Kevin Phillips. He said of his fellow Republicans' Medicare plan: ''Today's Republicans see Federal Medicare outlays to old people as a treasure chest of gold for partial redirection in their favorite directions: toward tax cuts for deserving corporations and individuals. The revolutionary ideology driving the new Republican Medicare proposal is simple: Cut the middle class and give back the money to the high-income taxpayers.'' That is the problem we face, but Americans can turn it around.

COMMUNICATION FROM THE HONORABLE JOSEPH M. McDADE, MEMBER OF CONGRESS

The SPEAKER pro tempore (Mrs. MYRICK) laid before the House the following communication from the Honorable JOSEPH M. MCDADE, Member of Congress:

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
Washington, DC, September 21, 1995.

Hon. NEWT GINGRICH,
Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule L(50) of the Rules of the House that a member of my staff has been served with a subpoena for testimony and the production of documents by the Court of Common Pleas, Lackawanna County, State of Pennsylvania in connection with a civil case.

After consultation with the office of the General Counsel, I have determined that compliance with the subpoena is consistent with the privileges and precedents of the House.

Sincerely,

JOSEPH M. MCDADE,
Member of Congress.

THE IMPORTANCE OF REDISTRICTING DECISIONS IN GEORGIA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Georgia [Ms. MCKINNEY] is recognized for 60 minutes.

Ms. MCKINNEY. Madam Speaker, I come again this afternoon as a continuing part of my mission. That mission involves the educational process around the issue of redistricting, and why what is happening in Georgia is so important, not just for the people of Georgia, but for all of the people of this country who value democracy, who value the opportunity for all people who call themselves American citizens to be able to sit at the table of public policymaking and feel that they have an investment in the decisions that are being made about this country.

I want to begin by commending the members of the Georgia Legislative Black Caucus, who have endured a tremendous trial during the recently disbanded, recently adjourned special session. The United States Supreme Court ruled that Georgia's 11th Congressional District was unconstitutional, and as a result of that decision, the Governor of the State of Georgia called the Georgia Legislature into special session. The purpose of the special session was to redraw the congressional districts to correct those flaws that the Supreme Court found, particularly in the 11th Congressional District of Georgia, but also, in the call for congressional redistricting, the Governor included legislative redistricting.

There had been no lawsuit against the State legislative districts. There had been no finding of unconstitutionality against those districts, but for some reason, some predetermined reason, those districts were included in the call. So begins the tragic story of