The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. KIND. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The gentleman from New York (Mr. CROWLEY) pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill H.R. 1588, entitled "An act making appropriations for the Legislative Branch for the fiscal year ending September 30, 2004, and for other purposes."

MOTION TO INSTRUCT CONFEREES ON H.R. 1588, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2004

Mr. CROWLEY. Mr. Speaker, I offer a privileged motion.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. CROWLEY moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1588 be instructed to agree to the provisions contained in paragraphs (3) and (4) of section 1074a(f) of title 10, United States Code, as proposed to be added by section 701 of the Senate amendment (relating to health care for members of reserve components).

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from New York (Mr. CROWLEY) and the gentleman from New York (Mr. MCHUGH) each will control 30 minutes.

The Chair recognizes the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. Mr. Speaker, I yield myself such time as I may consume.

This motion is an easy one and one that should be accepted by everyone in this Chamber, if they are serious about supporting our troops and supporting our Nation. This is where I say rhetoric meets reality.

My motion would instruct the conferees working on the bill authorizing actions by the Defense Department to allow our Nation's reservists and National Guard members and their families to be eligible to receive medical coverage from TRICARE on a cost-share basis. TRICARE, as my colleagues know, is the U.S. military's comprehensive health care plan.

Reservists have taken on a new and more active role since the 1991 Gulf War. Today, we have these brave young men and women risking their lives on a daily basis in Afghanistan, Iraq and elsewhere in this world. After September 11, the President signed an Executive Order authorizing the activation of reservists for up to 2 years of Active Duty, and up to 1 million reservists may be on Active Duty at any one time. Reservists have left their families, their friends and their jobs behind to serve our country, and they deserve health care for themselves and for their families.

I am offering this motion today because in our Nation we are still facing the same problems we did during the first Gulf War call-up, poor medical care for reservists as they get ready to be deployed. We are seeing many people sent to the front lines in Afghanistan and Iraq who may not always be at peak readiness due to a lack of access to medical care necessary to ensure maximum performance. We rely on these reservists so much now that it would be a mistake not to include them in TRICARE. Their health and their ability to fight should be of our utmost concern.

Our reservists should be provided with health care so they can remain in good health while they are not in service so that they are always prepared for mobilization in our global war on terrorism.

The Congressional Budget Office estimated the cost of this program to be $460 million during the fiscal year 2004 and about $7.2 billion over a 5-year period.

Some Republicans and the Bush administration say that this is too costly, and I just do not see how that argument holds water, as the Bush administration on his own sent Congress a supplemental bill for Iraq that proposes over $20 billion in reconstruction and rebuilding efforts in Iraq alone, $20 billion in reconstruction and rebuilding in Iraq alone.

Yes, U.S. tax dollars are rebuilding the irrigation system of Iraq, and this administration and this Republican Congress refused to fund medical care for our Reservists and National Guard members. This $460 million is a small price to pay to provide for our troops and to ensure their readiness when they are stateside. The U.S. will spend more to upgrade the housing of Iraqi citizens in the next month than we will spend on medical care for our Reservists and National Guard if we do not include this provision.

In comparison to the tax cuts for the richest 1 percent given by this administration and this Congress and the enormous cost of military operations and reconstruction in Iraq and Afghanistan, this should be, quite frankly, a no-brainer.

Some might say we need to do studies on this to see if it is feasible. We have done enough studies on this subject. Americans want action, not more studies. Studies are nice, but providing for reservists for our guard and reserve is a necessity. In fact, in 2002, a GAO report recommended Tri-Care assistance be provided during mobilizations targeted to the needs of Reservists and their dependents. Another GAO report that dealt with Reservists being mobilized during the 1990-91 Persian Gulf War came to similar conclusions.

We cannot afford to do another study when 40 percent of those people are on active duty between the ages of 19 and 35, 40 percent of those people are uninsured. Tri-Care is only extended to active duty and not to Reservists, even though they are required to maintain the same standards.

I am offering this motion today because we are still facing the same problems we did during the first Gulf War call-up, poor medical care for reservists as they get ready to be deployed. We are seeing many people sent to the front lines in Afghanistan and Iraq who may not always be at peak readiness due to a lack of access to medical care necessary to ensure maximum performance. We rely on these reservists so much now that it would be a mistake not to include them in TRICARE. Their health and their ability to fight should be of our utmost concern.

Our reservists should be provided with health care so they can remain in good health while they are not in service so that they are always prepared for mobilization in our global war on terrorism.
and his efforts to bring this motion to the floor and before the House at this time.

Clearly, Mr. Speaker, this motion to instruct is the most recent reflection of what is a common goal, I would hope, all Members, and I did so, at least by all Members on both sides of the aisle, and that is a renewed and a very appropriate reinvigoration of concern for what is the reality of today’s military. And that is, as again my friend, the gentleman from New York (Mr. Crowley), suggested, the fact that today the so-called active and Reserve components are seamless; that we have indeed a National Reserve and National Guard component that is carrying an equal burden.

In my capacity as chairman of the Subcommittee on Total Force, that subcommittee of the Committee on Armed Services that is charged with the oversight and hopefully the adequate protection of the need of all of our service members, regardless of their position in active or guard or reserve, I feel very strongly that we need to do everything we possibly can to adequately care and respect and respond to the needs of those that have contributed so much for us.

And as I began my opening comments here today, certainly this motion to instruct reflects that. It is really a continuation of other motions to instruct that have come before. As a member of the Committee on Armed Services and my co-chair, as the chairman of the House Army Caucus, the gentleman from Texas (Mr. Edwards) had a motion to instruct on family separation pay, on imminent danger pay, that was before that day, before this first time, and who was shot by an al Qaeda sniper in Afghanistan. He was a Reservist. He was a man who reentered the military for one reason: he cared about this country and its values. And we were there in that church and I saw the pain and the suffering on the faces of that family, on his new bride, on everyone there who cared about him, no one could convince me that there is too much we can do for these Guard and Reservists and too much we can do for our men and women in uniform.

So I commend the gentleman for his concern, and again I would never counsel any Member of this House to come to this body and oppose this motion.

Mr. Speaker, I reserve the balance of my time.

Mr. CROWLEY. Mr. Speaker, I yield myself such time as I may consume; and I thank my good friend, the gentleman from New York (Mr. McHugh), for his statement. And before I recognize someone from my side, I want to point out for the record that according to the GAO report, from which I received this information, it says, and as the gentleman pointed out, 81 percent of the people in the Reserves are covered. If we take that between the years 18 and 65 years of age, we would have 81 percent coverage. According to the GAO report, right now, only 60 percent of junior enlisted personnel, about 90 percent of whom are under the age of 35, as I said in my statement between 19 and 35 years of age, not all Reservists, but those under the age of 35, have coverage. Only 40 percent.

That means, like a national average, that 40 percent have no coverage, just to clarify the point the gentleman made.

Mr. Speaker, I yield such time as he may consume to the gentleman from Missouri (Mr. Skelton), the ranking member of the Committee on Armed Services and my good friend.
Mr. SKELTON. Mr. Speaker, I thank the gentleman from New York for yielding me this time.

Mr. Speaker, I rise in support of the motion to instruct conferees offered by the gentleman from New York (Mr. CROWLEY) for his support for this issue. This motion will direct the House conferees on the National Defense Authorization Act for the year 2003 to include the Senate provision, which would provide enhanced health care coverage for Reservists and National Guardsmen.

Under section 701 of the Senate bill, members of the Ready Reserve, which includes the National Guard, who are alert for mobilization, would receive expanded medical and dental screening. However, more importantly, this section would provide members of the Selected Reserve and Individual Ready Reserve the ability to participate in the Tricare program on a cost-share basis. Tricare, as we all know, is the military's health care system. In addition, this section would require the Department of Defense to continue to pay the health care premiums for Reservists who are called to active duty and have other health care coverage.

Reservists and National Guardsmen have been an integral part of every military operation over the past decade. Desert Shield, Desert Storm, Somalia, Haiti, Kosovo, Operation Noble Eagle, Operation Enduring Freedom and Operation Iraqi Freedom all have seen citizen soldiers called to active duty. The vital role the National Guard and Reserves play in our Nation's security has only become more clear since September 11.

On the homefront, Guard and Reserve personnel were called to defend our Nation's airports and bridges and other important infrastructure across our country. Overseas, they continue to serve in Afghanistan, Iraq and other places around the globe.

In the last 2 years, over 329,000 of our citizen soldiers have been called upon to protect our Nation's interests both here and abroad. Today, there are still almost 170,000 part-time volunteers serving at the tip of the spear.

Those currently serving in Operation Iraqi Freedom have recently been informed that their deployments are being extended. These Service members will have to serve at least 1 year in Iraq. Families who were expecting their loved ones to return home in a matter of months will not see their loved ones until next year. That is the reality for many of our active duty and Reserve members and families alike. Thousands of Reservists who are basically part-time employees will have served full time for at least a year under incredibly dangerous and stressful conditions. Their families would have sacrificed in innumerable ways as well.

The very least we can do for those who volunteer to serve their Nation as citizen soldiers, and for their families, is to provide access to quality health care for themselves as well as for their families. This motion by the gentleman from New York (Mr. CROWLEY) tells the conferees to agree to that very proposition. I urge my colleagues to join this motion.

Mr. MCHUGH. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, my colleague refined his earlier statement that he did not make in his original statement and said 19 to 35. Previously, he just said that 40 percent of Reservists do not have that coverage, and that is an important distinction. I am not trying to trip anyone on details; however, I have a report, and I would be interested, I would ask the gentleman, this is a little unusual for the character of these discussions, but are we referring to GAO report 03-1004?

Mr. CROWLEY. Mr. Speaker, will the gentleman yield?

Mr. MCHUGH. I yield to the gentleman from New York.

Mr. CROWLEY. I am referring to GAO report 02-829, Defense Health Care. Also, for the record, on page 9 of my statement, and I repeat, we cannot afford to do another study when 40 percent of our Reservists on active duty between the ages of 19 and 35 are uninsured.

Mr. MCHUGH. Mr. Speaker, I have no doubt that the gentleman's written statement does not have his written statement, I can only hear what he said. I am trying to understand the statement the gentleman made so we can take the proper path.

Mr. CROWLEY. I appreciate that. Mr. MCHUGH. Mr. Speaker, I think it is important to suggest that if we are talking about a targeted population here, perhaps a broad-based response is not the most efficacious we could adopt.

Again, in the GAO 03-1004 report, 80 percent which obviously is an average that includes the 19-35, have coverage, which means 20 percent do not have coverage. So is this the best way to do it?

In fact, GAO's final determinate was they seriously questioned this particular provision in the Senate bill, not referring to it specifically because it was not yet there, but questioning the provision of 24-hour-a-day, 7-day-a-week, 32-hour coverage to Guard and Reservists not being the most appropriate response remains, whether it is 60 percent, 40 percent or 80 percent.

However, as I mentioned, and as I said, I wanted to thank the ranking member of the Committee on Armed Services, the gentleman from Missouri (Mr. SKELTON) for, as always, his compassion and his leadership and his concern. There is no Member in this House I respect more than the gentleman.

We do not have the luxury to sit back and say we can express our concern in our response to Guard and Reservists, so I would urge Members to oppose this motion. We need to do the best job we can, in the context of the money we have available, and both the House and the other body are trying to work to that end in the defense authorization bill, and that is certainly, in large measure, led by the efforts of the gentleman from Missouri (Mr. SKELTON). I would urge my colleagues not to oppose this motion.

Mr. Speaker, I yield back the balance of my time.

Mr. CROWLEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let me say that I appreciate the comments of the gentleman from New York (Mr. MCHUGH). We have known each other for many, many years, and I respect the gentleman's work here in the House, especially as it relates to our Armed Servicemen and Women. I join the gentleman in his remarks about the Senate measure, led by the efforts of Missouri (Mr. SKELTON), the ranking member, and how much we respect the gentleman and his work, as well as how it pertains to our young men and women, and to those up to the age of 65.

The gentleman from New York (Mr. MCHUGH) mentioned that 80 percent of Reservists have health care, 81 percent of those between 18 and 65 have health care. Officers and senior enlisted personnel are more likely than junior enlisted personnel to have health coverage. Again, only 60 percent of junior enlisted personnel, about 90 percent of whom are under age 35, had coverage, interpreting that meaning 40 percent do not have coverage. That is lower than the similar age group in the general population. So our Reservists have even less insurance than the general population between those years of 19 to 35. That is what we are talking about.

If there was a Band-Aid from Missouri (Mr. SKELTON) has been out to Walter Reed Hospital, as I have. Some have given their lives, and many have given limbs, many of whom are not even citizens. We are making efforts to do away with some of the ridiculous charges, charging fees for meals at these hospitals when some of these individuals do not even get those meals. We are making progress, but here is an opportunity to take care of a segment of the population who are willing to sacrifice themselves and their families and the time with their families, and sacrifice their opportunities at work in defense of this country. I think the least we can do is make sure that not only they have the health care coverage they need in order to perform in the defense of this country, but here is an opportunity to give them that health care as well.

Mr. Speaker, I include for the RECORD, GAO 02-829 Defense Health
Care, the paragraph that specifically pertains to what I was talking about.

Most Reserves Have Civilian Health Coverage But More Assistance Is Needed

Until recently, DOD has administered a transitional benefit program that provided demobilized reservists and their dependents 30 days of additional TRICARE coverage as they returned to their civilian health care. The 2002 NDAA extended the transitional period during which reservists may received TRICARE from 30 days to 90 days, depending on the length of active duty service. This change more closely reflects the 90 days that USDA program provides reservists to apply for civilian reemployment reutilization when they are mobilized for more than 181 days, and the change will provide health care coverage if they elect to delay return to their employer until reutilization become demobilized. However, the 2002 NDAA did not provide any transitional benefit for dependents.

Overall, the percentage of reservists with health care coverage when they are not mobilized is similar to that found in the general population—and, like the general population, most reservists have coverage through their employers. According to DOD’s 2000 survey of Reserve Component Personnel, nearly 80 percent of reservists reported having health care coverage. In the general population, 81 percent of those under age 35 years old have health care coverage upon departure. Officers and senior enlisted personnel were more likely than junior enlisted personnel to have coverage. Only 60 percent of junior enlisted personnel, about 90 percent of whom are under age 35, had coverage—lower than the similarly aged group in the general population. Among dependents, about 86 percent reported having coverage. Of reservists without dependents, about 63 percent reported having coverage.

Mr. HOLDEN. Mr. Speaker, I rise today not only in support of the gentleman from New York’s motion to instruct conferees, but also in support of the brave men and women who actively serve in the National Guard and Reserve. Their commitment to service is second to none, whether it is providing aid during natural disasters, the war on domestic terrorism, or the battlesfields of Iraq and Afghanistan.

Pennsylvania boasts the largest Army National Guard, as well as the fourth largest Air National Guard, making it the largest National Guard in the country. Many of these men and women serve at Fort Indiantown Gap, the largest National Guard base in Pennsylvania in the heart of my Congressional District. Beyond all of this, the National Guard is the sixth largest employer in Pennsylvania and has a presence in over 100 communities throughout the commonwealth.

Mr. Speaker, as you can see, the National Guard and Reserve are an integral part of my district and of Pennsylvania. But I also know they are essential to every state and commonwealth, as well as the country as a whole. The protection they provide for us should be given back to them in their healthcare coverage. This is why I strongly support providing TRICARE coverage for these men and women.

Medical readiness is essential for National Guard and Reserve members if they are to continue their role as part of a cohesive, seamless force. These men and women train hard, take time off from their civilian jobs, and make many family sacrifices in order to serve. They are expected to be a ready force when deployed. To facilitate the use of the National Guard and Reserve as an integral part of our armed forces, we need a consistent health care option that covers our members and their families whether they are deployed or not.

In closing, Mr. Speaker, it should be an option for all members of the National Guard and Reserves and I support the motion to instruct conferences.

Mr. CROWLEY. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The SPEAKER pro tempore announced that the ayes appeared to have it.

Mr. CROWLEY. Mr. Speaker, on that special order, I demand the yeas and nay vote.

The question was taken; and the yeas and nays were ordered.

Mr. CROWLEY. Mr. Speaker, the Members of the House from both sides will be recognized for 5 minutes each.

EXCHANGE OF SPECIAL ORDER

Mr. KIND. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Wisconsin (Mr. Brown).

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker’s announced policy on January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. (Mr. FRANKS of Arizona). Under a previous order of the House, the gentleman from Ohio (Mr. Brown) is recognized for 5 minutes.

Mr. Brown of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

Mr. KIND. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Wisconsin (Mr. Brown).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Tom Manchester Inducted into Basketball Coaches Association Hall of Fame

Coach Manchester is a native of Racine, Wisconsin, and played basketball and baseball at Wartburg College, Iowa. Fortunately, for many of us northsiders, kids who grew up on the northside of La Crosse, Wisconsin, or on the north side of Madison, who had a teaching position at Logan High School and became the head basketball coach in 1977. He coached from 1977 to 1997, and finished with a 224-209 record and many city titles and Big Rivers Conference Championships.

The pleasure of playing for him starting in my sophomore year in high school in 1978 and finishing in 1981. I was a member of his team when we struggled to be competitive my sophomore year, and then saw the remarkable transformation the next 2 years when we won back-to-back city championships, and also won our conference and became one of the top-ranked teams in the State of Wisconsin.

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He must have seen something in me that I did not at the time because he plucked me off the streets and made me a starting guard my sophomore year. This year though it was obvious that I was wet behind the ears and qualified as a “work in progress.”

I will never forget one of my first games with Coach Manchester. I took the in-bounds pass to break a full-court press and clear out the second half of the court so I could break the press by myself, and then proceeded to dribble off my heel when I went between my legs on a dribble. The whistle blew when the ball went out of bounds. The buzzer sounded for a substitution. I ran to the bench assuming I was going to be replaced, only to have Coach Manchester ask me what I was doing. The substitute was for someone else, and he told me to get back out there and get used to making some mistakes because we had some learning to do.

Basketball for Coach Manchester was more than winning and losing. Everyone likes to win, but I never had the impression playing for him that all that mattered was the score at the end of the game. He was always first and foremost concerned about his players, not only how we were playing, but how school was going and whether things were going well in our lives.

For many of us growing up on the north side of La Crosse, which was considered the wrong side of the railroad tracks in town, presented us with some unique challenges and some choices to make. We could, if we wanted to, hang out on the dangerous streets after a run with the wrong crowd, getting into trouble and disappointing our parents, or we could find another channel for our energies and focus. That channel for many of us was in sports and in school, and Coach Manchester showed this. The memory remains of me hanging out at the head of the team our extended family. There was no greater feeling of comfort and security than walking into that dark, cold,