

flags in their battered helmets. Their arms were weary from digging for three straight days and three straight nights, but not so weary that they couldn't pump their arms into the air and chant USA, USA, USA when the President arrived.

I spoke to two workers: one from Huntington Station and the other from Islip. I said, how long have you been here? They said, since the building went down. I said, how long will you stay, they said, we're not leaving. This is something al Qaeda could never understand or appreciate. When Americans saw bloodshed, we lined up for hours to give blood back. When we feel fear, we turn to our faith. We unfurl our flags. When Ray Downey's family was in trouble, they responded with hope and with faith.

Because that's what Ray was all about. When Ray Downey saw a building come down, he headed for it. When Ray Downey saw a building collapse in Oklahoma City, half a country away, he headed for it. That's what made him special. Not a hero looking for accolades. Just an American doing his job in the best way he could with a courage forged by hope and faith. That will inspire generations of Americans yet unborn.

When I went to the floor weeks later and asked my colleagues to cosponsor the bill that named this post office, they lined up to sign it. Republicans. Democrats. From New York. From Oklahoma. From California. When I asked Senator Clinton to introduce it in the Senate, she rushed it. And when I asked the President to sign it, he said, "how soon."

Ray Downey had a way of bringing us together. In sports . . . in the Fire Department . . . in Deer Park. We could really use him in Washington right now. We may not have him physically. But we will always have his spirit of hope, and faith and strength to guide us.

And when generations to come visit this post office and say, "who was Ray Downey?" The answer will be clear. He was a kind, gentle and loving man who died so that others would live.

He was one of those guys who gave his life to make us the home of the brave . . . and the land of the free. And when I think of him, as I do often, I recall the words from Romeo and Juliet:

And, when he shall die,  
Take him and cut him out in little stars,  
And he will make the face of heaven so fine  
That all the world will be in love with night  
And pay no worship to the garish sun.

God bless the Downey family. God bless America.

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CITY OF SANTA CLARA'S SESQUICENTENNIAL ANNIVERSARY

HON. MICHAEL M. HONDA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, July 8, 2002

Mr. HONDA. Mr. Speaker, I rise today to commemorate the City of Santa Clara, California, on the occasion of its 150th anniversary as an incorporated city. The sesquicentennial celebration for this "All-America City" gives us the chance to honor the past, enjoy the present, and look towards a bright future.

Santa Clara is a city where tourists love to explore, students love to learn, and locals love to live. What was once a land of wide-open spaces and orchards is now the home of over 100,000 people and several globally-recognized technology companies. Santa Clara's

evolution has been an exciting one, but even as the community has become fertile ground where the high tech industry can flourish, it has continued to embrace the human touch.

The region's history started long before the city's incorporation, dating back 6000 years to the time of the Ohlone Indians. Thousands of years passed before the next settlers arrived, drawn to the area by the scenic landscape and the abundant water resources. These settlers, mostly missionaries and military explorers, chose the area that is now the City of Santa Clara to build a new mission, and in 1777 the Mission Santa Clara de Asis was established. This Franciscan mission, the eighth-oldest of California's 21 original missions, still stands on the campus of Santa Clara University, and is a living tribute to the legacy of Father Junipero Serra and to the work of Father Francisco Palou, founder of the mission.

After Santa Clara's incorporation in 1852, the allure of the region's natural resources attracted ranchers and farmers from the Eastern United States, Mexico, and Europe. Stores were opened and soil was cultivated, and by 1900 Santa Clara boasted a population of 3,650. The city suffered through and survived the historic San Francisco Earthquake of 1906, and later sent many brave women and men to serve in the World Wars.

Following World War II, Santa Clara experienced another population boom thanks to a growing number of manufacturing concerns such as the Owens-Corning Fiberglass Corporation. The growing population of almost 60,000 began to fill the suburbs developing around the city, a precursor to the population boom that would accompany a skyrocketing new industry arriving just a few decades later.

The arrival and rapid expansion of the technology industry would quickly bring Santa Clara and the whole of Silicon Valley to worldwide prominence. The technology industry has seen incredible growth in the past twenty years, and the City of Santa Clara has permanently established itself at the forefront of this phenomenon. Some of the most powerful names in the industry, names like Sun Microsystems, Applied Materials, and Intel are all headquartered here. Santa Clara's entire history is full of originality and opportunity, recent history being no exception.

The most important aspect of the relationship between the technology sector and the City of Santa Clara is that it is built on a foundation of reciprocity and mutual respect. The city's two major challenges—providing affordable housing and reusing state surplus land—are being addressed in a collaborative effort by the city and leading high-tech firms. The Intel Teacher Housing Fund, for example, will provide \$500 a month for eligible teachers' mortgage payments, and Sun Microsystems set aside part of the land occupied by their headquarters for the preservation of historic buildings and for use by the public. The city, of course, provides a willing and able workforce, and has done a tremendous job of accommodating the large inflow of tech-savvy job hunters and entrepreneurs.

The mutually beneficial relationship between the city and the tech industry is just one of the many reasons why Santa Clara is a special place, and those of us who live in the area aren't the only ones noticing. Last year, the City of Santa Clara won an All-America City award from the National Civic League, one of only 10 cities to receive the award. We who

know the city have always believed that Santa Clara is a special place, but the 54-member delegation representing Santa Clara at the competition last June did an exceptional job of ensuring that the panel of judges understood Santa Clara as well. The delegation, consisting of community groups, government officials, business leaders, and private citizens outlined the ways in which Santa Clara goes above and beyond meeting the requirements for the award, from the symbiotic relationship between the city and industry, to the contributions of Santa Clara's volunteer work force, to the city's commitment towards improving the lives of local youths. These factors, combined with the intangible qualities that only a native can describe, helped the City of Santa Clara bring home this prestigious award.

I believe that the words of the All-America City delegation put it best: "Santa Clara blends the best of a modern, urban metropolis with the comfortable charm of Small Town, USA." Santa Clara is a perfect place to raise a family, pursue a career, and fulfill lifelong dreams. It is the home of California's oldest institution of higher learning—Santa Clara University—and other fine schools like Mission College and the Santa Clara, Wilcox, and Wilson High Schools. The weather is beautiful, and the best that California has to offer is right around every corner. I am proud to represent this city as a Member of Congress.

Mr. Speaker, I ask my colleagues in the House of Representatives to join me in honoring the history and celebrating the achievements of Santa Clara, California, on the occasion of its 150th anniversary. The city is an example for all others, and I look forward to being a part of its bright future.

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MEDICARE MODERNIZATION AND PRESCRIPTION DRUG ACT OF 2002

SPEECH OF

HON. LYNN N. RIVERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 27, 2002

Ms. RIVERS. Mr. Speaker, I rise today to express my disappointment with H.R. 4954, the Medicare Modernization and Prescription Drug Act of 2002. I am very concerned about the burden many seniors bear in paying for their prescription drugs, and I support adding prescription drug coverage as part of the Medicare benefit. However, this sham bill will not help seniors, and it particularly fails senior women in Michigan.

Too many seniors have to choose between paying for food or medicine. Medicare made a promise of better health to America's seniors. It's time to make good on that promise and provide prescription drugs as part of the entitlement. I know what it's like to go without health insurance—I did it when my children were small and our jobs didn't provide it. It's terrifying and it forces families to make excruciating choices.

Unfortunately, H.R. 4954 is no answer to the problem of seniors' lack of drug coverage. The bill relies on private insurance companies to supply the drug benefit rather than the Medicare program itself, despite the fact that the insurance industry has already explained that such policies are not viable and that it is

unlikely many companies will offer drug benefit policies. What we have learned from the attempt to push Medicare patients into HMOs in order to cut down costs should have been instructive. Many HMOs have found the Medicare+Choice reimbursement rates to be too low and have stopped taking and treating Medicare+Choice patients. Many of my constituents have been forced to return to Medicare fee-for-service because their HMOs have left the state or now refuse Medicare+Choice patients. Private drug coverage seems even less likely to be successful.

In addition, the proposal fails to provide any coverage to beneficiaries who spend between \$2,000 and \$3,700 annually on prescription drugs, leaving a substantial portion of seniors with no drug coverage. It is unfair to exclude this group of seniors from coverage solely because their expenditure levels lie in a particular range.

In addition, the bill provides no guaranteed drug benefit, no guaranteed premium, no consistency for seniors in different regions of the country, and no measures to address rapid increases in the costs of prescription drugs. To propose such a benefit knowing it will be ineffective is highly misleading.

I take the struggles of seniors to afford essential drugs too seriously to support a bill that provides rhetoric without real assistance. It is unfortunate that we will not have the chance to debate and vote on a bill that would truly address seniors' needs, such as the Medicare Rx Drug Benefit and Discount Act. The Democratic plan lowers drug prices and covers ALL seniors under Medicare. This plan is also voluntary—if seniors have prescription coverage they can keep it. Under the Democratic plan, seniors will have a deductible of \$25 a month, and their expenses are capped at \$2,000 per year. There is absolutely no gap in coverage. This is by far the better plan for Michigan's seniors.

I hope I will have the opportunity to vote for an effective and comprehensive Medicare drug benefit in the future. In the meantime, I will oppose this bill and other proposals that provide ineffective or inadequate drug assistance to seniors.

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#### MEDICARE MODERNIZATION AND PRESCRIPTION DRUG ACT OF 2002

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SPEECH OF

**HON. BENJAMIN A. GILMAN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 27, 2002

Mr. GILMAN. Mr. Speaker, I rise today in qualified support of H.R. 4954, the Medicare Modernization and Prescription Drug Act. I urge my colleagues to carefully consider this issue before making a final decision.

Mr. Speaker, we are all aware of the explosion in costs for prescription drugs in recent years. This phenomenon has in part been linked to the rapid proliferation of the number of new drugs that have become available in the past decade. We are currently enjoying a period of revolutionary advances in the fields of medicine and medical technology. Yet at the same time, a significant portion of our elderly population is unable to benefit from these new advances, due to the high costs that are associated with them. This is ironic,

when one realizes that senior citizens are the primary group that these new advances are targeting.

One fact that has become increasingly apparent is that Medicare is woefully inadequate in meeting the medical needs of today's senior citizens. When Medicare was created in 1965, outpatient prescription drugs were simply not a major component of health care. For this reason, Medicare did not provide coverage for self-administered medicine.

Today's health care environment is vastly different from that of 1965. The majority of care is now provided in an outpatient setting, and dozens of new prescription drugs enter the market every year to treat the common ailments of the elderly, including cancer, heart disease, arthritis and osteoporosis.

But while the health care environment has made remarkable progress since 1965, Medicare has stood in place. Consequently, along with most of my colleagues, I have heard from constituents who are now facing the dilemma of paying for these expensive new drugs while living on a fixed income. The story of the individual who is forced to choose between food and medicine is no exaggeration. It is an all too common occurrence across the country. The high cost of prescription drugs have become a threat to the retirement security of our Nation's senior citizens.

It is for this reason that I am pleased to learn that both the Ways and Means and Energy and Commerce Committees have completed their work on a proposal to provide prescription drug coverage for Medicare beneficiaries. What concerns me, however, is the process by which this measure was brought to the full House for consideration.

Mr. Speaker, the decision to add prescription drug coverage will result in the largest change to the Medicare program since its creation. This is not something that should be done lightly or in haste, or in response to an arbitrarily imposed political deadline. Given that, I have serious reservations about bringing such major policy-changing legislation to the floor for final passage less than three weeks after it was introduced.

With that said, I would like to comment on the positive points of the bill as well as highlight some of my specific concerns with the legislation.

In my view, any proposal to offer prescription drug coverage under Medicare needs to contain the following characteristics: be voluntary, have universal eligibility under Medicare, contain stop-loss protections to guard against catastrophic expenses, offer choices in the type of coverage provided, and remain a good value over time.

The proposal outlined in H.R. 4954 clearly meets these requirements. In fact, it is an improvement over the first attempt by Congress to deal with this issue back in 2000. It contains a lower premium, lower catastrophic protection threshold, greater savings for the average senior, and higher subsidies for low-income individuals and couples.

H.R. 4954 establishes a comprehensive, permanent prescription drug benefit for those eligible under Medicare. Specifically, the measure provides \$310 billion over ten years for a voluntary plan with the following standard benefits: an annual \$250 deductible; for the first \$251–\$1,000 spent on prescription drugs, the senior pays 20 percent; for the next \$1,001–\$2,000 spent on prescription drugs,

the senior pays 50 percent; it provides 100 percent coverage for every out of pocket dollar spent over \$3700; it contains a premium of around \$33 per month.

This measure avoids a one-size-fits-all government imposed solution by offering senior citizens a choice in the types of plans in which to enroll. In doing this, the government will guarantee that at least two plans will be available in every area of the country. Moreover, the proposal fully funds all costs for those enrollees below 150% of the poverty rate, and partially funds the costs of those up to 175% of the poverty rate. Those seniors will be responsible for a \$2 copayment on generic and preferred drugs, and a \$5 copayment on non-preferred drugs.

Participation in the plan will be purely voluntary. However, to encourage healthy seniors to enroll, there is a cumulative penalty for those who elect not to opt into the program when they are first eligible to do so. An important exception to this, however, are those seniors already enrolled in a continuing coverage plan, whether through their employer or through an employee retirement plan.

This is an important component that was not included in the measure passed in 2000. Its inclusion should prevent the danger of adverse selection, the condition whereby most seniors in good health avoid signing up for a plan, leaving the majority of enrollees coming from the sickest segment of the population. If this were to occur, the premiums and deductibles would have to be far higher than presently outlined.

Moreover, by covering part or all of the costs of those with incomes up to 175% of the poverty level, the measure further reduces the danger from adverse selection. In the final analysis, the legislation strives to ensure that there would be an adequate base of healthy seniors to offset the portion in greatest need of the benefit.

As I noted, I do have some reservations about certain aspects of this bill. My chief concern is that this legislation does not adequately address the matter of those drug companies which are raising the prices on their products annually at rates three to ten times the rate of inflation.

While it is true that this measure exempts the new plan from the Medicaid "best prices requirement," whereby any savings achieved through this plan would need to be extended to Medicaid as well, I am unsure whether this in itself is enough to deter the drug companies from trying to take advantage of the perceived windfall that they might see in the Federal Government assuming a large portion of the costs of drugs used by senior citizens.

We also need to be cognizant of the viability of private insurers underwriting plans in areas where it is not profitable for them to do so. Recent experience with Medicare + Choice plans in my district have borne out this concern. In such cases, the government would step in as the "insurer of last resort," assuming a share of the risk as well as subsidizing the cost of offering service in a rural area. My chief concern with this is that it has the potential to become a costly venture for the government, where the private insurers deliberately hold out in order to secure a greater level of government funding.

In spite of these reservations, I firmly believe that this legislation is an important first