

York-based Indian-American newspaper, reported that the government is paying 200,000 rupees to the families of Hindu victims of the Gujarat violence and just 100,000 rupees—half as much—to the families of Muslim victims.

In addition, Mr. Mansingh flatly rejected holding the referendum on the independence of Kashmir that India promised the United Nations it would hold in 1948 and also rejected a free and fair plebiscite on independence in Punjab, Khalistan. He simply ignored the other countries like predominantly Christian Nagaland which also seek their independence. If India is the democracy it claims to be, then why are there 17 freedom movements within its borders? If there is no support for independence in Punjab, Khalistan, as India claims, then why not just hold a free and fair vote and prove it? If that claim is true, then it should be massively rejected, shouldn't it? What is India afraid of?

Instead, India has killed over 250,000 Sikhs since 1984, according to *The Politics of Genocide* by Inderjit Singh Jaijee, who gathered these figures from figures put out by the Punjab State Magistracy, which represents the judiciary of Punjab. It has also killed over 75,000 Kashmiri Muslims, more than 200,000 Christians in Nagaland and tens of thousands of other minorities. According to the Movement Against State Repression, 52,268 Sikh political prisoners are still being detained in Indian jails.

Mr. Speaker, America is founded on the idea of freedom. We believe in freedom for ourselves and all the people of the world. We should work to bring real freedom to all the peoples and nations of South Asia. To do so, we should stop American aid to India until it respects basic human rights and we should continue to call for a free and fair vote on independence for the people of Kashmir, of Punjab, Khalistan, of Nagaland, and all the other peoples seeking their freedom.

Mr. Speaker, Gurmit Singh Aulakh, the President of the Council of Khalistan, wrote an excellent letter to the *Washington Times* refuting the false statements of Mr. Mansingh. I would like to place it in the *RECORD* at this time to help set the *RECORD* straight about what is really going on in India.

[From the *Washington Times*, May 19, 2002]

#### INDIA DOESN'T ACT LIKE A DEMOCRACY

In his May 14 Embassy Row column, James Morrison reports that Indian Ambassador Lalit Mansingh is accusing Reps. Dan Burton, Edolphus Towns and Cynthia A. McKinney of spreading "false, hurtful" information about India. This is ludicrous. Mr. Morrison has been sent the proof of the statements that Mr. Mansingh questions, yet he made no apparent effort to get the other side. He should stop repeating Mr. Mansingh's disinformation.

We understand that tyrants are hurt when their crimes are exposed. Yet they do not show any concern for the rights of minorities. Last year, a member of the Indian Cabinet said everyone who lives in India must either be Hindu or be subservient to Hindus. The Rashtriya Swayamsevak Sangh (RSS), which was formed in 1925 in support of the fascist and is the parent organization of the ruling Bharatiya Janata Party, published a booklet on how to implicate Christians and other minorities in fake criminal cases. Yet Prime Minister Atal Bihari Vajpayee told an audience in New York City, "I will always be a Swayamsevak." This belies Mr. Mansingh's

claim that "[a]ll citizens of India . . . enjoy equal rights and equal protection of law."

Mr. Mansingh might want to explain that to the 250,000 Sikhs who have been murdered by his government. This figure is documented. It was published in "The Politics of Genocide" by Inderjit Singh Jaijee and derived from figures first used by the Punjab State Magistracy, which represents the judiciary of Punjab.

Further, a study by the Movement Against State Repression showed that the Indian government admitted to holding 52,268 Sikh political prisoners under the very repressive so-called Terrorist and Disruptive Activities Act (TADA), which expired in 1995. Amnesty International reported that tens of thousands of other minorities also are being held as political prisoners. Mr. Mansingh undoubtedly is aware of these facts.

Mr. Mansingh is not telling the truth about the massacres in Gujarat. A recent report from Human Rights Watch showed that the massacres were planned in advance. The *New York Times* reported that the police stood aside while militant Hindu nationalists attacked and murdered Muslims in Gujarat, an act reminiscent of the Delhi massacres of Sikhs in 1984, in which Sikh police were confined to their barracks while the state-run radio and television called for more Sikh blood. According to published reports in India, a police officer in Gujarat said the police were ordered to stand aside.

Mr. Mansingh disputes Miss McKinney's statement that in India, a Hindu life is worth twice as much as a Muslim life. He claims Hindu and Muslim families who were victimized by the Gujarat massacre are receiving equal compensation. Yet according to *News India-Times*, the Indian government is paying out 200,000 rupees each to the families of Hindus who were killed but just 100,000 rupees to the family of each Muslim killed. Mr. Mansingh knows this, yet he uses his two high-powered lobbying firms to spin dis-information at gullible reporters such as Mr. Morrison.

Despite India's claim to be democratic, Mr. Mansingh rejected the referendum on the status of Kashmir that India promised in 1948, which still has not been held. Despite India's boast that it is democratic and its claim that there is no support for independence in Punjab, Khalistan, he also rejects a free and fair vote on the issue there. He does not even mention the 15 other nations, such as Christian Nagaland, which are seeking their freedom from India. How can a democratic country reject settling issues by a free and fair vote?

Also, Mr. Mansingh does not even address the fact that the U.S. State Department recently put India on its watch list of countries that violate religious freedom.

India is not a democracy; it is a Hindu fundamentalist theocracy. The United States should work for the release of all political prisoners and halt its aid to this repressive, tyrannical state until all people enjoy their God-given human rights. We also should support freedom for all the nations of South Asia through a free and fair vote. That is the only way to bring democracy, peace, freedom and stability to the region.

GURMIT SINGH AULAKH,  
PRESIDENT, COUNCIL OF  
*Khalistan, Washington.*

#### TRIBUTE TO DUANE SCOTT SPENCER

#### HON. ROBERT L. EHRLICH, JR.

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 25, 2002*

Mr. EHRLICH. Mr. Speaker, I rise to bring to the attention of this body the passing of Mr. Duane Scott Spencer. Mr. Spencer is an unsung American hero.

Duane Spencer's life was cut short on July 9, 2002, at the age of 36, when he died in an automobile accident while driving home from volunteering at a homeless veterans' shelter, "The Home of the Brave." Mr. Spencer dedicated his life to the empowerment and progress of others through his commitment to the Paralyzed Veterans of America (PVA) and educational efforts on behalf of people with disabilities.

Born on July 12, 1965, in Havre de Grace, Maryland, Duane Spencer was the son of Earl "Dean" Spencer and Elsie "Bobbie" Stephens Spencer. Upon his graduation from high school, Mr. Spencer served his country as a member of the 82nd Airborne Division U.S. Paratroopers in Fort Bragg, North Carolina until an accident that left him paralyzed.

Duane overcame this hardship, becoming a tireless disability advocate, teacher, and role model.

Duane Spencer did not know the meaning of the word "handicapped." As sports director for the Delaware/Maryland PVA he organized and participated in wheel chair basketball and softball, received countless gold and silver medals in the PVA games, and enjoyed trapshooting and fishing. Duane served on the Delaware/Maryland PVA board of directors for several years and later became the Volunteer Liaison Officer for the PVA National Office here in Washington, DC. In this role, he was a frequent visitor to Capitol Hill, advocating for veterans, paralyzed veterans, and the disabled.

Duane will be missed. In addition to his parents, he is survived by his wife of 13 years, Nancy J. Spencer, his step-daughter, Adena J. Hash, two grandsons, Ryan A. and Trent B. Johnson, and sisters Robin and Sherrie Spencer.

The state of Maryland and our great Nation are proud to recognize individuals, such as Mr. Spencer, who overcome and rise above hardship, challenge the concept of personal limitations, and demonstrate true courage. Duane Spencer broke barriers in his life while volunteering to help others. In death, as in life, Duane is an American hero.

#### ESSENTIAL MEDICINES FOR MEDICARE ACT OF 2002

#### HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 25, 2002*

Mr. CARDIN. Mr. Speaker, it has been three years since Congress began in earnest to address the issue of prescription drug coverage in the Medicare program. The problems we have faced in creating a drug benefit demonstrate that the solution will be both complex and expensive. America's seniors will be

closely watching the House of Representatives between now and the end of this Congress. They will be looking for bipartisanship, for cooperation, for a good faith effort to provide them with the lifesaving medicines they need. The lack of prescription drug coverage is one of the most pressing problems facing America's older and disabled citizens today. Because Medicare does not include a drug benefit, its promise—access to comprehensive medical care for the elderly and disabled—is unfulfilled. I rise today to introduce the Essential Medicines for Medicare Act, legislation that will move us one step closer toward keeping that promise of comprehensive coverage.

Medicare, the federal health insurance program for the elderly and disabled, covers a large number of medical services—inpatient hospitalization care, physician services, physical and occupational therapy, and skilled nursing facility, home health and hospice care are all covered by the Medicare program. Despite Medicare's success in eliminating illness as a potential cause of financial ruin for elderly Americans, the burden of high prescription drug costs remains a source of hardship for many beneficiaries.

When Congress created Medicare in 1965, prescription drugs were not a standard feature of most private insurance policies. But health care in the United States has evolved considerably in the last 34 years. Now most private health plans cover drugs because they are an essential component of modern health care. They are viewed as integral in the treatment and prevention of diseases. But Medicare, for all its achievements, has not kept pace with America's health care system. It is time for Medicare to modernize.

Because Medicare does not pay for prescription drugs, its beneficiaries, 80 percent of whom use a prescription drug each and every day, must either rely on Medicaid if they qualify, purchase private supplemental coverage, join a Medicare HMO that offers drug benefits, or pay for them from their fixed incomes. These costs can be extraordinarily burdensome for the elderly, who already have the highest out-of-pocket costs of any age group and who take, on average, eighteen prescriptions each year.

There is no question that Congress should enact a comprehensive Medicare prescription drug benefit without further delay. I support a benefit package that covers all necessary drugs for seniors as a part of basic Medicare. However, I am concerned that the 107th Congress appears to be headed down a previously traveled road.

Two years ago, this House debated legislation that would require seniors to contract with private insurance companies for prescription drug coverage. It passed narrowly along party lines. As predicted, the Senate never considered that legislation, and no drug bill was signed into law. At the time, most seniors deemed the House Republican plan unworkable; another program based on the same premise—relying on the participation of private insurance plans—had failed to provide for Medicare beneficiaries. Since the June 2000 vote, that concept, the Medicare+ Choice program, has abandoned a million more seniors.

Other once reliable sources of coverage have dissipated. Nearly 60 percent of Medicare beneficiaries with incomes below the federal poverty level were not enrolled in Medicaid as recently as 1997. And even Medicaid

enrollees with drug benefits must forgo some of their medications. With the recent economic downturns, more and more state Medicaid programs are reducing their benefits. The high cost of these Medigap policies puts them out of reach for most low-to-moderate income Medicare enrollees. Finally, employer-sponsored plans no longer offer reliable prescription drug coverage. Although between 60 and 70 percent of large employers offered retiree health benefits in the 1980s, fewer than 40 percent do so today. Of these, nearly one-third offer no drug benefits.

Finally, as members across the country can attest to, the benefits offered by Medicare+Choice plans are neither guaranteed nor permanent. Because they are not part of the basic Medicare benefit package, which by law must be included in all Medicare+Choice plans, drug benefits are considered "extra" and as such can change from year to year. This means that even in those counties where plans remain in the Medicare market, there is no certainty that they will continue to offer drug benefits or that they will not severely reduce the benefits.

These statistics combine to make us painfully aware of the gaping hole in Medicare's safety net. This Congress can move this session to provide a benefit before more elderly and disabled citizens fall through. My bill, the Essential Medicines for Medicare Act, recognizes the importance of preventive care and provides coverage for drugs that have been determined to show progress in treating chronic diseases. Why chronic diseases? Because the average drug expenditures for elderly persons with just one chronic disease are more than twice as high as for those without any. And because we know from years of advanced medical research that treating these conditions will reduce costly inpatient hospitalizations and expensive follow-up care. Furthermore, this bill addresses those beneficiaries who have the greatest need for assistance with purchasing their medications: a review of the Medicare+ Choice program reveals that seniors who join HMOs are younger and healthier than those in fee-for-service Medicare. This tells us that it is the older, sicker seniors, precisely the ones who need prescriptions the most, who have reduced access to drug benefits.

Our bill addresses their needs. It begins with five chronic diseases—diabetes, hypertension, congestive heart disease, major depression, and rheumatoid arthritis—that have high prevalence among seniors and whose treatment will show improvement in beneficiaries' quality of life and reduce Medicare's overall expenditures.

The Medicare costs associated with inpatient treatment of these diseases are exorbitant. I have attached for the record fact sheets that illustrate the enormous price tags that borne by the Medicare Part A Trust Fund when these chronic conditions remain untreated.

The bill I have introduced provides coverage for certain medications after an annual \$250 deductible is met, with no copayment for generics and a 20 percent copayment for brand-name drugs. Lower-income beneficiaries will be exempt from deductibles and copays. The Agency for Healthcare Research and Quality will review available data on the effectiveness of drugs in treating these conditions, and based on AHRQ's review, the De-

partment of Health and Human Services will determine the drugs to be covered. Pharmacy Benefit Managers, PBM, under contract with the Centers for Medicare and Medicaid Services will negotiate with pharmaceutical manufacturers to purchase these drugs and will administer the benefit.

This bill covers five major chronic conditions, but I recognize that there are others that should be covered as well. The legislation provides a process for the Institute of Medicine to determine the effectiveness of this benefit and the Medicare savings it produces, and to recommend additional diagnoses and medications that should be considered for coverage.

Mr. Speaker, modern medicine has the capability of doing extraordinary things. But no medical breakthrough, no matter how remarkable, can benefit patients if they can't get access to it. This cost-effective, economically sound approach to prescription drug coverage is a matter of common sense: if Medicare beneficiaries can secure the medications they need, they will be able to manage their conditions, and will be much less likely to require extended and costly inpatient care. This legislation is a first step, a major step, toward making this happen. I urge the House to consider this approach to providing a solid package of prescription drug benefits, an approach that will modernize Medicare for the 21st century for the millions of elderly and disabled Americans who depend on it.

#### PAYING TRIBUTE TO CHARLES "GEORGE" SIMMS JR.

#### HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 25, 2002

Mr. McINNIS. Mr. Speaker, I would like to take this opportunity to pay tribute to Mr. Charles "George" Simms of Pueblo, Colorado and recognize his contributions and service to his community. George recently passed away at the age of 73. He was a longtime teacher and coach at Centennial High School and is remembered today as a hero and role model for many of his students and players.

George was born in Walsenburg, Colorado and attended Centennial High School in Pueblo, where he excelled in basketball and baseball. As a student at Pueblo Junior College, veteran coach Harry Simmons referred to him as "the best second baseman I ever coached." George continued his education and athletic career at Wyoming and after graduation in 1950; he signed a contract with the St. Louis Cardinals. George's baseball career was interrupted when he joined the Air Force to fight courageously during the Korean War. During the war, he met his wife, Anne playing service basketball. George brought her back to Pueblo and began his teaching career in 1954.

In 1982, George was inducted into the Greater Pueblo Sports Association Hall of Fame. He taught and coached baseball for twelve years. He and his wife celebrated their 50th anniversary last fall. George is survived by his wife, five children and eight grandchildren.

Mr. Speaker, it is a great privilege that I recognize Charles Simms and his selfless contributions to the City of Pueblo and this nation.