

KEEP OUR PROMISE TO AMERICA'S MILITARY RETIREES ACT

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 6, 2003

Mr. VAN HOLLEN. Mr. Speaker, I rise to inform my colleagues that today I have introduced a revised version of the "Keep Our Promise to America's Military Retirees Act" along with Representatives CHET EDWARDS of Texas, JEFF MILLER of Florida, and DUKE CUNNINGHAM of California. This bipartisan bill addresses recent developments and offers more meaningful remedies to the "broken promise" of health care for military retirees.

We have sent thousands of troops to do battle in Iraq and Afghanistan. We are creating a new generation of veterans who have been willing to make the ultimate sacrifice for our country. Our government must be accountable for the promises it makes to young men and women who are asked to serve our country in this way.

Over the past year the Courts have laid to rest the question of who is responsible for making good on promises of lifetime health care that were made to young men and women who joined the service during World War II and the Korean eras. Recruits were promised by their own government that if they served a career of 20 years in military service, then they and their dependants would receive health care upon retirement. But while these career soldiers put their lives on the line for our country, the government did not keep its end of the contract.

This past June the U.S. Supreme Court decided not to consider a November 12, 2002 Federal Appeals Court ruling in a suit filed against the government of the United States on behalf of World War II and Korean era military retirees. Retired Air Force Colonel George "Bud" Day, a highly decorated Congressional Medal of Honor recipient, filed a breach of contract suit on behalf of two retired colonels who contended they had been recruited into military service as young men with the promise of lifetime health care upon retirement after serving at least 20 years in uniform.

In 1956, long after Col. Day's clients signed up for military duty, Congress enacted the first laws that defined, and began to limit, the level of health care that would be provided to military retirees. These laws, which took effect on December 7, 1956, made health care available at military facilities conditioned on space availability—in other words, military retirees had to go to the end of the line and wait for health care. Subsequent laws removed them entirely from the military health care system when they became eligible for Medicare, resulting in a dramatic reduction in health care benefits.

The Appeals Court ruled against the plaintiffs on a technicality, arguing that promises by recruiters were invalid because only Congress could authorize military health care, which Congress had not done when the plaintiffs entered the service. But although the retired colonels lost their case on that technicality, I believe they won their moral battle on principle because the Courts have ruled that legally only Congress can make good on promises made to our military retirees.

The Court ruling said, in part, "We cannot readily imagine more sympathetic plaintiffs than the retired officers of World War II and Korean War era involved in this case. They served their country for at least 20 years with the understanding that when they retired they and their dependants would receive full free health care for life. The promise of such health care was made in good faith and relied upon. . . . Perhaps Congress will consider using its legal power to address the moral claims raised by Schism and Reinlie on their own behalf, and indirectly for other affected retirees."

The Keep Our Promise to America's Military Retirees Act was originally introduced in 1999 to acknowledge the promises made in good faith to America's military retirees. But now that the Courts have ruled, it is more important than ever that Congress pass this bill. I especially want to commend my friend from Texas, Mr. EDWARDS, for his leadership in introducing H.R. 58 at the beginning of the 108th Congress, and for working with me to bring the Keep Our Promise Act up to date to conform to the court rulings.

Our new bill offers more meaningful restitution for broken promises by waiving both the Part B premium and the late fee for World War II and Korean era military retirees. The new bill also addresses broken promises made to military retirees who joined the service after 1956. Even though laws were on the books beginning in 1956 that defined and limited military retiree health care, the sad truth is that the empty promise of lifetime health care was used as a recruiting tool for many years beyond the scope of Col. Day's case, to those who entered the military after 1956. This is documented in recruiting literature well into the 1990s. We must keep our promises to them, too.

These retirees, mainly from the Vietnam and Persian Gulf eras, qualify for the military health care program known generally as Tricare. Tricare works well for many military retirees but fails to deliver quality health care for others. Some retirees cannot receive care at military bases due to lack of space availability. Base closures have cut off access for many retirees, and too many of them cannot find private doctors who will put up with bureaucratic inefficiencies or low reimbursements they have encountered with Tricare.

I believe strongly that military retirees who are not well served by Tricare deserve an alternative. The Keep Our Promise Act has offered these retirees the option of enrolling in the Federal Employees Health Benefits Program (FEHBP); the new version of the bill improves this benefit for military retirees by reimbursing them for expenses they incur under FEHBP that they would not have incurred under Tricare. This provision is cost-neutral since the government would be covering these health care expenses under one program or the other.

The Courts have ruled. It is up to Congress to make good on the promises that were made—and broken—to our military retirees. They are not asking for handouts—they ask only for what was promised to them and what they earned.

APPOINTMENT OF CONFEREES ON H.R. 2800, FOREIGN OPERATIONS, EXPORT FINANCING AND RELATED PROGRAMS APPROPRIATIONS ACT, 2004

SPEECH OF

HON. MAXINE WATERS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 5, 2003

Ms. WATERS. Mr. Speaker, I rise to support this motion to instruct the conferees for the Foreign Operations Appropriations bill to accept the Senate's higher levels of funding for global HIV/AIDS, tuberculosis and malaria programs. The Senate bill provides \$1.7 billion for these programs in fiscal year 2004. When combined with \$700 million in the Labor-Health and Human Services Appropriations bill, this would provide \$2.4 billion for these programs.

Last January, in his State of the Union address, the President made a commitment to the community of nations to provide \$15 billion over five years to wipe out the scourge of HIV/AIDS, which is ravaging the continent of Africa and spreading rapidly throughout the world. Within four months, Congress passed and the President signed H.R. 1298, the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act, which authorizes \$3 billion per year in funding over the next five years for global HIV/AIDS, tuberculosis and malaria treatment and prevention efforts.

Unfortunately, it was not long before the President's State of the Union commitment began looking like another empty promise. In his FY 2004 budget, the President proposed only \$2 billion for global HIV/AIDS, tuberculosis and malaria programs, and the Republican congressional leadership refused to fully fund H.R. 1298. The House provided only \$1.4 billion in the Foreign Operations Appropriations bill and \$700 million in the Labor-Health and Human Services Appropriations bill for a total of \$2.1 billion for efforts to fight these devastating diseases.

I have been working for many years to bring attention to the AIDS epidemic, which is destabilizing economies and societies throughout the world. In the last year, over three million people died of AIDS, and five million people were newly infected with this dreadful disease.

The House's proposed appropriation of \$2.1 billion for these widespread epidemics is grossly inadequate and a shameful, broken promise. The Senate's higher figure of \$2.4 billion, while it comes closer to the \$3 billion that the President promised, is still not enough. It is time for the Congress to take this issue seriously. It is time for the United States to keep its promise to the world community of nations and to the victims of these dreadful diseases and their families and friends.

I urge my colleagues to support this motion to instruct, and I urge the conferees to go even further and provide \$3 billion to fully fund global HIV/AIDS, tuberculosis and malaria efforts for fiscal year 2004.