

Throughout the country there are national bottlenecks that congest our communities and slow our national economy down.

As we all know from experience—if there is a bottleneck on the highway, traffic several miles away can be affected.

If the type of gridlock that I just described happens and goes unchecked, it will affect an entire region, and the entire country, and ultimately our economy and the livability of our communities.

These are projects located throughout the country that are ready to go major investments in the national transportation infrastructure.

By funding these projects we will be stimulating the national economy while investing in the long-term health of our national transportation infrastructure.

This legislation, like the entire transportation authorization bill is an economic stimulus package. For every billion dollars invested in public transportation infrastructure 47,000 jobs are created.

I ask my colleagues to strongly support this legislation as part of the transportation reauthorization bill.

Join me and support The Goods Movement Projects of National Economic Significance.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. SMITH) is recognized for 5 minutes.

(Mr. SMITH of Michigan addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

(Mr. EMANUEL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

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

A FREE PRESS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, the Bush administration has openly demonstrated its dissatisfaction with the stories that the major media has chosen to broadcast about Iraq, saying that the news media too often covers the negative events that occur in Iraq but rarely reports the positive happenings there. In fact, in their peak in order to achieve its desired results, the administration has regularly pressured reporters to find the so-called good news in Iraq or lose access.

Perhaps the reason reporters have been focusing on the so-called negative stories about Iraq has something to do with the fact that since the start of the

war in March, over 412 soldiers have been killed in action, in fact, two more today. Over 2,000 have been wounded and at least 7,000 have been evacuated to hospitals for noncombat medical conditions, not to mention that approximately 4,000 unarmed Iraqis have perished since the war began.

□ 2330

You have to agree, it is a bit easier to understand the media's decision about which stories to report when those tragic numbers are considered.

Still, the White House wants reporters to focus on the supposedly good news, but intimidating reporters into writing stories that make President Bush look good is not enough for the White House. Instead of just spinning the news, Bush's people want nothing short of controlling the information that comes back to the United States from Iraq. They want to have final say as to what gets reported and what does not, what the American public actually knows and what is spoken only in faded whispers halfway around the world.

So they decided to do what any autocratic, propaganda-loving dictator like Saddam Hussein himself would have done, bypass the media entirely.

The Coalition Provisional Authority, which runs Iraq and was created by the Bush administration, plans to create its own broadcast operation which will broadcast live to the United States 24 hours a day from Iraq, and one of the worst parts about this project is that the money to pay for it comes from the \$87 billion in emergency supplemental funds that Congress recently approved to continue military operations in Iraq. That means that the U.S. taxpayers are paying for Bush's propaganda campaign that attempts to falsify and falsely mold their perceptions about the increasingly unsustainable situation in Iraq.

Mr. Speaker, this is not the first time the Bush administration has dared to control the media. Fearing that support for his Iraq policy would fade if Americans caught sight of U.S. soldiers returning home in flag-draped caskets, the Bush administration banned all news coverage and photography of dead soldiers' homecomings on all military bases. This new, government-run propaganda operation, which is informally referred to within the administration as C-SPAN Baghdad, represents a new low even for the Bush administration. Influencing the media is one thing; controlling it is something entirely different.

Mr. Speaker, we must stay on top of this.

HISTORY OF MEDICAID

The SPEAKER pro tempore (Mr. BISHOP of Utah). Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Mr. Speaker, I want to give my colleagues a little

bit of history about the entitlement programs.

When I was in the Indiana State Senate in 1969, the Federal Government came to Indiana and said if we did not take the Medicaid program, they would withdraw \$2.5 million in Federal highway funds from Indiana. They were, in effect, blackjacking our State, and I went to the floor of the State Senate and said we ought to tell them to keep their \$2.5 million because it will cost us 10 times that much if we take the Medicaid program. Boy, was I off.

The Medicaid program that we thought would end up around \$20, \$25 million is now \$1.4 billion or 70 times, 70 times what we anticipated, and then the Medicare program, which was passed in 1965 I believe, it was supposed to cost \$3 billion the first year. In fact, it was \$3 billion. In 2001, it was \$241 billion. That is 80 times more, 80 times more than it was initially.

The prescription drugs that are in the bill that we are talking about right now they said was going to cost \$400 billion, that provision. The bill has not even gotten out of the conference committee yet, and it is already up to \$432 billion according to CBO. If we look at the way the Medicaid program has progressed over the past 25 to 30 years and we look at how the Medicare program has progressed over the past 25 to 30 to 40 years, we can assume that the prescription drug benefit is going to go out of sight as well, and if that happens, if it goes up say 70 times, like Medicare and Medicaid did, we could see an annual expenditure for prescription drugs of \$2- or \$3 trillion. This thing could bankrupt America.

So we should be looking at another approach, which is the reimportation that we talked about, putting competition and market prices into effect and competition to keep the prescription drug prices down. Seventy-six percent of the seniors in this country already have prescription drug coverage. So we are only talking about the other 24 or 25 percent, and yet we are going to have an all-encompassing program when we should only be helping those who truly need the help, but for those who really are looking forward to the program, let me just give my colleagues some facts, and I hope that there may be some seniors and my colleagues who are paying attention to this.

The premium per year is \$420. Then there is an additional \$275 deductible. That is a total of \$695 the seniors will have to pay before they get a dime, and then they pay 25 percent of the first \$2,200 of prescription drugs that they buy. That is another \$550. So they are going to pay \$1,245 before they get a dime, \$1,245, and then for that \$1,245, they are going to get \$1,650 in coverage.

That is not the end of it because between \$2,200 and \$3,600 there is no coverage whatsoever. So that is another \$1,400 that they will be out of pocket. If we add that together, that means if a senior citizen has to spend \$3,000 on

prescription drugs or if that is what the cost is, they are going to get \$1,650 of that \$3,000, and for that \$1,650, they are going to pay \$2,645. That is not a good deal for them. It is a very bad deal.

Granted, some of the impoverished people who are a little bit below the poverty line are going to get a better deal than that, but the average senior is going to pay more than they are going to get if their bill is say a \$3,000 prescription drug bill because they are going to pay \$2,645 for the coverage that they are going to get, and that is \$1,650 of the \$3,000.

I think that the AARP people and everybody else ought to take a hard look at that because I think the American seniors are being misled about this. We need to provide prescription drug coverage for those who truly need it, who cannot get it because of health reasons or cannot afford it, but we should have not a program that covers everybody when we cannot afford that. The cost is going to be extraordinarily high.

What we should be doing instead is working on reimportation, market prices and competition, as the gentleman from Minnesota (Mr. GUTKNECHT) has been advocating for a long, long time. If we did that, we could solve the problem, and we would not have to spend hundreds of billions of dollars of taxpayers' money to do it.

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

Mr. BURTON of Indiana. I yield to the gentleman from Massachusetts.

Mr. DELAHUNT. Mr. Speaker, I really want to applaud the gentleman for his work, along with the gentleman from Minnesota (Mr. GUTKNECHT), on the reimportation of drugs.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

(Mr. CUMMINGS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. HINCHEY) is recognized for 5 minutes.

(Mr. HINCHEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. INSLEE) is recognized for 5 minutes.

(Mr. INSLEE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. MCDERMOTT) is recognized for 5 minutes.

(Mr. MCDERMOTT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes. (Mr. LANGEVIN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

MEDICARE CONFERENCE REPORT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from New Jersey (Mr. PALLONE) is recognized for half the time until midnight as the designee of the minority leader, which is approximately 10 minutes.

Mr. PALLONE. Mr. Speaker, I just tell my colleague from Massachusetts that I will be glad to have him join in and make some comments during the course of my 10 minutes if he likes.

I just wanted to follow up on some of the debate that was held this evening on the motion to instruct from the gentlewoman from Nevada and particularly pay attention to some of the comments that were made by some of my Republican colleagues who I know are well-intentioned but I think were very wrong in what they said about this Medicare conference report that we are going to be voting on in a few days.

First of all, I mentioned earlier when the gentlewoman from New Mexico said that Medicare is very successful, and I said to her at the time, well, if it is very successful, then why are the Republicans in this Medicare conference report trying to essentially change and gut and I think destroy Medicare the way we know it?

□ 2340

Now, what the Democrats have been saying all along is, if you have a pot of money and you want to provide prescription drugs to senior citizens pursuant to the Medicare program, which you admit is a successful program, then why not just add the prescription drug benefit to the existing Medicare program?

We know right now that all seniors are entitled to Medicare, because if they are over a certain age, they are entitled to Medicare. It is an entitlement. We have a program for hospital care; we have a part B program for doctor care. And what the Democrats have been saying is we can simply do for prescription drugs the same thing we do with the physician care, the physician payment. Like part B, which right now says if you pay \$50 a month, and after the first \$100 deductible, 80 percent of your doctor bills are paid for by the Federal Government, up to a certain amount, at which time 100 percent of your bills are paid for by the Federal Government. Democrats have been saying we can add a prescription drug benefit to Medicare in the same way.

And what we actually proposed and voted on here in the House of Representatives during the summer was exactly that, a program that would say you pay \$25 a month premium, after

the first \$100 deductible on your drug bills, 80 percent of the cost is paid for by the Federal Government. You have a 20 percent copay. And at a certain point, after you have paid a certain amount out of pocket, 100 percent of the costs are paid for by the Federal Government. Very simple. It builds on the existing Medicare program.

That is not what the Republicans are doing here. This is not even about a prescription drug benefit any more, because they are not providing a meaningful benefit. And I want to associate myself with the remarks made by the gentleman from Indiana (Mr. BURTON) when he said this is not even a benefit you will want to sign up for because you will end up paying more out of pocket than you will get back in actual benefit. So it is not a real benefit. It is not a meaningful benefit. It is not an affordable benefit. It is not a comprehensive benefit.

Most importantly, the only way you get this prescription drug benefit under the Republican proposal is if you join an HMO. You are forced, contrary to what some of my colleagues said on the other side of the aisle, you are forced under this Republican plan to join an HMO. Because the only way you could get any kind of prescription drugs without the HMO or the private plan is if it is not available in your area.

What the Republicans have done is they are putting so much money, they are giving \$12 billion, \$1 billion, they are adding all this money to the private plans, to the HMOs, giving them all this extra money so that certainly there is going to be someone who is going to offer this managed care HMO plan, this private plan in your particular State or your particular jurisdiction, so you will be shut out. You will not be able to have traditional Medicare and get any kind of prescription drug benefit.

Now, I know that some of the discussion here tonight is, well, why does the AMA, the doctors support this? Well, why does the AARP support this? Why do the drug companies support this? There is a very simple answer to that, and it is that they are all getting a piece of the action. The AARP is essentially an insurance company, so they want to sell insurance. They think it is great. The insurance companies are all getting extra money, HMOs, private insurance companies, all getting big windfall profits from the Federal Government under this bill.

And the doctors? Well, they have been suffering. They face a 4.5 percent cut in their reimbursement rate. So what the Republican bill does is wipe out that cut and give them a 1.5 percent increase, I think. So, naturally, they feel well it is better to have a 1.5 percent increase than a 4 percent cut, so they get a piece of the pie. They think it is great.

Then what about the drug companies? Well, it is a windfall for them because there is no competition. There is no price controls. There is a specific