

attack. Stripping these men and women of the ability to carry firearms in the post 9-11 environment is not right.

It is time that we address this obvious loophole in cargo security. In a maneuver that seemingly took place at the eleventh hour, the word "passenger" was inserted in the House bill's provision for arming pilots, and a similar change took place in the Senate version shortly thereafter. The effect of this single-word change is that it exempts all cargo carriers from the Federal mandate to arm pilots in a bill intended to enhance the pilot's ability to protect the airplane.

I feel that this back-room deal defies the initial intent of the bill and the will of our Congress. This body voted overwhelmingly to mandate firearms for all airplane pilots, not just those in the passenger service. We displayed our bipartisan support for this mandate with votes of 310 to 113 in the House and 87 to 6 in the Senate.

Mr. Speaker, it is time to fix this disparity and close the loophole once and for all so that all pilots in this country enjoy the same level of security.

BUSH BUDGET AND HEALTH CARE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentlewoman from California (Ms. SOLIS) is recognized during morning hour debates for 5 minutes.

Ms. SOLIS. Mr. Speaker, today I rise to discuss an issue important to my community, and that happens to be health care.

I am concerned by the President's health care proposal for this year's budget. The President's Medicaid proposal will not help the poor, the sick, the elderly and the disabled, in my opinion. In fact, the President's proposal weakens the health care safety net for millions, millions of people.

Currently, Medicaid is an entitlement as we know it, which means that States receive funding based on the number of people in their State who qualify for this coverage. The Bush proposal would encourage States to eliminate Medicaid funding for many people insured by the program in return for a small amount of so-called fiscal relief.

This proposal requires States to choose between short-term fiscal help and damaging long-term financial constraints. It raises out-of-pocket costs and reduces medically-necessary benefits to the poor, and it fails to address the increasing problem of the uninsured.

We have all heard from our States and our Governors about the budget cuts that they are soon going to be implementing and the impact it will have on Medicaid.

For example, in my own State of California, our Governor has proposed cutting optional programs like adult dental care, physical therapy, and diabetes management, a bill that I carried

in the House when I was a member of the Senate.

So one would think during these difficult times our priority would be on reinforcing Federal support for Medicaid programs. Instead, at this time when States are seeing rising rates of Medicaid enrollment for young children and families, this administration wants to change the rules of the game.

We have unemployment rates in my district as high as 9 percent. Nine percent. That is astronomical. And you are seeing this administration taking a position to scale back the help to the working poor and low-income families and disabled people who rely on Medicaid.

Let me be clear: I support flexibility in Medicaid programs. But to me flexibility means that the States should have the opportunity to help more people in need, to design programs which fit the needs of their residents, and to come up with creative solutions covering most of the uninsured, if not all. Flexibility does not have to mean that we put everything in block grants and cut off services.

As Chair of the Congressional Hispanic Caucus Health Task Force, I want to take this opportunity to talk a little bit about what the Bush Medicaid block grant proposal will do to the Latino community.

Nationwide, 37 percent of non-elderly Latinos are uninsured, a rate that is double that of whites. Medicaid is a critical source of health care for Latinos. Forty percent of poor Latinos are covered by this program.

If we scale back Medicaid coverage, we are going to be scaling back the health care for many young families, Latino families; and as we know, when we scale back access to health care in the guise of saving money, it ends up costing us more in the long run. When people do not have access to doctors in order to prevent disease, we end up paying much higher costs when people have to go to the emergency room, which is happening right now in my district.

Uninsured children are 70 percent more likely than insured children not to receive medical coverage for common illnesses like ear infections. Thirty percent are less likely to receive medical attention when they are injured. It simply does not make sense to scale back Medicaid at a time when we have over 40 million people without health insurance in this country.

In addition, the Medicaid proposal in the administration's budget either largely ignores or endangers the health priorities of the Latino community. The budget misses a critical opportunity to lift the ban on health care for legal immigrant children and pregnant women.

The President's budget also reduces funding for environmental health programs at the CDC by \$2 million. These programs help us combat and prevent diseases caused by toxic substances in our neighborhoods. This is very critical

in my community, where we are faced with heavy air pollution and water contamination and we have many children facing high rates of asthma.

Bush's budget does not prioritize the well-being only of the Latino community, but of millions and millions of people. In fact, the President's budget proposal represents a substantial setback for the Hispanic Americans and their aspirations for a future that includes greater economic opportunity, quality education for their children, and access to better health care.

For example, the President's budget also fails to reform the unemployment insurance system for which many Latinos are ineligible due to the program's restrictive rules that prevent part-time and low-wage workers from qualifying for employment insurance. After all, they have earned it. They worked, but they are not eligible to receive this benefit.

In terms of education, the President proposes budget cuts in programs that have proven to lead to academic gains for Hispanics. The 21st Century Community Learning Centers Program provides funding to community-based organizations and schools to sponsor after-school programs. He plans to cut this. In his budget this year, 570,000 children will not receive this benefit.

Mr. Speaker, I ask my colleagues to work with us so that we can ensure that all Americans have access to quality health care, education, and a clean environment.

TIME FOR AMERICA TO SLOW DOWN AND CONSIDER OPTIONS

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Oregon (Mr. BLUMENAUER) is recognized during morning hour debates for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, the recent cavalcade of events surrounding the actions of the United States in Iraq and other foreign affairs has compounded the apprehension that many have felt these last 8 months. It is time for the United States collectively to slow down, take a deep breath, step back and consider our options.

Comments I have received from constituents at home, from my Web site, as well as just simply reading the many conflicting poll results, suggest that most Americans would appreciate a reflective pause.

Terrorism is the greatest threat to Americans at home and abroad, despite the recent obsession with Iraq. Notwithstanding the performance by the Department of Homeland Security, which resembled a "Saturday Night Live" skit with talk of duct tape and plastic, terrorism is still serious business.

I am not opposed to the United States using force when appropriate. I think most of us now wish we had done so to deal with the genocide in Rwanda. Previously, I supported military action in the Balkans when some of the

now-hawkish Republican colleagues of mine would not support force to stop genocide in the former Yugoslavia.

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It is clear that we have mishandled the northern situation; that we have been less than diligent with Pakistan; that we have missed opportunities to retire weapons and nuclear material from the former Soviet Union. Moreover, the administration clearly did not provide adequate money for reconstructing Afghanistan in its most recent budget.

It is in an effort to highlight this situation that I have chosen to cosponsor a resolution offered by my colleague, the gentleman from Oregon (Mr. DEFAZIO), to rescind Congress' authorization of force passed last year. Even though this proposal is unlikely to be approved by the House, it is important to send the right signal to the administration. It is not too late to be more strategic and to learn from our past mistakes.

Most important, especially if we are going to follow the route the administration is pursuing, a proper foundation is critical. If we expect multilateral cooperation and accountability from our friends, allies, and other world powers, we must demonstrate those characteristics ourselves. It would be outrageous if, as part of a deal with Turkey to secure their support, we end up selling out the Kurds in Iraq, the only people that have a modicum of self-determination.

Should we go to war, the American people are unprepared by the administration for the probable consequences of the inevitable United States short-term victory. Even supporters of the Bush policy admit that a post-Saddam situation in Iraq will very likely resemble Yugoslavia without Tito. There, after hundreds of thousands of lives were lost and billions of dollars spent, we still have 20,000 troops in the Balkans and the region remains a basket case. Our past actions should give people pause.

The United States gains little by rushing to war with Iraq. We should continue to work with our allies, pursue a program of coercive inspections, and marshal a much broader coalition in support of our effort.

Just as critically, we must try to stop the situation with North Korea from spinning out of control while reconnecting with South Korea. More time and money and effort should be expended on the Nunn-Lugar program to invest in decommissions of weapons of mass destruction in the former Soviet Union. Pakistan and its activities with the North Koreans and potential links to terrorists need to be elevated in our awareness and policy issues. Nuclear and other weapons of mass destruction are much less likely to come from Iraq than they are from North Korea, from dissident elements in Pakistan, or remnants of the former Soviet Union.

Most important, we need to acknowledge that the threats posed to America at home and abroad come primarily from terrorism. We should provide resources for the cash-strapped States and localities that have been dealing every day since September 11 with the consequences and potential for terrorism at home. This is beyond homeland security, this is hometown security, and deserves priority.

Our actions overseas should be appraised carefully as to the impact on our efforts to track down terrorists and prevent future attacks. It is important that the administration and Congress level with the American people that this is an expensive, arduous, complex task. It will require money, commitment, and, most important, patience over the long haul.

We certainly should be clear about the costs of any action in Iraq, and prepare the American public for the likely consequences our policy will have in that volatile part of the world. Americans may be conflicted about Iraq and anxious as to terrorism, but I know they are willing, as never before in my lifetime, to come together for the protection of their communities and the greater good of our country and peace in the world. Should we not take advantage of their interest and intention, we will regret this lost opportunity for years to come.

THE BUSH ADMINISTRATION HAS NO PLANS TO PROVIDE REAL PRESCRIPTION DRUG BENEFITS FOR SENIORS

The SPEAKER pro tempore (Mr. MILLER of Florida). Pursuant to the order of the House of January 7, 2003, the gentleman from California (Mr. GEORGE MILLER) is recognized during morning hour debates for 5 minutes.

Mr. GEORGE MILLER of California. Mr. Speaker, this morning, President Bush announced his prescription drug benefit plan for senior citizens in this country. When it was all said and done, at the end of the speech it became clear that there really is no plan for prescription drugs from the Bush administration for the seniors in this country.

The President said he wanted to give seniors more rights to choose and it be more flexible, but the fact is, there is nothing to choose and nothing to be flexible about. He promised comprehensive benefits, but he refused to define what a comprehensive benefit was. He said he wanted to protect against high drug costs, but he refused to say what a high drug cost was. He said he wanted to provide catastrophic care, and yet he refused to say what that catastrophic figure would be so that the seniors could take benefit of it.

Why is that so? Because the prescription drug benefit announced by the President today is no different than the one that was announced just a few months ago; that is, he does not use prescription drugs to benefit the seniors of this country that need it to

maintain their health, to prevent diseases and illnesses, and to help them recover from illnesses; rather, he uses prescription drugs to beat down the Medicare system.

The plan he announced today is the same as he announced before: seniors must leave the Medicare system. In order to get a prescription drug benefit, they must leave the Medicare system that has served millions and millions of seniors so well over the last 40 years. It has provided them the health care they would not have otherwise been able to have; and it also kept millions of them out of poverty, because it provided that health care. It has improved all of the health statistics with respect to seniors.

Now the President says if they want a prescription drug benefit, they have to leave that system. They have to go into the HMO system. In the last several years, millions of senior citizens went into the HMO system. They enticed them with glasses, hearing aids, with prescription drug benefits. Only later did the seniors find out, as they read in the newspaper, that their HMO was going bankrupt, that their HMO was withdrawing service from that area. Millions of rural seniors have found out that the HMOs are not available to them if they do want to take advantage of them. Hundreds of thousands of seniors in northern California participated in the HMOs. Now those HMOs have gone, and they are looking for health care somewhere else.

Why would we do that again? Why would we rerun that history of trying to bait and trick the seniors out of the Medicare system, where every day they have health care coverage, where every day they are able to choose their doctor, where every day they are able to choose their physician, where every day their physicians should be able to do what is best for them?

The President wants to use prescription drugs to trick the seniors out of that system. That is not the answer. That is not the answer. Later this morning, the Democrats introduced a prescription drug benefit. It has no tricks, it has no sleight-of-hand, it has no gaps, it has no secret thresholds, it has no small print. It simply says that we will provide a prescription drug benefit to the seniors of this country in the Medicare system, all of those who are eligible, for \$25 a month with a deductible of \$100 a year and co-insurance. The beneficiary will pay 20 percent of all drugs, and Medicare will pay 80 percent. After one reaches \$2,000, the government will pick up the rest.

That is the prescription drug benefit that essentially Federal employees and Members of Congress enjoy. That is what the President stood here and said he wanted for America's seniors; but that is not the plan, that is not the plan that the President offers to America's seniors. Instead, what he offers them is a plan to dismantle the Medicare system, to do away with it; and for those who stay in the Medicare system, he offers them a discount card, a