

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. KIND. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2657) entitled "An Act making appropriations for the Legislative Branch for the fiscal year ending September 30, 2004, and for other purposes."

MOTION TO INSTRUCT CONFEREES ON H.R. 1588, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2004

Mr. CROWLEY. Mr. Speaker, I offer a privileged motion.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. CROWLEY moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1588 be instructed to agree to the provisions contained in paragraphs (3) and (4) of section 1074a(f) of title 10, United States Code, as proposed to be added by section 701 of the Senate amendment (relating to health care for members of reserve components).

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from New York (Mr. CROWLEY) and the gentleman from New York (Mr. MCHUGH) each will control 30 minutes.

The Chair recognizes the gentleman from New York (Mr. CROWLEY).

Mr. CROWLEY. Mr. Speaker, I yield myself such time as I may consume.

This motion is an easy one and one that should be accepted by everyone in this Chamber, if they are serious about supporting our troops and supporting our Nation. This is where I say rhetoric meets reality.

My motion would instruct the conferees working on the bill authorizing actions by the Defense Department to allow our Nation's reservists and National Guard members and their families to be eligible to receive medical coverage from TRICARE on a cost-share basis. TRICARE, as my colleagues know, is the U.S. military's comprehensive health care plan.

Reservists have taken on a new and more active role since the 1991 Gulf War. Today, we see these brave young men and women risking their lives on a daily basis in Afghanistan, Iraq and elsewhere in this world. After September 11, the President signed an Ex-

ecutive Order authorizing the activation of reservists for up to 2 years of Active Duty, and up to 1 million reservists may be on Active Duty at any one time. Reservists have left their families, their friends and their jobs behind to serve our country, and they deserve health care for themselves and for their families.

I am offering this motion today because in our Nation we are still facing the same problems we did during the first Gulf War call-up, poor medical care for reservists as they get ready to be deployed. We are seeing many people sent to the front lines in Afghanistan and Iraq who may not always be at peak readiness due to a lack of access to medical care necessary to ensure maximum performance. We rely on these reservists so much now that it would be a mistake not to include them in TRICARE. Their health and their ability to fight should be of our utmost concern.

Our reservists should be provided with health care so they can remain in good health while they are not in service so that they are always prepared for mobilization in our global war on terrorism.

The Congressional Budget Office estimated the cost of this program to be \$460 million during the fiscal year 2004 and about \$7.2 billion over a 5-year period.

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Some Republicans and the Bush administration say that this is too costly, and I just do not see how that argument holds water, as the Bush administration has sent Congress a supplemental bill for Iraq that proposes over \$20 billion in reconstruction and rebuilding efforts in Iraq alone, \$20 billion in reconstruction and rebuilding in Iraq alone.

Yes, U.S. tax dollars are rebuilding the irrigation system of Iraq, and this administration and this Republican Congress refuse to fund medical care for our Reserves and National Guard members. This \$460 million is a small price to pay to provide for our troops and to ensure their readiness when they are stateside. The U.S. will spend more to upgrade the housing of Iraqi citizens in the next month than we will on medical care for our Reserves and National Guard if we do not include this provision.

In comparison to the tax cuts for the richest 1 percent given by this administration and this Congress and the enormous cost of military operations and reconstruction in Iraq and Afghanistan, this should be, quite frankly, a no-brainer.

Some might say we need to do studies on this to see if it is feasible. We have done enough studies on this subject. Americans want action, not more studies. Studies are nice, but providing for readiness for our guard and reserve is a necessity. In fact, in 2002, a GAO report recommended Tri-Care assistance be provided during mobilizations

targeted to the needs of Reservists and their dependents. Another GAO report that dealt with Reservists being mobilized during the 1990-91 Persian Gulf War came to similar conclusions.

We cannot afford to do another study when 40 percent of our Reservists on active duty between the ages of 19 and 35, 40 percent of those people are uninsured. Tri-Care is only extended to active duty and not to Reservists, even though they are required to maintain the same standards.

Mr. Speaker, with the war on terrorism and continuing military operations in Iraq, with no valuable contribution from our European allies to this effort in sight, U.S. Reservists are clearly being called upon more and more. In fact, after September 8, it was announced that the deployment of Reservists in the combat theater is being extended from 6 months to 1 year. This is in addition to the fact that about half of the active duty Army is currently deployed abroad, up from 20 percent before 9/11.

Certainly our heavily stressed armed services and their families being required to make such extensive sacrifices deserve these health benefits. While many Reservists do have health benefits through their current employers, we cannot forget the 40 percent who do not. These are the patriots who make up the fabric of our communities and form the backbone of our defense forces. We cannot keep looking the other way when it comes to the Reservists of our armed services.

The administration already refuses to provide concurrent receipt for our veterans who are protecting our freedoms abroad. Until just this morning we were charging people who got injured on active duty for their food at U.S. military hospitals. Now we tell people, the local hardware store owner, the local Realtor, the stay-at-home mom raising a family, that we would love for them to serve as a Reservist, but we cannot offer them the same health care as active duty servicemen and servicewomen.

We continue to ask our Reservists to live up to their duties when we are not willing to provide them and their families with the proper health care that they need and that they deserve. We are creating a two-tiered military, with a separate set of benefits for Reservists than those offered active duty servicemembers. We cannot let this happen.

Join me in urging the conferees to accept the Senate provisions. Anything else, in my opinion, is a slap at our troops on the front line in our epic war against terrorism.

Mr. Speaker, I reserve the balance of my time.

Mr. MCHUGH. Mr. Speaker, I yield myself such time as I may consume, and let me begin by expressing my appreciation to my friend and colleague, my fellow Representative, the gentleman from the great State of New York (Mr. CROWLEY), for his concern

and his efforts to bring this motion to the floor and before the House at this time.

Clearly, Mr. Speaker, this motion to instruct is the most recent reflection of what is a common goal, I would hope, by all Members, and I do believe by all Members on both sides of the aisle, and that is a renewed and a very appropriate reinvigoration of concern for what is the reality of today's military. And that is, as again my friend, the gentleman from New York (Mr. CROWLEY), suggested, the fact that today the so-called active and Reserve components are seamless; that we have indeed a National Reserve and National Guard component that is carrying an equal burden.

In my capacity as chairman of the Subcommittee on Total Force, that subcommittee of the Committee on Armed Services that is charged with the oversight and hopefully the adequate protection of the need of all of our men and women in uniform, regardless of their position in active or guard or reserve, I feel very strongly that we need to do everything we possibly can to adequately care and respect and respond to the needs of those that we ask to do so much for us.

And as I began my opening comments here today, certainly this motion to instruct reflects that. It is really a continuation of other motions to instruct that we have had. Just last week, the gentleman from Texas, my colleague and my co-chair, as the chairman of the House Army Caucus, the gentleman from Texas (Mr. EDWARDS) had a motion to instruct on family separation pay, on imminent danger pay, that again suggested that when it comes to our men and women in uniform, we need to do the best job we possibly can, and respecting their contributions, their sacrifices through fair and equitable treatment, be it in pay or in benefits, and certainly health care is primary amongst those.

As such, I would never suggest to any Member of this House that he or she come to this floor tonight and oppose this motion. That will be the judgment of each individual Member. I will say I intend to support it, and I intend to support it principally because of the symbolism involved that we need to do, as I have mentioned before, the best job we possibly can. But let me state for the record, Mr. Speaker, a couple of aspects that are relevant to this process as we go forward in the defense conference committee, of which I am a member.

First of all, my friend from New York made some comments that frankly somewhat confused me. He noted that the GAO in its previous study said that about 40 percent of our Reserve component did not have health care coverage. If I heard him correctly, that is not what the GAO report said. And, in fact, the GAO report said quite to the contrary, that in 2000 nearly 80 percent of Reservists had health care coverage while they were not on active duty,

health care coverage that was provided through the private sector.

And, in fact, the GAO went on to note that they had serious reservation about this particular initiative as embodied in the Senate bill to provide TRICARE coverage on a full-time, 12-month, year-in-and-year-out basis to Guard and Reservists because of the potential negative effects and because of what they viewed to be a questionable cost-benefit analysis.

The only thing I am aware of that in any remote way correlates with the gentleman's comments about 40 percent lacking is that that 2000 survey did say that 40 percent of Reservists from drilling unit members live 50 miles further from their home unit. That would be a correct statement, but it has nothing to do with health care.

The fact of the matter is, as I noted, according to the GAO analysis of the GAO study, 80 percent of our reservists have health care outside of the TRICARE and outside of the military-provided coverage.

However, even with that being the case, I do respect the gentleman's concerns. And I think a couple of other issues that really argue to the contrary to some of the things he said are relevant here as well.

As of April of this year, Mr. Speaker, a Reservist and his or her family who has orders placing that Reservist on active duty for more than 30 days is eligible and is covered by TRICARE, in spite of what I believe I heard the gentleman say that Reservists are not eligible for TRICARE. That, with all due respect, simply is not correct. No Reservist and no Reservist's family lack health care during wartime and under current law.

So those Reservists, who I have visited, and I have been to Iraq, those Reservists all across this planet who are deployed and who are in theater indeed have coverage, as do their families. And I would note as well that both Houses, the House and the Senate, have included in their respective versions of the Defense Authorization Act that we are currently conferencing upon new authority, and seeing as how it is included in both bills I assume and I hope very fervently we are working very hard to ensure it is included, to provide free health care and dental care to Reservists prior to mobilization, before they are actually shipped out where they do receive coverage under current law. Because of the very fact, as the gentleman correctly noted, it is not just a question of fairness and equitability but a question of readiness that we do provide that as well.

Also, I think it is important to note, because it is a concern held by, as I understand it, and I hope I am conveying his comments correctly, and I believe I am, such distinguished Members as Senator WARNER, the chairman of that other body's full Committee on Armed Services, is concerned about the need to distinguish, through benefits and pay and such, the differences between

Reservists and the differences between the active component.

The cost the gentleman noted as somewhat over \$460 million for 1 year escalates dramatically. The cost is not insignificant. The cost over 20 years, where he noted correctly the 10-year cost is just over \$7 billion, the cost over 20 years is over \$20 billion. And when you add that to the other things that we have afoot, the question simply is, as GAO noted, is this the best way to spend over \$20 billion to respond to a need that 80 percent of the Guard and Reserve component currently do not experience? That is a judgment we have to make as we go through and try to balance the cost benefits of the entire budget.

But as I said, at the end of the day, Mr. Speaker, the intent and the soul and heart of this motion to instruct is on point. Our Guard and Reservists are putting their lives on the line every day for us.

Two weeks ago today, I was in my district, in a small community north of where I live, to attend the funeral of a 24-year-old specialist, who 5 months before that day was married for the first time and who was shot by an al Qaeda sniper in Afghanistan. He was a Reservist. He was a man who reentered the military for one reason: he cared about this country and its values. And as I stood in that church and I saw the pain and the suffering on the faces of that family, on his new bride, on everyone there who cared about him, no one could convince me that there is too much we can do for these Guard and Reservists and too much we can do for our men and women in uniform.

So I commend the gentleman for his concern, and again I would never counsel any Member of this House to come to this body and oppose this motion.

Mr. Speaker, I reserve the balance of my time.

Mr. CROWLEY. Mr. Speaker, I yield myself such time as I may consume; and I thank my good friend, the gentleman from New York (Mr. MCHUGH), for his statement. And before I recognize someone from my side, I want to point out for the record that according to the GAO report, from which I received this information, it says, and as the gentleman pointed out, 81 percent of the people in the Reserves are covered. If we take that between the years 18 and 65 years of age, we would have 81 percent coverage. According to the GAO report, right in front of me, only 60 percent of junior enlisted personnel, about 90 percent of whom are under the age of 35, as I said in my statement between 19 and 35 years of age, not all Reservists, but those under the age of 35, had coverage. Only 60 percent.

That means, like a national average, that 40 percent have no coverage, just to clarify the point the gentleman made.

Mr. Speaker, I yield such time as he may consume to the gentleman from Missouri (Mr. SKELTON), the ranking member of the Committee on Armed Services and my good friend.

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Mr. SKELTON. Mr. Speaker, I thank the gentleman from New York for yielding me this time.

Mr. Speaker, I rise in support of the motion to instruct conferees offered by the gentleman from New York (Mr. CROWLEY). I compliment him for this and I also compliment the gentleman from New York (Mr. MCHUGH) for his support for this issue. This motion will direct the House conferees on the National Defense Authorization Act for the year 2004 to accept the Senate provision, which would provide enhanced health care coverage for Reservists and National Guardsmen.

Under section 701 of the Senate bill, members of the Selected Reserve, which includes the National Guard, who are alerted for mobilization, would receive expanded medical and dental screening. However, more importantly, this section would provide members of the Selected Reserve and Individual Ready Reserve the ability to participate in the Tricare program on a cost-share basis. Tricare, as we all know, is the military's health care system. In addition, the Senate section would require the Department of Defense to continue to pay the health care premiums for Reservists who are called to active duty and have other health care coverage.

Reservists and National Guardsmen have been an integral part of every military operation over the past decade. Desert Shield, Desert Storm, Somalia, Haiti, Kosovo, Operation Noble Eagle, Operation Enduring Freedom and Operation Iraqi Freedom all have seen citizen soldiers called to active duty. The vital role the National Guard and Reserves play in our Nation's security has only become more clear since September 11.

On the homefront, Guard and Reserve personnel were called to defend our Nation's airports and bridges and other important infrastructure across our country. Overseas, they continue to serve in Afghanistan, Iraq and other places around the globe.

In the last 2 years, over 329,000 of our citizen soldiers have been called upon to protect our Nation's interests both here and abroad. Today, there are still almost 170,000 part-time volunteers serving at the tip of the spear.

Those currently serving in Operation Iraqi Freedom have recently been informed that their deployments are being involuntarily extended. These Service members will have to serve at least 1 year in Iraq. Families who were expecting their loved ones to return home in a matter of months will not see their loved ones until next year. That means hardships for both military members and families alike. Thousands of Reservists who are basically part-time employees will have served full time for at least a year under incredibly dangerous and stressful conditions. Their families will have sacrificed in innumerable ways as well.

The very least we can do for those who volunteer to serve their Nation as

citizen soldiers, and for their families, is to provide access to quality health care for themselves as well as for their families. This motion by the gentleman from New York (Mr. CROWLEY) tells the conferees to agree to that very proposition. I urge my colleagues to join me in this motion.

Mr. MCHUGH. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, my colleague refined his earlier statement that he did not make in his original statement and said 19 to 35. Previously, he just said that 40 percent of Reservists do not have that coverage, and that is an important distinction. I am not trying to trip up anyone on details; however, I have a report, and I would be interested, I would ask the gentleman, this is a little unusual for the character of these discussions, but are we referring to GAO report 03-1004?

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

Mr. MCHUGH. I yield to the gentleman from New York.

Mr. CROWLEY. I am referring to GAO report 02-829, Defense Health Care. Also, for the record, on page 9 of my statement, and I repeat, we cannot afford to do another study when 40 percent of our Reservists on active duty between the ages of 19 and 35 are uninsured.

Mr. MCHUGH. Mr. Speaker, I have no doubt that the gentleman's written statement said that. I do not have his written statement, I can only hear what he said. I am trying to understand the statement the gentleman made so we can take the proper path.

Mr. CROWLEY. I appreciate that.

Mr. MCHUGH. Mr. Speaker, I think it is important to suggest that if we are talking about a targeted population here, perhaps a broad-based response is not the most efficacious we could adopt.

Again, in the GAO 03-1004 report, 80 percent which obviously is an average that includes the 19-35, have coverage, which means 20 percent do not have coverage. So is this the best way to do it?

In fact, GAO's final determinate was they seriously questioned this particular provision in the Senate bill, not referring to it specifically because it was not yet there, but questioning the provision of 24-hour-a-day, 7-day-a-week, 12-month-a-year coverage to Guard and Reservists not being the most appropriate response remains, whether it is 60 percent, 40 percent or 80 percent.

However, as I mentioned, and as I said, I want to thank the ranking member of the Committee on Armed Services, the gentleman from Missouri (Mr. SKELTON) for, as always, his compassion and his leadership and his concern. There is no Member in this House I respect more than the gentleman.

We do need to make every effort we can to express our concern in our response to Guard and Reservists, so I would not urge Members to oppose this

motion. We need to do the best job we can, in the context of the money we have available, and both the House and the other body are trying to work to that end in the defense authorization bill, and that is certainly, in large measure, led by the efforts of the gentleman from Missouri (Mr. SKELTON). I would urge my colleagues not to oppose this motion.

Mr. Speaker, I yield back the balance of my time.

Mr. CROWLEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let me say that I appreciate the comments of the gentleman from New York (Mr. MCHUGH). We have known each other for many, many years, and I respect the gentleman's work here in the House, especially as it relates to our Armed Servicemen and Women. I join the gentleman in his remarks about the gentleman from Missouri (Mr. SKELTON), the ranking member, and how much we respect the gentleman and his work, as well as how it pertains to our young men and women, and to those up to the age of 65.

The gentleman from New York (Mr. MCHUGH) mentioned that 80 percent of Reservists have health care, 81 percent of those between 18 and 65 have health care. Officers and senior enlisted personnel are more likely than junior enlisted personnel to have coverage. Again, only 60 percent of junior enlisted personnel, about 90 percent of whom are under age 35, had coverage, interpreting that meaning 40 percent do not have coverage. That is lower than the similar age group in the general population. So our Reservists have even less insurance than the general population between those years of 19 to 35. That is what we are talking about.

If there was a Band-Aid approach, I would support that as well, if we could. That is not before us right now. We have a measure by the Senate that is before us that we can include in this conference report. That is what this motion is about, to cover all those individuals. Right now, we are asking many of them to make the ultimate sacrifice. I am sure the gentleman from New York (Mr. MCHUGH) has been out to Walter Reed Hospital, as I have. Some have given their lives, and many have given limbs, many of whom are not even citizens. We are making efforts to do away with some of the ridiculous charges, charging fees for meals at these hospitals when some of these people do not have arms to even eat those meals. We are making progress, but here is an opportunity to take care of a segment of the population who are willing to sacrifice themselves and their families and the time with their families, and sacrifice their opportunities at work in defense of this country. I think the least we can do is make sure that not only they have the health care coverage they need in order to perform in the defense of this country, but that their children and spouses have that health care as well.

Mr. Speaker, I include for the RECORD, GAO 02-829 Defense Health

Care, the paragraph that specifically pertains to what I was talking about.

[From GAO, September 2003, Defense Health Care]

MOST RESERVISTS HAVE CIVILIAN HEALTH COVERAGE BUT MORE ASSISTANCE IS NEEDED WHEN TRICARE IS USED

Until recently, DOD has administered a transitional benefit program that provided demobilized reservists and their dependents 30 days of additional TRICARE coverage as they returned to their civilian health care. The 2002 NDAA extended the transitional period during which reservists may receive TRICARE coverage from 30 days to 60–120 days, depending on the length of active duty service. This change more closely reflects the 90 days that USERRA provides reservists to apply for civilian reemployment when they are mobilized for more than 181 days, and the change will provide health care coverage if they elect to delay return to their employment subsequent to demobilization. However, the 2002 NDAA did not provide any transitional benefit for dependents.

Overall, the percentage of reservists with health care coverage when they are not mobilized is similar to that found in the general population—and, like the general population, most reservists have coverage through their employers. According to DOD's 2000 survey of Reserve Component Personnel, nearly 80 percent of reservists reported having health care coverage. In the general population, 81 percent of 18 to 65 years old have health care upon coverage. Officers and senior enlisted personnel were more likely than junior enlisted personnel to have coverage. Only 60 percent of junior enlisted personnel, about 90 percent of whom are under age 35, had coverage—lower than the similarly aged group in the general population. Of reservists with dependents, about 86 percent reported having coverage. Of reservists without dependents, about 63 percent reported having coverage.

Mr. HOLDEN. Mr. Speaker, I rise today not only in support of the gentleman from New York's motion to instruct conferees, but also in support of the brave men and women who actively serve in the National Guard and Reserves. Their commitment to service is second to none, whether it is providing aid during natural disasters, the war on domestic terrorism, or on the battlefields of Iraq and Afghanistan.

Pennsylvania boasts the largest Army National Guard, as well as the fourth largest Air National Guard, making it the largest National Guard in the country. Many of these men and women serve at Ft. Indiantown Gap, the largest National Guard base in Pennsylvania in the heart of my Congressional District. Beyond all of this, the National Guard is the sixth largest employer in Pennsylvania and has a presence in over 100 communities throughout the commonwealth.

Mr. Speaker, as you can see, the National Guard and Reserves are an integral part of my district and of Pennsylvania. But I also know they are essential to every state and commonwealth, as well as the country as a whole. The protection they provide for us should be given back to them in their healthcare coverage. This is why I strongly support providing TRICARE coverage for these men and women.

Medical readiness is essential for National Guard and Reserve members if they are to continue their role as part of a cohesive, seamless force. These men and women train hard, take time off from their civilian jobs, and make many family sacrifices in order to serve.

They are expected to be a ready force when deployed. To facilitate the use of the National Guard and Reserve as an integral part of our armed forces, we need a consistent health care option that covers our members and their families whether they are deployed or not.

In closing, Mr. Speaker, TRICARE should be an option for all members of the National Guard and Reserves and I support the motion to instruct conferees.

Mr. CROWLEY. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from New York (Mr. CROWLEY).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. CROWLEY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

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

EXCHANGE OF SPECIAL ORDER TIME

Mr. KIND. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Ohio (Mr. BROWN).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

TOM MANCHESTER INDUCTED INTO BASKETBALL COACHES ASSOCIATION HALL OF FAME

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

Mr. KIND. Mr. Speaker, a person once told me that only silly people have heroes in their lives. If that is true, then this silly person rises today to congratulate and thank a hero in my life, my high school basketball coach, Tom Manchester, who is being inducted into the Wisconsin Basketball Coaches Association Hall of Fame.

Coach Manchester is a native of Racine, Wisconsin, and played basketball and baseball at Wartburg College, Iowa. Fortunately, for many of us northsiders, kids who grew up on the northside of La Crosse, Wisconsin, Coach Manchester accepted a teaching position at Logan High School and became the head basketball coach in 1977. He coached from 1977 to 1997, and finished with a 224–209 record and many city titles and Big Rivers Conference Championships.

I had the pleasure of playing for him starting in my sophomore year in high school in 1978 and finishing in 1981. I was a member of his team when we struggled to be competitive my sophomore year, and then saw the remarkable transformation the next 2 years when we won back-to-back city championships, and also won our conference and became one of the top-ranked teams in the State of Wisconsin.

□ 2015

He must have seen something in me that I did not at the time because he plucked me off the streets and made me a starting guard my sophomore year even though it was obvious that I was wet behind the ears and qualified as a "work in progress."

I will never forget one of my first games with Coach Manchester. I took the in-bounds pass to break a full-court press, asked for my teammates to clear out the second half of the court so I could break the press by myself, and then proceeded to dribble off my heel when I went between my legs on a dribble. The whistle blew when the ball went out of bounds. The buzzer sounded for a substitution. I ran to the bench assuming I was going to be replaced, only to have Coach Manchester ask me what I was doing. The substitute was for someone else, and he told me to get back out there and get used to making some mistakes because we had some learning to do.

Basketball for Coach Manchester was more than winning and losing. Everyone likes to win, but I never had the impression playing for him that all that mattered was the score at the end of the game. He was always first and foremost concerned about his players, not only how we were playing, but how school was going and whether things were going well in our lives.

For many of us growing up on the north side of La Crosse, which was considered the wrong side of the railroad tracks in town, presented us with some unique challenges and some choices to make. We could, if we wanted to, hang out on the street corners and run with the wrong crowd, getting into trouble and disappointing our parents, or we could find another channel for our energies and focus. That channel for many of us was in sports and in school, and Coach Manchester knew this. The gym became our safe haven and the team our extended family. There was no greater feeling of comfort and security than walking into that dark, cold,