

that seniors can afford and that our country can afford. Consistent with a letter I signed to the President, I continue to look for ways that we can take this opportunity to reform the current program and ensure we keep the program strong for future beneficiaries.

I understand that the Medicare bill we are debating incorporates disease management as part of the new Medicare Advantage Program, so that private plans offer these services to beneficiaries and that there are several demonstrations to test out a variety of care management techniques in the traditional, fee-for-service program. That is a positive step in the right direction. But I think we need to go further.

I believe strongly that seniors will get better care in a private plan option under this bill, and I encourage them to do so. But I also know there will be seniors that choose to stay in traditional, fee-for-service Medicare. And these will likely be older seniors, the ones that do suffer from multiple chronic conditions and are in the most need for efficient management of their health care. I ask you, can we afford to allow these beneficiaries' health to worsen and to subsequently bear the enormous costs of their care? We cannot. I believe that adding disease management to the traditional-fee-for-service program is a way to reform the system, and to help bring down costs for these seniors. Disease management can reform the system to improve the long-term sustainability of Medicare.

Last week the House Ways and Means and Energy and Commerce Committees both voted in support of legislation that would incorporate disease management into all of Medicare—both private plans and the traditional, fee-for-service programs. I ask that as we move into conference, I hope we can accept the House language that phases in disease management as a permanent part of the Medicare fee-for-service program.

Without a doubt, it is critical to the health of seniors and to the pockets of taxpayers that we implement effective reforms such as disease management in Medicare now—to more rationally and effectively manage care for beneficiaries with chronic conditions, and to ensure the fiscal sustainability of the Medicare Program.

Mr. SMITH. Mr. President, I rise today with my colleague from North Dakota in support of critical drug coverage for beneficiaries who contend with the debilitating effects of multiple sclerosis.

This amendment would provide transitional coverage for the four FDA-approved therapies in the 2-year interim until 2006, when the prescription drug plan will take effect.

Approximately 400,000 Americans have MS. In my home State of Oregon, it is estimated that there are 5,800 people living with MS.

Currently, Medicare covers only one of the four FDA-approved MS therapies

and only when administered by a physician. This amendment would cover all four MS therapies, including when they are administered by the patients themselves, providing better coverage and better care for Americans with multiple sclerosis.

While these therapies do not cure MS, they can slow its course, and have provided great benefit to MS patients. It is critical that MS patients have access to all approved drugs because some MS patients do not respond well to, or cannot tolerate, the one MS therapy that is currently covered.

Currently, many Medicare beneficiaries with MS are forced to take the less effective therapy, to pay the costs out of pocket or forgo treatment.

Equally, this amendment is important to rural Medicare beneficiaries with MS. By administering drugs themselves, rural beneficiaries can avoid the costs and hassles of traveling long distances to health care facilities to receive their MS therapy.

In the spirit of providing all Medicare beneficiaries with increased choice, MS patients need and deserve the full range of treatment choices currently available and self-administration helps ensure access to needed medications.

I urge my colleagues on both sides of the aisle to join me in support of this amendment and to provide adequate and comprehensive drug coverage for MS patients.

#### ADEQUACY OF MEDICARE PAYMENTS TO PHYSICIANS

Mr. SPECTER. Mr. President, I have sought recognition today to engage the distinguished chairman of the Finance Committee in a colloquy regarding concerns about the adequacy of Medicare payments to physicians.

Each year, Medicare payments to physicians are adjusted through use of a "payment update formula" that is based on the Medicare Economic Index, MBI, and the sustainable growth rate, SGR. This formula has a number of flaws that create inaccurate and inappropriate payment updates that do not reflect the actual costs of providing medical services to the growing number of Medicare patients.

As discussed above, the formula has resulted in numerous payment cuts to Medicare physicians. Earlier this year, Congress passed legislation as part of the fiscal year 2003 omnibus appropriations bill, H.J. Res. 2, that avoided an impending 4.4-percent cut in the Medicare conversion factor. This was accomplished by adding 1 million previously missed Medicare beneficiaries to the mix and recalculating the appropriate formulas. Although this change resulted in a welcomed 1.6-percent increase in the Medicare conversion factor for 2003, the Centers for Medicare and Medicaid Services', CMS, preliminary Medicare conversion factor figure predicts a 4.2-percent reduction for 2004. The reason for this latest reduction stems from the fact that the current formula that originally resulted in

the need to fix the 2003 conversion factor cut, is flawed. The latest scheduled round of payment cuts will make Pennsylvania's Medicare practice climate untenable.

In its March 2003 report, the Medicare Payment Advisory Commission, MedPac, stated that if "Congress does not change current law, then payments may not be adequate in 2003 and a compensating adjustment in payments would be necessary in 2004." We owe it to America's physicians to fix the system so that they can continue to provide Medicare beneficiaries with the vital care they need.

With 17 percent of its population eligible for Medicare, the Pennsylvania Medical Society has calculated that Pennsylvania's physicians have already suffered a \$128.6 million hit, or \$4,074 per physician, as a result of the 2002 Medicare payment reduction. If not corrected, the flawed formula will cost Pennsylvania physicians another \$553 million or \$17,396 per physician for the period 2003–2005. They simply cannot afford these payment cuts. I know you have worked very hard in preparing a bipartisan Medicare bill that represents a good solid beginning to improving our Nation's health care system. However, I firmly believe this is an issue that Congress must address.

Mr. GRASSLEY. Mr. President, I thank my colleague from Pennsylvania for raising this important issue. He is correct that I have been working with the physician community, as well as the U.S. House of Representatives, to obtain a fuller understanding regarding the adequacy of the current physician formula under Medicare. We have learned that Medicare's current payment formula for physicians is problematic, and I agree that this issue should be addressed. We will continue our discussion, and objectively evaluate proposals that will update the payment formula for physicians.

Mr. SPECTER. I thank the chairman for his willingness to work with me on this issue as the Prescription Drug and Medicare Improvement Act moves forward.

The PRESIDING OFFICER. The Senator from Missouri.

#### MORNING BUSINESS

Mr. TALENT. Mr. President, I ask unanimous consent that the Senate proceed to a period for morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### SALUTE TO THE 129TH MOBILE PUBLIC AFFAIRS DETACHMENT

Mr. DASCHLE. Mr. President, on July 12, the 5th U.S. Army will demobilize the 129th Mobile Public Affairs Detachment of the South Dakota National Guard. This unit, headquartered in Rapid City, was among more than 20 Guard and Reserve units from my State called to active duty in support

of Operation Enduring Freedom/Noble Eagle and Operation Iraqi Freedom.

Today, these soldiers and their service become a part of South Dakota's military heritage. Like those who served in the two World Wars, in Korea, in Vietnam and numerous other places, this new generation has answered the call. They have offered to make every sacrifice, including life itself, to protect our freedom and security. We must never forget them or the honor with which they served.

This unit participated in a mobilization with few precedents in South Dakota history. Nearly 2,000 Guard and Reserve troops were called to active duty in our State, by far the largest mobilization since World War II. At the time the fighting began, units from more than 20 communities had been called up, from Elk Point in the South to Lemmon in the North, from Watertown in the East to Custer in the West. Indeed, our State's mobilization rate ranked among the highest of all the States on a per-capita basis.

These soldiers were proud to serve, and their communities are proud of them. Across the State, thousands of citizens pitched in to participate in send-off parades, to lend a hand for families who suddenly had to get by without a mom or dad, and even to assist with financial hardships caused by the mobilization. This mobilization was a statewide effort, in many ways.

In addition to the service of this particular unit, I want to acknowledge the sacrifices and dedication of the families who stayed home. They are the unsung heroes of any mobilization. They motivate and inspire those who are far from home, and they, too, deserve our gratitude.

Today, I join these families and the State of South Dakota in celebrating the courage, commitment, and success of the members of the 129th Mobile Public Affairs Detachment, and I honor their participation in this historic event in our Nation's history. Welcome home. Thanks to all of you for your courage, your sacrifice, and your noble commitment to this country and its ideals.

#### NATIONAL PEACE ESSAY CONTEST

Mr. DASCHLE. Mr. President, I am honored today to present to my colleagues in the Senate an essay by Collette N. Roberts of Rapid City, SD. Collette is a student at St. Thomas More High School, and she has been awarded first place in the 16th annual National Peace Essay Contest for South Dakota. "Justification of War: the Anglo-Zulu and Kosovo Wars" examines the Anglo-Zulu war of the late 19th century as a paradigm for understanding Kosovo's struggle against the military campaign of Slobodan Milosevic's Serbia. Collette has tackled a vitally important subject with insight and maturity. I can only hope that she continues to share her wisdom with the world, and I commend her

essay to my colleagues' attention. I ask unanimous consent that Collette Roberts's essay be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### JUSTIFICATION OF WAR: THE ANGLO-ZULU AND KOSOVO WARS

(By Collette N. Roberts)

"... this has never been and never can be one territory under two masters" (Judah, 2000, p. 4). The line in the poem by Anne Pennington and Peter Levi holds the ring of truth. Many wars have been waged over a piece of land such as the Anglo-Zulu and Kosovo Wars. The circumstances surrounding these wars are similar, but are justified only in part. In both wars, one side had reached the last resort: either defend their homeland or face subjugation. Both were waged by legitimate authorities; however, nothing justifies the genocide of a race and the slaughter of innocent civilians. Upon examination, the justness of the Anglo-Zulu and Kosovo Wars and NATO involvement in Kosovo is subjective, contingent upon the motives and actions of each party.

The eighteenth and nineteenth centuries mark the imperialistic age for Great Britain. By the 1870s, most of South Africa had succumbed to British rule. Zululand, however, one of the last independent African states in the region, presented challenge to an advancing white frontier (The Diagram Group, 1997, p. 105). Not only did the independent state disrupt Britain's confederation plans for the region, but also prevented sugar farmers from using the spacious tracts of land within the boundaries of Zululand. Furthermore, as long as the Zulu remained independent, they could not be sued for cheap labor. Zululand became a dollar sign in the eyes of the British. When the Zulu defied British subjugation, war inevitably ensued (Gump, 1949, p. 3).

British military forces, commanded by Frederick Theesiger (better known as Lord Chlemsford), began the invasion of Zululand in 1879. The Zulu, under the rule of King Cetshwayo, rose to defend their homeland. The first major battle occurred at Isandhlwana. Losses were heavy to both armies; but the Zulu, underestimated by the British, claimed victory. To justify his actions, Dabulamanzi, a Zulu general, said, "It is the whites who have come to fight with me in my own country and not I that do to fight with them" (Gump, 1994, p. 54).

Despite the intensity and valor with which the Zulu fought, the battle of Ndini marked the end of the Anglo-Zulu War. Poorly provisioned and outgunned, the Zulu military system was broken. Between six and ten thousand Zulu men died defending their homeland (Knight, 1995, p. 270). Following the war, the British began decentralizing the Zulu royal house. Zululand was carved into thirteen regions, each headed by British sympathizers. Finally subjugated, young Zulu men soon found themselves traveling outside Zululand in search of work. The system of migrant labor, as in other parts of south Africa, had at last taken hold of Zululand. The economic seeds of apartheid, the racist system of black oppression, had been sown (Knight, 1995, p. 272).

Those, like the Zulu, who are invaded by a conquering power are faced with only two choices: subjugation or war (Gump, 1994, p. 3). Though the chances for success were poor for the Zulu, war was the only chance to defend their homeland and preserve their way of life. When the British could not easily lay their hands on what they wanted, they believed they had reached the last resort, and

therefore initiated war. These attitudes are common throughout all imperialistic societies. Britain justified its actions through claims to "savage" Zulu; to expose them to a "new and better way of living" (Gump, 1994, p. 14). However, war, from the imperialistic standpoint not be the final option when a piece of land and the promise of a profit are found to be superior to human life.

The Anglo-Zulu War is not the only conflict history that has occurred over a piece of land. For centuries, opposition has brewed between the Serbs and Albanians of the Balkans. The source of conflict is Kosovo, a province of Serbia, sharing borders with Albania (Andryszewski, 2000, p. 9). The claim of the area is bitterly disputed between the Serbs and the Albanians. Serbs hold that, despite the ethnic shift only a few generations ago, the people of Kosovo have been primarily Serbian. The Albanians, on the other hand, argue that their ancestors, the ancient Illyrians and the Dardanians, habituated the region prior to the Slavic invasions of the sixth and seventh centuries. Therefore, they believe, Albanians have the right to what they call "first possession." The truth concerning the claim of Kosovo is unclear. However, as in most cases, the truth is not what matters, but rather is what the people believe the truth to be (Judah, 2000, p. 2).

In April, 1987, a politician from Belgrade delivered a speech glorifying the Serbian nation. Because of high tensions between the Albanians and the Serbs, biased speech-making had been against certain unspoken "rules" in Yugoslavia. However, by the end of the year, he became the most powerful politician in Serbia (Andryszewski, 2000, p. 18). In 1991, Milosevic began his war in Bosnia for a "Greater Serbia." By the time the Dayton Peace Agreement had been approved and signed, hundreds of thousands of Muslims and Croats had fallen victim to the program of "ethnic cleansing," driven from their homes, tortured, raped, and murdered (Andryszewski, 2000, p. 20). Despite the declaration of peace, Milosevic's ambitions for a "Greater Serbia" had not been eliminated. His ambitions soon turned toward Kosovo.

Kosovo remained under the harsh rule of Serbia. In 1997, the Kosovo Liberation Army (KLA), a small guerrilla force, began to wage a war against Serbian authorities. Alone, the KLA's chances for a sweeping victory were slim. However, the worthy cause of self-defense justifies their actions. The occasional skirmishes between the KLA and Serbian authorities culminated in the Serbian massacre in Drenica where dozens of ethnic Albanian civilians were slaughtered (Andryszewski, 2000, p. 30). Despite NATO threats of airstrikes to end the fighting, the violence between the Albanians and Serbs continued to escalate. In January, 1999, Serbs massacred forty-five ethnic Albanians in the Kosovar village of Racak. NATO, acting as a peace-keeper gave the Serbs and Kosovar Albanians an ultimatum: make peace or face NATO military action. The Albanians were willing to make peace, but all agreements proved futile when Milosevic refused to sign (Andryszewski, 2000, p. 33).

Far from any kind of last resort, Milosevic, wielding the power of a legitimate authority, instigated a massive Serb military attack on Kosovo. Kosovar Albanians, both military and civilian, were his paramount targets. A campaign of ethnic cleansing, echoing that of Bosnia, was launched on the Kosovar Albanians. Homes were burned, women were raped, and men were slaughtered; mass graves, freshly dug, could be seen from the air (Andryszewski, 2000, p. 48). Milosevic justified his unjust actions through his call for a "Greater Serbia." Again, the desire for a piece of land was put before the sanctity of human life.