

his role in the Malmedy massacre of American POWs at the Battle of the Bulge. I am proud to honor Michel Thomas for his heroism.

On Memorial Day, it is fitting that we honor all the men and women of the Armed Forces who have served their nation throughout history including those who are currently risking their lives around the world, including in Afghanistan and Iraq. I have been to both countries twice and have visited with soldiers from New York and across the country. I especially want to note the contributions of the 10th Mountain Division from Fort Drum under General Austin's leadership, and the 1st Battalion, 69th Infantry Division of the New York Army National Guard, located in my district, who just shipped out to Iraq on Monday. While they are serving in Iraq, I will be fighting to pass legislation to ensure that they receive full military retirement credit for their days of service at Ground Zero after the terrorist attacks of 9/11.

I am pleased to note that today we are passing legislation to correct a longstanding inequity in survivor benefits for the spouses of our fallen veterans. The "National Defense Authorization Act for Fiscal Year 2005" provides for a 5-year phase-in to eliminate the Widow's Tax. This unfair tax penalizes the widows and widowers of military retirees by reducing their Survivor Benefit Plan benefit from 55 percent of the retiree's pension to 35 percent once they reach age 62, normally the same age she or he is eligible for Social Security. The Social Security benefit the surviving spouse receives is often less than the reduction in the benefit, which results in a net loss of income. This legislation brings long overdue relief to the surviving spouses.

I will continue to support the members of Armed Forces in every way that I can. We owe all of them a debt of gratitude which we can never repay. They helped to make this country what it is today, and they have brought peace to other nations across the globe.

I would like to thank my colleagues from New York Representatives RANGEL and WALSH for organizing today's moment of silence for America's fallen soldiers.

HONORING THE FRATERNAL  
ORDER OF EAGLES AERIE 629  
(DORT HIGHWAY)

**HON. DALE E. KILDEE**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 2, 2004*

Mr. KILDEE. Mr. Speaker, I rise before you today to bring to your attention that during the month of February 2004 the Fraternal Order of Eagles Aerie 629 (Dort Highway) of Flint, Michigan celebrated their 100th year of brotherhood.

The Fraternal Order of Eagles formerly known as the "Seattle Order of Good Things" was founded in Seattle, Washington on February 6, 1898. The organization's informal slogan is "People Helping People" (F. Hector Gauthier, North Uxbridge, Mass.) Six short years later, on February 17, 1904 the Flint Dort Highway Fraternal Order of Eagles Aerie 629 chapter was chartered with 61 members. Former Flint Mayor George McKinley was the chapter's first President and Floyd Simson a Pharmacist/Drugstore owner was the Sec-

retary. The club held meetings in the old Woolworth building twice a month until they relocated to the 2nd floor of the State Theater in June of 1905. In 1907 they moved to Castel Hall where they occupied the entire 3rd floor. As the organization's location changed so did its membership. In 1938 their Auxiliary was chartered with 71 members while located at the Smith and Waters building, which was purchased from Dort Motor Company in 1922. The club added a 10,000 square foot addition to the building which they called home until a fire destroyed the building and forced them to move to the second floor of the Samons building located at First and Garland. They remained there until 1980 when they purchased the building known as the Freeman Ice Cream Building. The organization began remodeling efforts immediately, with most of the work being done by its members. The building was completed in 1981 and a banquet hall was added just in time for their 1984 District Wide Initiation. New candidates from all the clubs in District Four were initiated during the event. The Fraternal Order of Eagles is an organization committed to the American people. Throughout its 100 years, they have strived on a daily basis to make this country a better place for all. This is an extraordinary club of men working for the betterment of our nation. I am proud to say that there is a chapter in my hometown of Flint addressing the needs of my community.

Mr. Speaker, many people have greatly benefited from the generosity of these fine men. They are indeed men of moral character committed to improving the welfare and dignity of those in need. I ask my colleagues in the 108th Congress to please join me in paying tribute to the Fraternal Order of Eagles Aerie 629 (Dort Highway) Flint Chapter as they celebrate 100 years of solid brotherhood and in wishing them the very best in future endeavors.

RECOGNIZING THE MERCURY  
NEWS FOR ITS ARTICLE "DIS-  
COUNT CARD DOUBT"

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 2, 2004*

Mr. STARK. Mr. Speaker, I rise today to recognize an outstanding piece of journalism that appeared in The Mercury News in San Jose, California. The article, "Discount Card Doubt" presents the realistic confusion Medicare beneficiaries face in choosing a discount card. As the Centers for Medicare and Medicaid Services and individual card sponsors bombard beneficiaries with glossy marketing materials, I am proud to know that my constituents are receiving a fair and balanced account of the drug card debacle. I would like to thank Barbara Feder Ostrov for her exceptional reporting, and for informing the people of my district about the benefits and dangers of the Medicare approved drug discount card program.

It is with pleasure that I submit the attached article, "Discount Card Doubt," for inclusion in the CONGRESSIONAL RECORD. The article originally appeared in the May 26, 2004 edition of The Mercury News.

DISCOUNT CARD DOUBT

COMPLICATED SYSTEM: CHOOSING ONE OF 73  
PLANS IS A HASSLE, SENIORS SAY

(By Barbara Feder Ostrov)

Betty Cozzi is trying to keep an open mind about the new Medicare discount cards. Last week, she dutifully sat through a presentation with a nice lady showing PowerPoint slides at Cambrian Center, the San Jose senior apartment complex where she lives.

But the whole thing is pretty annoying, in her view.

"They've made it so complicated," said Cozzi, who is 71. "We should be able to sit down and read the information without being talked to like we're second-graders. And I don't even know if the card will help me."

As Medicare drug discount cards go "live" next Tuesday, seniors like Cozzi are wading through a swamp of conflicting and sometimes downright inaccurate information as they assess which card they want to buy—that is, if they want to buy one at all.

The cards, which offer Medicare recipients discounts on both brand-name and generic prescription drugs, are the first of a series of Medicare prescription drug reforms providing temporary relief from rising medication costs until a larger benefit takes effect in 2006.

Some cards are free, while others can cost up to \$30. They offer discounts of 15 percent to 20 percent on the average retail prices for brand-name drugs, with deeper discounts of 30 percent to 60 percent on generics, according to the Centers for Medicaid and Medicare Services, the federal agency that oversees Medicare.

About 3.2 million seniors in California could benefit from the discount cards, saving about \$515 million on their medications in 2004 and 2005, the years when the cards will be available, according to a study released last week by the Business Roundtable, a trade group for chief executives of large corporations. The study also found that about 105,000 California seniors will qualify for a \$600-a-year credit for low-income people that can be applied toward drug purchases made with the cards in 2004 and 2005.

But seniors may find deeper discounts purchasing from Canadian pharmacies, U.S.-based mail order houses or even Costco, as a Mercury News analysis of 10 common drugs shows (see chart).

NOT MUCH SAVINGS

A little-known state program in which participating pharmacies offer prescription drug discounts to California Medicare recipients was the most expensive option for some drugs, the analysis shows.

Cozzi, a retired executive secretary, isn't poor enough to qualify for the \$600-a-year credit, but her income is limited enough that she only takes Plavix, an expensive drug that prevents strokes and heart attacks, every other day, rather than the daily dose her doctor recommends.

Plavix, which isn't available as a cheaper generic, can cost nearly \$1,500 annually, and Cozzi must also take other medications like Lipitor, which can cost an additional \$800-plus each year. She tries to save money by ordering her drugs through a U.S. mail-order service offered by her supplemental Medicare insurance.

Cozzi said she is just starting to research which Medicare discount card might be best for her, but it's a trying endeavor. There are 73 different Medicare-approved cards, and every one covers different drugs, with pricing that can change weekly. Once Cozzi buys a card, she won't be able to buy a different one this year.

She has a few options: She can call (800) MEDICARE and ask a representative which

cards cover the medicines she takes. She can call the Health Insurance Counseling Assistance Program, which helps California seniors navigate Medicare, where a counselor can help her determine which card will provide the lowest prices on her medications.

"This should be a lot more simple," Cozzi said. "But I guess some discount is better than nothing."

Although Medicare was rapped earlier this month for long waits on its telephone hotline, it has added workers to ease the backlog. On two different afternoons last week, there was only a one-minute wait to speak to a representative on the hotline.

Cozzi also can go online to [www.medicare.gov](http://www.medicare.gov), where she will encounter a complex drug search engine that some seniors have criticized for providing inaccurate information. And she can visit her local pharmacy for card applications, but if it's a chain that offers its own card, it may not display information about competing cards that might save her more.

#### NOT WORTH IT FOR SOME

"People are finding it very complicated," said Vicki Gottlich, an attorney with the Center for Medicare Advocacy, a public-interest law firm.

"We're hearing from highly educated, highly competent people that it just may not be worth it," Gottlich said. "They're not sure the discounts are that great and the information they're finding is accurate."

Gottlich recommends that seniors verify with their own pharmacists the information they receive from the Medicare Web site or telephone representative, because in some cases, pharmacists haven't been notified about the discounts or whether their pharmacy is in a particular card's network.

#### HMO DISCOUNT CARDS

While Cozzi has a supplemental Medicare plan that allows her to purchase any card she wants, some seniors with Medicare HMOs such as Kaiser Permanente's Senior Advantage may only apply for the cards offered by their HMO.

That irks Kaiser member Caroline Castiglione of East Palo Alto. Castiglione could purchase Kaiser's Medicare discount card for \$30, but it will save her only \$1.40 a year on Fosamax, a brand-name osteoporosis drug, at Kaiser pharmacies. She called a nearby, non-Kaiser pharmacy to see what discount the Kaiser card might offer, but the pharmacist didn't know.

"To pay \$30 to save \$1.40, it doesn't make sense," said Castiglione, who is 81. "I don't buy a pig in a poke, I want to know what I'm buying. I'm very frustrated."

### DISAPPOINTMENT WITH REVISED CONFERENCE REPORT REGARDING THIS YEAR'S HEALTH AND HUMAN SERVICE BUDGET PROPOSAL WITH RESPECT TO MINORITY HEALTH AND THE HEALTH OF AMERICA'S MOST VULNERABLE

#### HON. DONNA M. CHRISTENSEN

OF THE VIRGIN ISLANDS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 2, 2004

Mrs. CHRISTENSEN. Mr. Speaker, I rise today to share my deep disappointment about

the revised Conference Report regarding this year's Health and Human Service budget proposal and how it impacts change for minority health and the health of America's most vulnerable populations. The House conference report can only be viewed as a slap in the face and an insincere gesture to address systemic health problems faced by minorities and women. With few exceptions, the conference report includes policy-based numbers only for 2005 and provides but meaningless placeholder numbers for 2006 through 2009.

The Budget Act requires that the budget resolution cover five years: this conference report clearly violates the spirit of that requirement by providing in essence only a shell of a five-year budget resolution. It has been a quarter of a century since a budget resolution conference report covered only one year.

Mr. Speaker, this budget mainly benefits the healthy and the wealthy, because the conference agreement provides only \$864.3 billion for 2005 discretionary funding, including the \$50 billion for operations in Iraq and Afghanistan. Excluding funding for these operations, the total is \$8.6 billion less than the President's already dismal budget sent to Congress back in February.

The conference agreement increases funding for both national defense and homeland security, and cuts 2005 funding for domestic programs by \$7.6 billion—below a freeze at the 2004 enacted level and by \$18.3 billion below the level needed to maintain services at the 2004 level. Excluding the increases for homeland security, the conference agreement cuts the remaining domestic programs even more. The conference agreement contained deep and arbitrary cuts to healthcare programs that are critical to serving minority populations.

Over five years, the budget cuts spending for mandatory health programs by \$905 million. Medicaid constitutes over 90 percent of the dollars for these programs, so it is likely that Medicaid will bear the brunt of these spending cuts, if they are enacted. But this is just the beginning Mr. Speaker. The budget cuts funding for the uninsured by slashing HCAP, the Healthy Community access program, from \$120 million to \$10 million.

The House's conference report slashes Health Professions funding by 70 percent, from \$409 million to \$126 million, eliminating funding for important programs to address the nursing shortage and to train health professionals for cultural competence. New York alone will receive a cut of \$22 million.

The House's conference report cuts the Public Health Improvement accounts in half. Reductions to this account not only jeopardize the electronic information infrastructure, and other activities needed to monitor and respond to bioterrorism, but also affect programs to eliminate racial disparities.

The House's conference report slashes rural health activities by \$91 million below this year's enacted level—or by 64 percent. This cut includes eliminating the \$39 million rural health flexibility grant program and drastically cutting back rural health outreach grants, used to expand clinical services in rural areas.

The House's conference report provides an inadequate increase of only 2.6 percent for NIH. According to patient and research advocates, NIH must receive budget increases of 8 to 10 percent to capitalize on the progress being made in biomedical research. The Bush budget will not even allow NIH to continue existing grants.

The House's conference report cuts funding for the Office of Minority Health by 15 percent from this year's enacted level. This office supports disease prevention, health promotion, service demonstration, and educational efforts that focus on health concerns that cause the high rate of disease in racial and ethnic minority communities. In addition, it does not propose to reauthorize the Office, whose authorization expires in 3 years. This is a very bad omen, in the face of the large and growing healthcare disparities in minority communities.

The House's conference report cuts bioterrorism hospital preparedness grants by \$39 million. This will leave a host of unfunded Federal mandates and will further burden already strained resources at hospitals that serve minority and rural communities.

The House's conference report zeroes out the healthcare facilities improvement projects, halting all healthcare infrastructure projects that are supported through Federal contracts. Many of the projects are in rural and urban communities that serve minority populations.

The House's conference report only levels grant programs for organ transplantation and bone marrow donor registry, which has helped a number of people in underserved communities to get transplants.

The House's conference report also levels funds the telehealth program, which has been instrumental in providing healthcare in rural and Native American communities that currently lack healthcare infrastructure and service providers.

The House's conference report freezes funding for the Indian Health Service's health professions program, diabetes grants program, and medical equipment program. Native Americans have the highest rate of diabetes and the lowest production of health professionals in the Nation.

The House's conference report freezes funding for the mentoring of children of prisoners, for programs that address developmental disabilities, violence against women, and runaway and homeless youth programs in the Department's Administration for Children and Families.

In addition it cuts \$33 million from the Early Learning Fund and \$3 million from the Child Abuse Discretionary Activities account. Both programs support a number of organizations in minority communities.

Mr. Speaker, our healthcare system in this country is currently in peril. It is falling short on promise and contributing to the disabling illness and premature death of the people it is supposed to serve. The picture is the worst for minority populations, who for almost every illness are impacted most severely and disproportionately.