management agencies are often overwhelmed and unable to deal with all the needs of the affected communities. This program trains private citizens to provide basic emergency care for their own neighborhoods in the critical time immediately following a disaster.

The Temecula Citizen Corps has achieved such impressive results that the Department of Homeland Security considers it a standard setter for local communities. It has also won widespread praise throughout the Southern California region for its efficiency and quality of training and is inspiring many other cities and communities to follow its example. Last week, the men and women of Temecula were recognized publicly by the Secretary of Homeland Security, Tom Ridge, for the excellent program they have developed.

I am extremely proud of the City of Temecula for the dedication and effort they have invested in the Temecula Citizen Corps program. I am pleased to have had this opportunity to recognize them today and I encourage my colleagues to review their program as an example of what is possible when communities decide to take responsibility for their security needs.

HONORING DIANA MASON

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES Wednesday, January 21, 2004

Mr. GEORGE MILLER of California. Mr. Speaker, I rise today in recognition of the career of my long-time friend and constituent Mrs. Diana Mason.

Diana began her career in 1963 after graduating from Diablo Valley College in Pleasant Hill, California. As a secretary in the engineering department of the United States Steel Corporation, Diana began what would be three decades of service to US Steel. Two years after her initial employment she transferred to the Industrial Engineering Department and finally in 1967 began working at the San Francisco corporate offices as secretary to the Director of Public Relations of Western States.

Diana continued her exemplary service and in 1979 was promoted to Executive Secretary to Plant Manager and returned to Pittsburg, CA. In 1986, US Steel merged with Pohang Steel Corporation of South Korea to become USS/POSCO Industries (UPI) and Diana began working as secretary to Mr. S.H. Yo, Executive Vice President of UPI.

In 1993, Diana became responsible for bringing UPI to the forefront of the community and began her new job as Manager of Community Relations. In this position she worked closely with the people and businesses of surrounding cities—Antioch, Oakley, and Brentwood.

In addition to her work for UPI, Diana supports several outreach programs including Junior Achievement, Project Read, Choices, and the Pittsburg Seafood Festival. She is also a member of the Pittsburg Chamber of Commerce and the Rotary Club.

For three decades Diana has dedicated her career to working for US Steel and later UPI. In October 2003, Diana ended her long and successful career and I would like to take the time today to congratulate her on a job well done. I will continue to enjoy my friendship

with her and I have tremendous respect and appreciation for the work she has done on behalf of her company, its employees, and our community.

I encourage my colleagues in the House of Representatives to join me in acknowledging the career and dedication of Diana Mason.

RECOGNIZING THE SAN GABRIEL VALLEY NAACP AND THE CITY OF WEST COVINA FOR COMMEMORATING THE LIFE OF DR. MARTIN LUTHER KING, JR.

HON. HILDA L. SOLIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 21, 2004

Ms. SOLIS. Mr. Speaker, I stand today to commend the work of the San Gabriel Valley National Association for the Advancement of Colored People (NAACP) and the city of West Covina for their 5th annual commemoration of the life and legacy of Dr. Martin Luther King, Ir.

Dr. King was a visionary leader who believed and dreamed of a color-blind society in America—a place where interracial and intercultural cooperation triumphs over hatred and ignorance. He helped awaken our nation's conscience of the racial injustice directed toward millions of Americans and reaffirmed our most cherished principle—the principle that all men and women are created equal.

During the 1960s, a time of great unrest, Dr. King emphasized the importance of using nonviolence to achieve social and political advancement for all people. Dr. King understood that the means of achieving your goal was as important as the goal you were trying to achieve. Although we have made great strides toward achieving greater equality and opportunity for all since his death, we as a nation and as a people are still struggling to fulfill his dream, and we must do more.

According to Coretta Scott King, the Martin Luther King, Jr. Holiday is not only a celebration of a man who brought hope and healing to America, but it is, above all, a day of service. In honor of Dr. King, let us remember to help the less fortunate, to fight against injustice, and live up to the principle of our great country.

I commend the work of the San Gabriel Valley NAACP and the city of West Covina for organizing the 5th annual celebration to pay tribute to the life and legacy of Dr. Martin Luther King Jr. Events like these remind us that Dr. King's fight is our fight, his dream is our dream, and that one day we will "judge a person by the content of their character and not the color of their skin." Let us keep his memory alive through our actions and deeds.

ADDRESSING THE RECENT "RE-FORM" OF THE MEDICARE SYS-TEM

HON. WILLIAM D. DELAHUNT

OF MASSACHUSETTS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, January 21, 2004

Mr. DELAHUNT. Mr. Speaker, I rise today to address the consequences of the Medicare

legislation signed into law in December of last year. I must express my profound disappointment with the outcome of a process that originally promised so much hope. Throughout 2003, there was bipartisan enthusiasm and genuine momentum for change that would safeguard the Medicare system and ensure affordable prescription drugs for every American. It seemed as if we might finally make some real progress. Sadly, the Congress—under relentless pressure from the White House and the pharmaceutical industry—squandered the opportunity of a generation.

Some have characterized the new law as "better than nothing." Nothing could be further from the truth. This was bad legislation, enacted in an underhanded manner. It is extremely expensive, but does little to actually bring down out-of-pocket consumer costs. The consensus for reform was shredded in favor of a complicated system designed by lobbyists for the pharmaceutical industry.

Only a handful of congressional Members even saw the final 700-page document, made available barely an hour before floor debate. Although the bill was initially defeated after the normal 15-minute voting period, the Speaker simply refused to gavel the vote to a close. After more than three excruciating hours—the longest vote ever in the history of the U.S. Congress—he finally closed the vote only after enough arms were twisted to change the outcome. Even then, at 6 a.m. that Saturday in November, the bill passed by only five votes. And with the bill now law, the strongest defense from proponents seems to be: "Don't worry, no one has to sign up, it's all voluntary." That's hardly reassuring for millions of seniors in urgent need.

Because this "reform" does far more to inflate the Federal budget than to help senior citizens or the Medicare program, I voted against it. There is so much wrong with this package that it's hard to know where to begin.

First, it doesn't offer much real prescription drug coverage. To enroll in the new Part D coverage, you must pay an estimated \$35 monthly premium—and still meet an annual \$250 deductible. Up to \$2,200, you also pay 25 percent of the drug costs. After that, you face a coverage gap (the infamous "doughnut hole") where you pay 100 percent until costs reach \$5.044. In other words, older and disabled people will have to spend nearly \$4,000 for the first \$5,000 of annual coverage—paying nearly 80 percent of their prescription drug costs to get any substantial benefit at all. And, these are only first-year estimates: the out-ofpocket cost is expected to rise every year thereafter.

Incredibly, however, if you participate in the new prescription drug benefit, you will not be permitted to buy any kind of supplemental insurance (like Medigap) to cover your share of the costs. Medicare will cover only drugs on a list of preferred "formulary" medicines; and drugs purchased outside the list will not be counted toward your deductible.

On top of all that, the new benefit doesn't even take effect until the year 2006, more than 2 years away. This fact was scarcely mentioned by the bill's proponents during the congressional debate. Seniors need help now, not cynical and uncertain promises for later.

In the meantime, the interim discount cards paraded by the administration promise only small savings for the consumer—if you can figure out how they work. It's not clear who

will offer the cards, what the discounts will be, when and for how long the cards will be available. These decisions will be driven by—believe it or not—the self-interest of pharmaceutical companies and other business entities. The potential card issuers are not required to pass along any resulting savings to consumers. Once enrolled, you must stay with the card for at least a year, even if the issuer stops discounting the medication you need.

It gets worse. This bill does not remotely pretend to address the fundamental issue: the crushing cost of prescription medication. Rather than leveraging the enormous buying power of millions of Medicare recipients, the new law actually bars market competition. And, let's be clear, this legislation was authored by partisans who swear by the catechism of the free market. As enacted, the bill explicitly prohibits Medicare from negotiating with the pharmaceutical industry for better prices and deeper discounts. We know negotiated discounts can work. When the VA negotiates on behalf of this country's veterans, their drug prices drop significantly. It is mind-boggling that 40 million seniors are being deprived-by law-of the same leverage.

Moreover, the bill blocks reimportation of U.S.-produced drugs from other countries at lower prices. It claims to allow Canadian imports, but only if the Food and Drug Administration formally certifies their safety, which is unlikely to ever happen. The FDA has already stubbornly resisted reimportation, forcing local Councils on Aging and dozens of cities and States to take matters into their own hands—although there is not a single documented case of injury resulting from U.S.-produced drugs that have been reimported from Canada.

In fairness, the bill postponed a scheduled 4.5-percent cut in physician reimbursement for Medicare services—easing fears of a wholesale abandonment of Medicare patients. The legislation will ensure physicians receive a 3-percent increase in payments over the next 2 years. However, this is not nearly enough to protect Medicare beneficiaries' access to quality health care providers. And, the bill actually complicates problems that oncologists face in getting adequate reimbursement for crucial cancer drugs and obstacles confronting patients who need access to inpatient rehabilitation facilities.

Despite the coverage limits and other short-falls, the cost of the legislation is spectacular—projected by the nonpartisan Congressional Budget Office to exceed \$2 trillion over 10 years. At the same time, homeland security and recent tax cuts have already forced dramatic increases in the Federal deficit, now almost \$400 billion. That is a shocking number, especially when you consider that just three years ago, the budget was boasting a healthy surplus.

Moreover, many fear this new law could lead down a dangerous road toward privatization of Medicare and even Social Security. We saw a similar experiment fail dramatically with Medicare+Choice several years ago, when HMOs and other providers dropped out of the system as soon as costs escalated—leaving seniors to fend for themselves. This new law poses similar risks.

It breaks my heart that the Congress could not achieve real Medicare reform that addressed prescription drug costs. As I look back on my four House terms, very few votes stand out as genuinely historic in consequence. Along with Presidential impeachment and the Iraq war resolution, the vote on this bill is such a watershed moment. The White House achieved this "victory" by deluding seniors about the impending relief—in the process, jeopardizing hope of genuine reform in the foreseeable future.

As the House reconvenes, I will resume my work with colleagues on both sides of the partisan aisle to address problems with the new law. Older Americans have raised their voices effectively in the legislative arena before. In 1989, a deeply flawed catastrophic benefits bill was repealed. Almost a decade ago, we struggled successfully to restore Medicare cuts that savaged home health care locally and across the Nation. This time, we can expect a steep uphill battle. In his State of the Union address this week, the President vowed to veto any amendments to the new Medicare law. To amend even the most egregious provisions of this bill will require every ounce of outrage we can collectively muster. As cochair of the Older Americans Caucus, a bipartisan group of colleagues focused on issues of particular significance to seniors, please count on my continued and vigorous commitment. I am already working with key House colleagues on specific legislation to repeal the new law's barriers to drug reimportation and negotiated discounts.

HONORING CHILTON MEMORIAL HOSPITAL'S 50TH ANNIVERSARY

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES Wednesday, January 21, 2004

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to honor the Chilton Memorial Hospital of Pequannock Township, Morris County, New Jersey, in my congressional district. Chilton Memorial Hospital is celebrating 50 years of providing excellence in community health care.

Despite its humble beginnings, Chilton's history is a proud one. This 256-bed hospital arose from the dream of Dr. Forrest Chilton II and his registered nurse wife, Betty. During World War II, when gasoline was being rationed and people in the area did not have enough for the drive to the hospital in the city of Paterson, Dr. and Mrs. Chilton set up a small maternity hospital above his office in Pompton Plains. Soon, as more and more of his thankful patients availed themselves of his services, it became clear that a full service hospital was desperately needed in this fast-growing area in northern New Jersey.

In 1947, the good doctor and his wife donated 8 acres of land to build a hospital in memory of their son, Forrest Chilton III, and other heroes who served our country and made the ultimate sacrifice for American's in World War II. That same year, Dr. Chilton formed a board of directors to help prepare a building plan. Seven years later, in 1954, thanks to the efforts of Dr. and Mrs. Chilton, the Board of Trustees, the 20 women who were the original members of the Chilton Memorial Hospital Auxiliary and 20,000 community volunteers who gave of their time and financial resources, the Chilton Memorial Hospital, with 31 employees and 50 beds, opened its doors for the first time in Pompton Plains. Within 2 months the hospital was operating near capacity and expansion plans were already underway. In that first year, Chilton Memorial admitted 2,536 patients, delivered 787 babies and treated 3,317 people in its emergency room.

Fiffy years later, Chilton Memorial's 1,400 employees and 575 associated physicians admit more than 11,000 patients each year, deliver 1,200 newborn babies, perform nearly 6,000 same day surgeries, treat 36,000 people in its state-of-the-art emergency department, and treat an additional 81,000 citizens on an outpatient basis.

Indeed, Chilton Memorial Hospital's tradition of caring and its commitment to the surrounding communities has made it one of New Jersey's best hospitals. Today, Mr. Speaker, Chilton Memorial Hospital is credited with being the first hospital in the State of New Jersey to be awarded a perfect score by the Joint Commission Accreditation of Healthcare Organizations, whose surveyors evaluate facilities and procedures at 18,000 healthcare facilities worldwide. Chilton's nursing staff has also won national acclaim for consistently receiving the highest ratings for their competence, compassion, response time, and teamwork.

The future will be no different for Chilton as it continues following in the footsteps of its provides founder and state-of-the-art healthcare to a grateful community. Services like Chilton's family-centered obstetrics program that features home-like labor, delivery and recovery rooms, its renowned pediatric care, free standing same day surgery center, and centers for pain management, endoscopy, cardiac care, sleeping disorders, sports medicine and cancer care, among others, and its strong commitment to health and wellness for older men and women, have helped build Chilton's lasting legacy as a premier quality healthcare provider.

Mr. Speaker, I ask that you and my colleagues in the House of Representatives join with me in congratulating Chilton Memorial Hospital, and all of the hospital's outstanding staff, employees, and volunteers, upon celebrating its 50th anniversary.

HONORING THE ACHIEVEMENTS OF DON SUTTON

HON. JEFF MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES Wednesday, January 21, 2004

Mr. JEFF MILLER of Florida. Mr. Speaker, I rise today to recognize the achievements of one of my constituents, a 1998 Hall of Fame inductee and now a respected broadcaster for the Atlanta Braves, Mr. Don Sutton.

The Los Angeles Dodgers signed Don as an amateur free agent in 1964. He ended his career in 1998 with 324 wins and struck out 3,574 batters, while never missing his turn in the pitching rotation for the Dodgers, Astros, Brewers, Athletics and Angels.

Don, a four-time All Star and the 1977 All-Star Game MVP, reached double figures in wins in 21 of his 23 seasons and struck out over 100 batters in each of his first 21 campaigns. He pitched in four World Series and posted five career one-hit games.

Don, who never spent one day on the disabled list, kept this body and mind in tip-top