

people living in this part of the world are concerned, it certainly is a natural disaster.

One reason sometimes we are reluctant to give assistance for the drought is because it is assumed that there is a lot of money in the farm bill, that farmers are being taken care of maybe too well. I would like to call attention again to another graphic here which illustrates that the farm bill has really been functioning in a way that many people have not anticipated. The projected costs in 2002 were \$14.3 billion. In actuality it cost \$13.2 billion. In 2003 the projected costs were \$18.6 billion. Instead it cost \$12.1 billion, a saving of roughly \$6.5 billion less than projected. In 2004 the projection was \$17.5 billion and now it looks like it is projected to come in at about \$10.1 billion. Out of a \$50 billion expenditure that was predicted, we are actually going to spend about \$35 billion.

The point is that we would hope that maybe out of that \$15 billion shortfall that we think is certainly good for the country and good for the taxpayer, that maybe at least some of that, a little bit of that could go back to those who have really labored under this drought.

Mr. Speaker, I would like to close by urging Congress not to ignore the largest ongoing natural disaster facing the United States today, which is the extended drought, and I would also like to hope that Congress would not fail to appreciate those who provide the world's best, the safest, and the cheapest food supply of any place on this planet.

#### NATIONAL COVER THE UNINSURED WEEK

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

Mr. GREEN of Texas. Mr. Speaker, this week marks National Cover the Uninsured Week where we focus our attention on the many health care problems confronting Americans without health insurance. This evening I returned to Washington from Houston after participating in a symposium, at St. Joseph's Christus Hospital, on the uninsured. St. Joseph's and Sisters of Charity have for decades served both the uninsured and the insured in the Houston area. Some of the most innovative and lifesaving research and treatment developments are being discovered in our backyard. The problem is that too many of our neighbors cannot access these lifesaving treatments because they lack health insurance.

Currently 31.2 percent of adult Texans are living without health insurance, more than any other State in this country. The growing number of uninsured in this country is truly a problem for all Americans. The uninsured often use the emergency room as their primary source of health care, which increases health care costs for

all Americans. Americans without health insurance are less likely to seek preventive health care and only get care once their health problems reach emergency proportions. In fact, nearly 40 percent of the uninsured adults skip a recommended medical test and half of those people have not received care for a serious health problem in the last year.

I hope that Cover the Uninsured Week will result in a renewed debate about the serious health care problems that we face in our country and the actions we must take to ensure Americans access to quality health care. But we are increasingly going in the wrong direction. Uninsured, particularly children, have taken such a huge cut in the children's health care initiative program, the CHIPs program. I know in my State of Texas alone we have lost at least 107,000 children from CHIPs because of State budget problems. I am sure that problem is around the country with all our States.

As we have learned in the past, a rush to enact flawed policy is arguably just as bad as enacting no policy at all. A prime example is the new Medicare discount drug cards that are giving our seniors too little benefits and too many frustrations. This card was created from a flawed Medicare prescription drug bill that does not provide prescription drug coverage until 2006 and creates a huge gap in coverage forcing seniors to pay all their drug costs between \$2,250 to \$3,600.

Therefore, it is no surprise that I had doubts about our seniors' ability to utilize this first step, the discount drug card. I worried about seniors' access to information about the various cards and their ability to get reliable data from which to make an informed decision. Yet with great fanfare, Medicare released a Web site to provide just this information and allow seniors to compare the drug prices offered by the cards. That is precisely where the confusion began. The Houston Chronicle recently published an article detailing just how confusing this drug card is for seniors. In fact, the author found that the drug card was more confusing than preparing your income taxes or dealing with an insurance company regarding a hospital bill. I think this article sheds important light on the frustrations seniors are facing right now. I submit this article for printing in the RECORD.

[From the Houston Chronicle, May 4, 2004]

#### MEDICARE DRUG DISCOUNT CARDS EXPLAINED, SORT OF

(By Jim Shea)

The first thing seniors need to find out about the new Medicare prescription drug discount cards is if they are eligible.

This will not be easy.

Doing your taxes is easy.

Trying to straighten out a hospital bill with the insurance company is easy.

Explaining the infield-fly rule is easy.

Figuring out if you qualify for a discount card is, well, let me try to put it in context.

Beginning this week, seniors who are thinking of applying for the card can call for information. To handle the anticipated vol-

ume, the government has hired 1,000 "benefit advisers."

This sounds pretty good until you do the math:

Problem: How many times does 1,000 (government bureaucrats) go into 12.5 million (confused Medicare recipients who may call)?

Answer: Enough times to boost "death by on-hold music" to the top of the mortality charts.

Next, let's explore the matter of choosing which of the 28 government-approved private companies you should get your discount card from.

To make this choice, the government suggests you compare such things as drug availability and price before signing with a provider.

Seems like reasonable advice, except for one little hitch.

The discount card company you join is under no restriction to maintain the price that enticed you to join in the first place. In fact, it doesn't even have to guarantee it will continue to carry the drugs you need.

In private business this practice is known as bait and switch. In Republican-controlled Washington these days, it is known as a benefit.

If this provision seems a little one-sided, a little too big-business friendly, consider this: Even if you are baited and switched and generally hosed all over, you are prohibited from moving to another discount card company until your mandatory one-year commitment is up.

I mean, you get better terms from the Gambinos.

In fairness, seniors at the low-income end of the spectrum who manage to escape the registration process without contracting a terminal case of phone ear will benefit from the program. They qualify for an annual subsidy of \$600, which if they are smart, they will use to purchase round-trip bus tickets to drug-stores in Canada.

Seniors at the high-income end of the spectrum, who own the right stocks, will also make out well.

To everyone else, let me just say that if you can't get your questions answered, give me a call and I will explain the following:

The first thing to know about the infield-fly rule is that it only applies if there are less than two outs and . . .

The first problem with the Medicare Web site is that a large number of senior citizens do not enjoy or are not proficient with the Internet. Frankly, I do not blame them for being skeptical about providing sensitive financial information such as their monthly income or other indicators of their financial situation. Yet even if our seniors are willing to go through all the steps on the Medicare Web site, the information generated is too confusing to help our seniors make a truly informed choice regarding their discount drug card. My staff and I attempted to put together a simple document to help seniors in our district easily understand the choices before them, yet it did not take long for us to realize there is nothing simple about this card.

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One zip code in my district had 12 participating cards; yet a neighboring zip code under the Web site had zero participating cards. It is hard enough for a senior to determine what cards serviced their zip code. For example, a senior would also have to figure out if

her pharmacy accepted that card and if her drugs were considered preferred under that card. If that is not difficult enough, then that senior would have to compare that card to all the other cards in her area, for example, the one that had 12 with the neighboring zip code that had zero.

Unfortunately, the story gets worse for our seniors. After spending the time, energy, and brain power to choose the best card, seniors are not even guaranteed that the companies will continue to maintain the cost that is on that Web site or access to those particular drugs that the seniors have looked for and they need. The company is under no obligation to maintain its advertised prices or even carry the drugs that they need. If they start losing too much money on a particular drug, they can just cease to offer that coverage during the year. And while all these private companies get escape clauses, Medicare beneficiaries are forced to stay with each card for at least a year.

In the end I am afraid we will learn the hard way that this discount drug card is just as bad a deal as the Medicare drug bill that created it.

#### THE WAR AGAINST THE TERRORISTS

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

Mr. BURTON of Indiana. Mr. Speaker, I have been watching television like all of my colleagues over the past few days and we are all very disappointed and disgruntled, upset, whatever one wants to call it, about the pictures that we have seen of prisoners in Iraq, and it is really tragic that those sorts of things happen in war. But we have had wars in the past where these things have happened. We had My Lai in Vietnam. We even had a problem in the Revolutionary War where other generals were calling for the resignation of George Washington because they had not won any victories because they had made so many mistakes. And of course they have Valley Forge. He crossed the Delaware, attacked the Hessians at Trenton, and he became a big hero, and we all know that he became the father of our country because of the successes of the Revolutionary War.

There are tragedies in all wars, but what we must not lose sight of is we are in a world war against terrorists. Over 3,000 Americans lost their lives in the World Trade Center. We saw in Fallujah Americans being burned and dragged through the streets and hung up by terrorists. Just these last couple of days we saw an American, an innocent American civilian, who was just working over there, having his head cut off, and they said it was because of the pictures. The terrorists said it was because of the pictures that were shown about what happened in the

prisons in Iraq. The fact of the matter is they have been perpetrating these terrorist acts on and on and on because they want to defeat us and our way of life. And we must not let that happen.

And then I hear my colleagues criticizing the President and the Secretary of Defense over and over and over again saying, oh, my gosh, they are making mistakes; they should be doing this and that and the other thing. The fact of the matter is we do not need 535 would-be commander in chiefs. And that is what we see around here, people second-guessing everything that is going on.

As a matter of fact, we are winning the war in Iraq. We are winning the war in Afghanistan. The terrorists are on the defensive. And we must not send any signals to them whatsoever that they have a chance to win this sort of thing. And that is what I am afraid many of my colleagues are doing.

President Bush is doing a very good job. Donald Rumsfeld, as Secretary of Defense, is doing an outstanding job. And we need to stand with them and with our troops in the field and not be casting aspersions on every single thing that goes wrong over there. In war mistakes are made, and we are going to see more mistakes in this war. But we are winning it and we are going to win it as long as we have people like President Bush and Don Rumsfeld at the helm. And I hope my colleagues will think about that before they start shooting off their mouths in the future.

#### PRESCRIPTION DRUG DISCOUNT CARDS

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

Mr. BROWN of Ohio. Mr. Speaker, my disagreement with Secretary Rumsfeld began 2 years ago, 1½ years ago, when it was clear when Members of this Congress, in this House, and both parties were calling on the President and the Secretary of Defense to provide body armor for our soldiers, many of whom did not have body armor, with demands that they put armor on the underbellies and the doors of Humvees; still are not fully done and Americans have died because of it. That is the first major criticism of the Secretary of Defense and the President, something that they should have stopped what they were doing to take care of the safety of our men and women in Iraq.

Mr. Speaker, last week enrollment began for the President's prescription drug discount card. They became available through the Medicare bill passed last year. What we could have done in this body is simply to have given a card like this, a Medicare card to every senior, and said this card will get them a significant 50, 60, 70 percent discount in their prescription drugs because we could have set our system up the way Canada does. The Secretary of the Center for Medicaid and Medicare Services,

the director, could have negotiated directly with the drug companies on behalf of 40 million Medicare beneficiaries, got a discount similar to what they have in every nation in the world, given this discount card to every senior, and they could have gotten a discount the way the Canadians get and the French get and the Germans and the Israelis and the Japanese, a 50, 60, 70 percent discount. Instead, the President wanted to privatize Medicare. He wanted to privatize these prescription drug cards, these discounts cards.

So what do we have? Beginning last week in my State of Ohio, there will be 50 cards available. I am not making this up. They need to select one of these 50 cards if they are a senior. This card may have a discount for Fosamax. This card may have a discount for Zoloft. This card may have a discount for Vioxx. This card may have a discount for something else. Maybe a 22 percent discount here, a 12 percent discount here. They have got to figure that out as a senior. They have got to look at all 50 of these cards and figure out where it makes the most sense to get a discount and which card makes the most sense for them. After they take one of these cards, they will be paying \$30 and have this card for the year. The problem is the card seller, several of whom are big contributors to the President, and they are going to make a lot of money, these cards, but the prescription drug card seller, after they have chosen the card, can change the discount and can change the drug formulary in the drugs which are covered.

One might wonder why the President and why my friends on the other side of the aisle, instead of choosing one card and getting a 50 or 60 percent discount, would make seniors look at 50 cards and try to figure out the best 10 or 15 percent discount that they are going to get. One might wonder why would the President, why would the Republican leadership choose to do that. It has got a whole lot to do with the way this Congress operates. The word on the street is the drug industry is going to give \$100 million to the President's reelection campaign. The drug industry and the insurance industry have already contributed millions of dollars to the Republican leadership, to the gentleman from Texas (Mr. DELAY) and the gentleman from Illinois (Speaker HASTERT) and Republican leadership, millions of dollars to President Bush. In fact, a nonpartisan study said that this bill will mean \$150 billion more in subsidies to the drug industry, in additional profits to the drug industry, and a \$46 billion direct subsidy to the insurance industry, \$46 billion coming out of taxpayers' pockets, going directly to the insurance industry, \$46 billion.

We could take that \$46 billion and divide it among the 39 million Medicare beneficiaries and they would each get a \$1,100 drug benefit just from that alone. Instead, Republican leadership gives us