

His death is a reminder that this current war on terror has affected American families and their friends every day since September 11, 2001, in Afghanistan, Iraq, and across the globe. In this case, Corporal Weaver grew up in the city of Fredericksburg, Virginia. This quiet but intelligent and energetic young man was a lifelong Boy Scout who eventually attained the rank of Eagle Scout. He was also a graduate of Virginia Tech University, where he became a Reservist for the United States Marine Corps. After serving for 6 years in the Marine Reserves, Corporal Weaver was asked to serve his country by going to Iraq. It was there, in the Al Anbar Province of Iraq, that Corporal Weaver was killed on January 26, 2005.

I do not pretend to believe that all will share the same views of our presence in Iraq, and while I am encouraged by the acts of democracy playing out over the nation's countryside this past weekend, only history can tell whether our means will inevitably lead to their intended ends. Nevertheless, while we may not all agree on the substance or rationale behind this war, we can agree that this war has had a profound effect on all Americans.

History immortalizes those whose selfless acts and deeds of bravery were made in the hopes of bringing a greater good not just for their country, but for humanity as a whole. We know them as heroes. I am proud of the service and the sacrifice made by those troops who have given their lives so that people can live in freedom. Corporal Weaver and those across the nation that we have lost may not have considered themselves to be heroes. America, however, should. And though these heroes may no longer be in this world, their families and their fellow citizens should know that they continue to live on in our minds, in our hearts, and in our prayers now and forever.

THE SMALL BUSINESS HEALTH
FAIRNESS ACT OF 2005

HON. SAM JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 2, 2005

Mr. SAM JOHNSON of Texas. Mr. Speaker, I rise today to introduce the "Small Business Health Fairness Act of 2005."

Our Nation's small businesses are the backbone of our economy, and unfortunately, the cost of health care is placing an unbearable burden on many of them.

Sixty percent—over 24 million—of uninsured Americans work in small businesses. Some of these people are offered insurance and turn it down because they can't pick up their part of the tab.

This bill allows small businesses to band together to form Association Health Plans, AHPs. These AHPs will lower the cost of health care for small businesses and thereby significantly expand access to health coverage for uninsured Americans by, among other things: (1) Increasing small businesses' bargaining power with health care providers, and (2) giving employers freedom from costly state-mandated benefit packages.

Basically, the legislation puts small businesses on equal footing with large employers and unions when it comes to buying health

care. That's why AHPs will increase the number of insured Americans by up to 8 million people.

The cost-saving benefits of AHPs would help the small employers of Main Street access coverage at a more affordable price.

AHPs aren't the only solution to the number of uninsured in America, but they certainly take a large step in the right direction.

It is the least Congress can do to ensure that the American people will receive better health care at a more reasonable price.

I urge my colleagues to cosponsor this important legislation.

INTRODUCTION OF THE KEEP OUR
PROMISE TO AMERICA'S MILITARY
RETIREES ACT IN THE
109TH CONGRESS

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 2, 2005

Mr. VAN HOLLEN. Mr. Speaker, I rise to inform my colleagues that today I have introduced the "Keep Our Promise to America's Military Retirees Act" in the 109th Congress along with Representatives CHET EDWARDS of Texas, JEFF MILLER of Florida, and DUKE CUNNINGHAM of California. This bipartisan bill addresses recent developments and offers meaningful remedies to the "broken promise" of health care for military retirees.

We have sent thousands of troops to do battle in Iraq and Afghanistan. We are creating a new generation of veterans who have been willing to make the ultimate sacrifice for our country. Our government must be accountable for the promises it makes to young men and women who are asked to serve our country in this way.

For generations, recruits for military service were promised by their own government that if they served a career of 20 years in uniform, then they and their dependants would receive health care upon retirement. But while these career soldiers put their lives on the line for our country, the government did not keep its end of the contract.

The Courts have laid to rest the question of who is responsible for making good on promises of lifetime health care that were made to young men and women who joined the service during World War II and the Korean eras. In June of 2003 the U.S. Supreme Court decided not to consider an appeal to a November 18, 2002 Federal Appeals Court ruling in a suit filed against the government of the United States on behalf of World War II and Korean era military retirees. Retired Air Force Colonel George "Bud" Day, a highly decorated Congressional Medal of Honor recipient, filed a breach of contract suit on behalf of two retired colonels who contended they had been recruited into military service as young men with the promise of lifetime health care upon retirement after serving at least 20 years in uniform.

In 1956, long after Col. Day's clients signed up for military duty, Congress enacted the first laws that defined, and began to limit, the level of health care that would be provided to military retirees. These laws, which took effect on December 7, 1956, made health care available at military facilities conditioned on space availability—in other words, military retirees

had to go to the end of the line and wait for health care. Subsequent laws removed them entirely from the military health care system when they became eligible for Medicare, resulting in a dramatic reduction in health care benefits.

The Appeals Court ruled against the plaintiffs on a technicality, arguing that promises by recruiters were invalid because only Congress could authorize military health care, which Congress had not done when the plaintiffs entered the service. But although the retired colonels lost their case on that technicality, I believe they won their moral battle on principle because the Court acknowledged the injustice of their case. As the Court said:

We cannot readily imagine more sympathetic plaintiffs than the retired officers of the World War II and Korean War era involved in this case. They served their country for at least 20 years with the understanding that when they retired they and their dependants would receive full free health care for life. The promise of such health care was made in good faith and relied upon. . . . Perhaps Congress will consider using its legal power to address the moral claims raised by Schism and Reinlie on their own behalf, and indirectly for other affected retirees.

It is ironic, Mr. Speaker, that American soldiers are fighting—and dying—for freedom in Iraq while American veterans and military retirees have to fight for health care to which they are rightfully entitled. Military retirees are understandably outraged by comments made by Dr. David Chu, Under Secretary of Defense for Personnel and Readiness, that demonstrate a callous disregard for their past service and sacrifice. In a January 25, 2005 article in the Wall Street Journal, Dr. Chu, discussing federal dollars obligated to health care for our veterans and military retirees, was quoted as saying, "The amounts have gotten to the point where they are hurtful. They are taking away from the nation's ability to defend itself."

Dr. Chu was quoted again on February 1 in an Associated Press story about proposed increases in benefits to survivors of soldiers killed in battle. This is directly from that story:

Chu said he was concerned that in recent years Congress had gone too far in expanding military retiree benefits, but he said the proposed increase in survivor benefits was well justified.

Bigger military benefits that apply mainly to retirees and their families are making it harder for the Pentagon to afford financial incentives targeted at maintaining today's military, Chu said.

"They are starting to crowd out two things: first, our ability to reward the person who is bearing the burden right now in Iraq or Afghanistan," Chu said. "(Second), we are undercutting our ability to finance the new gear that is going to make that military person successful five, ten, 15 years from now."

I do not think Dr. Chu meant to imply that it is wrong that we provide earned and promised health care benefits to our military retirees, veterans and their families; at least I hope that Dr. Chu was implying that Congress needs to address the dilemma within the federal budget where the needs of ongoing military operations and active duty personnel are forced to compete with the needs of military retirees and veterans. But the implications of Dr. Chu's words are undeniable—that keeping the promises our country made to our military veterans and retirees simply is not a priority.

Military retirees and their families, who have been misled by empty promises in the past,

see the root of the dilemma in Dr. Chu's words: that they have served their purpose to America and are no longer needed, that they—who served a career in uniform to protect our freedoms—are now looked upon as a burden on society, that they have been used up and thrown away like an old worn out paper bag.

That is why our offices have received thousands of brown paper bags in the mail, with messages written on them urging this body to pass the Keep Our Promise to America's Military Retirees Act. I am told that, as of today, military retirees and their families and supporters have sent over 20,000 paper bags to Congress and that more are arriving every day.

The Keep Our Promise to America's Military Retirees Act was originally introduced in 1999 to acknowledge the promises made in good faith to America's military retirees. That version of the bill led to the enactment of Tricare for Life, TFL, which went a long way to restore health care to military retirees over age 65. But more needs to be done to keep our promises to that elderly group of retirees and to make sure that younger retirees receive the level of health care to which they are entitled.

Our new bill offers more meaningful restitution for broken promises by waiving the premium that World War II and Korean era military retirees must pay to enroll in Medicare Part B, a requirement of TFL. The new bill also addresses broken promises made to military retirees who joined the service after 1956. Even though laws were on the books beginning in 1956 that defined and limited military retiree health care, the sad truth is that the empty promise of lifetime health care was used as a recruiting tool for many years beyond the scope of the Col. Day's case, to those who entered the military after 1956. This is documented in recruiting literature well into the 1990s. We must keep our promises to them, too.

These retirees, mainly from the Vietnam and Persian Gulf eras, qualify for the military health care program known generally as Tricare. Tricare works well for many military retirees but fails to deliver quality health care for others. Some retirees cannot receive care at military bases due to lack of space availability. Base closures have cut off access for many retirees, and too many of them cannot find private doctors who will put up with bureaucratic inefficiencies or low reimbursements they have encountered with Tricare.

I believe strongly that military retirees who are not well served by Tricare deserve an alternative. The Keep Our Promise Act has offered these retirees the option of enrolling in the Federal Employees Health Benefits Program, FEHBP; the bill improves this benefit for military retirees by reimbursing them for expenses they incur under FEHBP that they would not have incurred under Tricare and makes certain improvements to the military pharmacy benefit.

The Courts have ruled. It is up to Congress to make good on the promises that were made—and broken—to our military retirees. They are not asking for handouts—they ask only for what was promised to them and what they earned. We need to do right by our military retirees, and to show our future military retirees that their government will live up to the promises it makes to them. We need to

enact into law the important provisions of the Keep Our Promise to America's Military Retirees Act.

KAZAKHSTAN PROMOTES RELIGIOUS TOLERANCE

HON. BEN CHANDLER

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 2, 2005

Mr. CHANDLER. Mr. Speaker, this week nearly 4,000 people will attend the National Prayer Breakfast, including 1,500 representing 170 nations from all continents of the world. What began in 1952 as a small gathering, led by President Eisenhower and Senator Frank Carlson of Kansas, has evolved over time to being a much larger ecumenical event, particularly as it relates to international participation. As my colleagues know, the Senate and House prayer groups are official sponsors of the National Prayer Breakfast.

While many of the major faiths are represented, with a special emphasis this year on involving leaders from Israel and Palestine, the purpose has not changed: to emphasize the principles and teachings of Jesus of Nazareth as the best means of achieving reconciliation and peace in a troubled world.

Our Nation is challenged as never before to deal with religious extremism and the increasing militarism of certain faiths occurring in many countries around the world. That is why I appreciate the example of Kazakhstan, whose president, Nursultan Nazarbayev, is making a considerable effort to deal with religious diversity in his country and in the region. In fact, all of the world's great religions—Islam, Christianity, Judaism, and Buddhism, are present and thriving in Kazakhstan, thanks to a climate of tolerance and openness in that country.

Kazakhstan today is a model of religious diversity. One half of the country's 15 million people are Muslim and roughly one-half are Orthodox Christian, with 40 other religions and 100 ethnic minorities among its citizens. Leaders of the major religious sects, including Russian Orthodox and other Christian as well as Jewish leaders, all say there is full freedom of religion in Kazakhstan.

Pope John Paul II, on a visit to Kazakhstan, called it an "example of harmony between men and women of different origins and beliefs." Kazakhstan is emerging as an example of regional stability given its positive atmosphere regarding religious expression and lack of interethnic and inter-religious conflicts.

In September 2003, Kazakhstan hosted the first ever congress of leaders of world and traditional religions. Upon conclusion of the congress, 120 religious leaders from 18 different religions unanimously adopted a declaration renouncing terrorism and promoting the true values of all religions—tolerance, truth, justice and love of one another as the basic tenets of all religious teachings. The delegates pledged to combat violence by propagating the peaceful values of their different faiths.

Mr. Speaker, I was pleased to learn that Mr. Nurtai Abikayev, who is Speaker of the Upper House and chairman of Kazakhstan's National Security Council, will be attending this year's National Prayer Breakfast and a featured speaker at the International Luncheon. It dem-

onstrates not only President Nazarbayev and Speaker Abikayev's personal commitment to the idea of religious tolerance in their country and throughout Central Asia, but to also learn more about our country's tradition and beliefs and how America's religious and ethnic diversity has also become a source of strength in our Nation.

As one who sits on the House International Relations Committee, I have come to appreciate the difficulty and challenge these countries face in making the transition to Western-style democracies where freedom and free markets are new experiences. It has been uneven, to be sure, and there is plenty of room for criticism. But I do applaud Kazakhstan's leadership and example in insuring that religious freedom will be a cornerstone of building a freer society in that country.

Mr. Speaker, I would like to conclude by inserting into the RECORD the Declaration of the Participants of the First Congress of Leaders of World and Traditional Religions.

ARTHRITIS PREVENTION, CONTROL AND CURE ACT OF 2005

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 2, 2005

Ms. ESHOO. Mr. Speaker, I'm very pleased to join my colleague Representative PICKERING in introducing the Arthritis Prevention, Control and Cure Act of 2005, which authorizes programs and funding that will allow the Federal Government to better coordinate and increase our investment in efforts to prevent, treat, and care for persons with arthritis and related diseases. The bill represents the most significant Federal effort to address arthritis since the passage of the National Arthritis Act a generation ago. The Arthritis Prevention, Control and Cure Act of 2005 addresses this important issue by:

Enhancing the National Arthritis Action Plan by providing additional support to federal, state, and private efforts to prevent and manage arthritis;

Developing a National Arthritis Education and Outreach Campaign to educate the healthcare profession and the public on successful self-management strategies for controlling arthritis;

Organizing a National Arthritis and Rheumatic Diseases Summit to look at challenges and opportunities related to basic, clinical and translational research and development efforts;

Providing greater attention to the area of juvenile arthritis research through the creation of planning grants for innovative research specific to juvenile arthritis, as well as the prioritization of epidemiological activities focused on better understanding the prevalence, incidence, and outcomes associated with juvenile arthritis; and

Creating incentives to encourage health professionals to enter the field of pediatric rheumatology through the establishment of an education loan repayment and career development award programs.

Arthritis is the leading cause of disability in the United States with 70 million Americans living with a form of the disease. With the