

went on to graduate school at Princeton University. She became the first African American woman to earn a Ph.D. in psychology from Princeton in 1976, where she studied the psychology of learning. Dr. Cross now serves in the AFT's Human Rights and Community Relations Department where she does research, member education, advocacy, and coalition-building on civil and human rights issues.

It is clear that the efforts of Dr. Cross and her colleagues paid off, as the E-Rate program has become a \$10 billion investment in our schools and libraries. Although the battles for the E-Rate program are by no means over, we stop to take a moment to recognize Mary M. Cross as a tireless Champion for Education and Technology. Dr. Cross is a Point-of-Light for all Americans.

PERSONAL EXPLANATION

HON. JOHN LINDER

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. LINDER. Mr. Speaker, I was unable to cast rollcall votes 478, 479, and 480 on September 21, 2005, because I was unavoidably detained on official business. Had I been present I would have cast the following votes: on rollcall No. 478, I would have voted "aye"; on rollcall No. 479, I would have voted "aye"; on rollcall No. 480, I would have voted "aye".

FREEDOM FOR RAFAEL MILLET LEYVA

HON. LINCOLN DIAZ-BALART

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. LINCOLN DIAZ BALART of Florida. Mr. Speaker, I rise today to speak about Rafael Millet Leyva, a political prisoner in totalitarian Cuba.

Mr. Millet Leyva is President of the Martin Luther King Civic Resistance Movement. He believes in freedom, democracy, human rights and the rule of law. As a peaceful opponent of the tyrannical regime in Havana he has been the subject of constant abuse and harassment.

According to Amnesty International, in December 2001, Mr. Millet Leyva was pushed into a police vehicle and beaten and subsequently dumped in a remote area, after attempting to participate in an event celebrating the Universal Declaration of Human Rights. Amnesty International also reports that he was again detained by the dictatorship in June, 2002.

Despite being the constant target of abuse by the regime, Mr. Millet Leyva continued to demand liberty for the men and women of Cuba. Unfortunately, in March 2003, as part of the tyrant's heinous island wide crackdown on peaceful, pro-democracy activists, Mr. Millet Leyva was arrested by the regime. For over 2 years, he has languished in a grotesque gulag awaiting a sham trial.

His wife reports, "The inhumane conditions my husband has been subjected to have not changed his convictions or his ideals." The courageous life of Mr. Millet Leyva is a won-

derful example of the heroism of the Cuban people. No matter how vile the repression, no matter how brutal the consequences of a dignified struggle for liberty, the totalitarian gulags are full of men and women of all backgrounds and ages who represent the best of the Cuban nation.

Mr. Speaker, it remains categorically unacceptable that men and women who demand freedom from tyranny are locked in the dungeons of monsters. We must continue to stand up and demand the liberation of all who suffer in the darkness of totalitarian rule. As we exercise our democratic rights, let us never forget those who are struggling to liberate the oppressed. My Colleagues, we must demand the immediate and unconditional release of Rafael Millet Leyva and every prisoner of conscience in totalitarian Cuba.

CELEBRATING THE BIRTH OF ROHAN KAPIL SHARMA

HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. WILSON of South Carolina. Mr. Speaker, today, I am happy to congratulate Persis and Kapil Sharma of Alexandria, Virginia, on the birth of their new baby boy. Rohan Kapil Sharma was born on September 15, 2005, at 12:50 a.m., weighing 6 pounds, 3 ounces and measuring 19 inches long. Rohan has been born into a loving home, where he will be raised by parents who are devoted to his well-being and bright future. His birth is a blessing. As a fellow graduate of Washington and Lee University I am particularly happy for the Kap Sharma family.

CHASE WILLIAM CUNNINGHAM MAKES HIS MARK ON THE WORLD

HON. BOB ETHERIDGE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. ETHERIDGE. Mr. Speaker, I rise today to congratulate Mr. Dan Cunningham and Ms. Jennifer Eberhardt both formerly members of my staff, now married and living in Wisconsin, on the birth of their first child, Master Chase William Cunningham. Chase was born on Thursday, September 15, 2005, and weighed 6 pounds and 11 ounces. My wife, Faye, joins me in wishing Dan and Jennifer great happiness during this very special time in their lives.

As a father and now as a grandfather, I know the joy, pride, and excitement that parents experience upon the entrance of their child into the world. Representing hope, goodness, and innocence, a newborn allows those around him to see the world through his eyes . . . as a new, fresh place with unending possibilities for the future. Through a child, one is able to recognize and appreciate the full potential of the human race. I know that Dan and Jennifer look forward to the changes and challenges that their new son will bring to their lives while taking pleasure in the many rewards they are sure to receive as they watch him grow.

I welcome young Chase into the world and wish Dan and Jennifer all the best as they raise him.

THE MEDICARE INFORMED CHOICE ACT: A FIRST STEP IN PROTECTING MEDICARE BENEFICIARIES

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Ms. SCHAKOWSKY. Mr. Speaker, I am pleased to join my colleague, Representative PETE STARK, in introducing the Medicare Informed Choice Act, an immediate and essential first-step in protecting Medicare beneficiaries.

I believe that fundamental changes are needed to make the new Medicare drug benefit more affordable and less complicated. Along with my colleagues Representative MARION BERRY and BOB ANDREWS, I have introduced H.R. 752, the Medicare Prescription Drug Savings and Choice Act, which would establish a meaningful drug benefit in Medicare and require Medicare to negotiate for price discounts, as the VA and large employers do today. In the meantime, however, it is clear that Medicare's 42 million beneficiaries need immediate relief from the confusion and complexity of this fall's enrollment process. The Medicare Informed Choice Act would provide that relief by providing three simple changes in 2006: elimination of the late enrollment fee, a one-time opportunity for every beneficiary to switch plans, and protection against the loss of retiree health benefits.

I recently received a letter from a constituent, Phyllis Arist from Evanston, Illinois. She wrote:

I urge you to suspend the late-enrollment penalty for Medicare Part D.

Enrollment in Part D will be a challenge for anybody and everybody, whether that person is health care savvy or not. There will be dozens of complex plans that consumers will have to confront. How would you choose among a slew of different drug plans, each covering different drugs, using their own cost-sharing scheme, working with different pharmacy networks, and no guarantee that the plan will be around next year?

If Medicare Part D were a straight-forward benefit like Medicare Part B, the penalty might be justified. But given the circumstances, it is unfair. People with Medicare need more time to understand the new Medicare drug benefit. More time, combined with reliable and comprehensive information, will ensure more people are making the right choices and not taking a leap of faith into the unknown.

I agree with Ms. Arist. It is abundantly clear that the enrollment process for the new Medicare drug benefit is complicated, confusing and can result in bad decisions by beneficiaries. Any of us who have tried to explain the basic benefit to our constituents knows how difficult it is to do so, let alone explain the variations in the multiple private plans that will be available to senior citizens and persons with disabilities. Private plans will vary in terms of premiums, cost-sharing requirements, covered drugs, and pharmacy sources. Beneficiaries taking multiple medications will find it difficult to sort out their options, especially in areas like Chicago where about 50 plans are expected to be available.

No one who is on the ground believes that the support and outreach services will be available to provide the one-on-one counseling

that beneficiaries and their families will want and will require to make informed choices. As the former executive director of the Illinois Council of Senior Citizens, I know that it will take hours with each beneficiary, many of them taking multiple medications, to fully explain private plan options and how each choice will affect their access to the drugs they need. A majority of beneficiaries lack regular access to a computer or have the ability to navigate websites. A recent HHS Inspector General's report found that 44 percent of callers to the Medicare hotline had difficulty accessing information. Many beneficiaries are frail, some suffer from dementia, and others are not English-proficient. We have to reach beneficiaries living in Centers for Independent Living, nursing homes and isolated areas. And, of course, we have to address the needs of the evacuees from Hurricane Katrina.

Tina Kitchin, director of the Oregon Department of Human Services, is not alone in saying "I don't know how Oregon will successfully do this within this timeframe." The State Health Insurance Program coordinator for McLean County, Illinois, is asking beneficiaries to call early because, "There are too many people for us to handle all of them on or after November 15," the first day that enrollment can begin. Already, the constituent advocates in my own district office have had difficulty getting answers to questions about how the new federal drug benefit will coordinate with our state's pharmaceutical assistance program. And already, we are seeing constituents who are confused, scared and angry about the inability to get answers to their questions while being pressured to make a fast decision.

It is time to recognize that the late enrollment penalty imposed in the Medicare Modernization Act is unfair to the 42 million beneficiaries who want to make informed choices, will not have access to unbiased assistance in making those decisions, but who will face substantial and permanent late enrollment fees if they don't act by May 15th. The Medicare Informed Choice Act will give beneficiaries the time they need to make the decision that is right for them.

Senior citizens and persons with disabilities will face obstacles in getting access to independent information, but they will be inundated with materials from private plans seeking customers. Beginning next month, Medicare beneficiaries and their families will be subjected to multi-million advertising campaigns by insurers. As reported in *The Wall Street Journal* ("Insurers Bet Big on New Drug Benefit," September 7, 2005), "The payoff could be big. The new drug benefit is expected to boost 2006 revenue at seven of the largest health insurers by at least \$4.45 billion in 2006, and lift earnings by 2 percent to 4 percent according to CIBC World Markets analyst Carl McDonald." Some companies expect increased profit levels of 4 percent to 6 percent.

The pressure to make a quick decision will be enormous, particularly when coupled with a sales pitch arguing that failure to choose will result in a permanent, financial penalty. Without adequate, independent and personalized counseling, many beneficiaries will make the wrong decision. Getting rid of the late enrollment fee is only part of the solution. Our bill will give all beneficiaries the opportunity to switch their plan and enroll in one that better meets their needs, whether they enrolled by mistake or because they succumbed to sales pressure.

Finally, there is massive confusion about how the new Medicare drug benefit will mesh with current retiree benefits. Unfortunately, a beneficiary's misunderstanding and enrollment in a Medicare drug plan could result in the loss of retiree benefits. Again the Medicare Informed Choice Act gives a one-year grace period to sort out confusion and correct any errors.

I urge my colleagues to support the Medicare Informed Choice Act so that we can protect our constituents from unfair penalties or the loss of retiree benefits.

TRIBUTE TO ELAINE K. FREEMAN

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. CARDIN. Mr. Speaker, I rise today to pay special tribute to Elaine K. Freeman, Vice President of Corporate Communications for Johns Hopkins Medicine upon her retirement after 23 years. Elaine epitomizes what is best in corporate communications—she fully understands Johns Hopkins Medicine and she has the skills and ability to communicate the success of Hopkins to the public.

During her tenure, Elaine has seen Hopkins become nationally ranked as the number one medical facility in the nation, according to the U.S. News and World Report. In 1989, she also helped Hopkins celebrate its centennial as one of the Nation's most outstanding medical institutions.

Elaine is a gifted professional who understands that the strengths of Hopkins rest with its staff and faculty. Over the years, she has helped the public understand and relate to the important medical advances that come out of Hopkins, enabling people to understand the relationship between research and the impact on patients.

Elaine is unique in that she truly understands the medical community, and the importance of scientific research. She is married to Dr. John Freeman, Professor of Neurology and Pediatrics. In 1969, John joined Hopkins to create and direct the Johns Hopkins Child Neurology program.

In 1958, Elaine graduated from Goucher College as a Phi Beta Kappa. She also earned a masters degree from George Washington University. In 2001, she received the Excellence in Medical Education Public Affairs award from the Association of American Medical Colleges (AAMC).

I urge my colleagues in the U.S. House of Representatives to join me in wishing Elaine Freeman a happy and healthy retirement. Her skill and dedication to communicating medical developments has helped the public gain a greater understanding of medical issues.

RECOGNIZING MARIA REZA

HON. HOWARD L. BERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. BERMAN. Mr. Speaker, it is my distinct pleasure to rise today to recognize a dear

friend and an outstanding educator, Maria Reza. In June 2005, Maria retired after 36 years of dedicated service to the Los Angeles Unified School District.

Maria believes that "to make a difference in the lives of our students, we must go beyond the classroom and work to improve the community and the environment in which they live." Throughout her career, Maria has embodied this belief and has dedicated her life to not only helping children learn in the classroom, but also to improving lives and conditions within our communities. Over the years, Maria has volunteered for the United Farm Workers, the Southwest Voter Registration Project and has devoted much of her life to serving the students and residents of the Northeast San Fernando Valley.

After graduating from San Fernando Valley State College, Maria started teaching at San Fernando High School in 1969. During her first year, she was recognized as "Intern of the Year" by the Los Angeles Unified School District Internship Program Office. In 1975, she was hired as a Resource Teacher in the Central Office and soon became District Home Economics Supervisor. She pioneered the Infant Study Program at Ramona, Roosevelt and Locke High Schools. This program continues to offer free childcare for high school age parents as well as provide them with valuable parenting skills.

As an assistant principal, Maria, along with a school nurse, Pam Wagner, established the first three school-based health clinics in LAUSD. The project faced much controversy and was opposed by some conservative organizations and churches. However, Maria knew the importance of providing health care to uninsured students and continued to work tirelessly to gain the support of students and parents. The proof of her efforts is overwhelmingly apparent today with over 40 school-based or school-linked clinics which provide a low cost, accessible form of health care. The demand for these programs continues to grow.

Among her many accomplishments, Maria Reza has distinguished herself as a strong female role model in the community. She has been recognized twice as "Woman of the Year," in 1992 by State Senator David Roberti and again in 1998 by State Senator Richard Alarcón. She was invited to participate in the HOPE, Hispanas Organized for Political Equality, leadership training and this year chaired the Adelante Mujer Conference, giving 300 young women the opportunity to attend career workshops conducted by professional Latinas.

Maria also has the distinction of being married to my good friend Alex Reza, a retired educator and an extraordinary community activist whom I have had the pleasure of knowing for many years. She is also the mother of three sons, Lance, Roman and David.

Mr. Speaker, Maria has set an admirable example for those who are committed to making a difference in the lives of others. It is with great pride that I ask my colleagues to join me in honoring Maria Reza, a woman whose dedication and achievements are a credit to our community.