

proud parents of one son, Christopher, who was born on June 17, 1982. Collins is an avid reader and is interested in the war in the Pacific, computers, and electronic music. Collins and Kathy plan on enjoying his retirement.

Mr. Speaker, I urge this body to identify and recognize other individuals in their own districts whose actions have so greatly benefited and strengthened America's families and communities.

CONGRATULATING THE MULVEE  
FAMILY ON THE BIRTH OF  
THEIR CHILD, JOHN RYAN

**HON. GINNY BROWN-WAITE**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise today to offer my congratulations to Patrick and Carrie Mulvee on the birth of their first child. John Ryan Mulvee was welcomed at 9:32 p.m. on May 2nd, 2005, weighing 7 pounds 1 ounce and measuring 21 inches long. John Ryan was named after his late paternal great-grandfather John J. Mulvee. I congratulate Patrick and Carrie on the new addition to their family and wish them years of continued health and happiness.

INTRODUCING THE MEDICARE  
EARLY ACCESS ACT

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Mr. STARK. Mr. Speaker, today, during Cover the Uninsured Week, I am pleased to introduce a bill to help nearly four million people age 55–65 obtain access to affordable health insurance. I am joined by my colleague Rep. SHERROD BROWN and more than 90 additional Democratic cosponsors in introducing the "Medicare Early Access Act," one of three signature bills that offer attainable, common sense solutions for the uninsured.

We have 45 million Americans without health insurance—8 million of whom are children. Millions more are underinsured with policy policies that exclude necessary benefits or charge a king's ransom for co-pays and deductibles. Increasingly, access to coverage and quality care in this country is determined by an ability to pay rather than medical need.

There are many approaches to addressing the needs of the growing population without health coverage in this country. As most of my colleagues know, I am an advocate of a universal health care system in which each and every American would have health coverage. That is the most fair, affordable, and sustainable solution to our national health care needs.

However, that won't be accomplished overnight. In the meantime, there are steps that Congress can and should be taking to develop immediate, if smaller, steps to providing people affordable health insurance coverage options. That's why we've joined together to introduce three separate bills that each target a specific population that is seeing its uninsured rate climb.

The Medicare Early Access Act targets early retirees; the Family Care Act, being introduced by Rep. DINGELL, targets children and families; and the Small Business Health Insurance Promotion Act, being introduced by Rep. BARROW, targets small businesses and self-employed individuals.

The Medicare Early Access act would provide people age 55 to 65 with the option of buying into Medicare—a program with a proven track record that works.

Unfortunately, retiree health benefits have vanished or are quickly disappearing, leaving people with few or no affordable coverage options. Still, among the 55–65 population, it is more likely that someone who is retired will have health insurance than someone still in the workforce. Access to health insurance diminishes for individuals in low-wage jobs. Thirty-five percent of workers age 55–65 who earn less than 200 percent of poverty are uninsured compared with 17 percent uninsured nationwide.

Age rating and other underwriting techniques resulting in excessive premiums make coverage unaffordable. Those who are offered coverage are often required to pay astronomical deductibles and co-pays, or are severely limited by pre-existing condition exclusions, leaving them grossly underinsured.

In 1965, Medicare was specifically designed to provide coverage for those the market would not insure. Today we have the opportunity to expand on the original purpose of Medicare by providing access to people the market does not adequately cover. The Medicare Early Access Act would reduce the number of uninsured, provide better coverage for the underinsured, and improve the health status of this vulnerable population without harming Medicare or other insurance markets.

That's why the Medicare Early Access Act makes so much sense. It would allow people in this cohort to buy-into Medicare and enjoy the exact same benefits available to all other Medicare beneficiaries. Premiums for these new participants would be based on actuarial calculations of the cost of providing services to the population. There would be no effect on the Medicare trust fund because premiums will cover the entire cost of services provided.

To ensure premiums are affordable, the bill provides a 75 percent advanceable, refundable tax credit. Thus, participants would pay a monthly premium equal to 25 percent of the cost of the program—an amount similar to what employed individuals pay for their health benefits.

I am pleased to report that advocacy organizations representing consumers and seniors agree with us. The Medicare Early Access Act has been endorsed by the AFL–CIO, the Alliance for Retired Americans, the Center for Medicare Advocacy, Consumers Union, Families USA, the National Academy of Elder Law Attorneys, SEIU, and the UAW.

This bill would provide affordable, comprehensive coverage to the most vulnerable uninsured who have few, if any, health insurance options in the current marketplace. The system necessary to implement this bill is already in place; all we have to do is agree the uninsured deserve viable coverage options. I look forward to working with my colleagues on both sides of the aisle to enact the Medicare Early Access Act this year.

Following is a summary of the bill.

THE MEDICARE EARLY ACCESS ACT

The Medicare Early Access Act gives early retirees and others between ages 55 and 65 the option of purchasing Medicare coverage. Millions of near elderly who are uninsured can benefit from a Medicare buy-in. This bill provides affordable health insurance to a vulnerable population, while protecting the solvency of the Medicare Trust Fund.

ELIGIBILITY

Starting January 2006, individuals age 55–65 who do not have access to coverage under another public or group health plan are eligible to purchase Medicare. Enrollees will receive the full range of Medicare benefits. Participants are not required to exhaust employer-based COBRA coverage before choosing the Medicare buy-in option. At age 65, buy-in participants move into regular Medicare.

In addition, because employers are dropping retiree health benefits at an alarming rate, early retirees who have access to retiree health coverage may also participate, and their employers can wrap around the Medicare benefit.

PREMIUMS

Enrollees must pay a premium to receive Medicare coverage. The premium will be set by the Centers for Medicare and Medicaid Services at the actuarial level necessary to cover the full cost of services provided to the buy-in population. The premium will be adjusted annually to ensure its accuracy. Premiums will also differ slightly by region to reflect geographic differences in healthcare costs.

TAX CREDIT

Program enrollees receive a 75 percent refundable, advanceable tax credit to offset premium costs. Thus, participants in the Medicare buy-in are only personally responsible for 25 percent of their monthly premiums. The tax credit is modeled on the payment mechanism created by the Trade Adjustment Assistance (TAA) health care tax credit for displaced workers, which was enacted in 2002.

FINANCING

Premiums are deposited in a new Medicare Early Access Trust Fund. Participant premiums and tax credits are transferred to the Early Access Trust Fund to pay for Medicare services, ensuring this new program does not financially affect Medicare.

METRO WASTEWATER RECLAMATION  
DISTRICT LOGS 10 PERFECT  
YEARS

**HON. BOB BEAUPREZ**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Mr. BEAUPREZ. Mr. Speaker, I rise today to recognize an important accomplishment in Colorado. The Metro Wastewater Reclamation District earned its second consecutive Platinum Award from the National Association of Clean Water Agencies (NACWA, formerly the Association of Metropolitan Sewerage Agencies) for its second consecutive five-year period without a single numerical violation of its discharge permit.

The award was presented May 1, 2005 at NACWA's 35th Anniversary Annual Meeting in Washington, D.C.

According to NACWA, earning two back-to-back Platinum Awards has been achieved by only five other wastewater treatment agencies

in the country. Two Platinum Awards represent 10 perfect years, during which the Metro District has discharged almost 530 billion gallons of treated, high-quality water into the South Platte River and completed more than 100,000 chemical and biological analyses that verify there were no permit violations.

The Metro Wastewater Reclamation District's 345 employees have every right to be proud of this accomplishment. It places them among the elite protectors of the environment in the nation.

These accomplishments result from the efforts of many. The District has an outstanding maintenance department, a well-engineered plant, great support groups, and management who always strive to do the best for their rate-payers. They also have a dedicated operations staff that continually gives examples of their ability to get things done no matter what the challenge.

The Metro Wastewater Reclamation District serves approximately 1.5 million people. Its service area includes most of metropolitan Denver and encompasses 380 square miles, including all of Denver and parts of Adams, Arapahoe and Jefferson Counties. Arvada, Aurora, Lakewood, Thornton, and part of Westminster are included.

The Metro District collects and treats about 130 million gallons of wastewater a day at its 185 million-gallon-a-day Central Treatment Plant five miles northeast of central Denver. This plant is the largest wastewater treatment facility in the Rocky Mountain West.

Formed under Colorado law in 1961, the Metro District provides wholesale wastewater transmission and treatment service to 57 local governments, including both cities and sanitation districts in metropolitan Denver. The Metro District began treating metro Denver's wastewater in 1966.

NACWA implemented the National Environmental Achievement Awards program in 1983 to recognize the excellence that was occurring routinely at many wastewater treatment agencies across the country.

CALLING ON GOVERNMENT OF NIGERIA TO TRANSFER CHARLES GHANKAY TAYLOR TO SPECIAL COURT FOR SIERRA LEONE

SPEECH OF

**HON. RON PAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Mr. PAUL. Mr. Speaker, I rise in strong opposition to this resolution. The idea that the United States Congress should demand that Nigeria deport a former president of Liberia to stand trial in a United Nations court in Liberia is absurd!

I do not object to this legislation because I dispute the charges against Charles Taylor. Frankly, as a United States Congressman my authority does not extend to deciding whether a foreign leader has committed crimes in his own country. The charges may well be true. I do, however, dispute our authority as the United States Congress to demand that a foreign country transfer a former leader of a third country back to that country to stand trial before a United Nations kangaroo court.

As the resolution itself cites, one top U.N. official, Jaques Klein, has already pronounced

Taylor guilty, stating "Charles Taylor is a psychopath and a killer." But the resolution concludes that "Congress urges the Government of the Federal Republic of Nigeria to expeditiously transfer Charles Ghankay Taylor, former President of the Republic of Liberia, to the jurisdiction of the Special Court for Sierra Leone to undergo a fair and open trial. . ." So it is probably safe to guess what kind of "trial" this will be—a Soviet-style show trial. The United Nations has no business conducting trials for anyone, regardless of the individual or the crime. It is the business of Liberia and Nigeria to determine the fate of Charles Taylor.

If we in the United States wish to retain our own Constitutional protections, we must be steadfast in rejecting the idea that a one-world court has jurisdiction over anyone, anywhere, regardless of how heinous the accusations. The sovereignty we undermine will eventually be our own.

HONORING MARTI JONES

**HON. JEB BRADLEY**

OF NEW HAMPSHIRE

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Mr. BRADLEY of New Hampshire. Mr. Speaker, I rise to pay tribute to Marti Jones upon being named a finalist for the 2005 Congressman John Joseph Moakley Award for Exemplary Public Service.

Initiated in 2002, the Moakley Award is given to a staff member of the New England Congressional delegation who demonstrates strong innovative methods of thinking and effectively works on behalf of their constituents.

Marti has worked in New Hampshire politics for over 20 years. Before joining my office in 2003, Marti worked for U.S. Senator BOB SMITH (R-NH) for 18 years, starting when he was a member of the U.S. House of Representatives, and later, the U.S. Senate. Before working for Senator SMITH, Marti served as Assistant to the Mayor for Manchester Mayor Bob Shaw.

Marti's commitment to the citizens of the Granite State extends far beyond the walls of our Manchester district office. Marti has been involved in Granite State Ambassadors, the Board of Directors for the Photographic Historical Society of New England, a past President of the Board of Directors for the New Hampshire Junior Miss Scholarship Program and a past member of the New Hampshire Commission on the Status of Women.

I would also like to take a moment to thank the Greater Boston Federal Executive Board and the Moakley Family for recognizing Marti's accomplishments and those of the other finalists. I congratulate and thank Marti on her years of hard work and dedication to New Hampshire.

MEMORIAL TO THOSE WHO LOST THEIR LIVES IN ARMENIAN GENOCIDE

**HON. PETER J. VISCLOSKEY**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Mr. VISCLOSKEY. Mr. Speaker, I rise today in solemn memorial to the estimated 1.5 mil-

lion men, women, and children who lost their lives during the Armenian Genocide. As in the past, I am pleased to join so many distinguished House colleagues on both sides of the aisle in ensuring that the horrors wrought upon the Armenian people are never repeated.

On April 24, 1915, over 200 religious, political, and intellectual leaders of the Armenian community were brutally executed by the Turkish government in Istanbul. Over the course of the next 8 years, this war of ethnic genocide against the Armenian community in the Ottoman Empire took the lives of over half the world's Armenian population.

Sadly, there are some people who still deny the very existence of this period which saw the institutionalized slaughter of the Armenian people and dismantling of Armenian culture. To those who would question these events, I point to the numerous reports contained in the U.S. National Archives detailing the process that systematically decimated the Armenian population of the Ottoman Empire. However, old records are too easily forgotten—and dismissed. That is why we come together every year at this time: To remember in words what some may wish to file away in archives. This genocide did take place, and these lives were taken. That memory must keep us forever vigilant in our efforts to prevent these atrocities from ever happening again.

I am proud to note that Armenian immigrants found, in the United States, a country where their culture could take root and thrive. Most Armenians in America are children or grandchildren of the survivors, although there are still survivors among us. In my district in Northwest Indiana, a vibrant Armenian-American community has developed and strong ties to Armenia continue to flourish. My predecessor in the House, the late Adam Benjamin, was of Armenian heritage, and his distinguished service in the House serves as an example to the entire Northwest Indiana community. Over the years, members of the Armenian-American community throughout the United States have contributed millions of dollars and countless hours of their time to various Armenian causes. Of particular note are Mrs. Vicki Hovanessian and her husband, Dr. Raffy Hovanessian, residents of Indiana's First Congressional District, who have continually worked to improve the quality of life in Armenia, as well as in Northwest Indiana. Three other Armenian-American families in my congressional district, Dr. Aram and Mrs. Seta Semerdjian, Dr. Heratch and Mrs. Sonya Doumanian, and Dr. Ara and Mrs. Rosy Yeretsian, have also contributed greatly toward charitable works in the United States and Armenia. Their efforts, together with hundreds of other members of the Armenian-American community, have helped to finance several important projects in Armenia, including the construction of new schools, a mammography clinic, and a crucial roadway connecting Armenia to Nagorno Karabagh.

In the House, I have tried to assist the efforts of my Armenian-American constituency by continually supporting foreign aid to Armenia. This past year, with my support, Armenia received \$84 million in U.S. aid to assist economic and military development. In addition, on April 16, 2004, I joined several of my colleagues in signing the letter to President Bush urging him to honor his pledge to recognize the Armenian Genocide.