when we are standing there trying to get on, so that the doors of opportunity are open for all Americans.

And I am proud to say that under the leadership of the gentleman from North Carolina (Mr. WATT) that the members of the Congressional Black Caucus have decided to tackle these disparities, these intolerable disparities.

One of the things, however, that we have a responsibility to do is to make sure that the American people understand that these inequalities, these inequities, these gaps, these disparities, that they exist.

I would like to add a few comments before I begin to wrap up. These comments are about the United for a Fair Economy 2005 report that takes into consideration the President's proposals in the budget.

□ 1545

United for a Fair Economy says that while, at first, President Bush's ownership society goals may appear to be consistent with Dr. Martin Luther King's dream of economic opportunity for all races, during the first Bush administration, the United States actually moved farther away from Dr. King's vision. The employment and income picture has gotten worse for people of color since 2000, eroding the progress that was made during the 1990s.

We all know that not only did the Clinton years provide prosperity for all Americans, all boats were lifted up, but those boats within the African-American community and other communities of color were lifted up.

In 2000, the African-American unemployment rate reached an historic low: an historic low. Latino and Hispanic unemployment rates also dropped, but have risen again in the last 4 years. About half of the progress in the median income of people of color from 1996 to 2000 was wiped out in the first 3 years of the Bush administration. After slowly increasing from 55 percent of white income to 65 percent in 2000, black median income fell to 62 percent. For the first time in 15 years, the average Latino household now has an income that is less than two-thirds that of the average white household. So not only are blacks falling back, Latinos are falling back as well.

Throughout the 1990s, poverty rates fell across-the-board. All boats were being lifted up in the 1990s. But since 2000, more than one-third of that progress in reducing poverty among African-American families has been erased; 300,000 African-American families fell below the poverty line from 2000 to 2003.

What about private retirement income and inheritances? Well, they remain scarce among people of color. We have heard a lot of talk about Social Security and privatizing Social Security, and the gentleman from Washington (Mr. MCDERMOTT) was here earlier, and he talked about insecurity, social insecurity.

African-Americans have less in private pensions and retirement accounts, if you are unemployed you have got to have less, and so depend more heavily on Social Security. They would be more affected than whites by any privatization plan that made benefits uncertain.

And, of course, we talked about home ownership; United for a Fair Economy revisits the issue of home ownership in their 2005 report. Then they add that business owners of color, who are largely small business owners, received only minor tax breaks from the four Bush tax cuts. Most tax breaks for businesses and investors have landed with those who are wealthy and white.

Now, we understand what the President told us in the movie Fahrenheit 911. He told us that his base were the haves and the have-mores. So, accordingly, the tax cuts have provided money for the haves and the have-mores, and that is borne out in these statistics.

Now, what do we do about this? We have to address these issues in public policy. It is public policy that can turn these numbers around and make better the lives of all of the little Martins out there who did their best and still found that the door of opportunity was closed for them, to turn that around and make opportunity available for all of them.

Public policy requires, though, a consensus. It requires an American consensus. So we fought the Civil War, and after the Civil War, the Congress passed a Civil Rights Act. So 1964 was not the first time that we had a Civil Rights Act passed, because there was a consensus that something needed to be done to help all Americans.

But how can we arrive at a consensus when the American people are not informed of the facts? Well, you certainly cannot get it on the WB or UPN. You cannot even get it on BET or CNN a lot of the time. But we are told by a Harvard University-Kaiser Family Foundation study that misperceptions cloud whites' views of blacks. You cannot arrive at an answer if you do not know the facts.

Misperceptions cloud whites' views of blacks: Whether out of hostility, indifference or simple lack of knowledge, large numbers of white Americans incorrectly believe that blacks are as well off as whites in terms of their jobs, incomes, schooling and health care, according to a national survey by the Washington Post, the Henry J. Kaiser Family Foundation and Harvard University.

Depending on the question, the poll found that 40 percent to 60 percent of all whites say that the average black American is faring about as well and perhaps even better than the average white in these areas. These misperceptions have consequences, the survey suggests. Among whites, the pervasiveness of incorrect views seems to explain at least in part white resistance to even the least intrusive types of affirmative action, and more broadly, these mistaken beliefs represent formidable obstacles to any government efforts to equalize the social and economic standing of the races.

This is the State of the Dream 2005 report, issued by United for a Fair Economy, and in its introduction, it quotes President Bush: ''The generation of wealth should not be limited to a few in our society. It ought to be an opportunity for everybody. There is nothing better than providing the incentive to say this is my asset base, I own it, I will live on it in retirement, and I will pass it on to somebody in my own family.''

Dr. Martin Luther King had a response for that, even though dead. Dr. King said, ''The majority of white Americans consider themselves sincerely committed to justice for the Negro. They believe that American society is essentially hospitable to fair play and to steady growth toward a middle-class utopia embodying racial harmony. But unfortunately, this is a fantasy of self-deception and comfortable vanity.''

I would hope that all of the reams of paper that have been produced recording these studies that I have recounted here this afternoon, from Hull House reporting on Chicago to the New York Times reporting on African-American male unemployment at 50 percent between the ages of 16 and 64, which is veritably the entire population, to United for a Fair Economy to the National Urban League to Harvard University to the Kaiser Family Foundation, the reams and reams and reams and reams of paper produced chronicaling the pitiful state that some Americans continue to have to endure.

Mr. Speaker, it is clear that we are leaving too many Americans behind. Our policies are creating two Americas, and, instead of growing together, we are clearly growing apart.

I hope to return to this place, to this well, and do more special orders about this subject and other subjects of interest to my constituents in my district and the people who have voiced their support around the country. We have such serious issues, and the people need our help and our attention.

Mr. Speaker, I am hopeful that this Congress will provide some relief to all of the people who fall into the numbers that I have accounted tonight.

MAKING HEALTH CARE ACCESSIBLE AND AFFORDABLE

The SPEAKER pro tempore (Mr. JINDAL). Under the Speaker's announced policy of January 4, 2005, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Mr. Speaker, it is indeed a coincidence today that Democrats in their one hour special order would be led by a Georgian, my colleague, the gentlewoman from Georgia

(Ms. MCKINNEY), and the Republican hour today would be led by myself, another Georgian. I am really, of course, pleased to have this opportunity.

I am going to talk on an entirely different subject to my colleagues, Mr. Speaker, than what we just heard for the previous hour. This time is dedicated really to the Republican Conference Health Care Access and Affordability Public Affairs Team. We put together this team for the purpose of letting our colleagues know, letting the American people know, that the Republicans care deeply about the health of this Nation, particularly in regard to those who are the neediest, whether they are white, black or Latino. It does not matter. People in this country who need health care that really cannot afford it, who are struggling through no fault of their own, we are deeply committed to solving these problems, whether we are talking about Medicare, Medicaid or Social Security for that matter.

These are the so-called entitlement programs, the mandatory spending. When we talk about a budget for fiscal year 2006 of $2.6 trillion, two-thirds of that budget goes to mandatory spending. That means those who meet eligibility requirements, obviously Social Security retirees and disabled and widows and dependent children; the Medicare program, you are 65; or you are younger than 65 and you are disabled, the Medicaid program; or you are poor.

□ 1600

And you do not have the means or the wherewithal to purchase private health insurance or maybe you do not have a job, you do not have an employer that provides health insurance for you. These are the people who meet those eligibility standards, and that is called mandatory spending; and it includes two-thirds of our Federal budget. We have a huge problem with the growth in those numbers because, as our population grows, there are more and more people who are struggling who become eligible for one of these three mandatory benefits. It is becoming a tremendous strain on this country.

Tonight I will focus primarily on the Medicaid program, because our States are in such dire economic stress because of Medicaid, which is a joint Federal-State program, a shared program, if you will.

The President, during the last couple of months, has spent a lot of time talking about the Social Security program. My colleagues know that he has been going all over this country trying to explain to the American people that we are in a real crisis; and certainly, at least I think everybody would agree, there is a serious problem with Social Security because of demographics, because of the fact that thankfully, thankfully, people today are living longer and they are healthier.

As the baby boomers fully mature and that starts the first wave, the leading edge of that wave is upon us in 2008, and as they fully mature, we go from 45 million Social Security beneficiaries today to within 10 or 15 years to having 77 million. And trying to fund that program with a payroll tax that has not increased in a number of years, it is a tremendously difficult problem; and it needs to be solved. It is not something we can put off for other Congresses.

I hear from some of my colleagues, particularly on the other side of the aisle, well, it is not that bad of a problem; why do we not just kind of wait awhile and let somebody else deal with it. I mean after all, 2006 will be upon us pretty soon, and it is the next election that is most important, not the next generation.

I certainly do not agree with that, and I know this President and this Republican leadership does not agree with that at all.

But what we are hearing a lot of times is, well, why are you focusing on Social Security when we have these huge problems with Medicare and Medicaid? I know my colleagues on both sides of the aisle have heard that argument. The point, of course, is that we have focused on Medicare, and I am very surprised at how quickly they forget. It was, after all, just December of 2003 when this body, this Congress, in a bipartisan fashion, passed the Medicare Modernization and Prescription Drug Act. That prescription drug part of Medicare, of course, does not become operational until January of next year, 2006. So we have not had an opportunity to see what benefits that will bring to the program.

We have had an interim program, I think, that has worked very, very well. It is called the Transitional Medicare Prescription Drug Discount Card program. All of my colleagues, Mr. Speaker, remember that, the 1½ to 2-year program, before we get started in the part D prescription drug premium-based, voluntary part of Medicare next year, to give immediate relief, as we did in December of 2003, to let our seniors obtain, for no more than $30 a year and, in most instances, a free Medicare prescription drug discount card, which would allow them to go to the drugstore with those four or five prescriptions that their doctor had written for high blood pressure or control of their blood sugar so their diabetes did not get worse, or something to prevent osteoporosis, or to, as I say, lower blood pressure and cholesterol.

So when they went to the drugstore, they were not paying sticker price. They were getting the same kinds of discounts, competitive discounts that people who were working and had employer-sponsored health care, maybe under an HMO, and they got deep discounts on their drug prices.

This is what the discount program, the transitional program brought to our neediest seniors; and, in fact, those living at or below the Federal poverty level were credited on that card. It became not a credit card, but a debit card; and they got $600 a year for those two years, 2004 and 2005, a total of $1,200 that they could apply to the cost of their prescription medication.

There were other things, Mr. Speaker, and I know my colleagues remember that. If not, hopefully, this will be a reminder. For the first time ever under the Medicare program, new beneficiaries, those just turning 65, were having the opportunity to go to their doctor, to their general doctor, their internist, their family practitioner and having a complete, thorough, head-to-toe physical examination. In the past, Medicare did not pay for that. You could only get reimbursed for a doctor visit if you were sick, if your nose was bleeding, if you had pain in your chest from a coronary and you were staggering because you were about to have a stroke, or you showed up in the emergency room. But just to have a routine physical to find out, hey, is everything okay, to get your blood pressure checked and have that cholesterol level determined, and the screening procedures, or maybe if you had a mammogram to rule out a very early breast cancer; these things were not covered under Medicare.

But under this leadership, this Speaker, this Republican-led Congress, this President brought, in December of 2003, the Medicare Modernization and Prescription Drug Act.

So for everybody to suggest that this Congress is not focused on health care and has done nothing and is wasting our time trying to solve the Social Security problem is just absolutely untrue; and I think fair-minded Members of this body, whether Republicans or Democrats, know that. They know that. They know that we have devoted a lot of attention to Medicare. It remains to be seen, really, how that program is going to work.

All we hear from the opposition is, oh, well, you know, it is going to cost a lot. They misled us, they lied to us, they said it was only going to cost $395 billion, and now it is going to cost $750 billion. I do not know what the true cost is, but I do know this: when, Mr. Speaker, the Congressional Budget Office is calculating the expense of the program, they are talking about what it is going to cost to provide a prescription drug benefit, even though it is premium-based. Like part B, sure, there will be a cost to the taxpayer. The part B Medicare program, Mr. Speaker, a lot of people probably do not realize this, but the premiums, even though they have gone up every year since 1965, and now are approaching $80 a month, they only cover 25 percent. The general fund taxpayers are supporting 75 percent of that cost.

So the prescription drug program will be very similar to that. There will, indeed, be a cost. But what is so misleading is no credit whatsoever is given to the fact that if a person is taking a blood pressure medication to keep them from having a stroke, if a person can now afford to go to the drugstore

and get Lipitor or Pravachol or one of these statin drugs to lower their cholesterol and avert the need for open heart surgery, or someone is able to take Glucophage or insulin so that that diabetic condition does not get so bad that it destroys their kidneys or causes blindness or causes peripheral vascular disease to the point that they need an amputation of a limb or renal dialysis or maybe even a kidney transplant; all of those things, by the way, are currently today covered under Medicare, but extremely expensive.

If we can prevent that by allowing our seniors, our neediest seniors to afford the medication and treat these diseases in a timely fashion, then we save money on part A, being the hospital, the nursing home care, for those who have had a stroke and maybe have to spend the rest of their lives in a nursing home; part B would be the fee that the cardiothoracic surgeons charge to do open heart surgery. We save that money, yet you get no credit, you get no score for that. But, Mr. Speaker, surely, if this program is going to work and if it makes sense, and it certainly makes sense for this physician Member of this body and, furthermore, it is the compassionate thing to do.

So, indeed, to suggest that the Republican majority in this body, led by our Speaker, the gentleman from Illinois (Mr. HASTERT), and that President Bush and his administration do not care about health care and have ignored and narrowly focused on Social Security and forgotten about the needy in this society regarding health care, it is just absolutely, Mr. Speaker, absolutely untrue. I think, again, fair-minded Members of this body on both sides of the aisle would readily admit that.

Now, I spoke at the outset of this hour of the Republican Conference on Health Care, Access, and Affordability Public Affairs Team. That is us; that is me. I am taking all of the time this evening, but we have a strong team. We are not just health care providers, although many of us are physicians and dentists and other people involved in health care. I wanted to take this time to share with our colleagues our vision and our focus and what we are doing to try to make sure that we have a good policy that is fair and balanced and that we are taking care of those who are in most need in regard to health care.

Mr. Speaker, one of the huge problems right now, of course, is the Medicaid program. Again, this is part of our entitlement spending, the mandatory spending, as I outlined at the beginning of the hour, the two-thirds of the Federal budget. Medicaid is a Federal-State program, with the Federal Government actually paying, in most cases, more than the State does, to provide health care for the neediest in our society, especially for children and single mothers. It is a great program. It has served us very, very well. In fact, I have a slide, Mr. Speaker, that I will get up in just a few minutes and I would like to point out how that Federal-State match works.

It is based, really, on average income in a State. A State with a lower average income, a poor State, there is going to be a higher Federal percentage; and the parameters range from a 50–50 participation to 80–20. And if we can focus on this chart to my left, this is not all of the States; I think I was informed that the machine broke and they were not able to get but about half of the States on the chart. But it does include my State of Georgia; and last year in Georgia, the Federal match was 60, almost 60.5 percent, and the anticipated match for the fiscal year 2006 is 60.6. So in Georgia it is about a 60–40 split.

I was looking for Mississippi, which I think is probably one of the States that has the lowest per capita income where the Federal match actually approaches the maximum 80 percent.

□ 1615

It is not on this board. But I think the Federal match in the State of Mississippi is about 78 percent. But it varies. Alabama is here, 70.1 percent Federal participation in 2005. And in 2006, that dropped down to 69.5 percent. There are other States, like I say, that are 50/50. Illinois, as an example, is 50/50. The State of Massachusetts is about 50/50.

Mr. Speaker, this is the way it should be. We should indeed participate more for those States who have the greatest need. One thing, though, that really concerns us, and I think one of the main problems with the Medicaid system, is that there is a significant amount of waste and abuse of the system. And yes, in fact, Mr. Speaker, in some instances, downright fraud. And if a State is a 50/50 state, there may not be much advantage to take an advantage of the system. But if the State has a higher Federal match than the State match, you can see that if you are abusing the system, gaming the system, if you will, then there is an advantage because you are pulling down more Federal dollars than you are spending at the State level.

And so these are some of our problems, of course, that we are facing now with the Medicaid program. The spending is growing more, of course, in times of economic stress and distress. And we have gone through a lot of that in the last several years, particularly since 9/11. And of course the population growth, you are going to have more people who are legitimately eligible for this care. So the spending is going to go up. But we want to make sure that we get dollars to those who are in need and not to those who are in greed, if you will. And that is very important.

And there will be a very strong focus on Medicaid reform, led, quite honestly, by the governors, by the Governors Association, both Democratic and Republican governors. They have been here. They have talked to the President. They have talked to Congress. They have some very good ideas of how to make this system work better and make sure that those who have the greatest need have access to those Medicaid dollars.

I wanted, Mr. Speaker, to share with my colleagues just a few numbers about the magnitude of really what I am talking about. In the year 2002, the total Federal dollars spent on the Medicaid program, now this is just the Federal dollars, $140 billion. That is in the year 2002. In the year 2004, that number has gone up to $184 billion. You know, we are talking about significant increases. From 2001 to 2002, the Federal spending Medicare increased 8 percent. From 2002 to 2003, it was about 9 percent. From 2003 to 2004, in the same range. And on and on and on.

So when people say to me from back home, Congressman, do not cut Medicaid spending because, you know, you are affecting my program. And that could be a physician talking about, you know, his or her reimbursement. It could be a hospital. It certainly is likely to be one of these rural hospitals that is called a disproportionate share, which means their clientele is disproportionately weighted toward the Medicaid program because they are a poor community. And they are concerned, and I understand that.

But what the President did in the 2006 budget that he submitted to us was to cut a certain number of Medicaid dollars over a 5-year period of time. What we have done here in the Congress, the President recommends, and then we legislate. We make the final decision. And it looks like we are going to have a Medicaid funding cut over the next 5 years of $10 billion. That is $2 billion a year but that, we hope and I feel very confident, we can find those savings by eliminating this situation that I described, waste, fraud and abuse.

Now, let me just give you one example, Mr. Speaker, and I want to share that with my colleagues, the nursing home situation, long-term care in a skilled facility. Medicare, under Part A only covers a certain number of days. I think it is something like 100. And after that, the patient is pretty much on their own, and that has to come out of their pocket. If they do not have long-term care insurance, and most people do not, we are trying to address that. This Congress is trying to address that, the Republican leadership, and that is why we put health savings accounts in the Medicare modernization bill of December 2003, so that that money in those accounts can be used without any tax penalty whatsoever to purchase long-term health care insurance. But most people do not have that today. And if a loved one ends up in a nursing home, then once those Medicare dollars, those days of eligibility are utilized, and the person has no other resources, they become what is known as dual eligible because they

have no wealth and no source of income, then all of a sudden they are eligible for Medicaid.

So, the reality today, my colleagues, is that probably 70 percent of nursing home reimbursement is from the Medicaid program. Now, some of that is appropriate. But some of it is inappropriate.

And indeed, there is actually a cottage industry out there where our good attorneys advise people how to hide their income, how to shift their possessions and their net worth to maybe another family member, and all of a sudden they have got nothing. They do not have any wealth. They do not have any income, and they are dual eligible for Medicaid. That, my colleagues, is what I call gaming the system. And when you do that, you take money away from the program, desperately needed money for single moms, for the poor who need prenatal care, for little infants that are born prematurely that need a good start in life, and they cannot get it because there is no money there.

This is something that we, the Republican majority, and hopefully in a bipartisan fashion with our colleagues on the other side of the aisle, we are giving very serious attention to it. And yes, we can walk and chew gum at the same time. We can work on the Social Security problem and fix that, get out of that crisis situation and work on solving the Medicaid problem at the same time. Absolutely, we can. We will. We are doing that, and we will get to the finish line on both of these programs, and we will do it sooner rather than later.

We will not be irresponsible on these issues and put this off and say, Hey, you know, we do not want to touch that third rail because we are worried about our re-election in 2006 and keeping our majority. We are going to keep our majority by doing the right thing. And we will let the elections take care of themselves.

But we have to make sure that we understand, the American people understand, and that we do not let the nay-sayers poison the well like they tried to do on that Medicare discount card.

I was at a little town hall meeting in one of my poorest counties recently in Southwest Georgia, Talbot County, a great community, wonderful people, but poor, very low tax base. And we were talking about Social Security. Miss Menafee came up to me after the hour and a half town hall meeting, and she said, Congressman, thank you for that information on Social Security. I think I really understand it better now. I have been getting those automated phone calls and those slick glossy mailers. I do not know whether they were from AFL–CIO or George Soros and some 527, but thank you, Congressman for helping me understand it better, to see how an individual personal account can grow and have the miracle of compound interest. But I just want to say to you, also, thank you for Medicare modernization. And thank you from the bottom of my heart for that prescription drug discount card, that transitional program.

Miss Menafee told me that she had been spending something like $400 a month for five or six drugs that she desperately needed, and because she was eligible for that $1,200 credit and the lowest pricing, in fact, I think maybe a dollar, $3 copay, she said she had reduced over $400 a month worth of medical expenses to $9 a month.

Miss Menafee, God bless you. And she is 80 years old and looks healthy, and I think she is going to outlive us all because of what we did. So that is the compassion. That is the thoughtfulness that this Republican leadership, this majority has in regard to the health care program.

Mr. Speaker, I guess I could go on probably long beyond my allotted hour. But I am going to try to go ahead and bring this to a close because I think, hopefully, my colleagues have heard me loud and clear and understand that we care about health care. We care about the uninsured.

We have passed association health plans in this body at least twice, and we will continue to pass it. We have passed tort reform so that doctors and hospitals are not ordering all these unnecessary tests. And every individual that walks into an emergency room with a headache does not need a CAT scan, but they are getting it because the doctors are afraid they are going to be sued, or the hospital, and that is why people cannot afford health insurance.

All that defensive medicine, these additional lab tests, it drives the price of health insurance up so high that it is out of reach for far too many people. And we end up with 43 million in this country who have no health insurance, and most of them are working. But we are going to help them. Again, we are going to help them by what we have done in Medicare modernization, give them an opportunity to set up through their employer a health savings account where they can get catastrophic insurance for a very low premium, Mr. Speaker, a very low monthly premium, and then the employer or a relative or a friend can help them fund an account that can grow, that can enjoy the miracle of compound interest, that they can use that money for a lot of types of things that traditional health insurance does not even cover, eye care, dental care, mental health services, just so many things.

So it is a pleasure to be part of this team, to be here tonight, to be talking about what we, the Republican health care access team, is doing.

But, you know, again, I want to make sure my colleagues understand that I am not an overly partisan person. It is not all about left versus right or Republican versus Democrat. It is right versus wrong, and I think we need to focus on doing the right thing, and we ought to try to do it as much as we can in a bipartisan fashion.

And to that point, Mr. Speaker, I want to let my colleagues know that we have recently formed a medical/dental doctors in Congress caucus in this House. There are 13 of us. There are three dentists. There are ten MDs. Three of those MDs are on the democratic side; seven on the Republican side. And we are going to work on these issues in a bipartisan fashion.

You know, I thought yesterday, as we had that plane, that little Cessna that inadvertently got in the airspace over the Capitol, and we all went just, I mean, pouring out of here in semi panic, although the Capitol police did an excellent job of keeping people calm, but, you know, making sure that we got out of harm's way as quickly as possible.

□ 1630

You have to take every one of these threats seriously, and I could not help but thinking as I was running down the street, where are the other 12 members of our physician and dental doctor caucus?

We probably were all going in a different direction. My co-chairman of that caucus is the gentleman from Arkansas (Mr. SNYDER), Mr. Speaker, a great Member of this body. The gentleman has been here a good bit longer than I have been, a fine doctor from Arkansas.

The gentleman and I have been working together. That was one of the things we were talking about last week. The next meeting we have, we are going to make sure that we work with the House physician so that this team would know what we would do in a situation like that so we were not all going in different directions. Maybe all 13 of us, hopefully the caucus will grow, I like doctors and dentists in Congress, but we could go to a designated spot so if this really truly turned out to be a terrorist attack, we would be part of the solution and not part of the problem.

Again, as I speak to my colleagues this afternoon and I am deeply appreciative, Mr. Speaker, of the opportunity to talk about what the Republican majority is doing on health care, I do not want to forget that the American people do not like a lot of partisanship and animosity and, indeed, hatred. We do not accomplish anything in that fashion. I am very proud to be part of that new bipartisan caucus as we work towards solving these problems.

APPOINTMENT OF MEMBERS TO CONGRESSIONAL-EXECUTIVE COMMISSION ON THE PEOPLE'S REPUBLIC OF CHINA

The SPEAKER pro tempore. Pursuant to 22 U.S.C. 6913, and the order of the House on January 4, 2005, the Chair announces the Speaker's appointment of the following Members of the House