

punish big oil. Big, big talk. Do you think anything is going to come out of it? The first thing they can do is give back the \$14 billion. The second thing they can do is give back the \$2 billion, all of which were assessed on the taxpayers to subsidize these companies.

So, Madam Speaker, it is wrong to hand out money to energy companies who are making massive profits, and then cut home heating assistance for our most vulnerable citizens, our senior citizens. And it is wrong to claim to be doing something when you are not, nor do you have any intention. And when you had a chance to do it, rather than help the consumers, what did you do? You actually produced a bill that actually increased the price of gas at the pump and gave \$14 billion that you did not have to big oil companies to support them to execute their business plan.

□ 1945

Those are not the values of this country, and thank God they are not the values of the American people. We need a change of priorities. We need a new set of priorities. And we can do better, Mr. Speaker. The American people can do better. It is time we returned the People's House back to the people rather than to the auction house it has been to the big oil and gas companies.

#### HURRICANE RELIEF EFFORTS

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

Mr. MCCAUL of Texas. Madam Speaker, the people in the gulf coast States have always lived with the threat of devastating tropical weather, including hurricanes. In fact, the worst natural disaster to ever befall America was the Galveston hurricane of 1900.

To this day, I personally know many families who lost loved ones in this horrific hurricane some 105 years ago. In fact, my grandfather, who was only 8 years old at the time, barely survived the devastation, while some 10,000 perished trying to overcome the high waters.

My grandfather was heroically saved by rescuers who found him clinging to a tree in the flooded streets of Galveston. Sadly, it seems that history and nature have a way of repeating themselves.

Like in the Galveston hurricane of 1900, the streets of New Orleans were flooded to the tops of trees and homes by Hurricane Katrina, and people relied on the goodwill of others to survive that devastation. To that end, my home State of Texas has done an outstanding job in the Katrina relief effort, persevering in the face of Hurricane Rita, which made landfall on the Texas coast 1 month after Hurricane Katrina.

It goes without saying that our hearts and prayers are with those who are fighting for their lives and their

communities and the areas hit by these hurricanes. Despite their dire situation, I know how brave and capable the people are in Texas, Louisiana, Mississippi, and Alabama. They will overcome the damage and fully recover. They will rebuild and return home as they were meant to, but they will need our help and support.

Before Hurricane Rita hit, I visited the Katrina relief efforts in my district, and Vice President CHENEY and I met with the Texas Emergency Management Agency. They used computer models to demonstrate the effects of a hurricane similar to Katrina hitting the Texas coast. The images revealed that Galveston Island could be completely submerged and the streets of Houston flooded if a strong hurricane were to hit that region.

At the time, we could not have known that this similar scenario would play itself out in Texas in just a matter of days. Fortunately, Galveston and the greater Houston area were saved; and unlike Galveston a hundred years ago, there was no direct loss of life due to Hurricane Rita. This is due to the efforts of the real heroes of the State and local first responders who protected life before the storm struck.

To that end I would like to thank everyone who has stepped forward and helped the hurricane victims by donating, volunteering, and working together to overcome this tragedy, especially Texas Governor Rick Perry; Austin Mayor Will Wynn; Houston Mayor Bill White; Katy Mayor Doyle Callendar; Tomball Mayor, Hap Harrington; Harris County Judge Robert Eckels; Ann Hodge and the Katy Chamber of Commerce; Bruce Hillegeist and the Tomball Chamber of Commerce; Tomball Fire Department Chief Randy Parr; and the Interfaith Ministries of Greater Houston. Their leadership, persevering through sheer tragedy, has been invaluable to the response and recovery process from both storms.

This cooperation partnership, brotherhood, community and faith, all succeeding in the face of absolute disaster, is truly an example of the resilience of the American spirit.

If nothing, this can teach us that if we plan ahead and work together, we can save lives and overcome the worst of nature's fury. This common bond is our duty as friends, as neighbors, and as Americans.

#### 40TH ANNIVERSARY OF MEDICARE

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

Ms. KAPTUR. Madam Speaker, I rise this evening during this 40th anniversary year of Medicare as a strong supporter of this critical health insurance lifeline to all of America's families. On July 30, 1965, President Lyndon Johnson signed Medicare into law, the most important and successful family insurance program our Nation has ever known.

Medicare was created to provide health insurance to the elderly and disabled in part because only about half of our Nation's elderly and almost all of the disabled actually never had had health insurance. Medicare also played a fundamental role, along with the Civil Rights Act of 1964, in desegregating the American health insurance system by assuring access to care regardless of race or age.

Medicare began with 19 million beneficiaries, and since then it has served a total of approximately 105 million people over the last 40 years. Medicare has evolved over time to help beneficiaries maintain health, prevent disease and injury and provide better benefits, including more preventive care, even as inflation pushed the cost of health care higher and higher.

Medicare, which covered about 42 percent of expenditures for the elderly in 1968, covered about 55 percent by 1997. Without it, citizens simply could not cope financially as private companies renege on their promised health and pension benefit to retirees.

Today, Medicare provides comprehensive health insurance for nearly 42 million Americans, which includes more than 35 million senior citizens and 6 million people under 65 years of age who are permanently disabled. It continues to achieve its purpose of improving health and financial security for beneficiaries by assuring access to affordable health care and contributing to the significant decrease in poverty among the elderly, which has fallen from nearly 30 percent in 1966 to approximately 10 percent in 2002. What a profound accomplishment we have achieved as a people to make the golden years livable, not threatening.

Most recently, however, in 2003, this Congress moved to add a prescription drug benefit coverage program to Medicare. While I have always supported Medicare as an important lifeline for seniors and the disabled, I could not support this particular legislation championed by the current Republican Party and the pharmaceutical industry. It did nothing to lower the exorbitant prices of prescription drugs, and yet it provides windfall profits to these very drug companies.

The bill is known as the Medicare Prescription Drug Modernization Act, and it was passed in this Chamber only after the Republican leadership bent their own rules during an all-night session to hold open the vote past the normal 15 minutes to nearly 3 hours as they twisted arms to get the bill passed.

I supported the Democratic plan that would have really provided an affordable drug plan for our seniors. Among the shortcomings of the law that seniors are now dealing with is that our government is not permitted to negotiate with the drug companies for the best price. I tried to get that amendment included in the bill and waited up in the Rules Committee until 4:30 in the morning and was denied my ability

to offer that particular amendment. I shall never forget that moment.

The current program also prohibits seniors in America from buying re-imported drugs from countries like Canada. Does that make any sense? Well, it makes lots of "cents," in fact, millions and millions of dollars for the drug companies that want to bar our seniors, particularly those in the North and in the South who can go to other places to buy the very same drugs that are for sale in this country at exorbitant prices.

The plan that passed here in the Congress was jerry-rigged in that it requires seniors to pay thousands of dollars for prescription drugs before they reach the \$5,000 cap. How are they going to get those thousands of dollars?

The bill that passed has a big hole right in the middle that is going to come out of the pockets of our seniors in additional premium costs.

The Bush plan also intends to phase out the traditional Medicare program starting in 2010 for almost 7 million seniors, saying that they would no longer need to have a defined benefit plan, but they would get a voucher and could go on to the private market and try to get affordable prescription drugs.

Well, tell me now, how affordable do you think that can be? The Republican law, in essence, fails to provide a guaranteed prescription drug benefit plan through the traditional Medicare program that is affordable.

Until such full coverage is possible, I would urge my colleagues to support the Pharmaceutical Market Access Act of 2005, H.R. 328, which would allow reimportation.

Finally, in closing, let me say, H.R. 376 would permit the Government of the United States to negotiate the best price for our seniors, and I would urge our seniors to call their area Office on Aging to get advice on what to do in the current situation until we can improve this bill.

SENIORS TRY TO DECIPHER DRUG OPTIONS  
(By Luke Shockman)

Bob Cain speaks for many senior citizens when the subject is Medicare's new prescription drug plan.

"It's confusing," he said as he stood outside a senior center in Toledo's Uptown neighborhood. "I got the big book [from Medicare], and I looked on the Internet. But I'm a college graduate, and I couldn't understand it."

Over and over, in senior centers, nursing homes, assisted-living complexes, and around kitchen tables nationwide, senior citizens and their family members are trying to make sense of Medicare's drug plan.

It hasn't been pretty.

"I don't think I've met any seniors who are [happy] with it," said Julie Dangelo, executive director of Senior Centers Inc., the senior center where Mr. Cain frequents. "Everybody is confused."

That said, Ms. Dangelo and other senior advocates have a message for the 43 million Americans on Medicare: Yes, this is confusing, and you are certainly free to complain about it. But ready or not, the clock on

the decision-making process will begin ticking Nov. 15.

By May 15, seniors will have to decide whether to sign up for Medicare's drug program. If they participate, they must determine which drug-plan option is best for them.

Despite all the hassle, the federal government expects seniors who take part in the program could end up saving quite a bit on their prescription-drug costs. Those with low income or on Medicaid likely will have all or most of their drug costs covered by Medicare—above and beyond the standard financial help available through the new program.

In an effort to alleviate confusion for seniors and their family members facing this important decision, The Blade has gone to experts and senior advocates to answer some basic questions.

So, what should you do first? Relax.

"You don't need to make a decision right now. There's no rush," said Kathy Keller, a spokesman for AARP Ohio. "Don't jump and say, 'It's Nov. 15 and I have to make a decision.' Collect all the information, and get your questions answered before doing anything."

The deadline for taking action and picking a plan is not Nov. 15 but May 15. However, seniors who wait until after May 15 likely will face penalties and have to pay higher premiums and other costs.

The first thing seniors need to decide is whether they should even join a Medicare prescription-drug plan. If seniors get their drug benefits through a retirement plan from their union or former employer, they already might be receiving a better deal than what Medicare will provide. By law, those former employers or unions have to send a letter telling seniors whether that's the case. Veterans eligible to receive drug benefits through the Department of Veterans Affairs get a better deal through the VA, for example, so they should stick with that.

If Medicare's drug plan does sound like it might be a good option, the most important thing seniors will need to have available when picking a plan—or when talking to someone who will be assisting in selecting a plan—is a list of all the drugs they are taking, the dosage amounts, and how often they take the drug. That's a list that doctors say seniors should have handy whether they choose to go with a Medicare drug plan or not.

Another key piece of information for seniors to know is whether they qualify for extra financial assistance. The Medicare drug program, in its standard form, doesn't cover all expenses. However, for many low-income seniors, including those on Medicaid, there is extra financial help available. Medicaid recipients automatically qualify.

Those not on Medicaid will need to apply for the help, which is available to those making less than \$14,355 annually (\$19,245 as a couple). The Social Security Administration handles applications, and seniors can call 1-800-772-1213 to learn if they qualify.

And remember, there are many people and places with resources available to help seniors in need of help in making these decisions. Use them. While insurance companies will have a vested interest in the plans that seniors choose, area senior centers and many pharmacies and doctors offices are offering assistance, and there's a host of toll-free phone numbers available.

Perhaps the best advice for seniors right now: Take your time in making a decision.

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

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### EXCHANGE OF SPECIAL ORDER TIME

Ms. ROS-LEHTINEN. Madam Speaker, I ask unanimous consent to take the time of the gentleman from Indiana (Mr. BURTON).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

#### GLOBAL WAR ON TERROR

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, a number of news sources have recently dedicated space and air time to headlines concerning our progress in the war on terror, such as "What the New York Times doesn't tell you."

Indeed, as we all have had occasion to note in some of our Nation's widely read news publications, the editorial rule is often there is no news like bad news. But in these Halls of Congress, no such rule abounds, so truth-telling must begin here.

Since the brutal terrorist attacks of September 11, the United States has responded with policies that offer a pragmatic approach to the challenges that we face in the region today. These have included taking the fight to the terrorists and their supporters, denying them the resources and safe sanctuaries, keeping them on the run so that they cannot target us at home, all while simultaneously assisting the developing Middle East democracies so that they can become a bastion of stable, free market democratic societies and as a means of addressing the root causes of terrorism and Islamic extremism.

As Chair of the House Subcommittee on Central Asia and the Middle East, I am proud of the success that these policies have enjoyed, particularly in the frontline states in the war on terror of Iraq and Afghanistan.

However, if we are to fully grasp where both countries are now, and where both are heading politically, we must understand what these nations have endured under brutal regimes that systemically denied the Iraqi and the Afghan people their freedom and shackled their hopes and aspirations.

Saddam Hussein's terrorist regime wreaked havoc on Iraq society and stunted the country's growth and development.

The mass graves are but one sad example of how this brutal ruler destroyed Iraqi lives. He indiscriminately slaughtered Iraqis, regardless of background, with an estimated 300,000 having disappeared from the time that Saddam took power in 1979 until his removal almost 25 years later.