movement that embodied the values of academic achievement, social development and civic responsibility.

In Indiana, the Indianapolis Urban League was a part of (22) Urban League Affiliates chosen from (115) affiliates across the country to implement the Campaign for African-American Achievement. The League will receive a minimum of $500,000 over a five-year period to draw attention to and support for the urgent achievement and developmental challenges facing students in Marion County.

Students selected were high school juniors and seniors of color who have a GPA of 3.0 or higher and plan to pursue higher education. The Indianapolis Urban League encouraged youth, parents and all community members to participate in activities that highlighted educational success and achievement, and placed their names on a national registry nominating them for scholarships up to $10,000.

Today, the Indianapolis Urban League awarded $222,000 in scholarships to (24) students. The highest number awarded to any Urban League Affiliate in the country.

Mr. Speaker, it is my distinct pleasure to ensure that the accomplishments of these students from my district are forever memorialized in the CONGRESSIONAL RECORD of the United States of America. Let all who read these pages know that a very special group of people in Indianapolis, and across the country are ''Spreading the Gospel that Achievement Matters.''

THE MEDICARE RX DRUG BENEFIT AND DISCOUNT ACT

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 26, 2002

Mr. RANGEL. Mr. Speaker, today, I am proud to introduce the Medicare Rx Drug Benefit and Discount Act with JOHN DINGELL, the Dean of the House and Ranking Member of the Energy and Commerce Committee. Our Ranking Member on the Ways and Means Health Subcommittee, PETE STARK, has had a leadership role in the development of this legislation, as have so many other health care leaders in our caucus.

This legislation makes good on our promise to add affordable, comprehensive prescription drug coverage to Medicare.

The Democratic bill will look, smell, taste, and feel like any other Medicare benefit, because it is a Medicare benefit. Beneficiaries will not have to deal with an HMO or other private insurer.

Under this legislation, every beneficiary will be guaranteed a $25 monthly premium, $100 annual deductible, 20% co-insurance and $2000 out-of-pocket limit, no matter where they live.

We provide additional assistance for low-income beneficiaries. Those with incomes up to 150% of the poverty level ($13,290 for one person) will pay nothing. Those with incomes between 150–175% ($13,290–$15,505 for a single person) of poverty will pay premiums on a sliding scale.

The Medicare Rx Drug Benefit and Discount Act would: Lower prescription drug costs for all Americans, regardless of whether they participate in our plan; give all Medicare beneficiaries the option of a reasonably-priced guaranteed prescription benefit under Medicare; and ensure that senior citizens and people with disabilities receive coverage for the drug their doctor prescribes and not some substitute that an insurance company deems ''equivalent.''

Unlike the competing Republican legislation, our plan would never force seniors into an HMO or similar private plan in order to get a prescription drug benefit.

Republicans claim they are giving seniors a ''Medicare'' prescription drug benefit, but their legislation really provides subsidies to insurance plans and HMOs, not to beneficiaries. Republicans claim they are offering beneficiaries a certain level of coverage, but their legislation really leaves virtually all of the important decisions to the private insurance companies.

Under the GOP plan, private insurers will decide which drugs are covered and which are not. If your drug is not on the list, too bad. Millions of seniors will not be able to afford their prescriptions under the GOP plan. Under the GOP plan, private insurers can pick and choose which pharmacies to include in their networks. If your neighborhood pharmacy is not on the preferred list, you are out of luck.

The bottom line is that those who can buy insurance under the GOP plan may find their choice of pharmacies severely limited or that they cannot get coverage for the drugs prescribed by their doctor.

Many HMOs have unfairly limited health care in the past. That's what the Patients' Bill of Rights debate has been about. They've been unreliable partners in Medicare to date; just look at the problems in the Medicare+Choice program. And now the Republicans want to put them in charge of this medication benefit under their ''privatization'' model.

Republican leaders have never liked Medicare. Former Speaker Gingrich once said Medicare would ''wither on the vine because we think people are voluntarily going to leave it.'' In 1995, DICK ARMEY called Medicare: ''a program I would have no part of in a free world.''

Their legislation—the so-called Medicare Modernization and Prescription Drug Act—lays the ground work for them to make good on their desire to do away with the program. The Republican prescription drug plan is the first step towards privatizing Medicare.

It forces seniors to deal with private insurance companies instead of having the choice of getting prescriptions through Medicare. It includes a premium support demonstration program that could significantly raise the premiums of beneficiaries who wish to stay in traditional fee-for-service Medicare. And it creates a new agency to oversee the private plans that lacks authority to provide adequate oversight and disadvantages the agency currently responsible for administering Medicare.

In contrast, we base our plan—not on a flawed privatization model—but on the successful Medicare program. We offer a genuine Medicare plan, providing an affordable voluntary drug coverage to all American seniors through Medicare.

Under this legislation, no senior will ever have to choose between putting food on the table or paying the rent and the drugs they need.

This legislation also helps reduce the skyrocketing costs that seniors and other beneficiaries currently pay for prescription drugs by utilizing the collective bargaining power of Medicare's 40 million beneficiaries to guarantee lower drug prices. By closing some loopholes in current law that prevent or delay generic drugs from coming to market, this legislation also reduces drug prices for all Americans.

While our colleagues on the other side of the aisle are engaged in a cynical political exercise designed to bring themselves political cover, ours is serious legislation. It would bring senior citizens Medicare prescription drug coverage.

When President Harry Truman first proposed Medicare in his second term, a wide array of Republican forces were against him saying he could not do it. Truman said: ''We may not make it [now], but someday we will.'' Eventually, Truman and other Medicare advocates succeeded. Harry and Bess Truman became the first Medicare enrollees in 1965.

The Republican leadership may prevent us from passing a true Medicare prescription drug benefit now, but they cannot stop us in the long run because that is what seniors and all Americans have said they really want.

As PETE STARK points out, prescription drug coverage is as essential to seniors'good health in the 21st century as coverage of doctor visits and hospital stays was in the 20th century.

We have also included in this bill provider payment reforms and increases that match or, in some important areas, exceed those in the Republican-crafted Medicare Modernization and Prescription Drug Act.

If you want to see the real difference between Democrats and Republicans, look at prescription drug coverage. While Republicans protect the pharmaceutical industries' profits, the Democrats protect seniors from skyrocketing prescription drug costs. I urge my colleagues to look at the fine print, and to vote for this legislation when the opportunity arises.

INTRODUCTION OF MEDICARE RX BENEFIT AND DISCOUNT ACT

HON. JOHN D. DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 26, 2002

Mr. DINGELL. Mr. Speaker, I am pleased to join with my Democratic colleagues in introducing a real prescription drug benefit bill.

Unlike the bill introduced by our Republican colleagues, our bill can be simply explained, because it is built on a simple, known, and effective model—Medicare itself.

Just like seniors pay a voluntary premium for Part B medical costs such as doctor visits, our bill provides for a voluntary Part D drug premium of $25 per month. For that, the Government will pay 80% of drug costs after a $100 deductible. And no senior will have to pay more than $2,000 in costs per year.

These are real numbers, not estimates. The benefits and the $25 monthly premium are specified on page 1 of the bill. Unfortunately, there are no such guarantees in the Republican bill.

On top of that, we will be arming seniors with the most potent protection from soaring drug costs. Forty million seniors banded together under the buying power of Medicare,

we can begin to use the necessary bargaining power to rein in high drug prices.

This is not price controls; it is competition and bargaining. We saw that the Government was effective in negotiating a competitive price for the prescription drug Cipro during the anthrax outbreak. Why shouldn't we do the same for other life saving drugs for seniors?

In contrast to our simple and effective prescription drug benefit, the Republican bill is a complex scheme that would make Rube Goldberg blush. In fact, it is not a drug benefit at all. It is a host of subsidies to private insurers in the hope that they will offer a drug-only benefit to seniors. Will they? Time and again they have told us no.

Why would the Republicans put forward such a model? Well, quite simply they have a larger agenda—they want to privatize all of Medicare, and this is just another step. That is the only reason why seniors are not even given a choice of getting the benefit through their traditional Medicare provider.

And why don't they endorse our plan? Our plan is simple; it is comprehensive; it is what seniors want. The Republicans have raised just one issue: they say it costs too much. Well, I can tell you that we can afford it. It is just a matter of priorities.

To put the costs in perspective, we are told that our bill may cost $500 billion dollars more than the Republican proposal over 10 years. Well, just a couple of weeks ago our Republican colleagues voted for a bill to make permanent the repeal of the estate tax on the wealthiest people in this country. In the second decade when that permanent repeal kicks in, it will cost the Treasury $750 billion.

So, yes, this bill may be expensive. Seniors will spend $1.8 trillion on prescription drugs over the next decade. That is expensive. But we can do something about it. It is a matter of choices.

Our prescription drug benefit has the strong support of organizations representing millions of seniors, such as the National Committee to Preserve Social Security and Medicare, the Alliance for Retired Americans, the National Council on Aging, and AARP. They recognize our benefit is a good value for seniors.

The bill we are introducing today also includes provisions to shore up the Medicare fee-for-service system such as increased payments to hospitals, doctors, and nursing homes. Senior citizens and individuals with disabilities depend on Medicare fee-for-service and ensuring its continued viability has always been a priority for Democrats.

The Medicare Rx Benefit and Discount Act is a solid bill that provides a comprehensive, affordable, and much needed prescription drug benefit in Medicare. It also moves towards ensuring that seniors and those with disabilities can continue to count on the same high quality care from their providers as they receive today.

It is a good bill, and I hope my colleagues in the House will join us in supporting it.

EVERY CONFLICT DEMANDS DIFFICULT CHOICES

HON. MAC COLLINS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 26, 2002

Mr. COLLINS. Mr. Speaker, the following article appeared in the May 22, 2002 Griffin Daily News, Griffin, Georgia. It was so moving that I felt the entire article should be read by every Member of Congress and I would like to submit it for the RECORD.,

EVERY CONFLICT DEMANDS DIFFICULT CHOICES

(By Philip Smith)

I will address a subject that has had a special meaning to me. It is called by some as ''limited war.'' It gets started by a stronger country answering the call of a weaker country (or should I say government) to protect and shield it by limited involvement from outside intruders while it has time to organize a means to govern and protect itself. This start had a heavy meaning to this country in the early 1960s, especially on Aug. 5, 1964, when the first U.S. pilot was shot down and taken POW. The U.S. Veterans Administration declares this date as the beginning of the American Vietnam era.

War is born of failure—the failure of nations to resolve their differences diplomatically and peacefully. Furthermore, it is waged with tools of death and destruction so that man may live in peace.

We found out just what was defined and not defined by ''limited war'' over the next 8.5 years of the Vietnam War. That war, which we lost, ended Jan. 27, 1973. After this decade (now 25 years) to ponder lessons of Vietnam, we can realistically think about the use of force again. It is my purpose to try to show some areas which must not be forgotten and must be completely understood before we can think more clearly about potential future conflicts. It took 10 years after my return from Vietnam before I wanted to read and understand the history of the country and the lessons we learned from the whole war. I have read many books and articles, but I am by no means an expert. I am smart enough to know that experience is the best teacher. We can't let this experience go by without learning her lessons. They were too costly. These are my views, but they are shared by more than 95 percent of all the combat Vietnam vets I have talked with. There is Total War, Limited War and Unilateral in Action. With all the massive destructive power in all the countries of the world, total war is an absurdity, just plain suicide. Unilateral in action is just turning your back as your hear screams of your friends dying because you don't want to get involved. Limited war is between the Fierce Hawk and the coward dove. In any future conflict, or better yet before any future conflict, we need to make some hard choices about (1) what the particular situation requires; (2) what our final objectives are and (3) how valuable are these objectives to the U.S., i.e., is it strategically a necessity to the U.S.? Is it worth the blood of our young men? Is it necessary in the survival of this country? Then, we need to develop appropriate forces.

There are four major mistake areas of concern surrounding Vietnam. (1) Gradualism was a policy that did not work in South Vietnam. We thought that if we kept turning the screws tighter on the North, inflicting enough pain, they would stop their aggression on the South. The politicians felt constrained to this gradually, because of political pressure. We were afraid if we went too fast, the Chinese or Soviets would get directly involved, plus our own critics of the war back home denounced any escalations. Well, every time we tightened the screws, the North adapted to the pressure and was able to endure and build up. Our only deviation from gradualism was Operation Linebacker II, which was around-the-clock surgically precise bombing campaign of Hanoi, Haiphong and other North Vietnamese cities. In mid-December 1972, when the peace talks broke down, due again to the NVA not negotiating in good faith, President Nixon put the baseball bat to their heads and for the first time brought the North Vietnamese to their knees in Operation Linebacker II.

They signed readily in January to end the war. Linebacker II was a lesson on the use of force. In Vietnam, we pussy-footed around the military power and paid a high price for it. We fought much longer and escalated far higher than we had ever intended, and we lost. Think what might have happened if Linebacker II had been unleashed in 1965 and not 1972.

(2) Attrition and gradualism often are lumped together. Our ability to wear down an enemy whose history since B.C. had been to endure pain, ended ultimately in failure. Small powers can fight big powers in attrition wars and win. The pattern is the same: Initial public support, prolonged struggles without apparent result, decreasing public support, one battle that goes badly, a vote of no-confidence, then withdrawal. But, it is possible to fight a war of attrition if there is total war. mobilization and commitment in the initial public support phase, such as World War I or World War 11.

(3) Rules of engagement. We fought within specific rules of engagement while the enemy pursued a total war. As a helicopter pilot, we could not fire on the enemy unless we were not only being fired on first, but only if we had the specific person or persons identified. ''Charlie'' could fire at us while standing among a group of working peasants or villagers, and we could not return fire. But, he would give a child from this village a live grenade to pull the pin out as he walked up to some G.I. or rode in a helicopter. There were geographical restrictions for us, but none for the enemy. Don't think these rules won't demoralize a soldier fast.

(4) The people. To win any war, the will of the people must identify with the will of the conflict. For a young man to leave home while watching his country protest his leaving to fight an unpopular war and to arrive into that country seeing people protest his being there and fighting in a war where he has ''rules of engagement'' but the enemy does not, it doesn't take him long to see the futility in that war.

The will of the (Vietnamese) people was not the will of the government, no matter how much military hardware they had. So, without this ''will,'' the enemy could hide in the open all over the country because they were the people. Without this ''will of a people'' to fight for a change, a change could never survive, an it didn't.

Some of the veterans of World War II and the Korean War have asked what is so special about the Vietnam combat vet. They, too, went through war. War is the same through time; only the weapons change. The horrors and pains and ever-present nightmares of war are the same after all wars. So, why are we, the Vietnam combat veterans, having so much more of a problem after this war?

Two issues keep coming up in talking with Vietnam vets: We Lost; we were defeated. We knew we could have won if only allowed to fight a war that had final objectives and not been a political palm.

(1) To my friends that were lost and all the men who died or were wounded or maimed for life, what is there to show for this sacrifice? These men were some of the finest people to ever live, and they answered their country's call, for what? Not only did we who came home have to live with a losing cause, but we came home to some hostile people who called us child-killers and dope heads, the thanks from a grateful nation.

(2) The second issue was guilt, guilt of taking people and ruining their customs and