

the prohibitions set forth in the Executive order. Also prohibited are transactions by United States persons, or involving the use of U.S.-registered vessels or aircraft, relating to transportation to Angola or UNITA of goods the exportation of which is prohibited.

The Government of Angola has designated the following points of entry as points in Angola to which the articles otherwise prohibited by the Regulations may be shipped: *Airports*: Luanda and Katumbela, Benguela Province; *Ports*: Luanda and Lobito, Benguela Province; and Namibe, Namibe Province; and *Entry Points*: Malongo, Cabinda Province. Although no specific license is required by the Department of the Treasury for shipments to these designated points of entry (unless the item is destined for UNITA), any such exports remain subject to the licensing requirements of the Departments of State and/or Commerce.

2. The FAC has worked closely with the U.S. financial community to assure a heightened awareness of the sanctions against UNITA—through the dissemination of publications, seminars, and notices to electronic bulletin boards. This educational effort has resulted in frequent calls from banks to assure that they are not routing funds in violation of these prohibitions. United States exporters have also been notified of the sanctions through a variety of media, including special fliers and computer bulletin board information initiated by FAC and posted through the Department of Commerce and the Government Printing Office. There have been no license applications under the program.

3. The expenses incurred by the Federal Government in the 6-month period from March 25, 1995, through September 25, 1995, that are directly attributable to the exercise of powers and authorities conferred by the declaration of a national emergency with respect to Angola (UNITA) are reported to be about \$170,000, most of which represents wage and salary costs for Federal personnel. Personnel costs were largely centered in the Department of the Treasury (particularly in the Office of Foreign Assets Control, the Customs Service, the Office of the Under Secretary for Enforcement, and the Office of the General Counsel) and the Department of State (particularly the Office of Southern African Affairs).

I will continue to report periodically to the Congress on significant developments, pursuant to 50 U.S.C. 1703(c).

WILLIAM J. CLINTON.

THE WHITE HOUSE, September 18, 1995.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Washington [Mr. WHITE] is recognized for 5 minutes.

[Mr. WHITE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Illinois [Mrs. COLLINS] is recognized for 5 minutes.

Mrs. COLLINS of Illinois addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas [Ms. EDDIE BERNICE JOHNSON] is recognized for 5 minutes.

[Ms. EDDIE BERNICE JOHNSON of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California [Mr. MILLER] is recognized for 5 minutes.

[Mr. MILLER of California addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina [Mr. SPRATT] is recognized for 5 minutes.

[Mr. SPRATT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York [Mr. OWENS] is recognized for 5 minutes.

[Mr. OWENS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio [Ms. KAPTUR] is recognized for 5 minutes.

[Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from California [Mr. RIGGS] is recognized for 60 minutes as the designee of the majority leader.

[Mr. RIGGS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

THE FUTURE OF MEDICARE IN THE UNITED STATES

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Texas [Mr.

DOGGETT] is recognized for 60 minutes as the designee of the minority leader.

Mr. DOGGETT. Mr. Speaker, during the next hour, on behalf of the Democrats, I want to discuss the future of Medicare in this country. It is a very serious matter that affects literally millions of Americans, not only American seniors but several million Americans who are disabled, people with disability who rely on Medicare, and on all of us who care for an individual who is beneficiary of Medicare, who might someday be on Medicare ourselves if we are fortunate enough and who care about what is happening to health care for some of the most vulnerable people in our society.

This particular discussion and other discussions we will have during this special order period of Congress this week are very important because of the fact that there is an effort in this Congress to rush through a destruction of the Medicare system, at least the beginning of the destruction of that system, to rush it through without adequate consideration by this Congress or adequate opportunity for the American people to know exactly what is about to befall them.

We are at a time near the dinner hour here in Washington when many Members will be pursuing other matters. So, for any who are unable to participate in all of these deliberations tonight, I think I can sum up the hour in pretty short terms, and that is that now that we have the Republican Medicare plan before us, we know that it is a plan that essentially says to the people of America that you will be able to pay more and get less. That is what this plan is all about, and we will be talking about the details of that plan and fleshing out what it is about.

In nature, scientists have theorized that there is a natural phenomenon known as a black hole. It is a fitting symbol for this Republican pay-more-yet-less plan, a black hole. A star may shine very brightly and then implode upon itself, and the gravitational forces become so severe, so strained that finally matter is compacted in and on top of itself, it is theorized, to such an extent that even light cannot escape.

That is what is really occurring with this so-called Republican Medicare plan, the Republican star having glowed so brightly in the early days of this session of Congress, now imploding and falling in on itself so that when we talk about Medicare and the pay-more-yet-less plan, it is difficult for even light to escape concerning the details of this plan.

The Republican leadership, of course, has a longstanding ideological opposition to both social security and to Medicare.

□ 1845

Individual leaders have not been the least bit bashful until recent days in voicing their strong opposition to Medicare and to Social Security. They have

spoken out against it again and again and again to anyone who was listening. They have been clear in their purposes. They have not hid their light under a bushel. They have made it clear that they are opposed to the basic premise upon which Social Security and Medicare depend.

Indeed, their forbearers in this Congress were equally clear about their objectives. When my colleague of years back, a great leader, a central Texan, Lyndon B. Johnson signed into law, Medicare, 30 years ago, over 90 percent, over 9 out of every 10 Republican Members of this Congress, House and Senate, opposed what President Johnson was doing, opposed setting up Medicare in the first place.

The current majority leader of the Republican Party, the gentleman from Texas [Mr. ARMEY] has been quite clear in his sentiments on the subject. In 1984 he said that Social Security was a bad retirement and a rotten trick on the American People. A few years later, in fact, a decade later, last September, he said, "I would never have created the Social Security system." And speaking in my home State of Texas in the summer of this year, July 1995, the Houston Chronicle reported on his comments under the title, "For now, Arney keeping lid on Medicare reform."

"It is risky to debate in public," he says. He was quoted as saying, "I resent the fact that when I am 65, I must enroll in Medicare. I deeply and profoundly resent that," he said. "It is an imposition on my life."

Mr. Speaker, it is that kind of philosophy that has generated the Republican Medicare plan, the pay more, get less plan. It is the kind of philosophy that begins in weakening the Medicare system and will eventually affect Social Security itself. Indeed, we have a further indication of the commitment of this Republican Party with reference to Social Security itself in a very interesting article from the Progress and Freedom Foundation newspaper called "American Civilization." In February of this year, this is 1995, not 1935, in February of this year, the lead editorial is called, "For Freedom's Sake, Eliminate Social Security." It talks about the importance of slaying the Social Security dragon, of privatizing Social Security.

Mr. Speaker, it is this goal to privatize and to destroy Medicare, and the Social Security system, that is at the heart of what is happening during this point in the life of this particular Congress. It is essential that the American people understand that this is not a matter of short-term political debate, but it is a part of a long-range, highly ideological strategy to go to the heart of Medicare and to go to the heart of the Social Security system itself.

We know that there is therefore, as the heading in the Houston Chronicle story of this summer indicates, very little interest in debating in public this particular proposal. Indeed, last week,

we had a great build-up to a performance that was going to occur here in the Congress. When the day arrived on Thursday after announcements in the national news media, on Meet The Press, and in other forum around the country, we had all of these Republican bright lights and not-so-bright lights assembled, the luminaries, supporting this Medicare plan, and when all was said and done, we knew about as little at the end of the day as we did before the performance ever occurred.

It was as if they had forgotten the lines to their play or their song or whatever you will with reference to Medicare reform, because, as Congress Daily reported after that great performance, they said, "It is clear the proposal is more of a wish list than a finished product." The Wall Street Journal, never known for its particular dislike of the Republican party said, "The plan lacked many important details." Indeed, we have few details other than that it is a pay more, get less plan for American seniors after the program had been completely unveiled.

Mr. Speaker, the interesting thing, and perhaps one of the most interesting comments, came not from any Democrat or from any commentator, but from a Republican Member of the U.S. Senate who happened to chair the Medicare working group. He was quoted in The New York Times of last week as saying, "We do not know exactly what is going to be in it but we think we can get it approved by September 22."

Is that not really the heart of the problem, that a plan developed in secret, that we know only a few details about, having leaked out through a staff memorandum here, or through a particularly able investigative reporter there, a few details come out regarding the plan, and the members, though, say that they are ready, like the star that implodes on itself and gets packed in in a packed kind of mentality, to go out and support a plan that they really do not even have the details on.

In fact, as recent as this morning, in this morning's Washington Times, we find the black hole symbol has another meaning with reference to this plan, and that is a giant hole in the plan itself, and the fact that they have taken a number, \$270 billion, out of the Medicare system, and they are not sure where the numbers are going to come from to yield that \$270 billion. Today's Washington Times leads off, "The Republican budget experts are nervous that their emerging Medicare reform plan could fall as much as one-third." That is \$1 out of every \$3 that they have promised, off the targeted \$270 billion in savings, and be dismissed as gimmickry, and indeed, there is a good bit of gimmickry here. It says that the backup plan that they are considering does not yet spell out which payments will be cut. It only lists a menu of services, such as home health care. That is the kind of health care that allows people who are as independent-minded as

some of the people that I represent down in Texas are and who want to have the alternative of staying in their own home instead of going into a nursing home, allows them to do that. But that is one of the ones that is on what they call the menu of services, along with medical laboratories, to be targeted.

The article goes on to describe the great concern over the gimmickry of announcing a plan without announcing the details, or explaining how it is that the changes being proposed can ever lead to \$270 billion in savings.

There are a good many other things that I want to say about this plan, but I see that among the most forceful and eloquent opponents of this plan, several have arrived here who I know want to join in explaining the ramifications of this plan, not only for those of us who live in Texas, but for people across this country.

Mr. Speaker, I would yield at this point to the gentlewoman from Connecticut [Ms. DELAURO], my colleague and a distinguished Member of Congress, for observations that she might have on this matter.

Ms. DELAURO. I want to thank my colleague for taking the time this evening to engage in this debate, which I view as the most serious public policy issue that we are going to have in this body over the next several months. I just want to pick up on what you were saying from the newspapers, or from the commentary today.

One comment that I have is that it looks as if the Republicans are cooking the books on their Medicare plan, and it is really America's seniors who are getting burned.

You will recall that last week the Speaker of the House had to be corrected by staff members after he underestimated how much more seniors will pay under his party's Medicare proposal. But let me just say that the Speaker is not the only one that is confused about the GOP's sketchy plan to save Medicare.

Just as you were saying, the headline in the Washington Times today, the quote is, "GOP's Medicare savings doubted." Who was the article referring to? Not Democrats, but the chief skeptic in the article is none other, is one other than the Republican chairman of the House Budget Committee. That is who is doubting this plan.

Again, as you pointed out, the Democrats last week pointed out that \$80 billion in the GOP plan, that there was going to be there, this \$80 billion, a black hole. Now the leading budgetary expert in the Republican Party agrees that the numbers just do not add up, and that he is concerned, as are others, that the plan is going to be dismissed as gimmickry.

Paranoia about the public knowing that the numbers do not add up truly has caused the Republicans to back down from their promise to release that plan last week, and it is no wonder that they are skittish about the plan.

It is sketchy, and it appears that even the Chairman of the Budget Committee is questioning the Speaker's new math.

But I will tell you that one of the other pieces in this article today confirms seniors' worst fears about the GOP Medicare proposal, and that is, in fact, that the worst, that the very worst is yet to come. Two weeks ago when they made reference to the \$80 billion hole in their plan as "future unspecified cuts," apparently this was much too descriptive a phrase, "future unspecified cuts."

So now what the Republican leadership is calling the \$80 billion shortfall is this look-back provision. In other words, if they fall short of the projected savings, they can look back and they can make more cuts. This is buying a pig in a poke. And what we ought to do is to rename the look-back to is the reach-back provision, because it is nothing short of a license to reach back into the pockets of seniors.

One other comment on this article, because I think the article is very interesting. The article also lists the gentleman from Connecticut [Mr. SHAYS], who is a colleague of mine, someone who is very well respected in this body, as also being critical of the GOP Medicare plan. He says that he is concerned that the plan will not meet savings projections because only high-end beneficiaries will have reason to stay in the Medicare system, while young, healthy beneficiaries are going to leave.

The gentleman from Connecticut is right to be concerned, and his concern brings us to the crux of what is wrong with the Medicare proposal.

The cost of Medicare is rising because the cost of medical care continues to rise in this country.

Mr. DOGGETT. If I might just make a further observation on that part of the article, because I think it is important. I noticed just in advance of the portion you were quoting your colleague from Connecticut, the article says that seniors are unlikely to want to leave the existing program, that is the Medicare we have known for 30 years, if it remains so inexpensive. And one Republican Member is quoted as saying, "It is too good a deal. Seniors are shielded from the cost."

Is not part of the problem here just a basic premise on the part of our Republican colleagues that seniors do not pay enough for their health care, that they are getting off too cheap, that just having to pay 21 percent of their income out of their annual income for health care is just simply not enough, and that we need to hike the cost of health care for seniors.

Ms. DELAURO. That is absolutely accurate, because assuming that seniors are getting well taken care of and that we ought to curtail what benefits that they have been getting and that they ought to pay more and it is not just a question of taking a look at upper income seniors, but all seniors, the benefits is this great largesse of benefits

and we somehow ought to bring them back and particularly bring them back to pay for tax breaks for the wealthiest Americans, cut off the seniors and pay for this tax break.

What they fail to realize is that most seniors in this Nation are living on fixed incomes. These are folks who have worked all of their lives and they are entitled to retire with dignity.

I met a whole bunch of folks this weekend, I was out all weekend, and people just kept coming up to me and saying do not let them cut our Medicare. Do not do that. One woman said to me yesterday, she said, if it was not for Medicare, I would not be here today.

□ 1900

We all can see the game that is being played here, and particularly seniors are getting the message that there is a scam being perpetrated on them.

Ms. EDDIE BERNICE JOHNSON of Texas. You know, I have done a lot of visiting as well, but I did not find anyone who felt that they were paying too little. Many of them are just barely getting by with the cost of it now because these, many of these people, are persons who worked some years ago, looking out for this day when they would be on a fixed income. They did not make that much money, and so even to say to them about the savings account is a joke because they do not have that money. They barely have enough to pay any co-payment now. So, if it goes up any, it is simply eliminating care for them.

Mr. DOGGETT. I noticed that there are, according to reports, some 11 million elderly women in this country who have incomes below \$8,500 per year, and I am wondering, based on not only your service here in the Congress, but your experience in the health care professions, if you represent some of those people and what impact you think it will have on them if they are suddenly faced with this new Republican Medicare plan which requires them, out of that little bit of income, to pay more and get less.

Ms. EDDIE BERNICE JOHNSON of Texas. Well, let me tell you it means not being able to buy groceries for a month, or not being able to pay a light bill, or some kind of energy or fuel bill, or doing without prescription medications. They do not have the money, and to get less normally means not having a choice of who their health care providers are, and we are talking about people who have been with the same physician for a number of years, and all of us know that the mental health and the mental state of one has more to do with the healing or as much to do with it as any medication, and, when you simply shift suddenly someone to another provider under the guise of getting cheaper care, then you actually getting much less because all decisions are removed.

It is like all of a sudden these people have become just a number to shift

away to someone, anybody, that will come by now and then write a prescription, or the gimmick now is not to write a prescription, but to send them to the over-the-counter medications and just double the medicine so they would not have to have pay and they can afford it. It is a game, it is a gimmick, and it is totally unnecessary. If it was absolutely necessary to keep the system going, I think that people would try their best, as they would do anyway, to make it. But it is totally unnecessary because all of us know that this system is not in that kind of trouble.

This is being done to the persons they consider powerless so that they can give this tax break to the wealthy. It is not fair to them. If we have been a part of paying into a system that has afforded the research, that afforded the ways to make the health status better and cause people to live longer, is this what they are looking forward to just because they live longer? Is a system who refuses to do what it has promised, the real contract that was made for persons who worked, paid into the system, and now that they need it, and perhaps live past 75; they are saying, "No more. Take it this way or no way at all."

It is not fair to them.

Mr. DOGGETT. Well, you used the word "gimmick," and I noticed in looking at it, and I hope my colleague from Connecticut will hold or point to that Washington Times in the way that our many colleagues who are watching this in their office on television can see; that is the word that Republican staffers, there in the Washington Times, are using; it is not, Congresswoman DELAURO?

Ms. DELAURO. In couple of areas—actually the chair of the Budget Committee is fearful that the plan that has been currently proposed falls so far short of the mark that it will be dismissed as gimmickry; that is the chairman's commentary. And the lockback provision further is regarded as the queasiness, I quote, the queasiness we have is that it might be perceived as a gimmick of some sort.

Let me tell you it is not only being perceived as a gimmick of some sort, it is a gimmick that is precisely what they have done here, and I will tell you that seniors are beginning to recognize this all over this country, that that is what is being done.

Mr. DOGGETT. And this whole approach of trying to create the appearance that, unless we rush something through here in a single day of hearings, suddenly the system will go bankrupt, and people will be without their Medicare. That is all a gimmick; is it not?

Ms. DELAURO. That is right, and it is as if we understand that you can make changes in Medicare and you can make it a better system. That does not—fixing it is not destroying it, and to pick up on what my colleague from Texas was saying as well, it is that if

you—if you want to control the cost of health care, you must do it in all areas of health care. You must not make a determination that you are doing to control the cost of Medicare, leaving everything else in the health care system going up and thereby utilizing the Medicare trust fund as a piggy bank to be able to take care of particularly a tax break, but using Medicare as the scapegoat on trying to hold down the costs of health care, overall health care costs in general, and the way we try to do in the last session of Congress, to overall health care reform. So that your chart, pay more and getting less, is what this is all about.

Mr. DOGGETT. And I know this pay-more, get-less Republican Medicare plan is going to have severe consequences in North Carolina, and I see our colleague from North Carolina here to comment on the impact of people in her State.

Mrs. CLAYTON. I want to commend you for having this special order on this very important session and my colleagues both who have commented on health care.

Let me say to the Speaker and to my colleagues who are listening that the proposed cut in Medicare and Medicaid is the most important health issue facing this Congress and the American people, and for that reason there should be a rational discussion, there should be full hearing, there should be bipartisan support, to do what? To protect Medicare. The majority, however, propose to cut the Medicare Program by some \$270 billion over a period of 7 years. That cut is roughly three times higher than any other proposed plan to protect Medicare has been.

Now we do not know fully where those cuts will come because only last Friday did they begin to give some sketchy details over a 4-page summary which is now being discussed in the papers as not being fully forthright and coming forward. The proposed cut will cut overall some 25 percent of Medicare. If you take the \$270 billion over a period of 7 years, that will reduce it by some 25 percent. And what will that do to North Carolina? It will have a devastating effect on the many, many people who depend only on Medicare, but also those who depend on Medicare and some of their insurance, Medicare and Medicaid.

For instance, 999,000 people, Medicare beneficiaries in North Carolina, will increase over a period of 7 years by some \$2,400 over that period of time, and, when Medicare cuts are combined with Medicaid cuts, we will lose in North Carolina some \$14 billion. That would have a devastating effect on those people who are dependent, not only the people themselves, but the communities, the providers, and the hospitals as well.

The Medicaid cuts in North Carolina affect all ages, the elderly, especially children, the disabled, and the poor. There are some 985,000 Medicaid recipients in the State of North Carolina,

and we do know the reason now given for the cuts. We do not know how they were cut. We do know the reason why they were cut.

Why must we make such large cuts? We must make such large cuts because we want to give what, \$245 billion to the well off. If we did not have that on the table, we would not have to cut so deeply. We would not have to cause such large pain.

Last Sunday Speaker GINGRICH's recall said the American people would only probably suffer increase by some \$7. Now, and that was before the summary was made. In 2 days later, the next Tuesday, he came out and said only maybe about \$32 a month, and again that was before the summary was made, so those figures are not known by the people who are proposing the cuts, and they are saying to the American people this is not going to be very painful, trust us.

But mind you, I tell you these are the same people who also said, "Trust us," when Medicare was being—formally in 1965. They has this same mindset, and that indeed was to deny those who had retired and worked most of their life for the comfort of their retirement.

Mr. DOGGETT. So these are people that have opposed Medicare—

Mrs. CLAYTON. Consistently.

Mr. DOGGETT. In statements all over the country, have voted against it, have told their neighbors they are against it, perhaps at times have written against it, have been on television against it, have been on radio against it, and now they are saying, "We won't give you the details of our pay-more, get-less plan, but please trust us, because, even though we have been against Medicare all our lives and don't really want Medicare to be here and think it's an imposition on our freedom," as my colleague from Texas [Mr. ARMEY] said, the Republican majority leader, "it imposes on us, but trust us because we are going to preserve and protect it from bankruptcy."

Mrs. CLAYTON. Well, we would ask the question, sir, where were they when they tried to protect, and save, and reform Medicare last year. You remember the reconciliation bill of 1993? We had some modest cost adjustment, and because that modest cost adjustment was there we strengthened that program, and, as a result, we extended the time of proposed bankruptcy or any fiscal instability from 5 to 7 years. And we could not get them. I maintain we do need the Republicans joining the Democrats and Democrats joining Republicans to protect Medicare, to protect Medicare. And Medicare needs reforming. Health care needs reforming. That is not anything that Republicans or Democrats can run away from. We should not be standing up here saying nothing is wrong with Medicare. We are saying:

Yes, Medicare needs reforming. We knew that last year; we know it this year. But it does not need wrecking.

We are saying the only reason why you need a \$270 billion cut over a period of 7 years is because you have a \$245 billion tax cut. If you took that off of the table, you could reform it with less.

What would be some of those reforms? Some of those reforms would be fraud, making sure that people were paying no more than they should pay for their service and their Medicaid. Others, make sure that people who were abusing the system, and I would say to you, if the Republicans were sincere about the fraud, they would have put more inspectors in it and we would invite them to join us in fighting the fraud by putting the capacity there to investigate hospitals, to investigate providers, but those provisions are not there.

We do need to work to save Medicare. Mr. DOGGETT. On that point, in fact when the appropriations bill was here on the floor of the House only a few weeks ago, they actually cut the money available for enforcement of fraud; did they not?

Mrs. CLAYTON. Absolutely right, they did, and I think that was an opportunity they had to demonstrate to the American people that they were sincere in retching down the costs by making sure those costs that were illegal, those costs were abusive, that they would go after that, but, rather than do that what are they doing? They are saying to the poor, the beneficiaries themselves, you must bear that burden.

Mr. Speaker, the issue of the proposed cuts in Medicare and Medicaid is the most important health care issue currently confronting the Congress and the American people.

We should have rational discussions, full hearings and bipartisan support to protect Medicare and Medicaid.

The majority proposes to cut the Medicare Program by \$270 billion. That cut is roughly three times higher than any previous plan.

We do not know fully where and how they will cut. It was only last week, on Friday, that Republicans began to give out details of their plan in a brief, 4-page summary.

The proposed cut will reduce the overall size of the Medicare Program by 25 percent—raising the cost of premiums and copayments to each of North Carolina's 999,000 Medicare beneficiaries by as much as \$2,400, over the next 7 years.

When the Medicare cuts are combined with the cuts in the Medicaid Program, Federal health care dollars coming into North Carolina will be reduced by \$14 billion.

The Medicaid cuts affect North Carolinians of all ages—the elderly, children, the disabled, the poor.

There are some 985,000 Medicaid recipients in the State of North Carolina.

We do know the reason they must make such a large cut—to give the well-off a tax break totaling \$245 billion.

We do know that last Sunday, before the release of the summary, Speaker GINGRICH assured the American people that Medicare beneficiaries should expect their premiums to increase by only \$7 a month.

However, by last Tuesday, 2 days later, even before the release of the summary, the

Speaker had admitted that the increase would be at least \$32 a month.

Medicare is a very important program that benefits millions of Americans and should have support on a bipartisan basis.

We would be forced to eliminate coverage for almost half of the Medicaid recipients in North Carolina.

Some 455,000, many of whom are nursing home residents and home care recipients, could be denied further help.

These are not just numbers. These are people.

These are families, struggling to survive in an ailing economy.

There are neighbors. People I know. People you know.

The Medicare cuts will be especially painful, since nearly 83 percent of all Medicare benefits go to senior citizens with incomes of \$25,000 or less.

When Democrats raise concerns and ask questions about the fate of the people when such drastic cuts are proposed, we are called alarmists or accused of scaring senior citizens. What we are trying to do is get answers to important questions, to have full hearings on a very serious issue of providing health care to seniors.

Some who are pushing this current plan of extreme cuts are of the same view as those who fought the very creation of Medicare in 1965, and now, in 1995, are seeking to do what they failed to do in 1965—deny the comfort of retirement from our senior citizens.

They should not be trusted.

It has been estimated that these plans will cost North Carolinians a loss of over \$3,000 for each Medicare recipient in North Carolina between now and the year 2002, and a loss of some \$900 for each recipient each year thereafter.

Most of the so-called savings that proponents say will come from Medicare will actually be paid out of the seniors' pockets.

Medicare is in need of reform—that fact is something that we cannot ignore. Democrats and Republicans, together, must work for reasonable reform.

This is not a problem, however, that we Democrats just discovered.

The Omnibus Budget Reconciliation Act of 1993 addressed Medicare reform—with cost adjustments—which strengthened the trust fund significantly and pushed the date back further from 5 to 7 years when we should be concerned about insolvency.

But, during the last Congress, many of the very people who now seek the trust of the American people in their Medicare cutting plan rejected every initiative that would have strengthened the Medicare trust fund even further.

The fact is that they are using the trust fund solvency issue as a smokescreen—they do not want to truly address the issue at hand, but instead they want to use the Medicare Program as a bank for the wealthy so that they can fulfill their campaign promise—a tax cut for the wealthy.

If they dropped the idea of a tax cut for the wealthy, they would not need to make such deep cuts in the Medicare Program.

The so-called looming Medicare bankruptcy is more fiction than fact.

Consider this history.

In 1970, it was reported that the Medicare trust fund would go broke by 1972. In 1972, it

was reported that the fund would go broke by 1976. In 1982, it was reported that the fund would go broke by 1987. In 1993, the fund, it was reported, was expected to go broke by 1999. Now, those who would rob the poor by cutting Medicare to give a tax break to the wealthy, want us to believe that the Medicare trust fund will go broke by the year 2002.

It is a very convenient myth, but it is not reality.

For every \$4 now spent on Medicare, \$1 will be cut. Medicaid services some 4 million senior citizens. The Medicaid cut over 7 years will be a 30-percent cut.

Mr. Speaker, before America or this Congress buys into the proposal to cut Medicare, there are many questions that should be asked and that must be answered.

The first question is what exactly is the proposal? What are the details of the proposed cuts?

How can anyone support something that they know nothing about?

We should also ask, how they expect poor seniors, those on fixed income, to pay for the increases they must bear?

Will Medicare beneficiaries be able to choose their own doctors?

Where will the \$90 billion in "unspecified savings" come from?

How will hospital closings be prevented, especially in rural communities?

Why is it that none of the funds from increased Medicare premiums will be contribution to the Medicare trust fund?

Why is it necessary to insist on a tax break for the wealthy, while cutting Medicare for those least able to absorb those cuts?

These and others are important questions, Mr. Speaker. They deserve frank answers.

Mr. DOGGETT. In other words, if you want to really strengthen, and preserve, and improve the Medicare system, Democrats and Republicans come together in bipartisan partnership, not by grabbing some figure like \$270 billion out of the air in order to provide tax breaks for the privileged few, but coming together to preserve and improve the Medicare system by doing things, as you suggested, like fighting fraud and abuse in creative ways.

Ms. DELAURO. Mr. Speaker, I just want to add to the gentlewoman's point. It is interesting that the increase that seniors are going to face in premiums, deductibles, and copayments, none of that money will go to address the issue of dealing with what our colleagues on the other side of the aisle say is the problem with the trust fund. That money is going into the general fund. As you have pointed out, it goes into the general fund in order to pay for the tax break. If you truly want to, as you pointed out, deal with the issue of trying to help to fix Medicare, is then take it out of the budget debate, take the tax package off the table, and let us talk about a bipartisan group of people sitting down the way we did with Social Security some years back and make the changes. This notion that the \$270 billion is money that is going to go into this trust fund to, quote, save it is erroneous. That is not what is going to happen. The money, whatever increases are there,

are going into a general fund in an effort to pay for the tax cut.

Ms. EDDIE BERNICE JOHNSON of Texas. You know, another factor is that one of the ways that has been traditionally used to cut health care costs is early discharge from hospitals.

□ 1915

And when we see early discharge, we also see people a little bit sicker going home. When they go home, they will need Meals on Wheels, they will need an aide perhaps coming in. Saving the Medicare dollar we would think would put a focus on how important it is not to cut Medicaid so severely. Medicaid takes care of the Meals on Wheels, it assists them in transportation for the handy-rise to get to the doctors' offices so they can remain at home and not be institutionalized, and it also provides for the Meals on Wheels, and often the only hot meal that the ones confined to their home get a day. But that too is being cut.

All of us know that at least 67 to 70 percent of the Medicaid dollar goes for those senior citizens for long-term care. That is all a part of it. So, really, it is a gimmick. It is not a method to offer the care. It is a method to turn the care away. It is a gimmick to force seniors out of hospital care, out of home care, just to say they are saving the program.

This is not saving the program. To subject people to a system, the best health care in the world available, to not having it is not saving the system. It is simply ignoring the fact that almost 20 percent of this population needs this care on a day-to-day basis, and they have said we do not need this population to get these dollars, we must give it to the rich. Those are the ones that are more likely to show that they are getting it.

It is not popular, it seems, to help the poor, to help the elderly, to help the shut-in. It is much more popular to say I promised a tax cut to the wealthy and I am going to deliver it. I do not think this is America.

Ms. DELAURO. Mr. Speaker, I want to add one point. I know we have some other colleagues on the floor and we want to get everyone into this debate, but the gentlewoman said something that was incredibly important, and that is the issue of Medicaid.

In my State of Connecticut, 60 percent of seniors who are in nursing homes are covered under Medicaid. Most seniors in this Nation who are in nursing homes are covered by Medicaid. Few people understand that that is going to see a \$182 billion cut. What happens to the senior who was in the nursing home, and by the way, they will do away with standards for nursing homes. That is also a part of this effort. What happens to the individual who is in the nursing home? What happens to the family who, after going through the trauma of putting an aging parent or a relative in a nursing home, who is then going to be thrown

out and not find themselves with the wherewithal for that young family to be able to provide that kind of help and assistance to that relative and are going to have to pick up the cost themselves?

Mr. MILLER of California. Mr. Speaker, if the gentlewoman would yield on that point?

Ms. DELAURO. I yield to the gentleman.

Mr. MILLER of California. And I want to thank my colleagues for taking this time.

I would commend to them an article in the National Journal that came to our offices this afternoon which goes to exactly the point the gentlewoman made. People believe that huge amounts of money can be saved in Medicaid by throwing low-income people off of the rolls. As the gentlewoman correctly points out, over 60 percent of all the money in Medicaid goes to long-term health and nursing home care.

In the State of California, the State of California several years ago, in 1982, cut Medicaid spending by 18 percent. The Republicans are proposing a 30-percent cut. With an 18-percent cut, what the State of California, and this is a study that has just recently been completed, almost 300,000 people were knocked off of the rolls. Then the State transferred that responsibility to the counties, and in the first year the State gave the counties 70 percent of what they were giving them before. And then the State got into more financial trouble, and it gave the counties 55 percent. By 1991, it was less than 35 percent. So now the counties are knocking people off of the rolls.

What happened? They started reimbursing the doctors less and less. It went from 91 percent reimbursement to now 70 percent. They would pay the doctors 70 percent of what those doctors got in the private market to cover Medicaid recipients. No wonder nobody will take a Medicaid recipient in California. No wonder these people cannot get care.

Now, on top of those cuts that have already been enacted in the State of California that I represent, and in many other States, along come the Republicans and say we want to put a 30 percent cut, \$180 billion, on top of that.

What this article goes on to show all of my colleagues is that, in fact, now we are into competition between nursing homes. Home health care, so that a family can continue to work and take care of their parents in their own home or in the home of the children, that will be slashed. And so what we are really seeing here is a huge, huge threat and assault on nursing home care and long-term care for people who find themselves in that situation.

That impacts not only the elderly but, as we all know, in talking to our constituents and to Members of Congress, it impacts the children who are trying to educate their children, who are trying to pay their mortgage and trying to work it all out. Now, without

that help of Medicaid, they are saddled. So California is a case study for how we start that downward spiral.

I noticed the gentlewoman has the article from the Washington Times that talks about the \$80 billion gap, hole, or whatever it is in the budget that they are presenting. Now it will be a look-back. Let me tell Members, if California is an example, seniors will be looking back in fear and looking back in anger, because not only will all of these cuts have taken place, but then we find out, and, as this article in the National Journal, a nonpartisan organization, goes on to say, most of the savings they contemplate will not achieve what they say they will.

The governors admit it. The private people admit it. That \$80 billion will grow and it will grow, and then will come year 3 of a 7-year budget, which means all of those savings then have to be achieved in a 4-year period of time. So we are really talking about reaching in and grabbing the health care system for the elderly right by the throat here.

I just wanted to tell Members, we will look back and they will look back and say why did we not know this before we voted. Remember, the look-back provision? It must be automatic to be scored. No contingencies, no but-fors, no ifs, ands, or ables. This must be automatic. And that is the price we are taking from the seniors, with no knowledge of the size of that cut or the impact of that cut.

I thank the gentlewoman for yielding.

Mr. DOGGETT. Mr. Speaker, if the gentleman would yield on that point.

Of necessity, we talk here in Washington of billions and millions of people, but let me give the gentleman just one example of the same thing happening even under our current Medicare system in my hometown, Austin, TX. It is the experience of a 72-year-old retiree, Marjorie Greenhall, who moved down to Austin from Mineral Wells, up near Dallas, where Congresswoman JOHNSON serves so ably, to live with her daughter. She got down there and she reports her aggravation at being refused by the receptionists in 24 different physicians' offices because they do not take Medicare.

Now, if on top of the existing problem, we have this look-back provision and we come in after a year is over and there is this black hole or black gap in the Republican plan, and they start cutting those providers back even further than now, what will happen to someone like Marjorie Greenhall, whether she lives in Austin, TX, or in California?

Mr. MILLER of California. Well, Mr. Speaker, I think today Medicare reimbursement is about 80 percent of what doctors get in the private market. There is that reluctance. We are now seeing that that same process that drove medicine out of Medicaid, that drove doctors away from taking care of those patients, now comes into play in Medicare.

I was at a neighborhood party the other night and a woman came up to me, Rose Quantamatteo, and she said I want you to tell Speaker GINGRICH that there is a woman in your hometown Martinez that every night gets down and prays and thanks God for Medicare, for what it meant for me and my husband, Tony, who, unfortunately, passed away a couple of years ago. She said we would never have been able to survive the financial hardships, our children would not have been able to survive the financial hardships. She says just let him understand that this is what it means to our generation.

I think it is typical of the person the gentleman described and of people we have all met who want to know the facts. They want to know where Medicare is going to be tonight, tomorrow, after we vote on Thursday, and 3 years from now when we look back. That is what they want to know, and they want to know what kind of changes we are talking about, and the Republicans do not come forward with that.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, if the gentleman would yield for just a moment. With all we heard from our constituents, and from my experience of knowing what has happened, why is it we cannot be heard here?

I understand there is going to be 1 day of hearings to dismantle a program that many thousands of people have paid into the system for them to have available health care at the time at which they retire and are no longer able to work. In 1 day the dismantling will occur. We have had weeks of hearings on Waco, and Ruby Ridge.

Mr. DOGGETT. Mr. Speaker, we had 28 on Whitewater, did we not? We had 28 days of hearings.

Ms. DELAURO. Mr. Speaker, we had months on Whitewater.

Mr. MILLER of California. Mr. Speaker, we can have hearings as long as any chairman wants to hold hearings. They are capable of holding hearings. This is a leadership decision.

If the gentlewoman would continue to yield. This is a leadership decision by the Speaker and the majority leader, Mr. GINGRICH and Mr. ARMEY, to ram this through before the American public and, mainly the seniors and their families, can find out about it.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I do not think they know about it. From what I understand, they do not even know about it.

Mr. DURBIN. Mr. Speaker, if the gentleman would yield, I wish to thank him for this special order and thank my colleagues for coming this evening.

I have just returned from my district and lost my voice in the process, but traveling through the city of Chicago and all through southern Illinois this is the No. 1 issue on people's minds, and they say, Congressman DURBIN, what are they proposing in terms of changes for Medicare? I am embarrassed to tell them I do not know. What we have are rumors and suggestions.

They say to me, well, time and again, when it gets to a program this basic to American families and their future, Members are surely not going to vote on something until they have had at least some hearings to determine what the impact will be. Well, the simple fact of the matter is, we will not have those hearings. The decision has been made by the Republican leadership to move this bill through, this magical, mystery, Medicare massacre through without the hearings, without an opportunity for the public to hear about it.

People will remember 2 years ago when President Clinton had a health care plan. The Republicans, then in the minority, screamed bloody murder. We need the plan. We need it in detail. We want to go ahead and analyze it, do not take a step until we do. Now that the Republicans are in control, now that they have their mitts on Medicare and Medicaid, they are going to push this thing through without a hearing.

I tell my colleagues what is disastrous about it. In my part of the world, downstate Illinois and many rural communities, we will see hospitals close. This Gingrich-Dole plan is for closing hospitals. Hospitals dependent on Medicare and Medicaid will not have the resources to stay open.

We will see kids in this country denied health care. That is just not some political exaggeration. That is a fact. Twenty-four percent of the kids in America live in poverty. They depend on Medicaid for the basic health care to keep them alive and healthy. When we cut \$180 billion, let me tell my colleagues there will be real losers among those kids.

Tell me what the sick kid is going to mean to the future of this country? For his family and our Nation it is a tragedy. A group often overlooked on Medicaid is the disabled community. We say Medicaid, that is just for poor people. No, it is for seniors and disabled folks, too. Disabled people who literally survive, literally physically survive because of a Medicaid payment that picks up a home health care service so that they can literally stay alive from day-to-day and week-to-week.

With that much at stake, it is unconscionable, unconscionable that we would move this bill through without even seeing the details; that there would be some \$80 or \$90 billion that we do not know about. It is like a meatloaf. We will stick everything in there. Here it is, the middle of the week, and we will go ahead and serve it up.

It is much more serious, and I thank the gentleman for this special order, and I hope a lot of people listening who have a stake in this Medicare and Medicaid, as every family in America does, will tune into what is happening in Washington. This is not good government at work, this is politics at work. It is a cut in Medicare-Medicaid to pay for a tax cut for wealthy people. That is it. This is not saving Medicare, this

is saving the skins of the fat cats and the profitable corporations.

Mr. Speaker, I believe Americans had better tune in, get on the phone and call their Congressman and Senator and say slow this train down, we want to know what Congress is doing to Medicare, we want to know what Congress is doing to our families.

I thank the gentleman from Texas [Mr. DOGGETT] for his special order.

Mr. DOGGETT. Mr. Speaker, I thank the gentleman for those observations. Indeed, it is a total contradiction for the same Republicans who were complaining last year that they needed more time to study health care to now say that the only time the American people need to see the details of the plans with the far-reaching consequences that the gentleman identified with 30 years' experience will be reviewed in 1 day in this Congress, and it is an outrage.

Ms. DELAURO. Mr. Speaker, just to add, if the gentleman would yield 1 second. That \$80 or \$90 billion that my colleague from Illinois talked about, that is amorphous at the moment. Who knows what that is. They are asking the public, they are asking people here to vote on \$80 billion of unspecified cuts.

□ 1930

I said earlier, it is buying a pig in a poke. And they are saying, "trust me." And it is wrong.

Mr. MILLER of California. The \$80 billion that we see the Republicans now starting to talk about is assuming that all of their numbers work. And we see one organization after another, whether it is the hospitals, whether it is the doctors, whether it is the States, questioning whether or not their numbers will work. If their numbers do not work, 80 becomes 85, becomes 90, becomes \$100 billion.

So this black hole, like the hole in the ozone, will grow every year, because these numbers, just for example, Arizona is the only State in the Union that has its entire Medicaid caseload in managed care. It continues to grow at a 7-percent rate. Under the Republican resolution, the maximum is 4 percent. Arizona, the model on which they are basing, is growing twice what they will allow. That adds to the 80 billion gap in this budget that the gentleman has pointed out.

Mr. PALLONE. I just wanted to stop by tonight when I listened to what you were all saying, because I think it is really crucial. We in New Jersey once again on Friday had a Medicare forum, which was attended by a number of the Democratic Congressmen, specifically myself and my colleague, the gentleman from New Jersey [Mr. ANDREWS]. And it was amazing to me how more confused senior citizens become every day because of the manner in which the Republican leadership is essentially gradually leaking out information about what they might have in mind for these Medicare cuts and these significant changes in Medicare.

The overwhelming feeling was exactly what you have on that placard up there: The GOP Medicare plan, you pay more and you get less. People are beginning to understand, I think, that essentially what this is, is nothing but budget driven, a way to try to take a lot of money out of the Medicare program and provide less services for senior citizens.

But I agree with you, I heard what you said about the article that was in the Washington Times today, and the criticism that the gentleman from Ohio [Mr. KASICH] and others are giving them. I commend the gentleman from Ohio for doing that, because it is absolutely the truth: We really do not have a plan here. The way the plan has been set up already, there is absolutely no way that this level of cuts can be implemented based on the details they have given us.

The problem I see here is this is going to be a total stealth effort. By next Thursday or whenever, we are going to get a few more details. At the time when we actually vote on this, we are still not going to know exactly what it will mean for senior citizens. All we will know is the Medicare program cannot absorb this level of cuts without providing less services and costing significantly more dollars out of pocket.

I have to tell you, one of the things I disagreed with in the Washington Times article is where it suggested that somehow seniors were going to be able to afford those part B premium increases. The seniors I met with in Gloucester Township, NJ on Friday with Congressman ANDREWS, they were complaining about the level of those premium increases. We are talking about the doubling of the part B premium in the next 7 years the way I understand it. You are talking about senior citizens in many cases that cannot afford any kind of increase at all. Their budget is to the point where they budget every dollar on a monthly basis. To talk to them about doubling the amount of money that they have to pay out of pocket for part B to pay for the doctor bills is absolutely outrageous.

The other thing I have to address, and I know you have already said it, is the providers. The hospitals are scared to death, because the way this huge hole, if you will, has been created here, what the Republicans are saying is that wait a few years and we will see how this works out. If it does not, we will have to start making more significant cuts. The hospitals are saying that any significant cuts, even the ones they are experiencing now, are causing many of them to close or downsize or not provide the community services or the clinical services that they provided in the past in various communities. They cannot absorb this level of cuts. There is no way for the Republicans to implement this level of cuts in Medicare without severe effects on the hospitals, on the quality of care, and also

on senior citizens having to pay more out of pocket.

It is incumbent upon us, I know that is what you are doing, the gentleman from Texas, the gentlewoman from Connecticut, the gentleman from California, we have to keep making the point that we have to let the public in to see what is going on here. We cannot let 1 day of hearings before the Committee on Ways and Means be the only contribution that the public ever sees before we vote only this plan. We have to continue to press, as I know we will, that we have to have the full plan and we have to have several weeks, if not at least a month, to look it over, to bring in the senior citizens, to bring in the hospitals, to bring in the people that are going to be directly impacted by this, so we know what the Republicans have in mind.

It is still remarkably something that we do not have the details about, and we cannot plan about. But what we know, we know is going to have a devastating effect because we cannot absorb, the program cannot absorb that level of cuts. I want to commend the two of you again for putting together this special order.

Mr. DOGGETT. I thank the gentleman for his observations and leadership on this critical issue.

Ms. DELAURO. I wanted to add one point. You have just laid out the kinds and numbers of hospitals that are going to be in difficulty.

I would like to add one more category of hospital, and that is the teaching hospitals. I represent in New Haven, CT, Yale University, one of the finest teaching hospitals in the world. What will happen is not too many people know about the connection of Medicare and teaching hospitals and medical education.

One of the hue and cries that we all heard throughout the health care debate in the last session of Congress and in this session of Congress is that the fact of the matter is that the United States has the very best quality of health care in the world, bar none. Folks from all over the world come here to get the benefit of our technology, our know-how, in medical care.

If we begin to eat away at our teaching hospitals and our medical education, not only is the level of servicing going down, the quality of medical care that we stand on so proudly in this nation is going to be eroded. And I think that we cannot let it be forgotten in the litany the providers and hospitals that are going to be get hurt and how ultimately this may look like a cut to a provider, but in fact the recipients, all of us in this nation, are going to be hurt because the quality of our medical care is going to be eroded.

Mr. PALLONE. If I could say very quickly, I think the gentlewoman from Connecticut is absolutely right. What she is pointing out even more so in the general sense is that this does not just effect senior citizens. Obviously we are very concerned about seniors; otherwise we would not be here.

This affects the entire health care system and impacts everyone, not only because the quality of care is going to go down and you will have hospital closures, but you will have less community service, and that means that people just will not have access to quality medical care the way they do now.

In addition, you have so many other people, I know you were mentioning about Medicaid before and how something like 70 percent, I know in my home State of New Jersey, 71 percent of the money from Medicaid pays for nursing home care. If there are cuts in Medicaid, just as there are significant cuts in Medicare, then what is going to happen is a lot of the senior citizens are not going to be able to pay for the nursing home care, and you are going to see their own children or grandchildren having to kick in more.

So the costs of all this are going to end up ultimately, and the downgrading of our health quality and health care system, is going to impact everyone. There is no way this is just a senior citizen issue.

Mr. DOGGETT. That is so very true. You know, we have had important observations like yours from a number of our Democratic colleagues, and I am sure there are people across this country that are wondering, where are the Republicans? Why are they not out discussing this plan?

Not just tonight, but, you know, it is September 18 in the evening. We are approaching the end of this Federal fiscal year, less than 2 weeks away. And yet to this very moment, we have yet to have one Republican colleague tonight or at any other time take the floor of this House and outline how deep it is they are going to reach into the pockets of senior citizens across this country, how big the cuts are going to be.

I do not know whether it is because they do not know, as this morning's Washington Times says, and they have a black hole or a giant gap in their plan, and they are just committed to whacking \$270 billion out of Medicare; or they are afraid to say how they are going to do this. But they have refused to come and stand on the floor of this Congress tonight or at any other time and level with the American people and tell them how hard the hit is going to be, how much more are they going to have to pay, and how much less are they going to have to get.

Tonight, as we conclude this special order, I think it is important to remember that the same group that gave us the Contract With America, Lunz & Associates, advised our Republican colleagues not on how to reform Medicare, but how to sell what they were going to do. They said, "Keep in mind that seniors are very pack oriented and are susceptible to following one very dominant person's lead. Do not talk about improving Medicare."

Well, indeed they are not improving it. They think the seniors of America will be quiet. They think people all

across this land will not listen, will not care; that they can sneak this through in a single day of hearings, can run it through here at the end of the fiscal year, and that, before you know it, the cost is up, the benefits are down, in New Jersey, in Connecticut, in California and Illinois, across this land, with seniors having been affected in a very dramatic way that they will not speak out. But just as with your experience in New Jersey, when I had a meeting last week in Texas, if our seniors know about this and they speak out, they can make a difference.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. SISISKY (at the request of Mr. GEPHARDT), for today and the balance of the week, on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. DOGGETT) to revise and extend their remarks and include extraneous material:)

Mrs. COLLINS of Illinois, for 5 minutes, today.

Ms. EDDIE BERNICE JOHNSON of Texas, for 5 minutes, today.

Mr. MILLER of California, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

Mr. OWENS, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

(The following Members (at the request of Mr. DOGGETT) and to include extraneous matter:)

Mr. BONIOR.

Mr. COLEMAN.

Mr. MENENDEZ in two instances.

Mr. FARR.

(The following Members (at the request of Mr. GOODLATTE) and to include extraneous matter:)

Mr. RADANOVICH.

Mr. GOODLING.

Mr. DOOLITTLE.

Mr. GEKAS.

Mr. GILMAN.

Mr. BLILEY.

Mr. SHUSTER.

ADJOURNMENT

Mr. DOGGETT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 7 o'clock and 40 minutes p.m.), under its previous order, the House adjourned until Tuesday, September 19, 1995, at 9 a.m.