

proves the B-1B's readiness to meet global mission requirements.

Meticulous planning, requiring support across a full-range of Air Force commands, was required for this highly successful mission to prove the long-range, power-projection capability of the B1-B Lancer.

First, this mission required the idea, supplied by Capt. Christopher Stewart, a native of Logan, UT, the support of Air Force leadership and the skilled flight planning from dozens of professionals like Lt. Col. David Snodgrass, from the 9th Bomber Squadron, Capt. Jeffrey Kumro, the ground mission commander, and S. Sgt. Scott Fromm, now at Officer Training School, from the 7th Operations Support Squadron, who was responsible for coordinating the hundreds of airspace issues associated with such a complex mission.

Also key to the success of the mission were all the people who made possible the six in-air refuelings, closely coordinated around the globe, at precise times, to be sure the B-1B's had enough fuel to reach the next rendezvous.

Range support, at bombing ranges from Pachino, Italy, to Kadena, Japan, to the Utah Test and Training Range, allowed the crews to prove their global power by delivering ordnance on target around the globe.

And, of course this tremendous flight would never have been possible without the unsung heroes of military aviation, the maintenance crews, like crew chief, Sgt. Kenneth Kisner, who keeps these machines flying and safe for the air crews. A testament to their professionalism, these two aircraft left on time, completed the grueling mission, most of it a supersonic flight, and returned home requiring only minor post-flight maintenance.

Let me also recognize the flight crews who ultimately made Coronet Bat such a resounding success. In the lead, and record breaking aircraft, Hellion, was mission commander and 9th Bomber Squadron Commander Lt. Col. Douglas Raaberg, aircraft commander Capt. Ricky Carver, offensive systems officer, Capt. Gerald Goodfellow, and weapons systems officer, Capt. Kevin Clotfelter.

The crew of Global Power included Capt. Steve Adams, Chris Stewart, Kevin Houdek, and Steve Reeves.

As mission commander, Lieutenant Colonel Raaberg said, this was a global teamwork at its best and reinforces Air Force plans for the B-1B conventional upgrade program. Again, I want to offer my personal congratulations to all the members of the Air Force team that made this happen, and the thanks of the American people for the tremendous service you provide a grateful Nation each and every day.

Congratulations on a job well done.

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DEBATE OVER MEDICARE

The SPEAKER pro tempore (Mrs. MYRICK). Under a previous order of the House, the gentlewoman from New York [Ms. SLAUGHTER] is recognized for 5 minutes.

Ms. SLAUGHTER. Madam Speaker, in the 1930s I was growing up in the coal fields of eastern Kentucky, in a family with four children, and I watched for years as my mother and father took responsibility for the health care of both sets of their parents.

It was an enormous burden. Health care was not all that good in the 1930s. Blood transfusions were given by anybody who came in off the street, and they did not go through typing and crossmatching as we do today. I had a sister that died in North Carolina, as they were operating on her for appendicitis, and she died of double pneumonia. So you can see that the benefits of medicine have increased enormously in the past half century.

One of the most important beneficiaries of that improvement has been the elderly of the United States. Since 1965, families like mine when I was a child no longer have to struggle to meet the health care needs of elderly parents. I remember when the debate took place in 1965, and I remember when it passed, and there was rejoicing in the country that senior citizens who were alone or senior citizens who were in impoverished circumstances could get the same kind of health care, the same appropriate kind of health care as the wealthiest person in the country. And we felt very good about this development.

But the debate over Medicare, like the debate over Social Security, was vitriolic in both houses. There was no unanimity of consent in either the House of Representatives or the Senate for Social Security or Medicare. Indeed, if you were to read that debate, you would be surprised I think at some Members who are still here who voted against the Medicare program and spoke very strongly against it.

It was the Democrat Party that gave us Social Security. It was the Democrat Party that gave us Medicare. Now it is the Democrat Party that is struggling to try to save Medicare.

There is a recommendation by the Speaker of the House of Representatives to have the largest cut in Medicare in its 30-year history. They are recommending \$270 billion be cut out of Medicare over the next 7 years in order to pay for a \$245 billion tax cut for the rich, the wealthy and corporations.

This is going to be done with one hearing, which will take place here tomorrow. The Democrats have not been allowed to ask for a hearing or even to participate very much in the meeting that let up to the decision for the hearing tomorrow. And for that reason, the Democrat Party, which gave this country Medicare, will have to hold its hearing tomorrow out on the lawn of the Capitol of the United States.

I am confident that has never been done before. The Capitol is a pretty large building. Meeting rooms all over it. But we have been told that not a single one is available for us tomorrow to hold a hearing.

So tomorrow we will have ordinary Americans, hospital administrators, caregivers, rural hospitals, community health associations, home care specialists to be here to say what these awful cuts are going to do in the services that they can provide.

Thirty-seven million seniors now are on Medicare, and by the year 2002, if you factor in for inflation, we will need to be paying \$8,400 a year to cover the same benefits that \$4,800 buys today. The Republican proposal only provides \$6,700. Now, how is the difference going to be made up? Higher premiums, higher deductibles, inability perhaps to choose your own doctor or accept fewer services, fewer choices, and lower quality.

I think that is a rotten set of choices for the elderly in this country.

Last week, the Speaker of the House assured the American people on television that Medicare beneficiaries could expect their premiums to increase by only \$7 a month. Within days, the leadership was forced to admit the figure was actually going to be more like \$32 a month, about \$400 a year. For people who live on a fixed income, that can be a devastating blow and can really make the difference in their lives as to whether they can eat or pay their rent. If they cannot afford it and if they are lucky enough to have children or grandchildren who will chip in, perhaps they can survive it. But a lot of our seniors do not.

Those premium increases will hurt not only the people who are recipients of the care, but we anticipate the closure of a lot of hospitals and a lot of services and perhaps even of home care.

THE REPUBLICAN MEDICARE PLAN

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 this next hour I and a number of my colleagues are going to be discussing the Republican Medicare plan. It is the pay more, get less plan. We have been discussing it this week during the special orders because of the fact that there is no real opportunity to debate this plan on the floor of the U.S. Congress, except during these sessions.

Indeed, it has been impossible to get even a public hearing so that citizens across America could come forward, the experts could come forward; and our seniors are among the leading experts on how Medicare works. There has been no opportunity for them to come forward for all of these many months really and be heard on a specific Medicare plan. All they know is