

substance abuse and apathy present in far too many of this nation's youth. I commend them for their efforts.

RECOGNIZING THE DISTINGUISHED  
HEROES OF THE 1944 ATTACK ON  
THE U.S.S. LANSDALE

**HON. CHARLES B. RANGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Monday, October 30, 2000*

Mr. RANGEL. Mr. Speaker, it is my honor to recognize a group of twenty distinguished American World War II veterans, the survivors of the U.S.S. *Lansdale*. Fifty-six and a half years ago, on April 20, 1944, these fine heroes survived the tragic German aerial torpedo attack that sank the U.S.S. *Lansdale*.

I join the survivors in honoring the memory of the forty-seven crew members who sacrificed their lives that fateful day. They will all be remembered at the World War II Memorial, where construction is scheduled to begin Saturday, November 11, 2000.

The U.S.S. *Lansdale* was on convoy duty protecting ships transporting men and materials to the Italian campaign when a group of German warplanes attacked off the Algerian coast. The ship was nearly split in half by the second torpedo fired after dodging the first one. The Coast Guard was able to rescue 235 survivors from the surrounding waters. Among these men was my very dear friend and long time New York County District Attorney, the Honorable Robert J. Morgethau, who served as the *Lansdale's* Executive Officer and Navigator.

It is with great pride that I acknowledge this group of Americans who demonstrated tremendous courage and commitment to our fine nation. Their legacy, both to our country and to the protection of democracy the world over, will not be forgotten. Please join me in my praise of the following gentlemen who will convene here in Washington over Veterans Day weekend for the World War II Memorial ground breaking ceremony:

Edward S. Brookes of Philadelphia, Pennsylvania.

Alvin S. Caplan of New Orleans, Louisiana.

Mr. Rod Dugger of Milton, Florida.

Angelo Di Palma of Providence, Rhode Island.

Robert Dott of Philadelphia, Pennsylvania.

John L. Eden of Abingdon, Virginia.

Marshall Geller of Ocean Hills, California.

Peter P. Jannotti of Jacksonville, Florida.

Al Macklin of Winston-Salem, North Carolina.

Raymond A. Miller of Watertown, Massachusetts.

Ben Montenegro of Ashland, Massachusetts.

Robert M. Morgenthau of New York, New York.

John A. Peterson of Seaside Park, New Jersey.

Edward Rubinstein of Sun Lakes, Arizona.

George Shanabrough of Dallastown, Pennsylvania.

George T. Sinclair of Norfolk, Virginia.

Peter J. Soler of Cicero, New York.

John Tweedie of Horse Shore, North Carolina.

Philip Waldron of Lexington, Massachusetts.

Charles C. Wales of West Stockbridge, Massachusetts.

MEDICARE AND MEDICAID  
IMPROVEMENTS

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, October 30, 2000*

Mr. STARK. Mr. Speaker, for the RECORD, I submit a letter signed by 133 Members sent to Speaker HASTERT in support of improvements to the Medicare/Medicaid amendments of 2000 and the need for an open, fair, democratic process.

If the requests in this letter had been followed, the quality of the bill passed by the House on October 26, 2000 would undoubtedly have been better and the veto threat may have been avoided.

CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,

*Washington, DC, October 11, 2000.*

Hon. DENNIS HASTERT,

*Speaker of the House of Representatives, Speaker's Office, The Capitol.*

DEAR MR. SPEAKER: As Democratic Members of the House of Representatives, we are deeply concerned about reports that the full House may not be given the opportunity to offer amendments to the Medicare legislation which has been reported by the full Commerce Committee and by the Ways and Means Health Subcommittee.

We further understand that these two bills are being melded together without any involvement of Democratic Members or staff, and we are very concerned that the House will be asked to vote quickly on a final bill which we have not seen or been involved with.

Therefore, we ask that you schedule this legislation (which spends roughly \$25 billion dollars over the next five years) for at least several hours of debate and with a rule that allows a number of amendments.

We note that the two Committees' bills have many excellent features, particularly those sections that directly help beneficiaries. In particular, the various bills speed relief from the high co-payment burdens of hospital outpatient department services, help legal immigrants and their children under Medicaid, cover glaucoma screening, permanently cover immuno-suppressive drugs for organ transplant patients, help the low-income receive Medicare premium and co-payment relief, and make many other important program improvements. We hope that these important improvements will not be squeezed out, and that the final bill will retain these excellent features. We are certain that the final bill will receive the strong support of a majority of our Caucus.

Still, adequate and open floor debate is essential, because this is the last chance for this Congress to consider adding a real prescription drug program to Medicare. An open debate would allow Members to include the type of Medicare prescription medicine pro-

gram the American people want. It is unconscionable for this Congress to adjourn without addressing the prescription medicine crisis facing so many of our senior and disabled citizens. If the House can meet many of the legitimate needs of health care providers, it can certainly also address the needs of Medicare beneficiaries. To adjourn giving billions to managed care plans, but failing to help all seniors with prescription drugs costs would be shameful.

We would like to provide a completely voluntary prescription medicine benefit within the traditional Medicare program. Our plan has no deductible, covers half the cost of medicines up to \$2000 in the first year, gradually rising to \$5000 by 2009. Any beneficiary who has out-of-pocket costs greater than \$4000 would be fully protected against further catastrophic pharmaceutical expenses. Premiums for this voluntary program are \$25 a month in the first year, and will gradually increase as the benefit increases. All seniors would be assisted with price discounts on all of their medicine purchases and low-income seniors would be fully protected. According to the Congressional Budget Office, this proposal would cover almost all seniors, whereas the bill which passed the House this summer leaves 7.8 million Medicare beneficiaries (one-in-five) unprotected.

It is particularly ironic that the Ways and Means Health Subcommittee bill does not include a prescription drug bill for seniors, but provides hundreds of millions of dollars in extra payments to pharmaceutical companies, by delaying the implementation of more accurate non-chemotherapy drug prices which have become available as a result of an extensive investigation by the Justice Department.

In addition to the prescription drug amendment, various Members in the Democratic Caucus would like to offer amendments to provide more balance to the bill: by ensuring that it includes additional beneficiary protections and improvements; by ensuring that it includes additional beneficiary protections and improvements; by requiring HMOs to be more accountable to enrollees in exchange for the higher payments in the bill, and by doing more for hospitals, nursing homes and other traditional providers and less for HMOs. We believe the reported bills give a disproportionate amount of relief to HMOs. The Majority's decision to give HMOs so much should not prevent us from giving adequate relief to other deserving providers. We believe that more of the surpluses which allow such changes should go to traditional providers and the seniors and the disabled whom Medicare is designed to serve.

Thank you for your consideration of these requests. This Congress must not adjourn without addressing the need to help health care providers with the unintended impacts of the Balanced Budget Act of 1997; the need for seniors and the disabled to afford necessary pharmaceuticals; and improvements in the Medicare and Medicaid program to fill gap in care for the disabled and homebound, in the cost of treatments, and in covering modern, preventive care services.

Sincerely,

John D. Dingell, Ranking Democrat Committee on Commerce, Richard A. Gephardt, Democratic Leader; Charles B. Rangel, Ranking Democrat Committee on Ways and Means; David E. Bonior, Democratic Whip; Ed Markey, and 124 others.