

affordability, we need to be sure that whatever we do as we look at reforming Medicare must be affordable by the government so that we are not going to place a burden on our children and on future generations and create a system that just a few decades down the road cannot even be afforded.

No less important to our seniors is that we preserve their ability to have a choice. What I hear from my constituents is that they want the power to choose their physician and their hospital. For our rural communities, being able to choose a doctor means having a physician in their town. It does not mean having access to a physician that is 50, 100 or 200 miles away in some urban area. Too many of our seniors are forced to make frequent trips hours away from their homes in order to get routine primary medical care. More importantly, allowing seniors to choose their doctors is the right thing to do, and it is what we would all want to do for our families.

Most seniors also agree that access must be a reform priority. Once a Medicare enrollee chooses his or her doctor, they should be able to see that doctor on a regular basis, not to be shifted from one physician or one plan to another. Quality health care becomes less and less assured when a patient has to go from doctor to doctor or from clinic to clinic with consistency. We want to be sure that that access is readily available. We also want to be sure that access includes having access to new medications and to new technologies as research and development brings those forward. What I am hearing from a lot of the constituents in my district is that they would reject a one-size-fits-all universal-type plan. In Tennessee, we are familiar with what bad policy can do to health care. A few years back, Tennessee decided that state-managed health care was the way to go, and today the State is in a very difficult situation because of a health care system that is not providing access to many of the individuals that are enrolled in that system.

Some are going to come down to this floor and try to convince Americans that one giant health care system is what we should all support. I can tell you that my mother's health care needs are much different from my health care needs. My health care needs in Lawrence are different from those of many of my neighbors in Tennessee. What we can all agree on, though, is that a plan must be affordable, it must provide choices, and must be accessible. A one-size-fits-all plan has proven time and again not to reduce our health care needs, but to increase those costs.

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

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

EXCHANGE OF SPECIAL ORDER

Mr. BROWN of Ohio. Mr. Speaker, I ask unanimous consent to replace the gentleman from Illinois (Mr. EMANUEL).

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

There was no objection.

MEDICARE REFORM

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

Mr. BROWN of Ohio. Mr. Speaker, my House Republican friends have managed to come up with a prescription drug bill that is even less generous and even more destructive to Medicare than last year's exercise. Under this year's bill, Medicare as we know it ends in 7 years. In 7 years, Medicare would be replaced by a voucher to cover part of the premium for health insurance. Let me repeat that. Under the Republican plan, Medicare would no longer provide guaranteed benefits in spite of their talk about more choice. It would instead give seniors a defined contribution voucher. So much for the Medicare entitlement. So much for guaranteed benefits for America's elderly. So much for the choices that matter. Choice of hospital, we have that today. Choice of physician, we have that today. Under the Republican plan, their voucher scheme would give seniors the choice, the choice, to enroll in whatever HMO happens to set up shop temporarily in their neighborhood. That is not the kind of choice seniors, who now can choose their doctor, who now can choose their hospital, it is not one-size-fits-all, it is seniors have full choice, it is not the kind of choice that seniors have today.

The Republican bill is a privatization bill. It is not a drug bill. It is an affront to seniors who depend on Medicare and to taxpayers whose money will be wasted paying off private insurance health plans, paying off HMOs in order to get them to participate in this Republican big insurance company, big drug company program.

Medicare vouchers are not a fiscally responsible alternative to Medicare. In fact, they will increase overall costs. The Republican plan reduces government spending by increasing out-of-pocket costs for seniors. Private premiums in this country are rising at about 15 percent compared to Medicare's about 4.1 percent increases. Administrative expenses for private insurance historically are 2½ times the administrative expenses of Medicare and Medicaid. So much for the argument that privatization is more efficient. Private insurance spending per enrollee has grown faster than Medicare in the last 30 years. If private drug plans can get better prices for drugs than Medicare, why is the drug industry lobbying for private plans? The

only way privatizing Medicare can cut costs is by shifting those costs from the Federal Government onto the backs of seniors and their families.

Here are a couple of other hidden provisions in the House Republican drug bill. My colleagues increase Medicare costs for all seniors, not just those who enroll in drug coverage, by ratcheting up the Medicare part B premium. Seniors will continue to pay more and more and more under the Republican privatization give-it-to-the-insurance-companies health plan. They double-tax higher income seniors by income-relating Medicare coverage. They have dropped an even bigger doughnut hole in their coverage, cutting off benefits to seniors with higher drug costs. In other words, as their costs go up, the government no longer covers them. They cut reimbursement to hospitals which are already on shaky financial ground. I met with hospital administrators in Akron today and with physicians. They will tell you how it is going to be harder and harder for them to take care of their business providing the kind of health care to their patients at that hospital in Akron and other hospitals all over northeastern Ohio and all over this country.

The Republican plan leaves 40 percent of low-income seniors out of the bill's low-income assistance program. In summary, Mr. Speaker, the Republican prescription drug bill, the Republican plan is good for the drug companies. The Republican plan is good for the insurance companies; but the Republican plan is bad for seniors, it is bad for disabled Americans, it is bad for their families, it is bad for hospitals and other providers, and it is bad for the Nation as a whole.

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TRIBUTE TO COLONEL TAD DAVIS

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Under a previous order of the House, the gentleman from North Carolina (Mr. HAYES) is recognized for 5 minutes.

Mr. HAYES. Mr. Speaker, today I rise to recognize the accomplishments of Colonel Addison D. "Tad" Davis, IV. Colonel Davis is currently the garrison commander at Fort Bragg in my district of North Carolina. After 4 years of exemplary service at Fort Bragg, he is coming up here to the Pentagon. I and the entire Fort Bragg community will surely miss his presence at the epicenter of the universe.

Colonel Davis's military accomplishments speak for themselves. He is a 1978 graduate of the United States Military Academy and earned an MPA from Harvard University. He was a 1989-1999 U.S. Army War College fellow at the Hoover Institution, Stanford University. Colonel Davis most recently served as the executive officer to the assistant chief of staff for Installation Management. His military schooling includes the infantry officer basic and

advanced courses, U.S. Marine Corps Amphibious Warfare School, U.S. Army Command and General Staff College, the Armed Forces Staff College, and the NATO Peacekeeping Course.

During the past few years, Tad has overseen the deployment of thousands of troops, vehicles, and equipment in support of Operation Enduring Freedom and Iraqi Freedom. He has proven himself to be a model soldier, efficient administrator, and a dedicated officer. Colonel Davis has been an outstanding garrison commander, upholding Fort Bragg's legacy of being one of the Nation's finest military installations. As the "mayor" on post, soldiers and their families have a dedicated and devoted advocate giving 100 percent on their behalf. Whether it be issues relating to military construction, encroachment, domestic violence, saving the red-cockaded woodpecker, nurturing relations with the Fayetteville community, or force protection, to name a few, Colonel Davis has done an exemplary job of preparing for, reacting to, and handling the challenges presented to him.

I would like to speak of my friendship with and for Colonel Davis. It has been a privilege and honor to know and work with Tad and his lovely wife, Diane. They are much admired, respected, and appreciated friends. They have been involved both on and off post as integral members of the community. As Tad and Diane and their daughters, Amy and Sara, move up to the Washington, D.C. area, I want to thank them for their selfless service to Fort Bragg, the entire Nation, and wish them the absolute best in their future endeavors.

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

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

MEDICARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. SOLIS) is recognized for 5 minutes.

Ms. SOLIS. Mr. Speaker, tonight I rise as Chair of the Congressional Hispanic Caucus Health Task Force and want to call the attention to the imposed impact that the so-called Medicare reform will have not only on the Latino community but across the Nation as well. Minority Medicare beneficiaries including Latinos are among the fastest-growing portions of this population, and they currently represent about 16 percent of the total Medicare population; but by the year 2025, Latinos are expected to account for 18 percent of the elderly population.

Yet time after time we ignore the needs of the community by creating packages that help HMOs and the pri-

vate insurance industry and not necessarily our seniors. Just look at the proposed Republican Medicare prescription drug plan. They want to strip Medicare's foundation by forcing seniors to change plans, change doctors, change pharmacies, and even change the drugs that they take every 12 months. Not only are the enrollment procedures extremely complex, now we are asking our Nation's elderly to make incredible changes that many will feel uncomfortable about making into a program that does not even make drugs affordable for our seniors; and nearly 60 percent of Latinos live with families with incomes below 200 percent of the poverty level and 87 percent of the uninsured, that means working poor families, Latinos coming and trying to receive some type of health care benefit. Yet how can we even realistically say that we are attempting to improve the lives of all American seniors when the Latino elderly population, which is the fastest growing, will be the most susceptible in this privatized plan?

There are more than 214,000 Latino Medicare beneficiaries right now residing in the State of California that I represent. Fifty-five percent of Latino seniors covered under California's Medicare program report having little or no information about Medicare, including access to a toll-free Medicare number; and I say that specifically because we need to improve access to different communities in their respective languages so that we can really access and have the benefit of having all seniors participate in these programs.

Who is going to care for these beneficiaries when the Republicans impose unaffordable premiums, require spending of \$250 before they receive any help at all? In some cases in my district that would be disastrous. It would mean not being able to pay their rent or be able to buy additional medicine that they need because \$250 is a large amount for people in my district. It even prohibits, get this, the HHS Secretary, Secretary Tommy Thompson, from negotiating better prices. Hello? I thought that is what his job was there for. He was supposed to watch out for our interests.

We cannot ignore the 25 percent of Latinos compared to 10 percent of non-Latino whites who do not have supplemental insurance along with traditional Medicare, and in my district Latino seniors continuously share with me their concerns about the monthly Medicare premiums and the costs of prescription drugs. We have to make the prescription drug benefit an advantage for all Americans regardless of where they come from and regardless of what language they speak, and we need to help our country's seniors and people with disabilities navigate through an affordable system made easily available and meaningful to them and protecting their benefits. We need to protect the choices that they currently have because that is what

really matters at the end of the day. We need to provide physician choice, pharmacy availability, and prescription drug selection. Let us not strip the security from our seniors. Let us work toward a program that helps improve all the lives of our seniors.

100TH ANNIVERSARY OF THE FORD MOTOR COMPANY

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

Mr. KENNEDY of Minnesota. Mr. Speaker, on this 16th day of June, 2003, as the Ford Motor Company celebrates its 100th anniversary, in the city of St. Cloud, Minnesota, which is in my congressional district, the world's oldest Ford dealership, Tenvoorde Ford, is celebrating its centennial as well.

Mr. Speaker, the story behind this century-old family-owned business is one that I think Members of the House should hear, and I rise today to share it with my colleagues and recognize such a remarkable achievement. In 1899, Stephen Tenvoorde and a friend brought the first automobile to St. Cloud, Minnesota. Back then they called them horseless carriages; and this machine, a Milwaukee Steamer, was the first anyone in central Minnesota had seen. So new was the horseless carriage, that Stephen had to bring it in the old oxen trail to get it from Minneapolis. From the buzz that resulted from the presence of this machine in St. Cloud, it was clear that the horseless carriage was something more than the latest technological leap forward. It was a change in our way of life.

The American love affair with the automobile, which thrives today, began that day at least for the people in central Minnesota who were there to see Stephen motoring around in his horseless carriage. There can be no doubt that Stephen Tenvoorde recognized the opportunity of this invention. A blacksmith and bicycle shop owner, this entrepreneur clearly knew that he was on the cusp of a fantastic new age. In fact, Mr. Speaker, 3 months before the first Model A would roll off the assembly line at Henry Ford's Detroit factory, Stephen Tenvoorde became a Ford franchisee. At that time he was the second person to sign a franchise agreement, but a month before the first dealer sold out and left the business. So today 100 years afterwards, Tenvoorde Ford is the oldest Ford dealership in the world.

The past 100 years have not always been easy for this family-run business. As the country has experienced bumps along the way, this family-run business has also run into challenges. Yet, Mr. Speaker, in the face of wars and the Great Depression, when people just were not buying cars, this business has overcome the challenges. Stephen Tenvoorde passed on the business to his son Cy in 1948 and Cy passed on the