

Finally, Mr. Speaker, talk about waste, we have spent hundreds of billions, with a B, on our intelligence agencies over the last 10 or 15 years. We spend more on intelligence than all the rest of the world combined. We will vote to authorize even more spending on intelligence tomorrow. Yet during this time our intelligence agencies missed the coming down of the Berlin Wall; they missed, failed to predict, the breakup of the Soviet Union; they missed on 9/11. Worst of all, they missed or exaggerated on Iraq. Even the *Weekly Standard*, probably the most pro-war publication in America today said, "The failure to discover stocks of WMD material in post-Saddam Iraq raises legitimate questions about the quality of U.S. and allied intelligence."

Columnist Josh Marshall, writing in *The Hill* newspaper asked: "Did we have bad intelligence? Did political appointees dismiss good, but less threatening intelligence? Or was damning intelligence actually cooked up for political purposes? Those are all legitimate questions. But when Congress starts trying to get at the answers, we should be open to the more complex but in its own way no less disturbing possibility that at least some of the main proponents of this war were so consumed by their goal to crush Saddam and so driven by ideology that they fooled themselves as much as anyone else."

These are good, legitimate and very important questions. Another good question: Why did the National Security Agency find out "about the attacks of 9/11 by watching CNN," as reported by intelligence expert and author James Bamford?

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This is an agency that we built a plush supertechnical \$320 million building for a few years ago at a cost of \$320 a square foot. Probably the most important question of all, why are we getting so little and so much of that for all these hundreds of billions of taxpayer money?

The standard response of all Federal departments and agencies when they are criticized is that they were underfunded. If they had just been given more money, this or that problem would not have occurred. These agencies, if anything, are overfunded, far more money than any company in the private sector. Our intelligence committees are filled with good people; but no one seeks to serve, much less is appointed, to the intelligence committees unless they are strong supporters of the intelligence community. Once they are on the committee, they are heavily courted by the intelligence agencies. So it will be very difficult for a member of these committees in either body to ask the really tough questions that need to be asked. But, Mr. Speaker, I hope for the sake of our own taxpayers and for the future of national security of this Nation that someone on one of the intelligence committees will start

asking the hard questions and demanding the truthful answers that our citizens deserve.

MEDICARE

The SPEAKER pro tempore (Mr. GARRETT of New Jersey). Under a previous order of the House, the gentlewoman from California (Mrs. CAPPs) is recognized for 5 minutes.

Mrs. CAPPs. Mr. Speaker, I stand here this evening on the east coast. It is 10 o'clock, and our schedule is such that in the House of Representatives tomorrow we should be debating on this floor a bill to provide a more modernized Medicare delivery system which will focus on the needs of those receiving Medicare, mostly seniors, senior citizens, and also those with disabilities, their needs for medication. And as I am speaking, one of the last to speak this evening, remarking on the particular needs that women have, women my age because I am in that category who live longer and perhaps have worked out of the home less because of the needs of caring for both children and sometimes elders, and, therefore, pensions and other means of having security and retirement are not quite as readily available. So this burden weighs heavily on me. As I speak this moment, deliberations are under way for the rules for which we will debate this legislation tomorrow, and we will see what comes out of our time together on the floor of the House tomorrow.

It is a momentous occasion because in my time of being a Member of Congress, having come to this place out of the health care field, having been a public health nurse for quite a few years in my community on the central coast of California, I have listened to my constituents in this new role of being their representative in the House of Representatives, the people's House, which by its very definition connects us to the citizens for whom we have this great opportunity and responsibility of being their voice here in the Federal Government to make sure that their needs and their inspiration and their motivations are heard.

So I take seriously when many folks in my congressional district tell me that they are the ones who are buying these medications because their heart ailment or their arthritis or their different chronic conditions are requiring them to take medications, that they really cannot afford these if they are retired or living on a fixed income because of Social Security requirements and also maybe their pension.

These are not exorbitant amounts usually. They do not consider themselves poor. They have worked all their life, done well really, the Greatest Generation is what many have called them; and yet they find themselves struggling at a time when they had looked to their government with the promise of Medicare, which they had seen there for their parents, this program that

was instituted in the 1960's, and they say why is it that I cannot pay for my medications? They are so expensive. I go one month and it is a particular cost, sometimes \$100 or several hundred; go another month and it has been practically doubled in price. It is terrifying for seniors who face perhaps hospital stays if they do not take their medication. The blood pressure shooting up, consequences and side effects to conditions that they want to control so that they can live independent lives, not to be dependent on their children or on others or on society, God forbid, having lived independent lives.

So I carry this burden to Congress, and I am proud of being part of a country that had the wherewithal and the mindset, first of all, to start the Social Security system so that we recognize that we really do want to respect the security needs of our seniors; and then when we recognized that health care was beyond the reach of many of them in the 1960's, we devised a plan. I was not here then, of course; but I saw that it made such an impact on citizens that I was working with and dealing with living amongst my own family members to see that Medicare could be there because the private sector, the insurance companies found that this population was hard to insure. These are the years when people need their medical doctors and their sometimes hospital stays and often medications to stay alive and to stay healthy, and Medicare has been a blessing because people are living longer. I think there is a direct connection.

Now we face this crisis. I commend this administration and this Congress foreseeing that this is a time that we must do something about this. But we now must do it in the right way. We have seen that a public provision is what is needed for Medicare. We must also make sure that we do not go off that track and try to privatize this one aspect of it. We have had that option, and that itself was rather an experiment to offer Medicare+Choice. A few years ago that became very popular. That has not worked in my area on the central coast of California, and it is rural.

I will wrap this up by saying that the decisions that we will make tomorrow will have tremendous ramifications, and we need to learn from the people we represent and listen to them and do what they have asked us to do, which is to keep this plan a public plan as it has been, provide the prescription medication in the way that we know that will serve their needs best.

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

(Ms. SOLIS 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 California (Ms. ESHOO) is recognized for 5 minutes.

(Ms. ESHOO 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 New York (Mrs. MALONEY) is recognized for 5 minutes.

(Mrs. MALONEY 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 Maryland (Mr. WYNN) is recognized for 5 minutes.

(Mr. WYNN 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 Michigan (Mr. STUPAK) is recognized for 5 minutes.

(Mr. STUPAK 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 Illinois (Mr. RUSH) is recognized for 5 minutes.

(Mr. RUSH 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 Jersey (Mr. PASCRELL) is recognized for 5 minutes.

(Mr. PASCRELL 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 Georgia (Mr. MARSHALL) is recognized for 5 minutes.

(Mr. MARSHALL 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 Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

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

THE REPUBLICANS' MEDICARE PRESCRIPTION DRUG PROPOSAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from New Jersey (Mr. PALLONE) is recognized for half the time until midnight as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, many of my Democratic colleagues took to the

well this evening to talk about their concerns over the Republican Medicare bill, the Republican Medicare prescription drug bill that we expect to come to the floor here in the House of Representatives tomorrow. But I have to start out this evening by pointing out unfortunately that we do not really know what bill is going to come up tomorrow. We are waiting. Many of us are actually waiting right now to see what the Committee on Rules will do. The Republican bill has not actually been filed yet, and the latest information is it may not be filed until 11 or 12 o'clock and Committee on Rules will then consider the bill an hour after that, which might be one or two o'clock in the morning, and at that time Members, particularly Democratic Members, would be asked to come, review the bill very quickly obviously, and suggest any amendments or changes they might have to the Republican bill.

And I would suggest that that is certainly not the way to operate, particularly on a bill that is so important. I think all of us agree that Medicare is one of the most important programs that the Federal Government has ever offered, and to think that most of us will come here tomorrow and will not have even had the opportunity to see the bill and that the Republicans in having this Committee on Rules meet late at night where they would consider amendments would do such so late when most Members will not even be able to offer an amendment, it is just really a travesty of the process; and I have to believe that it is intentional. I do not think there is any question about it. The last vote today in the House of Representatives was about 5 o'clock. Why could all this not begin during the day or just after the session ended? Why does it have to take place at 12 o'clock midnight or even later?

It puts a great deal of fear in me, and it is pretty obvious from looking at some of the proposals that have already been considered in the committee, both in the Committee on Energy and Commerce, where I serve, as well as in the Committee on Ways and Means, that what the Republicans have in mind essentially kills Medicare. And I know that is a very severe thing to say. Many of my colleagues have said that this evening, that the Republican Medicare prescription drug proposal actually kills or destroys Medicare, and one might say to oneself how could we make such a statement? What is the basis for our making that statement? And I would say that the real reason we say it is because if we look at the Republican bill here in the House, it essentially privatizes Medicare. What does that mean?

The Federal Government operates a Medicare program. It is a Federal program operated by the government. And what the Republicans are proposing in this bill is that rather than have the government run a health care program

for seniors and pay out the money for the program to the doctors and the hospitals, that rather they would give seniors a certain amount of money. We call it a voucher. And those seniors would instead under the Republican plan be expected to go out and purchase their health insurance privately just like somebody might who is younger.

The problem with that, though, is that historically when Medicare was started back in the 1960s under President Lyndon Johnson, the majority of seniors could not find health insurance. They were unable to buy health insurance because the way insurance works, it is like a pool, and people who are older tend to be frailer, tend to be sick or tend to have to go to the hospital more. Those are not the people that insurance companies want to sell a policy to because they cannot make any money. And most of the insurance companies have told us that effectively they are not going to sell those insurance policies because they still cannot make any money today.

Nothing has changed from the 1960s until this year. Seniors are still the most vulnerable and the sickest population, the population that has to go to the hospital and to the doctor most often. Why in the world would anybody want to sell an insurance policy to seniors or at least to a lot of seniors?

What we are seeing here is that the Republicans, maybe because of their ideology, maybe because of their being beholden to the insurance companies, whatever reason there is, they essentially want to set up a system whereby the traditional Medicare that we have, which is a government program that guarantees certain benefits, would now essentially be privatized and they would get a certain amount of money and hope that they could go out and buy health insurance in the private market. It is a very vicious, in my opinion, thing to do. It is a wrong thing to do because Medicare has been a very successful program.

If we look at Medicare at the time when Lyndon Johnson signed the first bill, the situation for America's seniors has just changed dramatically. Most seniors had no health insurance. Many of them could not afford any kind of significant health care. They had to go to a clinic or they had to go to charity care in order to pay for their health care, but all that has changed. Right now America's seniors have high-quality medical care, and they have protection from the devastating causes of illness because of this Federal program. And each of the 40 million Americans served by America today can attest to the program's stability, its affordability, and universal nature that has touched all seniors as well as disabled people alike. So why do the Republicans want to change that? What possible reason could they have to change it?

I would hope that the Republican majority would realize that if they do pass