

Congressional Republicans have confounded skeptics. It is credible, it is gutsy, and I think it is a good plan. I think it is good for seniors. I think it is good for America, and I think it will help us to balance the needs of seniors with needs to be responsible with our tax dollars and all Americans should support this plan.

□ 1030

SAVING MEDICARE

The SPEAKER pro tempore (Mr. LAHOOD). Under a previous order of the House, the gentleman from Michigan [Mr. BONIOR] is recognized for 5 minutes.

Mr. BONIOR. Mr. Speaker, I want to respond to my colleague and friend from the other side of the aisle who just spoke. Teresa McKenna in this picture was arrested because she wanted to speak about the injustices and the inequities and the lack of discussion on the issue that is most important to her and the people that she affiliates with in this country, the Medicare issue.

We have had one hearing on a proposal that will affect 40 million people, and she and other of her colleagues went to the Committee on Commerce to ask to be heard. She asked to be heard. They were told they could not be heard. She asked why, and she was told she could not be heard. Then they were arrested and taken down to the jail.

Now, the gentleman who just spoke talked about this was a left-wing type of an organization. Does she look like some left-wing radical that wants to overthrow this Government? All she wants is a fair shake for herself and her seniors.

Do you know why she wants a fair shake? Because in a report that was done very recently by the Department of Labor, we found that 60 percent of senior citizens in this country, 60 percent, have combined retirement incomes, that is the retirements and their Social Security, of \$10,000 a year or less. I will repeat that again for you. We have got 60 percent of our seniors living on \$10,000 a year or less in this country.

What the National Council of Senior Citizens do is they go out and help these low-income seniors get low-income jobs so they can have some supplement to that \$10,000.

What is going on here is my colleagues on the other side of the aisle have a proposal that will take \$270 billion out of Medicare in order to pay for a tax cut which comes out to about \$245 billion, which predominantly goes to the wealthiest Americans. Fifty percent of that tax cut goes to people who make over \$100,000 a year. That is what this fight is about. It is about the Teresa McKenna's and the people struggling to make ends meet, and who will have \$1,000 added to their bills each year. They are living on \$10,000 and \$13,000, and we are giving tax cuts to

the wealthiest corporations and wealthiest individuals in our country.

That is why we are so upset and mad. Do we need to fix Medicare and improve it as we go along? Of course we do. We have been doing that for 30 years. But how do you fix it when the Speaker of the House, as this headline in the Washington Times indicates today, says "Gingrich places low priority on Medicare crooks. Defends cutting antifraud defenses." How do you fix it when you have that type of an attitude running this institution?

Now, let me just say with respect to this issue, not one dime, not one dime of their plan goes back into the Medicare trust fund. Not one dime. The last speaker indicated that the Medicare trustees, the three that he mentioned, Secretaries Rubin, Shalala and Reich, indicated that the trust fund was broke. But they also said it was not broke. They said basically all you need is \$90 billion. You don't need \$270 billion to fix it.

The other thing I wanted to talk about very briefly is what is happening to Medicaid. We are cutting \$182 billion out of Medicaid. What they are doing by cutting this money is they are putting in jeopardy literally hundreds of thousands of seniors from getting nursing home care that they so desperately need and impoverishing spouses in this country by changing the rules and regulations. A \$182 billion cut in Medicaid, 60 percent of which, or close to that number, goes to long-term care for our seniors in nursing homes.

Medicaid is not just a program for the poor, it is for seniors. Two out of every five children in this country get health care from Medicaid, and they are cutting it by \$182 billion. That will mean 15,000 residents in my State of Michigan will not have nursing home care next year if this cut goes through; 175,000 will not have it over a 7-year period. These are draconian cuts.

The New York Times had a headline saying the Republican Gingrich revolution is rolling back the regulations we put on nursing homes. Remember the time when people were being drugged and straitjacketed to their beds? We had serious home abuses. We changed that with humane regulations. Those are all being rolled back now. This proposal that they have to cut Medicaid also repeals the minimum quality standard for nursing homes and other quality care.

So, in conclusion, Mr. Speaker, let me just say that I hope America is paying attention to these two important issues we will be debating in the next week or so.

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

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

THE TRUTH ON MEDICARE

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

Mr. TAUZIN. Mr. Speaker, I am a member of the Committee on Commerce, and of all the speakers you heard this morning talking about the incident that occurred at the Committee on Commerce on the Medicare markup this week, I am the only person who was actually present for that incident. Let me tell you the truth about that incident; the facts, ma'am, just the facts, if you will.

What occurred was a woman named Teresa McKenna, who is not some poor person worried about her Medicare, she is a paid lobbyist working for the National Council of Senior Citizens, brought a few of her members into the committee room as we had opened up the session to begin marking up the bill, and they began shouting and protesting at that markup hearing.

The committees of the Congress work just like this body does. Members of the public are invited to attend and to sit in the galleries or sit in the committee rooms and to witness the process by which we mark up bills and debate them and process them through this House. Guests are always welcome, as is the press, at our committee markups.

Had Ms. Teresa McKenna brought her members into this room, into this gallery, and conducted themselves the same way, began shouting and interrupting the process, the same thing would have occurred in this House as occurred in that committee room. They were asked three times by the officers in charge at the request of the chairman to either take seats or leave the room so that we could begin our business. Three times they refused. The officers had no choice then but to escort them out of the room.

Immediately after they had been escorted under arrest outside the room, the chairman instructed the police officers involved not to press charges, but to release them to go free. In short, the committee did exactly what this House would do; it exercised its responsibility to enforce order in the process by which we debated the bill.

Teresa McKenna represents an organization headquartered here in Washington. She has been representing it for some many years now. She is a paid lobbyist for that organization. You need to know about the organization. Last year it received \$72 million of taxpayer funds to carry out their business. That is a pretty hefty sum. Can you imagine how much health care we could give to seniors in America if we spent that \$72 million on some senior health care problems. But, instead, this group got \$72 million of taxpayer monies as grants from the Federal Government to do their work.

Well, what kind of work do they do? They lobby. That is what they do. And, guess what? That \$72 million was 96 percent of the income that that organization derived last year. That organization is almost totally taxpayer funded as a lobby group. Ms. Teresa McKenna took some of her members and tried to disrupt the process by which our committee was beginning to debate this extraordinarily important issue for the sake of all Americans, for our mothers and fathers and grandmothers and grandfathers and those to come.

Now, should she and her members have been ejected from the room when they refused to obey? Of course. They would have been ejected from this Chamber the same way. Should they have been put in jail? Of course not. As soon as they were taken out of the room, the charges were dropped and they were dismissed.

I wanted to clear that up first of all. No Speaker of this House, Democrat or Republican, could put up with that kind of disorder in this body. No chairman of the committee, Democrat or Republican, would have put with that kind of disorder in the committee process.

Did our committee have hearings on Medicare? Our committee held 10 hearings on Medicare this year. Ten hearings. That is more than the previous three Congresses combined held on Medicare. We had lots of hearings. We have had meetings all over the country. We have had focus meetings all over the country. Members have had town hall meetings all over the country. Citizens have had many opportunities to discuss with us this critical and important issue of how to save the Medicare program.

So when you hear Members on the other side get up and make believe that some poor senior citizen was arrested because she just wanted to be heard, understand the truth. This was a lobby group, paid for with Federal funds through grants, that was just trying to disrupt the process.

That is what occurred the other day. What the committee did was exactly what the Speaker of this House is obliged to do. The committee gave them three warnings, and then had them removed from the room, and they should have done so. We processed the bill from 5 o'clock that day until 11 o'clock that night. We came back at 10 o'clock the next day, and we finished our work at approximately 12:30 midnight the next day. Our committee worked diligently and hard and debated amendment after amendment after amendment, offered mostly by Members on the other side, before we finally produced the Medicare bill for this House to consider next week.

I will in a minute begin to discuss with you the merits of that Medicare bill. I want to first yield to my friend from Florida.

Mr. WELDON of Florida. I want to thank the gentleman for yielding. I just want to make a point that I think

is a very important one. This disruption of a committee hearing, this staged, theatrical disruption, to include photographers being present, and these photographs being brought here into this House, I think clearly demonstrates how desperate our opponents are in this Medicare debate. They have not put forward a credible plan to restore, protect, and preserve Medicare. They have not put forward a credible proposal.

I said earlier when I was speaking that the Washington Post itself has come out and said our plan is credible. They have not been able to do that. They do not have a plan to restore Medicare, and they realize we are about to do something that will probably be very, very good for seniors in restoring the solvency of the Medicare plan, and they are literally desperate to do something to stop us from doing good.

I think it is really a shame that that is what politics in this city has gotten down to, where these kinds of tactics have to be used. I think our plan is a reasonable plan. I think our plan is a well thought out plan. I think we have gotten a lot of input from a variety of different groups in open meetings.

There have not been any secret meetings here at all. Committee on Commerce, as you said, had 10 hearings. I think the Committee on Ways and Means has had 30 meetings. We have had hearings and hearings and hearings and hearings on restoring the solvency to the Medicare plan, and we have put forward a proposal that everybody seems to be saying is reasonable and balanced and restores solvency to the Medicare plan. Not only does it do those things, but it provides our seniors more choice in selecting their health care plans.

I think it is a good plan, and I think it is a sorry day in the annals of political history in this city when the minority party has to resort to these kinds of desperate tactics in this debate.

Let us have an open debate, let us have an open debate and really discuss the various virtues and merits of our Medicare plan, and let us not resort to these kinds of tactics.

Mr. TAUZIN. Well, if the tactics at the committee were bad, the tactics on the floor are worse, to pretend this was some real demonstration by real senior citizens, when this was an organized lobby group planning to disrupt the meeting. To bring pictures on the floor and make it look like some poor senior citizen was not heard is just Hollywood. That is all it is. We ought to put that behind us as quickly as we can and begin to debate the merits of our proposal.

I agree, we have a good plan. We ought to debate it, and I am prepared to begin talking about it.

Mr. KIM. Mr. Speaker, I agree, I think this is all politically motivated. I have a deep concern about all these attacks, that we are taking money

from senior citizens and giving that to rich people. My golly, we are talking about a tax credit of \$500 per child, and that was given to everybody, not just rich people. Also remember, we just passed an amendment which prohibits any money transfer from Medicare to any other general fund money.

Mr. TAUZIN. If the gentleman will let me emphasize that point, in the Medicare markup we adopted the lockbox amendment, which makes sure any savings the new Medicare reforms produce has to stay for Medicare purposes. It does not go for any other purpose such as a tax cut. It is used within the system to keep the system solvent.

Mr. KIM. I think the public should know that you cannot transfer money from the Medicare trust fund to any other account. The money has to stay within the Medicare trust fund. But all these scare tactics to frighten senior citizens, let me also point out that we should look at President Clinton's plan. He recognized the problem. He is the one that told us Medicare will be bankrupt within 7 years. His proposal is about saving \$127 billion over 10 years.

Mr. TAUZIN. If the gentleman will allow me, he proposed saving \$127 billion, but on the same baseline that our calculations are made, his number is really \$192 billion. The President himself said we need to save at least \$192 billion in spending, the bleeding that is occurring in the system, to save it from bankruptcy. Our number is \$270 billion. His number is \$192 billion. We are not that far apart.

The President understands bankruptcy is about to happen in Medicare. We have to cut the waste, fraud, and abuse, the spending driving it into bankruptcy, as quickly as we can. It does not take Band-Aids, it takes real reform.

Mr. KIM. That is exactly right. So the President recognizes the problem. As a matter of fact, the Board of Trustees are his appointees. They are the ones that released the report that said it is going bankrupt. The President's plan and our plan are not that much different. As you said, if we look at the same baseline, we are talking about the same thing.

Let us look at the Democrat's demagoguery. They have no plan, nothing until about a week ago, and they come up with an idea, a gentler plan, which says they can save \$90 billion. Let us take a look at that.

What is going to happen with the \$90 billion savings when Medicare is about to go bankrupt? Ninety billion dollars certainly does not go far enough. Their plan simply delays Medicare bankruptcy by an additional 3 years. That is what they are doing.

Worse than that, their plan leaves Medicare about \$300 billion in debt, just as the first wave of baby boomers comes along. What is going to happen then? When the baby boomers decide to retire, then we have a \$300 billion debt in the Medicare trust fund. Undoubtedly that is going to bankrupt it again.

This is just another political gesture. I am concerned about this.

Mr. TAUZIN. The gentleman makes a great point that we need to emphasize. The Democratic Party finally came with some alternative. They finally said this week, here is what we would do. What they would do would be to cut the spending, the bleeding in the program, by only \$90 billion. What that does is that just delays the bankruptcy. It is like putting a Band-Aid on a gaping wound and say all you have to do is pump.

Mr. MORAN. Blood in the patient. The patient is going to die unless you close up the wound. Ninety billion dollars will only get you past the next election. It will not save Medicare from bankruptcy and protect it for the next generation. Our goal is to protect Medicare, not pass the next election, but for the next generation.

Mr. KIM. That is right. Ninety billion dollars is just a political game without any details. You are trying to use this figure and trying to frighten senior citizens.

I am concerned with what is happening right now, all the verbal assault and demagoguery.

Mr. TAUZIN. Mr. Speaker, I want to start this discussion by laying something on the table that I think ought to be a predicate to all the discussions we have, a precedent. The first thing I think we ought to put on the table for everyone to consider is that no Democrat, no Republican, has a greater claim to loving their parents and their grandparents than anyone else in this body. No one can credibly make an argument that because they are a member of one party or the other, they love their parents or grandparents more than a member of the other party. This is not about parties.

We should love our parents and grandparents enough to make sure that the Medicare system is not only solvent for the next 7 years but is solvent for as long as we can possibly see into the future. It is that important.

My mother is a cancer survivor twice, survived breast cancer surgery in 1961, survived lung cancer surgery in 1980. She is a miracle, a product of the miracles of medicine. I consider her my miracle mom. She is still around. She is celebrating her birthday this week at the Senior Olympics in Baton Rouge, in her two favorite categories, shot put and javelin, believe it or not. She is doing great. She is one of the incredible success stories of our Medicare program, of our health care system.

No one in this body can dare lay claim to the notion that they love their parents or grandparents any more than any one of us in this body, regardless of party. That ought to be the first principle.

The second principle ought to be that all of us recognize what the President said, that he and his trustees have said, that if we do not do something dramatic and immediate, the Medicare system will go bankrupt in 7 years.

Now, I expect my mother to be around longer than 7 years. I do not want that bankruptcy to occur for her, not for your mother, not for anybody's mother or father or grandfather.

The second principle that we all ought to agree on, regardless of our disputes, is that we cannot let that happen. We cannot let this system that has cared for my mother and yours go into bankruptcy in 7 years.

The third principle I want to put on the table as we begin this discussion is that the President himself has recognized the need for an immediate and dramatic action to stem the bleeding of money from this system, the tripling of inflationary costs in health care, to Medicare, the waste, the fraud, the abuse in that system—they estimate 10 percent of the dollars we spend in Medicare is nothing but waste and fraud and abuse.

The President has recognized we have to put an end to that. He has recommended \$192 billion of reforms in that area. We have recommended \$270 billion. The President said in 1993 that for the system to continue at three times the rate of inflation is intolerable. He said in 1993, the President, Bill Clinton said, "I will recommend reducing the growth of spending in Medicare dramatically and in Medicaid. This will not be a cut. Don't let people tell you it is a cut. We simply have to reduce this incredible rate of spending to save the system." That was the President's words in 1993.

We have some agreement there. We ought to have agreement in this body on those same three principles. One, we all equally love our parents and grandparents; two, we all ought to be committed to saving Medicare from bankruptcy; and, three, we can agree, from this body to the Senate to the White House, on a plan to rescue it.

Mr. KIM. If the gentleman will yield further, I would just like to point out I hope people in California are watching this debate, because I read the report carefully. It says that part A of the trust fund, the hospital insurance trust fund, which pays the hospital costs, will be bankrupt within 7 years, unless we do something right now.

That is financed by payroll taxes, the FICA, which the beneficiary pays a half and the employer contributes the other half. If that goes into bankruptcy, we have two choices. One is raise taxes, which is not fair to younger people. Why should they pay a higher rate to subsidize beneficiaries, the retirees?

The second is you have to control the costs. That is exactly what we are trying to do. We have shown again and again that last year alone the Medicare trust fund, which is mismanaged in my opinion, the cost has gone up 10.5 percent. The private plan in California, the costs have actually gone down 1.5 percent.

If you give choices to join a private plan, just a choice, an option, the more joining the private plan, we can save easily 10 percent by avoiding this mismanagement.

Then part B, which is, again, paying for the doctor's bill, which is paid by the beneficiaries, \$41.22 a month, that is hardly enough. So what we are doing is, other taxpayers have been subsidizing two-thirds of this cost. The beneficiary only pays one-third. It used to be half and half. If we do nothing, what is going to happen at the end of 7 years, it is going to be 90 percent subsidized by the other taxpayers, only 10 percent paid by the beneficiary. That is not fair.

What we are trying to do is maintain the same situation, one-third/two-third relationship, by doing it we have to ask the retiree to contribute a little more to maintain the level. We are not cutting anything. We are trying to maintain the same level.

I think we should stop bickering and sending all this disinformation and frightening tactics, so we can work together and come up with a comprehensive plan. We are in a serious problem in Medicare.

Mr. TAUZIN. I thank the gentleman for his statements. I guess maybe the gentleman has put his finger on it. The last thing we ought to do is try to scare seniors today. They have enough to worry about.

We all ought to be trying to calm these fears. We ought to be talking about our debate, of course, on how to resolve it; it ought to be a good debate. But we ought to all talk about those three principles I talk about. We love you enough to try to keep Medicare solvent, and we will do whatever it takes in working with the White House to come up with an eventual solution that saves it from bankruptcy. That ought to be the theme.

These fear tactics ought to be put aside. We ought to work for the good of this country instead of for the good of somebody's politics today.

I yield to my doctor friend from Florida.

Mr. WELDON of Florida. I just want to amplify on a point that the gentleman from California [Mr. KIM] just made, which I think is an extremely important point.

In developing our plan, we met with a variety of different groups, both consumer groups and senior groups, as well as provider groups. And we, frankly, were shocked to discover that in many of the private groups that do health care, they are actually seeing their costs go down.

So here we have on this one side this government-run program with all its bureaucracy, with all its fraud and waste, and it is increasing at 10.5 percent. Then you go to these civilian-run, private programs, where they are actually reducing the premium. It is not growing at 3 percent, it is not growing at 5 percent, it is not growing at 6 percent. They are actually lowering the premiums to the employers, and that helps those employers be more competitive. It helps them to be more competitive on the international market, where so much of the competition is going on right now.

So what we did is we said, how are you doing that? How have you been able not only to lower the rate of increase of health care costs, but to actually see some real dollar reductions in your costs in health care? And we have taken some of those principles that they have adopted, many of which—actually what they accomplish is they root out fraud and abuse. And we have adopted some of those into our Medicare Plus program.

Now, our friends on the other side of the aisle would like to say that we do not want that, we do not want that. We cannot have that. We want to maintain the status quo. But the reality is the working people who work for these companies who have adopted many of these managed care type plans have to live under those managed care plans.

The ultimate irony of all this is, if you do pause and you ask those working people, the people who are paying the bills for the Medicare plan through their payroll taxes, how do they like them, what they think of those plans, they say they are great. They love them. They think they are wonderful, and they indeed, many of them, are happy that it saves money for their employers so their employers can be more successful. And they indeed are very, very happy that it weeds out fraud and abuse.

Mr. Speaker, that was such a crucial point that the gentleman from California [Mr. KIM] brought up. All we are doing is saying, gosh, how did you guys out there in the free market manage to do this? Let us see if we can put a little of your free market common sense into our Government program. That is what we have done with our Medicare Plan.

To accuse us of some of the things that are coming from the left on this issue, I think is just dead wrong. It is a good plan.

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Mr. TAUZIN. It is important I think for us to answer some of those accusations right up front. First, are we forcing anybody out of Medicare? The answer is no. Our plan says if you want to stay under the traditional Medicare fee-for-service, you choose your own doctor, choose your own hospital, you continue as my mother has under the Medicare program, you can continue under the current Medicare program as long as you want to.

I will say it again. You can stay in Medicare as long as you want to. Will there be increases in the benefits over the next 7 years in our plan if you stay in Medicare? The answer is yes. We will increase the benefits per beneficiary from about \$4,800 a person on average to \$6,700 a person on average over the next 7 years.

So if you are like my mother, you like Medicare and want to stay there, you can and your benefits increase over the next 7 years by almost \$2,000. So do not believe this awful fear tactic that we are somehow cutting the benefits to Medicare beneficiaries. Neither are we

forcing anybody out of the Medicare system as they knew it.

I will tell you the other good news. What about the case if a Medicare beneficiary decides to choose one of these new plans and then does not like it? Guess what, under our plan if you choose it and do not like it, you can go right back into Medicare. In the first 2 years you can do that on a 60, 90-day turnover. You can try a plan and go right back to Medicare. After that you sign up for 1 year at a time.

You will get to do what Members of Congress get to do; you get to choose from among plans. Do you remember when Hillary Clinton was presenting her national health care plan and they argued on television that we ought to give Americans the same option people in Congress have to choose different plans? Well, guess what? Under our Medicare proposal, seniors can stay in Medicare like it is, if they like it, or they can choose another plan, exactly what Hillary was recommending for every American.

Third, if you do not like the plan you choose, under our plan you can move back into Medicare any time you want to during the first 2 years and every year thereafter at election date when it is time for you to choose.

Guess what else? Seniors are not going to have to use vouchers and go buy these plans. The truth is seniors are going to have a booklet sent out to them in plain English, same way we get one every year, that explains the options to you, that tells you what you can choose and what you can try, and then if you do not like that you can switch back to the Medicare the next year or during that first 2-year period.

That is a pretty good deal. When I went to my mother last weekend and she asked me what we are doing in this thing and I explained it to her, I said Mom would you like to have some option. She said I like Medicare just like it is. I said you can stay there, but would you not like to know you have the same options that we have in the private sector, that Members of Congress have under our Blue Cross plan? Would you not like to know you can move from one plan to another if there is a plan better than the one you are in and that you can go back to Medicare if you do not like the one you choose? She said, well, that makes a lot of sense. I said, yes, it really does.

If Americans hear what is really in the plan instead of what they are being told about it by those who simply wanted to create fear out there, if they hear what is really in the plan, most senior citizens say, wow, somebody is finally giving us a choice, somebody is finally giving us a chance to choose what others in our society can choose, better private plans if they are better for us, and if they are not we can stay in basic Medicare as we know it.

Mr. KIM. Mr. Speaker, I want to say that was very well said. I want to add that under the current plan, once you hit 65, you have to give up whatever

plan you have. You must join this Government-mandated Medicare plan.

Mr. TAUZIN. That is correct.

Mr. KIM. You have no choice. That is the only plan available to you, which is Government run and run by bureaucrats. You have to follow their regulations, which is, in my opinion, socialized medicine. Just one plan, period.

All we are trying to do is give those beneficiaries options to join other plans. Why? By joining other plans, you can save more money. This Medicare plan has so much abuse, so much waste and fraud, people would not believe. Even the report so stated that there is more than 50 percent, which is easy to save if we eliminate the waste and fraud.

It is unbelievable. It is out of control. That is why it has gone up 10½ percent, while private plans are under control. Their costs have actually gone down 1½ percent. It is ridiculous.

As long as a third party pays, as long as the Government pays it, who cares? That is the problem we have. So we are trying to eliminate that problem by simply offering all the beneficiaries choices to join private plans. We expect that at least 1 out of 4 will eventually join a private plan.

Mr. TAUZIN. One out of four. Mr. KIM, you have put your finger on it again. Every time I go to a townhall meeting, I am always asked by someone in the audience the same question. Why do not you Members of Congress spend our money as carefully as you would spend your own? Why do you allow bureaucrats to waste 10 percent of the money that is needed for health care for the senior citizens of America? How do you put up with that? Why do you let it happen? Why do you not be more careful with our taxpayer dollars, as careful as you would be with your own dollars?

The truth is it is harder when you are spending someone else's money to be as careful as when you are spending your own. You have to work a little harder. So guess what? In this bill we are putting in more antifraud, waste and abuse procedures; we are putting in more ability of Americans to help us root out the waste, fraud and abuse in this system than this system has ever seen.

I want to tell people about what is in this bill that you will not hear from the other side. First, everybody knows about the IRS system. If there is somebody cheating on the IRS and you report them, you are entitled to a bonus. Do you know that? If someone is not paying their fair share so that the rest of us have to keep seeing increases in our taxes, any citizen can report an IRS violation and there is a bounty system under the IRS to reward those who report fraud and abuse in the IRS system.

Well, guess what? The new bill will install the similar type system for every senior citizen who catches a bill coming to them, who catches a waste, fraud and abuse situation and reports it to HCFA. Let me be specific.

How many seniors have told us that when we get that bill back, the Medicare bill back that is being submitted to the Government, and say, wait a minute, I do not remember having that service, I do not remember that test, I do not remember this being done? How many have told us that? If a senior suspects they are being charged for something that did not happen and the taxpayers are having to foot the bill, there is no real incentive now to report it because somebody else paid it.

But now the seniors will have the same incentive that every taxpayer has to root out fraud and abuse and report it. There will be a reward for seniors who help us find fraud and abuse.

Second, the bill doubles the penalties on people who defraud this system. Let me say it again. We double the penalties on people who defraud this system. We make it mandatory that any provider under this system that defrauds the seniors of this country and the taxpayers of this country is forbidden to provide services under the Medicare system for a minimum of 3 years. Mandatory. That is not in current law. We provide a doubling of the penalties and a mandatory 3 years you are out of the system if you dare defraud seniors any more.

Fourth, we put together a coordinated antifraud and abuse system like we never had before. We give to the Secretary the power which the Justice Department now has to work with people who will turn states evidence and help us root out other fraud, waste and abuse cases. We cannot afford the billions of dollars that are going into this rat hole of waste, fraud and abuse any longer.

So when you hear from the other side that this bill is somehow kind of lax on waste, fraud and abuse, just do not believe them. You know what CBO said. CBO scores our work. CBO does the objective analysis that is done on every bill that comes before this House. It tells us what a bill does financially. CBO said we will pick up at least \$2 billion in extra collections from waste, fraud and abuse by some of the measures we put in. There is a potential to pick up a lot more. We think there could be as much as \$50, \$100 billion eventually picked up if we begin to root out the 10 percent of waste, fraud and abuse in this system.

So we are going after it, Mr. KIM, finally. We are going after it not just for the taxpayers but for the seniors who want their program to be here after 7 years, who do not want it bankrupt and who want the dollars we spend, the precious dollars we spend to go to their health care and not to this awful system of waste, fraud, and abuse.

Mr. WELDON of Florida. Mr. Speaker, I want to just amplify on this fraud and abuse issue, because it is a very, very important area. I had a series of townhall meetings with senior citizens in my district over the summer, and one of the messages I heard over and over and over again is we have to do

something about this waste and abuse in the system.

I had a lady come to me, she had a bill that was for her week in the hospital and it showed her staying 2 weeks in the hospital. I had another gentlewoman come to me with a bill that showed they billed for her being in the hospital and her husband being in the hospital at the same exact time when he was not in the hospital at all. He was at home and coming in to visit her every day.

So we have some real problems in the system with that. One of the aspects of the Medicare Plus plan is these provider-sponsored networks. I want to underscore a very, very important point in that feature of Medicare Plus. If there is any excessive testing being done, if there is any excessive procedures being done, the person who picks up the tab for those is not the taxpayer; it is not the Federal Government, and it is not the senior citizen, it is the provider in that network who did that unnecessary test and who did those unnecessary procedures. So that will be a tremendous incentive in that part of our reform package, in Medicare Plus, that will make sure that we really do root out fraud and abuse.

I think that feature, coupled with the things you were mentioning, increased penalties, a hot line where they can report fraud, when you start looking at all those things coming into effect, we will have a lot of savings in rooting out a lot of this fraud and abuse.

Mr. TAUZIN. I thank the gentleman, and let me emphasize again what the gentleman added. The bill contains a hot line system for the first time. So citizens who find waste, fraud and abuse on their forms, they do not have to report it to somebody locally who may lose it; you can call directly to a hotline in D.C.

We will also have a system whereby the Secretary puts out fraud abuse alerts, so if there is something going on they pick up in the marketplace out there, where fraudulent practice is occurring, they can notify seniors to watch out for this, there is something going on out there, help us root it out.

In other words, we are beginning to build in this bill a partnership between the seniors who receive the services and who very often see the fraud and abuse firsthand and those who run the program and the taxpayers who are footing the bill. That kind of partnership means that we may end up with a much better, more solvent system. That is worth fighting for.

Mr. KIM. The gentleman is right. As long as we have a third-party paying system, without somebody watching so to speak, we will continue to have this kind of abuse and fraud. Right now, the Government pays it without truly looking at it closely. That is what has happened.

That is why I like the concept of the Republican plan to set up a Medisave concept. So you have a choice. Any savings you got by transferring your

plan to a private plan without costing you a penny, whatever savings you can generate out of that, you can put the money into a tax free Medisave account and after that you can do whatever you want to do. It is your money to spend, which gives senior citizens incentives in trying to look at the cost.

Right now nobody cares. Nobody asks how much it costs me having this operation. Nobody even shops around. This will give us some incentive to shop around so that I can get a better treatment and cheaper, so to speak. I think it is an incentive rather than some kind of additional regulation. I like the concept, and I think it is an excellent concept.

Second, I want to point out again, going back to part B, which is again, as I mentioned earlier, that right now we are one-third paid by the beneficiary, two-thirds subsidized by the taxpayer, because \$46 a month certainly is not enough and, therefore, all the other taxpayers subsidize it. Now, if we do not do anything, it will be totally out of control.

So what we are trying to do is maintain the one-third, two-third relationship. We are trying to have it so that what we call the rich, wealthy senior citizens will not be subsidized, which is fair. We are talking about \$100,000 a year or more for single, \$150,000 for the couple immediately to stop the subsidy. Anybody making \$75,000 per single and \$125,000 per couple, we will gradually phase out the subsidy. Is it not fair to do it, so we can maintain this one-third, two-thirds relationship?

I do not think it is right that other taxpayers subsidize 90 percent of it. I think right now all the media polls are saying that senior citizens are upset, that they are against us. I think when they find out the truth, I think it will be turned around.

I do not understand why we have all the blame. Mr. Clinton's plan is no different than ours. How does he get away from all the criticism and we get all the blame?

Mr. TAUZIN. I thank the gentleman, and you made two excellent points again. One is that among the various plans that we give the seniors an option to choose are the Medisave accounts. Medisave accounts are being used now. NBC showed a film the other night on New Jersey's plans in many corporate businesses where, instead of belonging to the Medicare system as you know it, you can choose instead to have the money deposited in a Medisave account. A catastrophic policy is purchased, the balance is kept in the account. If you do not use it, the money then becomes yours at the end of the year. If you use it, your high option coverage then kicks in to protect you.

Those Medisave accounts do, in fact, allow people in the marketplace another option and, in fact, ought to be made available to seniors who want to perhaps use them, too. It does ensure

accountability. When it is your money, you will spend it a lot more carefully.

So it is one of the options that seniors will have. You do not have to choose it, but it is one of the options and is working quite well in many business settings in America for employees registered under health care programs with their companies.

The gentleman also makes a second point. Under part B Medicare, that is the voluntary part; the part A is the part we all have to belong to today when we reach 65. That is the mandatory hospital coverage. But part B coverage is the voluntary part which most people choose when they have the option.

That part B coverage covers your doctor bills primarily. That part B coverage is paid 68½ percent by the taxpayers of America, the young workers of America, and it is paid one-third, 31½ percent in fact, by the seniors who choose to participate in it. About one-third, two-thirds, you were right.

What we do in our plan is to maintain that ratio through the 7-year period. The recipients of the program will still pay 31½ percent, the taxpayers will still foot the bill for 68½ percent, but we do one thing that cries out for reform.

Here is the question. How can you ask a young couple earning \$20,000 a year to continue to subsidize part B premiums for an older couple that is making \$100,000 or \$150,000 a year?

You can understand why all of us working in the work force should help our seniors who are similarly situated in terms of income. But how do you explain to a working couple struggling to buy their own health care at \$20,000 a year salary that they also have to subsidize the part B voluntary premiums of someone earning \$100,000 to \$150,000 a year? It is pretty hard to explain.

The odd thing about it is, believe it or not, we are getting criticized by the other side, who should be against taxpayer subsidies for wealthy people. We are getting criticized for trying to make this change. What we are saying is that when you are in that income category, \$100,000 to \$150,000 a couple, that you should not have to depend upon those making \$20,000 a year to pay your part B premium. That ought to be your responsibility if you are that well off. You ought not be counting on poor working Americans struggling to feed their families and pay their own health care.

So our plan changes that and phases out that subsidy for the well-to-do in America who do not need a subsidy from those who are working in the poor and middle class families struggling to pay their own health care.

Mr. WELDON of Florida. Mr. Speaker, I was a practicing physician before I came to the U.S. Congress, and, actually, the truth is a lot of those working families on limited incomes, families where maybe the husband has a \$15,000, \$20,000 a year job, and the wife may have a part-time job while the kids are

in school making \$6,000 or \$7,000 a year, many of those families have no health insurance, they have zero health insurance. I have seen that in my practice, where they do not have the money to pay me, and you have to set up a schedule of payments or you have to just write that off, because you know they cannot afford it. So you end up seeing them for free.

We have been taxing those people to subsidize the part B premium for many very, very wealthy senior citizens. This is just another example, I believe, of how our plan is a well thought out plan, a balanced plan. What we are asking is those wealthy seniors, who have the money to pay for their part B premium, that they pick it up themselves. So we have some provisions in there that will make sure that those affluent wealthy senior citizens are paying, indeed, their fair share of what their health care costs are and that we are not excessively burdening working families, many of whom have no health insurance.

I think that is a very, very good balanced feature of our Medicare reform proposal and our Medicare Plus plan.

Mr. TAUZIN. Again, you have put it so well. Here we are talking about a family that cannot even afford to buy their own health care they are at such a low income, struggling. Yet our law now requires them to subsidize, through their taxes, the health care premiums of the wealthy in America. That does not make sense when you talk about part B voluntary programs.

You can make an argument, as we have all made the argument, that when it comes to part A, all of us who work in America owe our part A contributions to make sure that part A is solvent. That is maintained in this plan. But to say that working Americans, who cannot afford medical care insurance for their own doctors for their children, and who do not even have coverage for their family, who have to go, if you will, to Hill Burton coverage, or the good graces and charity of their physician for health care, to say to them we are going to ask you to pick up the part B premium for people earning \$150,000 or more for next year is a little unfair.

If ever there was an unfairness in a system, I think we have found it. We correct that unfairness in this bill. One of many features of this bill that I think Americans should look at instead of reading the fear tactics put out by the other side.

Mr. KIM. Mr. Speaker, I read a month ago a report that simply says that we live longer, which is good news, and that each beneficiary actually spends \$170,000 more than he or she has contributed in a lifetime. Of course, some people live longer and some people die earlier, but, on average, each senior citizen actually spends \$170,000 more than they have contributed in their lifetime. We have to make this up somehow.

Part A we know is a payroll tax, 2.9 percent, half and half, employee and employer. Is it fair to raise that? No, I do not think it is right to raise it because why should they pay it? So we have tried to maintain the same tax rate. Part B, one-third, two-third relationship, that must be maintained. That is not fair asking young people to pay more.

So we have tried to maintain the same rate. What else can we do, except avoiding all the waste and fraud? We have all the innovative ideas of giving choices to private plans.

What really bothers me is our colleagues, the Democrats, come up with this silly \$80 billion savings. Come on, that is certainly not enough. They know it. It is clearly stated in the report. That is not going to do anything. It is just a political motivator. Who are we trying to kid?

As I said earlier, at the end of 7th year, when the baby boomers decide to retire, how will we do it? By then we will be \$300 billion in debt using the 80 plan they are suggesting, which they never had a plan until a couple of weeks ago. Last minute, without any details. It is just a joke. It is another politically motivated tactic that they are trying to use to say we have a gentler plan, that the Republicans are cutting too deep, too fast.

I have just had it with this rhetoric and painting us like we are mean-spirited people. Come on, we care about people, just as they do. We should stop the bickering, and they should join us. If they have a problem, let us work this out together and come up with a comprehensive plan so they can save Medicare from bankruptcy.

Mr. TAUZIN. I thank the gentleman. I think I know where the problem is. The problem is that, No. 1, the Democrats who do not like our plan would prefer to call us mean spirited and create all these fear tactics, and Republicans who are upset with the Democrats for not coming up with a plan would like to believe that the Democrats do not want to save Medicare.

I do not think either of those arguments are true. I really do not. I think Medicare is sacred to all of us here. I think the other side should be given credit that they do not want Medicare to go bankrupt, but their solution will not sell anymore. Their solution is either raise taxes some more or borrow some more money. Do not try to control the cost or the waste, fraud, and abuse, just raise taxes some more or borrow some more money.

I want to end, before I yield back to my friend from California on that note. I was raised to believe that it was the job of parents in America to try to leave some patrimony to their children, to try to leave them a base, a foundation upon which to build their future. I was raised to believe that. I think most of us in this country were raised to believe that.

But the most awful crime occurring in our country today, if all the other

crimes were lumped together, they are misdemeanors compared to this great felony. The greatest felony in America today is the fact we in America today, our generation, is now not simply living on our income, we are now living on the income of our children and our children's children yet to be born. We are living at such a deficit rate that our grandchildren and children will have to endure an 80 percent real tax rate on their earnings to pay for our debt.

We are not leaving our kids any inheritance anymore; we are leaving them mortgages and we should be ashamed. If there is one felony we ought to end in this Congress, in this country, it is the notion that we can live off our children's income forever, that it does not come due one day, that somebody does not have to pay that bill one day.

What we are trying to do this year is to say beginning through this year into the next 7 years we will put Medicare in solvency again, we will put the budget in balance, we will quit living off our children's income and we will do it in a way that protects our seniors and gives respect and due credit to the workers of America who are trying to fund this system and make it work.

What a great challenge. What a great challenge. Is it worth some political heat? You bet you. You bet you. Is it worth getting a little political stain on you because you get hit and accused and abused through the process? Of course. Do I care whether or not anybody's politics is helped or hurt by this? Not a bit. What I care about and I hope you care about is at the end of this process we cure Medicare for America, we make it solvent again, we balance this budget in 7 years and we end this awful felony of living off our children and our grandchildren's income.

Shame on us for letting that continue for one more year. Blessings upon us if we can do it in this 7-year period. It will take at least that long, but we ought to be about that business today. We ought to be about it as Americans, not as Democrats or Republicans. We should be about it as parents who love our kids enough to leave them something better than a great debt they cannot pay.

Mr. WELDON of Florida. That will be hard to follow on. As always, he spoke very, very well on this issue.

I want to close by pointing out that the Washington Post itself, a publication that has a long-standing reputation of opposing Republican initiatives and supporting Democratic initiatives, and I raise that not to criticize the Washington Post but just to emphasize that this is basically a statement from a group who has been traditionally our critics, they say that the Republican's Medicare plan has confounded the skeptics, it is credible, it is gutsy, and it addresses a genuine problem that is only going to get worse.

This is what they had to say about our opponents. They called their proposal crummy stuff. They called it demagoguery big time, scare talk, ex-postulation, and they called it irresponsible.

What you were just talking about, you were talking about being responsible when you talked about leaving our children not a debt but leaving them a good posterity at this, that is called being responsible. That is called being a responsible parent when you do that. That is what this is about. It is a responsible proposal that we are putting forward and what our opponents are doing is irresponsible, and I thoroughly support the Republican Medicare reform plan, the Medicare Plus plan. I think it is a good plan. It will preserve and protect Medicare for our seniors. I think it is good for seniors, it is good for working people who are getting near retirement age, and it is good for those young people who will be saddled with all those taxes if we do not straighten the problems out.

I thank this gentleman from Louisiana for planning this 1-hour special session to talk about this. I think this has been very, very good. The gentleman from California [Mr. KIM] has made some very, very good comments. I think this is a very, very complicated issue, but we covered a lot of the high points on what our plan offers.

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Mr. KIM. Mr. Speaker, I was coming down to the office when I heard this radio talk show, and it concerned me because they were interviewing an opponent that said that now Republicans are trying to tax the students. I was absolutely shocked.

As a matter of fact, we added more money for Pell grants. We are not cutting any student programs. All we are doing is we are asking students when they borrow the money, they should pay back all the interest. Right now they do not have to pay anything until they graduate or 6 months later.

Is it fair for the other young people who are not fortunate enough to go to college to subsidize a medical student with free interest? Of course, not. So we are asking them to pay back interest after they graduate, which is about 60 cents a day on average. This kind of demagoguery, this kind of scare tactics, frightening now senior citizens, now young students, I do not appreciate this.

This is my second term, but this is politics and I am very disappointed. We should send a clear, true message to the American people, not twisted, not demagoguery, not scare tactics.

A lot of senior citizens from my district are frightened. I have to go explain to them the factual information. I was an engineer all my life. I do not know any other way except presenting facts. Now they are satisfied. But it is really not necessary doing all this. They should tell the truth, exactly what it is.

I thank again the gentleman from Louisiana [Mr. TAUZIN] who has done an outstanding job hosting today's debate.

Mr. TAUZIN. I thank my friends from California and Florida for what I think is a very useful hour.

Let me say it again: The Washington Post, what most people consider a very liberal editorial page, said it very clearly. But I want to caution, if you want to get educated on the Medicare proposal before the Congress, do not count on the newspapers or anybody else to educate yourself. Try to educate yourselves and be in touch with us. Write to us, call us, ask for information, as you always do, come to town hall meetings. We will continue to share that information here on the floor as freely as we can.

Let me say again, our plan mandates no one to leave Medicare. They can stay in it if they like, and it will grow from \$4,800 per recipient to \$6,700 over 7 years. It is good reform that saves Medicare for a whole generation, not just for the next election, and that is important.

It is a plan I think we ought to be debating, as the gentleman from California says, in a way that does not pit the White House against the Congress, or Democrats against Republicans, in this awful kind of political warfare. It is one where we all ought to recognize we all love our parents and grandparents, we love them enough to behave ourselves around here, instead of acting like children, and to come to some mature decisions about how to save this program and make it endure for the good of the seniors of America, while respecting the legitimate interests of taxpayers that want to make sure the wasteful spending in this system is curtailed as rapidly as possible.

This is a great challenge for the country this year. I hope we are up to it. I hope seniors are calm and cool and deliberative as they look at these programs. If there is something wrong in what we are proposing, I hope they suggest changes that make sense that we can incorporate into it.

The last thing we need is demonstrations and disruptions like we saw in the Committee on Commerce organized by lobbyists paid exclusively by Federal funds. The last thing we need are scare tactics. What we need is honest, truthful debate of the facts, and then coming to terms as Americans, not as party members, but as Americans, to save this incredibly important system for those we love so dearly, and who created the path upon which all of us have walked.

I want to remind you of something. All of us owe so much to the seniors who came before us. All of us owe so much. They did not leave us with a big debt, they gave us a lot. We ought to not leave our children with a great debt, and we ought to honor and love our mothers and fathers enough to take care of them in their senior years

with a program that does not go bankrupt because we did not have the political courage to debate it as mature adults.

I again want to thank the gentleman from California [Mr. KIM] and the gentleman from Florida [Mr. WELDON].

AMERICA IS NOT A SPECTATOR DEMOCRACY

The SPEAKER pro tempore (Mr. LAHOOD). Under the Speaker's announced policy of May 12, 1995, the gentleman from New York [Mr. OWENS] is recognized for 60 minutes as the designee of the minority leader.

Mr. OWENS. Mr. Speaker, I would like to begin where the last speaker left off.

I think that it is important to note that America is not a spectator democracy. Americans should participate. Americans should be engaged in the process of deciding our own faith.

We have a Constitution which allows us to do that. We are not helpless victims. We should not sit by. We should participate. We need more demonstrations. We need more writing of letters to Congressmen. We need more petitions. We need more marches. Whatever is possible to participate in, we should do that. Action is needed now.

I think it is important also to note that the first participation of Americans should be in terms of the dialog. Let us engage in the dialog. Let us listen to what we hear. Let us analyze it. One of the great things about seniors, and I like to be around seniors because senior citizens have lived for some time and experienced a great deal. I am not too far away from that myself now. When I was very young, I always liked to be around senior citizens. They know so much more than the rest of us. They are always so much more interesting to talk to and listen to.

You cannot put much over on senior citizens. I do not think the salesmen we have heard this morning will be able to put much over on senior citizens. I do not think the sales package of the Republican majority will put that much over on senior citizens. Senior citizens will listen and ask themselves the question, how is it that the Republican majority in their plan makes such a great deal about eliminating fraud, when at the same time, they have recently made a deal with the doctors and the medical establishment, the perpetrators of the fraud, to endorse their plan? Why are the doctors so happy? What is contained in the deal that was made between the AMA and the medical establishment and the Republican majority which makes them so happy?

Surely they are not agreeing to a program which is going to make them more accountable. Who is responsible for the excessive costs? The medical establishment. Who is responsible for the fraud and the waste? The medical establishment.

How can you say that to a senior citizen who has seen a number of things

happen in their lives? They have seen the hustlers and seen the swindlers come and go. No senior citizen would go out to buy a used car without thoroughly checking it out and having somebody with them who knows a lot about cars. No senior citizen would buy a new car without checking it out. There are a number of things you do, because you are old enough to know better.

So check out the proposition that fraud and waste will be eliminated in the Republican majority plan, and the Republican majority made a deal with the doctors. How can those two things be the same? The doctors, the medical establishment, are the people responsible for the fraud and the waste, certainly the fraud.

Last year when the Clinton administration's plan was on the table, I proposed a number of times that we have a one-tenth of 1 percent set aside of all the money appropriated to establish consumer advisory committees, patient advisory committees. The people who are in the plan should at least have one-tenth of 1 percent of the total amount of money so they can maintain an organized advisory committee made up of the people receiving the service.

Nobody would support that plan. Nobody would support that plan. If you do not have that kind of organized plan built in to defend yourself against fraud, I do not suggest to any senior citizen, and I do not think any senior citizen would be foolish enough to turn their doctor in.

I heard the proposition that you get a reward, you get a bonus for turning your doctor in for fraud. If you turn your doctor in, be sure you get another doctor. I think I can tell senior citizens, if you turn your doctor in, do not go back to him. If you turn two or three doctors in in the same city, they are going to blacklist you. I do not advise you to follow that route, period. And I do not think most seniors would be dumb enough to get involved in a situation where the people responsible for their lives, they are reporting fraud on.

That is not enough. If you want to deal with fraud in health care, you need a better apparatus to do it. Do not tell senior citizens to buy that.

Do not make comparisons with the Clinton plan. Let us engage. Let us remember, what did the Clinton plan try to do last year? What was the administration's primary aim? The primary aim was to get universal health care coverage, not just to deal with Medicare. Medicare, Medicaid, it was understood that the programs had to be refined, that there was some waste, that it is possible to make it more efficient and more effective. And in order to get the money needed to extend the coverage and to have more people covered, we would do that.

The noble purpose of the Clinton administration plan is not one of the purposes and goals of this Republican health care plan. They are dumping the

coverage. Less people will be covered because they are saying that Medicaid should no longer be an entitlement. They did not talk about that. There is a health care plan which includes more than Medicare; it includes Medicaid also.

Medicaid will no longer be an entitlement. You will not be able to get Medicaid, which means seniors are in great jeopardy. Those who spend all their resources as a result of a very serious long-term illness will not be able to fall back on Medicaid and go into a nursing home and deal with a long-term convalescence because it will not be there without the Medicaid entitlement.

They are going to take away the responsibility of the Federal Government to provide for the poorest people, the health care. That is a great step backward from the Clinton plan that was on the table last year. It was called too complicated, too complex. It was more complicated because of the fact it tried to do more. It tried to address the problem of our civilization that we must be ashamed of.

American civilization is the only industrialized nation in the world which does not have universal health care coverage. By universal, I mean it is moving toward the coverage as many people as possible. Some have 96 percent. Canada may have 98 percent. But the idea of universal coverage is there in most of the industrialized nations of the world. Only South Africa is an industrialized nation that has no universal health care coverage.

So we are trying to move in that direction. This plan abandons it completely. In the Republican health care plan, there is no attempt to move toward universal coverage. In fact, there is a headlong gallop backward toward less coverage by denying the Medicaid entitlement. So we are in serious trouble.

I also hope that everybody who heard the previous discussion will use their faculties and engage and go back and look at a little recent history and know that the biggest felony in America was already committed. In the future you might say to saddle our children, our grandchildren, with bills that are difficult to pay in the future. You may call that a felony, but I think that is quite farfetched. That is going way out.

We have had the worse felony in the history of America take place right before our eyes. It is called the savings and loan swindle. Some of the gentlemen who are talking, certainly the one in the well, knows the history of the savings and loan debacle very well. Never before in the history of civilization has there been a swindle of the magnitude of the S&L swindle, where the taxpayers in America were made to pick up a bill of \$250 billion, by the most conservative estimates. It is conservative, and it is not settled yet, because it is still going on. It might be \$300 to \$400 billion that the taxpayers