

cost of employee health insurance, those businesses will in turn use their savings to invest in new products and hire new employees. And by expanding the utility of Flexible Spending Accounts, we will promote more health care competition and help Americans save money on their insurance costs.

All of these new policies will help break down the barriers between the American people and the affordable quality health care that they demand. And they will also break down the barriers between them and the thriving competitive and prosperous 21st-century economy that they deserve.

FULFILLING OUR DUTY

The SPEAKER pro tempore. Pursuant to the order of the House of January 20, 2004, the gentleman from Maryland (Mr. HOYER) is recognized during morning hour debates for 5 minutes.

Mr. HOYER. Mr. Speaker, before I discuss the legislation that will be considered on the floor this week, I want to comment briefly on the continuing revelations about the abuse of Iraqi detainees in American custody and the need for vigorous congressional oversight through full and open committee hearings.

I could not disagree with my friend, the majority leader, more when he says the idea of a congressional investigation is like, and I quote, "saying we need an investigation every time there is police brutality on the street."

The abuse of Iraqi detainees, as we are learning, is, unfortunately, not isolated, and responsibility extends up and down the military chain of command. We must not abdicate our constitutional responsibility as an independent, coequal branch of government, as some Members of the other body have stated.

For example, the Senate majority leader is quoted today in Congressional Quarterly as saying, "The Senate will continue to do its duty. We had several hearings last week. We will continue to maintain a close watch on the unfolding situation." In fact, they are having hearings this week.

This shocking episode demands a full and open inquiry. It demands a bipartisan approach. I urge the Republican leadership to work with this side of the aisle in getting to the bottom of these abuses, in holding the responsible parties accountable and ensuring that it never happens again. The world expects no less, and we should expect no less ourselves.

Now, Mr. Speaker, while the other body exercises vigorous oversight, this body will consider a Republican bill that will actually increase the budget deficit, which is projected at more than half a trillion dollars this year alone, and three health care bills that would do virtually nothing to help the uninsured.

This Republican majority is not responding to America's needs. We can, we must, do better.

The Republican bill to make the 10 percent income tax bracket permanent could win overwhelming, perhaps unanimous, support if it were paid for. Instead, it would add an estimated \$218 billion to the national debt. Our children and grandchildren will pay that debt.

The Democratic substitute, in contrast, is paid for. Unfortunately, Republican leaders believe that tax cuts are a freebie. In fact, the chairman of the House Committee on the Budget, the gentleman from Iowa (Mr. NUSSLE), said in March, and I quote, "We don't believe that you should have to pay for tax cuts."

It is that mathematically challenged philosophy, that denial of reality that continues to stall negotiations on the 2005 budget. House Republicans refuse to pay for tax cuts. House Democrats, a bipartisan majority of the Senate and the chairman of the Federal Reserve, Mr. Greenspan, fully support pay-as-you-go budget rules. In fact, if my Republican friends missed the comment of Chairman Greenspan last week, let me repeat it. He said, "The free lunch has still not been invented."

This week, the Republican leadership will also put three health care bills on the floor, apparently in recognition of Cover the Uninsured Week.

Today in America, the richest, most powerful Nation on the face of the Earth, 44 million Americans do not have health insurance; and that figure has increased by 4 million since President Bush took office. Yet none of the Republican health care bills directly addresses this growing problem.

We have already passed two of these three bills, on medical liability and associated health plans, almost in exactly the same form; so we are simply repeating that which we have already done, presumably for political purposes as opposed to substance. The third, on Flexible Savings Accounts, would mostly benefit those who are already insured.

House Democrats, by comparison, will introduce three health care bills this week that, together, would provide health insurance for more than half of the 44 million uninsured. These bills are aimed, Mr. Speaker, at three growing groups of uninsured: those with low income, retirees, and small businesses and the self-employed.

I say to my friends on the Republican side, our constituents did not send us here to pretend to legislate, to repeatedly pass legislation so that it could go to the Senate. They sent us here to solve problems and fulfill our duty. This week, there is ample evidence that we are doing neither.

DOUBLE STANDARDS APPLIED REGARDING TERRORISM

The SPEAKER pro tempore. Pursuant to the order of the House of January 20, 2004, the gentleman from North Carolina (Mr. COBLE) is recognized during morning hour debates for 5 minutes.

Mr. COBLE. Mr. Speaker, the infamous Iraqi prison photographs with which we are so familiar portray deplorable scenes for which we will apologize. I am concerned that these inappropriate practices occurred, but I am further concerned regarding the double standards that many countries apply regarding terrorism, and I will discuss that in detail herewith.

Much attention has been directed, Mr. Speaker, against America regarding the Iraqi prison matter; but comparatively speaking, little has been expressed against the terrorists.

Who will apologize or express concern for the 9/11 attack and the 3,000 innocent lives lost?

Who will apologize for the first attack to the World Trade Center and subsequent attacks upon our embassies and the U.S.S. *Cole*?

Who will apologize for the recent deadly explosion in Spain?

Who will apologize regarding hostages who were mutilated and hanged from a bridge while onlookers gleefully applauded and laughed obscenely?

These questions are rhetorical, Mr. Speaker, because no apologies are forthcoming, and many do not appear to be concerned about it.

I am told that the majority of Iraqis wanted Saddam removed from power, but they were unwilling and were incapable of doing the job themselves because they feared Saddam and knew the pain and torture he was capable of inflicting upon them.

Incidentally, Mr. Speaker, Saddam's rape rooms are no longer open for business, nor are Saddam's torture chambers. Why do we hear virtually nothing about the rape rooms and the torture chambers having been shut down? They are shut down because America, Great Britain, and coalition members stepped forward and Saddam retreated to his spider hole where he was captured.

Some in Iraq embrace us as liberators, while others, including terrorists from beyond Iraq, reject us as occupiers.

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The closer Iraq approaches freedom and democracy, the more impediments and barriers the terrorists will erect.

When the government is handed over to the Iraqi Council on 30 June, many have declared, oh, the Americans must never leave because civil unrest may erupt. Well, I agree, we cannot abruptly depart, but Iraq needs to step up to the plate on 30 June.

Mr. Speaker, there is an expression uttered in the rural South to indicate appropriate timing. This expression is called "high time." So I say today it is high time for Iraq to accept responsibility and express a willingness to govern and stand up to terrorism. If they want us to leave, they can show the world they are capable of governing responsibly. They can show the world they have the fortitude to avoid intimidation by terrorists and the evil practices they dispense.

I am not suggesting that America become the rigid, inflexible, fully supportive rod for the Iraqi spine or backbone, but rather serve as a brace or splint to permit and encourage independent function. I firmly believe that day will come, Mr. Speaker. I pray it will be sooner rather than later.

AMERICA'S UNINSURED

The SPEAKER pro tempore (Mr. PENCE). Pursuant to the order of the House of January 20, 2004, the gentleman from New Jersey (Mr. PALLONE) is recognized during morning hour debates for 5 minutes.

Mr. PALLONE. Mr. Speaker, this week Republicans begin an 8-week public relations campaign in an attempt to sell their special interest agenda to all Americans. Unfortunately, when Americans look beyond all the rhetoric, they will see the Republican proposals do nothing for the middle class. The so-called "Hire Our Workers" campaign begins this week with Republicans highlighting three pieces of legislation that they say will help the uninsured find insurance and middle class Americans better afford health care. But, Mr. Speaker, the Republican public relations effort is necessary because their health care proposals do no such thing.

This week is "Cover the Uninsured Week." But unfortunately, nothing the Republican Congress is proposing will help the more than 44 million Americans without health insurance gain any insurance. As health care costs continue to increase way above the rate of inflation, the Republicans' health care proposals this week do nothing to help those Americans struggling to pay these ever-increasing prices.

The three health care bills that Republicans are offering this week are simply a ruse. Furthermore, each of these pieces of legislation has already been passed by the Republican majority and each of these bills have been proven to increase health costs, dismantle the employer-sponsored health insurance base, and increase the number of uninsured Americans.

Republicans will claim their Association Health Plan legislation will lower rates and provide greater access to insurance, but the reality is that AHP legislation would result in less health care access and dramatic increases in premiums for State insurance-based employers. AHPs would fragment and destabilize the small group market, resulting in higher premiums for many small businesses. And the Republican legislation would also allow employers to "cherry-pick," attracting younger, healthier individuals to join AHPs, while leaving older, sicker individuals in the traditional insurance market which results in increased premiums for the remaining pool.

Mr. Speaker, the Republican Health Savings Account legislation creates a tax-favored savings provision with no income limitations. The main reason Republicans want to pass this bill is to

create a new tax shelter for the healthy and wealthy while, at the same time, threatening higher health insurance premiums for everyone else.

The Republican PR machine will claim this legislation helps the uninsured by providing a tax credit that would allow the uninsured to set aside up to \$2,000, tax free, in a new health savings account to supposedly help pay for health insurance. But unfortunately, it is highly unlikely that most uninsured Americans will be able to take advantage of this program, because they have an extremely difficult time saving \$2,000 a year for health care.

Mr. Speaker, the final component of the Republican agenda is medical liability reform. Republicans will claim that this legislation will address the sky-rocketing costs of health care, but Republicans are doing nothing to address spiraling insurance premiums for doctors. The nonpartisan Congressional Budget Office concluded that "Malpractice costs account for a very small fraction of total health care spending; even a very large reduction in malpractice costs would have a relatively small effect on total health plan premiums."

If Republicans truly want to help the uninsured and underinsured, they should set aside their rhetoric and pass three pieces of legislation introduced by the Democrats. First, the Family Care Act expands Medicaid and SCHIP to provide affordable coverage to about 7.5 million working parents. Second, the Medicare Early Access Act provides coverage to 3.5 million people who are over the age of 55, but not yet eligible for Medicare, by allowing them to purchase Medicare coverage. And third, the Small Business Health Insurance Act creates a 50 percent tax credit to help small businesses with the costs of health care.

These Democratic proposals not only offer significant reductions in the ranks of the uninsured, but also rein in spiraling health care costs to our Nation.

Mr. Speaker, Americans deserve results here on the House floor. It is unfortunate that for the next 8 weeks, all they are going to get from the Republican majority is more political spin.

COVER THE UNINSURED WEEK

The SPEAKER pro tempore. Pursuant to the order of the House of January 20, 2004, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized during morning hour debates for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, in this Cover the Uninsured week, I rise to say that our health care system in this country is falling short on promise and contributing to disabling illness and premature death of the people it is supposed to serve. The picture is worse for African Americans who, for almost every illness, are impacted more severely and disproportionately, in some

cases more than all other minorities combined. Every day in this country there are at least 200 African American deaths which could and should have been prevented.

The current strongly held-to "cost containment" paradigm, while it sounds good on the surface, has obviously not worked. We now have double digit increases in premiums in an industry that was to rein in costs. What it did instead was create a multi-tiered system of care, both within managed care and without. Those at the lowest rungs of the system got and continue to get sicker. The sicker, and the more costly, were and are still being dropped, and those who are sickest were and remain locked out entirely.

In 2003, health care spending rose to \$1.7 trillion, or an average of almost \$5,000 per person. As a percentage of the gross domestic product, it grew from 13.1 percent in 1999 to 15.2 percent in 2002. National health care expenditures are expected to reach \$2.8 trillion in 2011.

These health care costs are driven by, among other things, lack of preventive care, poor disease management, the consequent use of high-cost care, and the cost burden of uncompensated care.

A recent study by the Kaiser Family Foundation found that the uninsured are 30 to 50 percent more likely to be hospitalized for an avoidable condition, the average cost of which in 2002 was estimated to be about \$3,300. Close to 93 percent of the uninsured report having a more difficult time getting access to primary care and, therefore, are coming first to emergency rooms. About 97 percent of them report having medical conditions that have persisted or worsened because of a lack of early intervention or preventive care.

To add insult to injury, these uninsured individuals are also often penalized by being charged higher fees for health care services and not given the discounts afforded insured patients. A Health Affairs article published in 2000 entitled "Gouging the Medically Uninsured" found that an uninsured patient paid up to twice as much as the insured patient. A New York Times article titled "Medical Fees Are Often Higher For Patients Without Insurance" cited examples of uninsured patients being charged up to 7 times more for a gynecological exam.

Mr. Speaker, lack of health insurance is a major factor in the escalating costs of health care and it affects minority populations more than others. Over a third of Latinos are uninsured, the highest rate among all groups studied, and 2½ times higher than the rate for whites. Nearly a quarter of African Americans and about one fifth of Asian Americans and Pacific Islanders have no health coverage.

Uninsured rates are lower among Native Americans only due to their ability to receive services through the Indian Health Service, which represents a set of federally provided health services as opposed to coverage, yet the