

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

level of care for them leaves much to be desired as well.

It is because of these and many other grave health statistics that we are asking Congress to pass comprehensive health care reform, understanding that none of the diseases causing disparities can be successfully managed without sustained universal access to health care.

This week, the Democrats will introduce three bills to do just that: the Family Care Act, the Medicare Early Access Act, and the Small Business Health Insurance Promotion Act. There are also other bills that have already been introduced, of which I am proud to be a cosponsor, by the gentleman from Michigan (Mr. CONYERS), the gentlewoman from California (Ms. LEE), the gentleman from Maryland (Mr. CUMMINGS), and the gentleman from Washington (Mr. McDERMOTT).

This week we will take up H.R. 660, the Association Health Plan proposal, which poses, in my opinion, a serious threat to our existing employer-based health insurance system. It would exempt small employer plans from important State regulatory protections, and there is no reason to believe that eliminating these protections will help small employers expand coverage.

Instead, AHPs will be able to design services to cover industries and sectors with the healthiest employees and leave out small businesses with older or sicker workers, those who most need coverage. This ability to cherry-pick would drive up the cost of coverage for small businesses with less healthy profiles of workers who will then be left in the insurance pool by themselves. AHPs would be able to offer less generous benefit packages in order to bring down the costs of coverage. The CBO has already estimated that 80 percent of workers would be worse off under AHPs.

In closing, I urge my colleagues to put politics aside in addressing the issue of coverage as well as in malpractice reform, and the other health care bills we will be considering this week. Let us not opt for the short-term fix that is really no fix at all. Let us not support proposals that do not provide substantive remedies for these problems which affect the life and death of those we represent. And, above all, let us commit ourselves, this week and always, to do no harm.

DISTURBING EVENTS AND DISTURBING REMARKS

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

Mr. MEEK of Florida. Mr. Speaker, I must say that I was not only quite disturbed, but concerned about the President's remarks yesterday at the Pentagon, and it goes as so: "Mr. Secretary, thank you for your hospitality and thank you for your leadership. You

are courageously leading our Nation in a war against terror. You are doing a superb job. You are a strong Secretary of Defense, and our Nation owes you a great debt of gratitude."

I must say that it is good to give commendations and thumbs up when it is time to give a thumbs up. But in the light of what is going on in the Department of Defense right now and in light of congressional hearings that are ongoing in the other body, I think the question mark of our true sincerity, being against the pictures, being against the acts that were carried out on individuals that were being questioned by members of our military in prison in Iraq, that I could say that the statements that are made by the Commander in Chief and also statements that are made by Secretary Rumsfeld and others could and will stimulate additional terrorism.

Now, to say that you are leading our Nation against terror, well, that question is the question of the week and of the month. As the Pentagon admits, Secretary Rumsfeld and General Myers, that we have had knowledge of the ungodly acts that took place in mid-January, and that it was reported from Central Command that this was a big deal, this was a big deal, and that Secretary Rumsfeld and General Myers both admit that they meet 3 to 4 times, maybe 5, using Secretary Rumsfeld's number, a day, and that they meet with the President at least once a week to talk about what is going on in the Pentagon; that anyone that might have seen or heard about these pictures or the acts that were being carried out, that they did not rise to the level of the Presidency of the United States.

Not only were these pictures and this investigation that the Pentagon had within the Pentagon, but the fact that it was not shared with the American people is even further disturbing.

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Some folks say, well, Members of Congress are upset because they were not told. We are representatives of the people of the United States of America. Serving on the Committee on Armed Services, seeing week after week Pentagon brass coming before us, Secretary Rumsfeld coming before us and never once mention that something fundamentally wrong, we are investigating it, is going on in Saddam Hussein's prison in Iraq, not only the prison that the President spoke of as it relates to the terror and rape and things of that nature that were going on in that particular prison but including the Secretary of State and Secretary Rumsfeld, he mentioned 18,000 cases that are being heard by the Pentagon a year, 18,000. Well, 18,000 in that particular prison, not 18,000 in the theater of war.

One may say, well, if the Secretary steps down, then the terrorists win. I beg to differ. I feel that it will stop terrorists from recruiting young men and women to carry out acts of terror

against Americans abroad and here on the homeland. It will show a true commitment of the fact that we are taking an about-face on what took place.

Some of my colleagues have shared with us that there are six or seven individuals at fault here. I hope that is the case, but I can tell my colleagues that there is a building tide of evidence that proves different. Contractors, we may very well have to bring CEOs of companies before Congress to ask them what role did they have over commanding our American troops. That is disturbing in itself, the fact that a whole branch of our military or the Army unit that was over this particular prison was not trained for doing what they had to do; the fact that we knew and that the Pentagon was called in mid-January to say this was a big deal, not a little deal but a big deal; the fact that we were not informed. I will tell my colleagues the reason why Congress was not informed was because we would not have tolerated the suppression of this information.

At the highest levels of our military, it is very, very important that this information is shared with the American people. At the highest levels of our military, including the Secretary of Defense, it is very important he shares this information.

I will tell my colleagues, let us not stand and say things that will stimulate terrorism. Let us not take one step forward and three steps back.

So, Mr. Speaker, I hope that the House continues to move forth. I, for one, feel that Secretary Rumsfeld stepping down will save American lives and will allow our Pentagon to move forward the courts martial that are before it.

ELIMINATE THE "YES, BUT" MENTALITY

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

Mr. ISSA. Mr. Speaker, I came to the well today because I am starting to hear something that I think the American people do not want to hear, and that is, that these terrible things were done by a few individuals in Iraq, but. All too often I am hearing the word "but" creeping in.

Mr. Speaker, last night I was listening to Michael Savage. Hundreds of stations around the country carry this man, and he was not just saying "yes, but." He was saying, well, these people are Muslim; Islam is a religion of war, and we have to understand they have always been involved in war and they only understand violence and they only understand this. This is why Saddam had these torture chambers because that is the only way to make them understand.

When I heard that said on national radio, I realized that the "yes, but"