

The Republicans' health care plan for America: Don't get sick. That's right. Don't get sick. If you have insurance, don't get sick. If you don't have insurance, don't get sick. If you are sick, don't get sick. Just don't get sick. That's what the Republicans have in mind for you, America. That's the Republicans' health care plan.

But I think that the Republicans understand that that plan isn't always going to work. It is not a foolproof plan. So the Republicans have a back-up plan in case you do get sick. If you get sick in America, this is what the Republicans want you to do. If you get sick, America, the Republican health care plan is this: Die quickly. That's right. The Republicans want you to die quickly if you get sick.

Now, the Democrats have a different plan. The Democrats say that if you have health insurance, we are going to make it better. If you don't have health insurance, we are going to provide it to you. If you can't afford health insurance, then we'll help you afford it.

So America gets to decide. Do you want the Democratic plan or do you want to Republican plan?

Remember, the Republican plan: Don't get sick. And if you do get sick, die quickly.

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

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

REPUBLICANS CAN SOLVE HEALTH CARE PROBLEMS

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

Mr. BURTON of INDIANA. I can't believe what I just saw. I can't believe it.

First of all, it's totally wrong; and secondly, it's making fun of a very important issue for the American people. We do have health care problems in this country, and we need to solve those problems, but coming down here and making light of the issue by coming up with a lot of silly talk is just ridiculous.

The Republicans have a bill, H.R. 3400, which deals with the problem in a way that does not get the government in between the patient and their doctor. My colleagues on the other side of the aisle want to come up with a government plan where the government starts making all the rules and taking a major place in between the patient and their doctor.

And, you know, I would like to say to my friends across the country, if they happen to be watching, and my colleagues—and I know I can't do that. I can't address anybody except my colleagues. But if I were talking to people

across this country, I would like to ask them, What government agency has done such a great job that you would want to rely on them for your health care? Just start naming a couple. What government agency has done such a good job that they're not spending much more money than you anticipate they're going to spend, and then think about health care.

The projections are that the Democrats' plan is going to cost between \$1 and \$3 trillion over the next 10 years, money we do not have. Money that your kids and your grandkids are going to have to pay for with higher taxes and inflation.

And they say that we don't have a plan. We do have a plan. We want to allow businesses to band together so they can get the best rates like major corporations. We want businesses to be able to go across State lines to buy insurance at the best rate possible. We want to set up medical savings accounts so people will have the money of their own, tax deductible money put into the account by them and their employer, and they can use it as they see fit for medical coverage, and then if there is a major expense above the \$2,000 or \$3,000 of their money that's in the bank, you can have a major medical policy. It would save an awful lot of money.

There is no question that we have maybe 10 million people in the country who are indigent, who don't have health care, that we need to deal with. Not the illegal aliens, not the people who elected not to have insurance, but the 10 million people who really don't have it and need it. And in our plan, H.R. 3400, we address that. And we could solve this problem for a few billion dollars, not trillions of dollars like the Democrats talk about.

In their original bill—they talk about we're waiting for people to die. In their bill, they had a phrase in there that said, or a paragraph that said you should have regular meetings with paraprofessionals to talk about end-of-life planning. End-of-life planning. That's something that should be between an individual, their pastor, and their family, and their doctor.

Mr. DUNCAN. If the gentleman will yield.

Mr. BURTON of Indiana. I would be happy to yield to my friend from Tennessee.

Mr. DUNCAN. I want to speak very briefly to say that the Republicans want—or that our health plan is to hope that all of the people die quickly is—I have been here 21 years, and that is about the most mean-spirited, partisan statement that I've ever heard made on the floor of this House. And I, for one, don't appreciate it at all, and that brings the debate on this important issue to about the lowest level of any debate I've heard since I have been here.

Mr. PRICE of Georgia. Will the gentleman yield?

Mr. BURTON of Indiana. I would be happy to yield to my colleague from Georgia.

Mr. PRICE of Georgia. The gentleman from Florida, Mr. GRAYSON, is still on the floor. He could have an opportunity to come down and apologize to the House right now for denigrating this discussion, this debate, for debasing Members of not just the House of Representatives, but this entire Nation. It's shameful what's been done.

Mr. GRAYSON, how about apologizing? Mr. GRAYSON? Mr. GRAYSON, how about apologizing?

Mr. BURTON of Indiana. I think Mr. GRAYSON has left the Chamber.

Mr. PRICE of Georgia. I thank the gentleman.

Mrs. BLACKBURN. If the gentleman will yield.

Mr. BURTON of Indiana. I would be happy to.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman will suspend.

The Chair reminds all Members to direct their comments to the Chair.

Mrs. BLACKBURN. I thank the gentleman for yielding.

And, Madam Speaker, I find it just so unfortunate as we are seeking to address and find bipartisan agreement on an issue of paramount importance to the American people on an issue that our seniors continue to talk to us about every day because of their concerns over Medicare, what the delivery is going to be, that we would have someone, Madam Speaker, who would come to this floor and would make such a statement and would make such accusations.

And, Madam Speaker, I think that it is fully appropriate that the gentleman return to the floor and apologize to the Members of this body.

Mr. BURTON of Indiana. Let me say as we end, Madam Speaker, we don't want rationing for seniors, and we don't want \$500 billion taken out of Medicare.

ASSISTANCE TO LIBYA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, I am here to speak on a different topic, on U.S. assistance to Libya and the need for U.N. and foreign aid reform in our budgeting process.

Madam Speaker, just as the convicted extremist of Pan Am Flight 103 was being given a hero's welcome in Libya and just prior to the Libyan leader's own bizarre 93-minute diatribe against all freedom-loving nations before the U.N. General Assembly last week, the Congress was receiving a notification from our State Department that it intended to provide \$2.5 million in economic support funds for Libya. That's unbelievable.

The State Department plans also to send 400,000 of those dollars to organizations run by members of the Qaddafi

family; \$200,000 of this is to go to the Qaddafi Development Foundation for assisting indigenous NGOs identify potential for reform. Reform in Libya? You have got to be kidding. This foundation is not a nongovernment organization. It has direct links to Libyan Government and is actually run by the son of Qaddafi. For those of who don't know Qaddafi's second oldest son, he is the one who personally escorted the man responsible for the tragedy of Pan Am Flight 103 from Scotland upon his release back to Libya on his father's personal jet.

The foundation run by Qaddafi's second oldest son is the very group that was used by the Libyan regime to channel funds to compensate American victims of Libyan-sponsored attacks, including victims of Pan Am Flight 103. State Department funding for this foundation may, in fact, serve as a backdoor replenishment of funds used by Libya to compensate our victims of Libyan-sponsored attacks.

Turning to a separate \$200,000 slush fund proposed under the heading of "Inclusive Economic Law and Property Rights: Promoting Women's Economic Opportunities," the State Department has indicated that the anticipated implementing partners will be the United Nations Development Programme and an organization run by Qaddafi's daughter. Qaddafi's daughter also serves as the UNDP's goodwill ambassador to Libya, so she gets two opportunities to directly benefit from U.S. Government programs in Libya at our taxpayers' expense.

The role of the United Nation Development Programme is very disturbing. It has been the center of several major corruption scandals in recent years. It reportedly cannot account for millions of American dollars that it received in Afghanistan. It also allegedly funneled hard currency to the North Korean regime while Kim Jong Il was consolidating his nuclear program. UNDP then retaliated against the whistleblower who uncovered this wrongdoing.

So I ask you, was funding for the Qaddafi family and a notoriously unaccountable UNDP what Congress had in mind when it appropriated funds to support what they call promotion of democracy and human rights in Libya? Oh, my gosh. Absolutely not.

Unfortunately, the Libya aid program presents just one more example of the need for broad, comprehensive reform of the United States foreign assistance program. Our U.S. foreign assistance can go a long way in improving people's lives while promoting our most cherished ideals of freedom and human rights. However, when administered poorly where unaccounted foreign governments, international organizations and bureaucrats are the beneficiaries, then our foreign aid programs only serve to undermine our very own interests.

It is time for us to get serious about reforming our foreign aid system and about effectively vetting our programs and partners.

Toward this end, Madam Speaker, I have proposed two separate pieces of legislation: H.R. 1062, the Foreign Assistance Partner Vetting Act, and H.R. 557, the United Nation's Transparency, Accountability, and Reform Act, and I hope that we can get those bills heard forthwith.

Thank you very much, Madam Speaker.

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

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

NO GOVERNMENT OPTION

(Mr. BURTON of Indiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURTON of Indiana. Let me just say as an extension of what we were discussing a few minutes ago, the other body, the Senate today twice voted down in the Senate Finance Committee the government option because they know the American people, by a large majority, does not want the government interfering in health care and sticking their nose in between a doctor and a patient. That was done in the U.S. Senate today.

And I would just like to say one more thing—this won't take a whole minute—and that is seniors of this country, and I've talked to a lot of them, they know that they're going to be taking between \$500 and \$600 billion out of Medicare and Medicare Advantage over the next decade, which is going to cause the Medicare program to be in worse shape than it is already. And the program they're talking about is going to result in rationing. It is going to result in problems for seniors, and the seniors know it.

I would just like to end by saying this to my Democrat colleagues: They all vote.

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HEALTH CARE REFORM

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

Mr. INGLIS. Madam Speaker, the gentleman just before me was speaking about the public option. And I, like him, am happy that the Senate Finance Committee has turned down the public option. But I don't think the snake is dead yet here on the House floor because it seems that the Speaker is working over the CBO numbers in trying to persuade some folks there is some \$85 billion worth of savings if we just set the reimbursement rate at 5 percent above Medicare.

Well, let's think that through. Here is what we've got. We've already got

two public programs that under-reimburse providers. In fact, for hospitalizations, Medicaid, which is a Federal and State program, reimburses typically at 87 percent of actual cost for hospitalizations. Medicare reimburses at 92 percent of actual cost. So if you go 5 percent higher than Medicare, if I'm doing the math right, it means that maybe the new public option would reimburse maybe 93, 94 percent of actual cost, which means that you have got a 13 percent cost shift in Medicaid, a 7 percent cost shift in Medicare; and now if a public option comes to be, a 6 percent or so cost shift there. The result is that private payers have to pay 129 percent of actual cost, on average, when they go into the hospital. Now that's a problem because if it's 129 percent of actual cost, it means that premiums go up.

So the public option, far from solving the problem of cost shift, actually is going to add to the problem of cost shift by giving us a third Federal program that adds to the problem. So it's clear that this is not a solution, and the \$85 billion worth of savings is not a real savings. It's a savings only if you can go pull money out of the pocket of anybody that walks into the hospital with an insurance card in their pocket, because again, they pay 129 percent of actual costs.

So somehow what we have to do here in this health care reform business is figure out how to stop that cost shift, how to be accountable here at the Federal Government so that we're not paying just 87 percent of actual cost for Medicaid patients, not just paying 92 percent of actual costs for Medicare patients, and certainly not creating a third program that will under-reimburse hospitals.

So our challenge, the challenge before us, is to figure out how to stop the cost shift and how to be accountable from here in Washington, from our State capitals, and surely not to create a public option that just adds to the problem.

HONORING VICTOR ASHE

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

Mr. DUNCAN. Madam Speaker, I had the privilege of going earlier today to the flag ceremony at the State Department for Victor Ashe who is retiring as our ambassador to Poland. Victor Ashe is a longtime friend of mine, and in fact, we roomed together in San Francisco where we were attending the 1964 Republican National Convention. I was between my junior and senior years in high school and at the time was an honorary assistant sergeant at arms at the convention. I don't suppose you can get any lower than being an honorary assistant, but it got me in the door. And Victor that summer had just completed his first year at Yale, and I'm sure had a much more important position.