

Now, it is tempting to see this VA situation as simply an actuarial miscalculation, but it is indicative of something far more serious that we have been seeing over and over again from this administration, a rob-Peter-to-pay-Paul mentality; a tendency to ignore problems until they become crises; a habit of embracing war without accounting for its costs, human or financial.

Mr. Speaker, this is just one example of the way our Iraq policy has been bungled. Not only do we need to bring our troops out of Iraq as soon as realistically possible, a position that the majority of the American people agree with; we need an overhaul of our approach to national security in general.

I have proposed a new plan called SMART Security. SMART stands for Sensible Multi-lateral American Response to Terrorism For the 21st Century. The guiding principle behind SMART is that war should be the absolute last resort. Prevention of war, not preemptive war, which we know from the Downing Street memo was not the thinking on Iraq.

So SMART includes an ambitious international development agenda, democracy building, human rights education, business loans, agricultural assistance and more for the troubled, underdeveloped nations of the world.

SMART is tough, pragmatic, and patriotic. It protects America by relying on the very best of American values: our commitment to freedom, our compassion for the people of the world, and our capacity for multilateral leadership.

HEALTH CARE FOR RURAL AMERICA

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

Mr. MORAN of Kansas. Mr. Speaker, my arrival in Congress, it really was about what do I do to make certain that folks in Kansas, people across rural America have a quality of life, that they have the opportunity to put food on the family's table, that they have enough money to save for their retirement and for their kids' college education. But even perhaps more important than that, the goal for me as a policymaker has been what can we do to see that the communities that make up my State are around for a while longer.

Rural America faces many challenges; and among those challenges is an often declining economy, and an economy related to agriculture. But one of the things that became clear to me early on in my time in Congress is access to health care matters. If we care about the future of our communities, we need to make certain that our citizens, the people who live there, can access a physician, can have access to a hospital, that the hospital doors remain open, that there is home health care and nursing home care.

So for much of my time in Congress, I have worked on issues related to the availability of health care. I have been an active member and chaired the Rural Health Care Coalition. And I commend my colleagues who are actively engaged in a group of Republican and Democrat Members of this body who work time and time again to see that good things happen in the delivery of health care in rural America. The goal there has to be to make certain that we are reimbursed, that our providers, our hospitals and physicians and nurses and other health care providers, are reimbursed through Medicare in particular in a way that makes it possible for financially those health care providers to continue to provide the service and that we need to continue to make efforts to reduce the paperwork and bureaucratic burden that increase the cost of providing services, especially in communities where senior citizens comprise a significant component of the population.

Many of the hospitals in the First Congressional District of Kansas, 60, 70, 80, and sometimes even 90 percent of the patients admitted to a hospital seen by our physicians are over the age of 65; and, therefore, Medicare is responsible for payment at least in part of the hospital or physician bill.

During my time in Congress despite this continual focus on access to health care, one other thing has become clear to me. There is an overriding issue that should consume us all. I rise tonight to try to bring to my colleagues' attention the necessity of beginning to address the ever-rising cost of health care.

I am in the middle of 69 townhall meetings. I represent 69 counties in Kansas, and every year I conduct a townhall meeting in each of those counties. I remember the townhall meeting in Hoxie, Kansas. During that townhall meeting, the first question was from a teacher who said, Last year my premiums for my health insurance to the school district that I paid out of my pocket were \$450. This year it is \$700. What are you going to do about it?

The next question was from the farm implement dealer who said, We are trying to stay afloat here. It has been a difficult year. Drought on the high plains. You know how difficult the agriculture economy is. We are trying to keep our employees insured. We raised our co-payments. We raised our deductibles and our insurance premiums still went up 49 percent. And there was the question, What are you going to do about it?

The third question came from a lady who said, My brother has cancer. He has been in Texas in an experimental treatment program, and he has now returned home to Kansas and his treatment costs are \$40,000 a year. My mom and dad and other brothers and sisters, we are all trying to figure out how do we as a family come up with \$40,000 a year to take care, to perhaps save my

brother's life. Again, the implied question, What are you going to do about it?

So from that townhall meeting several years ago, it has been a growing desire on my part to move the House of Representatives, the Senate, the policymakers, the administration toward addressing the issue of health care costs. I think there are things we can do. It is more than just decrying the problem.

We clearly need more access to primary care physicians. Too much health care is delivered through the emergency room. I commend the Bush administration for their focus on community clinics. That is an important component of making certain that people who could not otherwise afford health care are not showing up at the emergency room, but could access a primary care physician or a nurse practitioner through our community clinics.

We need to focus more on wellness and prevention. I think perhaps the biggest bang for our buck in reducing health care costs is to encourage and to educate citizens of our country about nutrition, about life-style, about habits, about exercise.

Clearly our information technology system has to be overhauled. We have tremendous technology in the delivery of health care, but not in the way that we keep records and provide for their payment. IT needs to be overhauled for better and easier data retrieval. We clearly need to make certain that our reimbursements for our hospitals under Medicare and Medicaid are adequate to cover the costs, otherwise there is simply a cost-shifting onto those who have insurance.

I have been supportive of health savings accounts and opportunities for small businesses to pool their purchasing power to access health care for their patients.

I heard earlier about prescription drugs. We need to continue to work as a body, as a Congress and as policymakers in our Nation's capital to reduce the ever-escalating costs of health care.

RENEGOTIATE CAFTA

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

Mr. BROWN of Ohio. Mr. Speaker, at a White House news conference earlier this month, President Bush called on Congress to pass CAFTA, the Central American Free Trade Agreement.

Also earlier this month, the most powerful Republican in Congress, the gentleman from Texas (Mr. DELAY), promised a vote by July 4. Actually, it is the third time the gentleman has promised a vote on CAFTA. The first time in 2004 he said there would be a vote on the Central American Free Trade Agreement by the end of the year, December of 2004. Then earlier this year he promised a vote on CAFTA

by Memorial Day, and now he is promising a vote by July 4.

Where I come from, 3 strikes means you are out. As a result, Congress is waiting and waiting and waiting for the CAFTA vote count down to begin. While we wait, the many of us who have been speaking out against the Central American Free Trade Agreement have a message for the gentleman from Texas (Mr. DELAY) and for the President, and that is renegotiate the Central American Free Trade Agreement.

President Bush signed CAFTA more than a year ago. Every trade agreement negotiated by this administration, Australia, Chile, Singapore, Morocco, every trade agreement negotiated by this administration was voted on by this Congress within 60 days of the President signing the agreement. CAFTA has languished in Congress for more than a year without a vote because this wrongheaded trade agreement offends Republicans and Democrats alike.

It offends small manufacturers. It offends labor unions. It offends environmentalists and ranchers and small farmers and food safety advocates. It offends religious leaders in Central America and many religious leaders in this country.

Most importantly, just look what has happened with trade policy in this country in the last 12 years. In 1992, the year I was elected to Congress, the United States had a \$38 billion trade deficit. That means we imported \$38 billion more than we exported. Today, a dozen years later, in 2004, last year, our trade deficit was \$618 billion. From \$38 billion to \$618 billion in only a dozen years. It is hard to argue that our trade policy is working.

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Some people say, well, those are only just numbers, that is the trade deficit; who really cares? What that means is it means a significant loss in manufacturing jobs.

The States in red are States that have lost 20 percent of their manufacturing. The State of Ohio, 216,000 just in the last 5 years; Michigan, 210,000 manufacturing jobs lost; Illinois, 224,000; Pennsylvania, 200,000; Mississippi and Alabama combined, 130,000. In the gentleman from Georgia's (Mr. LEWIS) home State, they have lost between 15 and 20 percent.

These are the States in blue, 107,000. In the gentlewoman from California's (Ms. WATSON) and the gentleman from California's (Mr. BERMAN) State, 354,000 jobs lost.

In State after State after State we have seen hundreds of thousands of manufacturing jobs lost in the last 5 years, not entirely because of but in large part because of failed trade policies. Each one of these jobs translates into the loss of a bread winner, translates into less money for education in the community, less money for police and fire as the tax base shrinks with

more and more industrial concerns shutting down.

These are faces of real people, what these numbers represent, and it is hurting an awful lot of families in every one of these States and our country.

As we see, the Central American Free Trade Agreement was negotiated by a select few for a select few. It was negotiated by the U.S. pharmaceutical industry to help the U.S. pharmaceutical industry. It was negotiated by big energy companies in the United States to help big energy companies in the United States. It was negotiated by insurance and financial institutions to help insurance and financial institutions. But it is not helping workers. It is not helping the environment. It is not helping small manufacturers. It is not helping small farmers and small ranchers in our country.

It is the same old story, Mr. Speaker. Every time there is a trade agreement, the President makes three promises. He promises there will be more jobs in the U.S., more manufacturing products that are exported to other countries, and it means better wages and a higher standard of living for workers in the developing country. Yet, with every single trade agreement, their promises fall by the wayside.

Benjamin Franklin said, the definition of insanity is doing the same thing over and over and over and expecting a different result. The President makes the same promises about NAFTA, about PNTR with China, about CAFTA, about every trade agreement over and over and over, and the results are the same: more manufacturing job loss; more stagnation of wages in the developing world where their standard of living does not go up; more plant shutdowns in community after community in our country.

In the face of overwhelming bipartisan opposition, the administration and the gentleman from Texas (Mr. DELAY), the most powerful Republican in the House, have tried every trick in the book to pass this CAFTA. Mr. Speaker, CAFTA is a bad idea. Overwhelming opposition to this agreement says we should renegotiate the Central American Free Trade Agreement.

WAR IN IRAQ

The SPEAKER pro tempore (Mr. KUHLMAN of New York). Under a previous order of the House, the gentleman from Nebraska (Mr. OSBORNE) is recognized for 5 minutes.

Mr. OSBORNE. Mr. Speaker, there has been a great deal of debate on this House floor recently about the war in Iraq and not so much about Afghanistan, interestingly, but certainly about Iraq. Some in Congress are clamoring for us to pull out of Iraq immediately. Some want a timetable indicating a date certain when we will withdraw. Some say there is no plan concerning postwar Iraq, no exit strategy. I would like to address each of these points just briefly.

Number 1, we promised the Iraqi people that we would not pull out prematurely. Remember that back in the Gulf War in the early 1990s, we made a similar promise. We did pull out, and thousands of Iraqis died. We have had a very difficult time regaining their trust since. I think to this point we may have regained some of that status and some of that trust.

A date certain on which we will leave Iraq will encourage insurgents to hang on until that date and then intensify the attacks. I think the date certain of withdrawal will certainly be looked upon by many insurgents as a sign that they were winning, a sign of victory. I am sure they would claim victory at that point.

Also, I think it is important that a withdrawal without victory will dishonor the memories of those who have died and sacrificed, and I, for one, would very much hate to go back and face some of those parents and some of those husbands and wives who have lost soldiers in the war and try to tell them that basically their son, their daughter, their husband, or their wife died for no cause at all. That would be very, very difficult for them to swallow.

Then I think most of us who have been overseas, and a great many Members of Congress have, have been to Iraq and Afghanistan and Kuwait, and Landstuhl in Germany to the hospital, and up to Walter Reed, and one thing that we found almost universally is that our soldiers have tremendous morale. They have a very strong sense of mission, and they have a real sense of purpose. Almost to a person the military personnel that I have talked to would tell you that they absolutely do not want to leave this thing undone. They want to make sure there is a sense of accomplishment and a sense of purpose.

Finally, let us address the issue of no plan, that there is no strategy, no exit plan at all. We might refer to this chart here. One year ago, there was one Iraqi military battalion that was trained and equipped. Now there are more than 100 battalions trained and equipped, and those are reflected over here on this 75,791 total of Ministry of Defense forces. Also, in addition, there are 90,883 policemen and other patrol and security guards that have been trained. So it is a total of 170,000 Iraqis who are currently trained and equipped.

I have been to Iraq where I have seen some of this training occur. I have been to Amman, Jordan, where a lot of the police academies are held. So at the present time we are aiming for 270,000, and we are most of the way there. We still have 100,000 to go, and we are training about 10,000 a month. So that means in about 10 months we will be at roughly 270,000.

General Petraeus says there is no shortage of volunteers; we have more people applying for this position than we have slots to fill them at the present time.