

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