

a criterion for rating a proposal for funding? The answer: "No."

Let me repeat that again. Will jobs be used as a criteria to determine whether or not this project will be funded? The answer from the DOE is no.

In fact, the guidance goes on to say that DOE removed the criterion on the extent of jobs creation and now will require applicants to report quarterly on the number of jobs created and retained. Job creation was supposed to be the primary requisite for receiving recovery funds, and yet now has been changed to simply a reporting requirement. This is typical Washington. Instead of creating more jobs, we are creating more paperwork.

The Vice President now says they misread the economy, but the truth is they misread the solution. The stimulus bill was a grab bag of Democrat spending priorities, not a timely, targeted and temporary stimulus package. Government spending does not, does not, create jobs or wealth. It consumes it and destroys it.

We are throwing money at a problem that is not increasing consumer confidence, financial certainty or provide a business environment that will encourage job growth. Democrat policies are clearly, clearly, not creating jobs. I cannot, I cannot in good conscience justify throwing good money after bad. That only leaves a legacy of debt for our children and our grandchildren to pay.

I will continue to oppose policies that I believe hurt the American people and the people I represent, and I will gladly, gladly work with my colleagues across the aisle whenever there is an opportunity to do so because good policies that help Texans and help Americans aren't Republican, and they aren't Democrat; they are the right thing to do.

#### HEALTH CARE

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

Mr. SARBANES. Mr. Speaker, I just wanted to take a few minutes today and talk about health care, because that is really the most pressing issue that's facing our country right now. It's inextricably tied to the economic situation of millions of Americans. So even as we struggle to deal with this difficult economy, we can't lose sight of the importance of health care reform.

Now, we have in this country a real paradox with our health care system, because on the one hand America has the best doctors, it has the best nurses, it has highly, highly trained professionals. And I believe, having worked with caregivers for almost 20 years representing providers in Maryland, I think we have the most compassionate caregivers you can find any place.

We have wonderful, fine institutions in my district—the University of Mary-

land medical system, Johns Hopkins health system. These are some of the finest institutions in the world, year after year being identified at the top of their class.

And we have amazing technology. Every year the advances in technology make it easier for us to address some of the most persistent health care problems in our country. So that's on the one side of the equation.

On the other side we have the highest health care costs in the developed world, we have tremendous shortages of our caregivers, shortages of physicians, shortages of nurses and many other categories of those who provide care.

We have millions of people, millions of people who have no health insurance, and we argue over the number. Some say it's 47 million, some say it's less. But we're talking about tens of millions of people who don't have health insurance coverage in this country. Means we have got a problem.

There are millions more who are underinsured. What does that mean? That means that they have health coverage, but they are one serious health crisis away from pitching over the edge in terms of their families and themselves.

And then those who do have coverage, adequate coverage, are paying premiums that go up by 15, 20, 25 percent a year. So we are all in it together. We all understand at some level that the current system is broken. This is our chance, this is our time. This is the moment to fix it. The American people have been clamoring for this for decades.

So we have to take up the charge. We are not going to borrow anybody's model. We are not going to import a model from England or Canada or France. We are going to design our own brand of American health care, and we are going to fix this system. We can do that.

There are two parts of the discussion. There is a coverage discussion. How do we get to where everybody has decent access to care? I think we ought to pursue this public plan option, because it will keep costs down. It will compete with the private health insurance plans who had kind of a stranglehold on the system, and Americans understand this.

They have moved past this in the discussion. They know we need the public option, because it will create a more level playing field. And, in the words of the President, it will keep the insurance companies honest.

But on the other side of the equation, in addition to the coverage issue, is the delivery of care. And we have got to look at investing in our workforce, and I am glad to say I have introduced legislation that attempts to do that, the health care Workforce Investment Act of 2009, which would create a national workforce advisory board to do just this, look at this question of filling in the workforce.

We have got to focus more on primary and preventive care so we can keep people healthy on the front end instead of just looking after them after they get sick on the back end. We need to change our system and move in that direction.

I like the idea of play space health care. What is that? Instead of expecting people to come to the health system let's figure out how we can take the health care system to people where they are already gathered. Let's go to our schools, where 98 percent of the people between the ages of 5 and 16 can be found 5 days a week, and let's intervene there.

Let's go to senior centers and provide care to our seniors where they are already gathering. And let's go to workplaces and incentivize with tax breaks and tax incentives large employers to put clinics in place to serve working adults right there where they are in the workplace.

These are all things we can do to improve the delivery system.

So let me just close with this: As this health care reform leaves the station, there are three things that need to be on that train so that it's a train to somewhere, not a train to nowhere.

Those three things are universal access to coverage, and I think this public plan option is a wonderful way to go. Second, investment in our workforce, and, third, focusing on primary and preventive care. If we do that, we are going to fix this health care system for millions of Americans across this country.

□ 2015

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

#### IN MEMORY OF LANCE CORPORAL SETH SHARP

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

Mr. GINGREY of Georgia. Mr. Speaker, today, the residents of Adairsville, Georgia, in my district, the 11th, are saying good-bye to a local hero who died while bravely serving his Nation in Afghanistan. Lance Corporal Seth Sharp was killed in action on July 2, 2009, from a gunshot wound to his neck during one of the biggest United States military operations in Afghanistan since the global war on terror began back in 2001.

Later this week, I will join Seth's family, his friends and supporters at his funeral in honor of the life of this brave soldier, a life given as the ultimate sacrifice, a sacrifice of duty and love. For, as it is written in John, "Greater love hath no man than this, that a man lay down his life for his friends."