

produce that affordable energy so we can build things here in America.

I was just talking to my colleague from Colorado about that very same power plant and what it does to his State, the State of Colorado. I yield to the gentleman from Colorado.

Mr. GARDNER. I thank both the gentlemen from Kansas, my neighbors to the east of Colorado.

When you talk about the Holcomb plant, you're talking about something that affected Colorado, my constituents, directly. My district borders western Kansas, and many of the farmers/ranchers who rely on rural electric supplies for their energy were going to rely on that plant. Their ability to get cheap, abundant, affordable energy from that plant was critical to the future of their operations. I know they continue to work on it and will continue to work with their neighbors in Kansas on that. So it doesn't just affect one State. This is a national issue: the ability to generate abundant, affordable energy.

I'll also point out that those same communities in southeastern Colorado were hoping to build wind farms. Do you know what? They also rely on transmission lines, and with that power plant came transmission lines—the ability to get power from point A to point B, from where the resource is to where the people live. So, once again, we have a need for a source of abundant, affordable energy.

Mr. POMPEO. I know we're wrapping up here tonight, but I want to talk about one more thing and how the President's policies and his Environmental Protection Agency are destroying jobs in Kansas.

In Kansas' Fourth Congressional District, we build an awful lot of airplanes. They need an awful lot of electricity to build those planes and to run those plants. Our agriculture community also depends on having the EPA out of the way. Today, I sat in a hearing where the Democrats continued to say we need tighter utility regulations, that we need a set of utility rules that will make it almost impossible to build a new utility plant in America. We need that energy. When we don't have that energy, prices and costs for our farmers go up, and that translates very directly. It translates into the cost of food at the table.

When I talk to seniors, they say, MIKE, we know what we spend money on. We spend it on the simple things. We spend it on food and energy to heat our homes.

If we keep these policies up, we will be pricing our seniors into a place no one wants them.

□ 1950

It doesn't have to be. We have American energy; we can get it.

Mr. DUNCAN of South Carolina. We're about out of time. I just wanted to thank my colleagues for understanding and expressing very clearly that we have the resources in this

country to meet our energy needs. We need to put America back to work, harvesting those as a segue to job creation. The House Energy Action Team, the committees charged with this, have passed the bills to the Senate. The Senate needs to act. Let's put America back to work solving our energy needs.

Mr. Speaker, I yield back the balance of my time.

DEBT CEILING LIMIT TALKS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from New York (Mr. TONKO) is recognized for 60 minutes as the designee of the minority leader.

Mr. TONKO. Mr. Speaker, this evening it is my pleasure to initiate discussion as to the events here in Washington as they affect our debt ceiling limit.

There is much attention being paid to the efforts for America to pay her bills, and obviously America's working families understand what it's all about. They understand that you work hard, you roll up your sleeves, you make ends meet, and you pay your bills on time.

Well, the concern we have today is that as we attempt to get that phenomenon done—as we have many times over the last several years—the bills have been rung up, perhaps by those Members of Congress before us and by administrations before us; but nonetheless, they are bills that need to be paid. And as we go forward, I think it's important for us to recognize that the honorable thing to do is to acknowledge that we need to pay those bills so as not to accrue additional interest charges, pay them as soon as we can, and make certain that we don't draw all sorts of havoc and damage to the American economy and perhaps the international economy as we move forward with the saga of being able to pay our bills with a debt ceiling limit being addressed.

Now, many Presidents have asked for this opportunity so as to be responsible in their administrative role, in their executive role. This President has now been addressing this issue. And we have brought in discussion to enable to authorize that debt ceiling limit being adjusted, that it should be accompanied by spending cuts. And so it has created a certain give and take, a tug of war, so to speak, here in Washington to enable us to pay those bills and have the ceiling limit addressed.

An agenda is being attached that would include spending cuts, spending cuts that in some ways can devastate the working families of this Nation, an assault on many of the needs that they have.

There is, with the Ryan plan—that now has become the "Republican plan," as it has been passed by this House—would address Medicare as we know it. It would end Medicare, a program that was initiated back in 1965,

took hold about 45 years ago in 1966, and has addressed the economic vitality of many senior households since that time.

Prior to that legislation for Medicare, many of the seniors were victimized, not being able to access that sort of care, not having the health care plans they required. The industry would cherry pick; they would take certain elements of a senior population that were a safer risk, an easier risk. And when it came to affordability, again, a drain on the economic vitality of retirees. Those who would retire at a certain level of economic viability would have that situation dip southward as their medical costs would drain those retirement savings.

And so history has shown that that economic vitality of our senior community has stayed more constant, more durable since the time of Medicare. It has enabled a cushion, a security to be there for our senior population so as they advanced into their golden years, they would have that coverage that was so essential.

There is this correlation of the need for health care with growing older. That's easily understood. And so what we needed was a plan that would provide security and stability, and we found it, and the Nation celebrated in bipartisan fashion. And for decades we have improved the system and addressed it so as to meet the needs of our Nation's seniors.

And now, as we look to address a debt ceiling limit, discussions have brought in a cutting services agenda where we are going to deny certain programs, amongst them Social Security, Medicare, Medicaid being reduced, programs that speak to core needs—Pell Grants for higher education, education aid and Head Start for our youngsters, the workforce of the future. A number of issues under attack, an assault on the middle class, programs that are required for working families, for their children, for seniors, for veterans, for establishment of jobs.

To create a jobs agenda, we need oftentimes to invest. Also at a time when we're asked to invest in a clean energy and innovation economy because there is a global sweepstakes going on amongst the world nations to compete for clean energy with investments that are required for R&D, and you name it, so as to develop that soundness of an agenda and create jobs here, utilizing and embracing the American intellect.

So all of that is put at risk by this frenzy to have spending cuts while we authorize this debt ceiling limit, which allows us, authorizes us to pay our bills, has the executive branch pay its bills, has this country pay its bills, as the President has suggested time and time again.

But the outcome is that many are thinking this is giving us new authorization to spend when in fact it covers the bills of the past. And to accompany their vote here, they would want spending cuts. And so Medicare has

been on that block; it has been on that chopping block, and many of my colleagues are concerned about that.

We're joined tonight by my colleague from California, who represents, I believe, the 32nd District of the State of California, Representative JUDY CHU, who has been outspoken in her defense of maintaining the Medicare program, improving it, strengthening it, providing greater opportunity for generations of seniors yet to come, and not ending it. Ending Medicare would be a torturous thought for many out there. And there are those who defend the program here in the House, amongst them Representative JUDY CHU.

Representative CHU, thank you for joining us this evening, and I welcome your thoughts on where we're at as we address these debt ceiling limit negotiations and now having these demands of spending cuts put upon us that could impact the senior population via the end to Medicare.

Ms. CHU. Thank you, Congressman TONKO. Thank you for putting this hour together for us to talk about what is at stake with regard to Medicare.

The economic recession is hurting our seniors. The programs they rely on to get by, like Nursicare and Meals on Wheels, are being slashed at the local, State and Federal level. Though prices have risen, they haven't seen a cost-of-living increase in their Social Security checks. Yet the Republicans have been in control of the House for over 6 months and have done nothing to help our struggling seniors. Instead, they have been waging a war on programs that keep them afloat.

First, they pushed through a budget for next year that ends Medicare. It would deny seniors and those of us who are getting older what was a 50-year health care guarantee, one that we have been paying throughout our lives.

Today, under Medicare you are guaranteed coverage the day you turn 65 and for the rest of your life. You can get free preventive care. You can get a 50 percent discount on brand-name prescriptions if you are in the doughnut hole. But now the Republicans are trying to take all that away. The GOP wants to replace Medicare with a voucher system where seniors, once they turn 67, go out into the private market to buy their own health insurance. That puts seniors at the mercy of insurance companies instead of in control of their own care.

We've seen that private insurers will line their pockets rather than provide quality and secure health care. Insurance companies could limit benefits, raise copays, and change which doctors are in their network, none of which occur under Medicare today.

□ 2000

The proposal, rather than tackling skyrocketing health care costs, simply shifts these costs onto the backs of seniors in Medicare. And because the amount of the Medicare voucher won't be tied to rising health care costs, sen-

iors will be forced to shoulder the burden as health care costs increase. According to the nonpartisan Congressional Budget Office, in just 10 short years, out-of-pocket health care expenses for a typical 65-year-old will double under the Republican budget. And in 2030, a new retiree will be paying over \$20,000 out of pocket for medical expenses. Rather than fixing our fiscal problems, it just makes seniors pay the bill.

Proponents voted to end Medicare for our seniors because they say we can't afford it. But they're openly pushing for even more budget-busting millionaire tax giveaways. In the same budget that ends Medicare as we know it and makes seniors pay double the health care costs, Big Oil gets tax subsidies, millionaires get tax breaks, and corporations have to pay less taxes. And now we're hearing that Republicans want to make massive cuts in Medicare as payment for their votes on the debt ceiling. Some have proposed requiring Medicare beneficiaries to pay even more for their Medicare benefits, either through higher copays or through higher premiums.

The solution is fixing the real problem of increasing health care costs for all Americans, not shifting cost burdens on our seniors. That's not going to work for the 40 million seniors enrolled in the program who have Medicare for their health and economic security.

But that's not all. Next week, Republicans are going to push through a constitutional amendment to the floor that will force the deepest cuts in Medicare yet. This so-called "balanced budget amendment" is just pulling the rug from under the seniors in the name of cutting spending. This amendment is designed to make it easier to reduce the deficit by slashing Medicare benefits rather than by closing tax loopholes for private jets. The way the bill is written, we'd have to privatize Medicare completely and raise its eligibility age to 67.

By forcing Congress to keep spending at unheard of levels, we would inevitably shift the real economic burdens onto the backs of our Nation's most vulnerable, the elderly. It would make it virtually impossible to repeal special tax breaks for the wealthy or Big Oil and gas producers. But it would allow Congress to destroy Medicare with a simple voice vote.

Well, I think that our Federal debt and budget is more than just about dollars and cents. The way we spend our money is a statement of our values and priorities. Republicans want us to believe that cutting benefits to seniors is the only way we can solve our debt crisis, but I say there are other ways. The debt must be addressed, but it should be done in a way that's fair to all. Today the average senior lives on \$19,000 a year, just \$19,000. We should not balance the budget on the backs of our Nation's seniors. We must protect and strengthen Medicare, not gut it. These talks are about priorities. And

my priority is keeping seniors in their own homes, communities, and off the streets.

Mr. TONKO. Representative CHU, you raised an interesting fact with the end to Medicare proposed by the Republicans in the House. The cost shifting that takes hold, it's about a two-thirds/one-third split today. And the out-of-pocket expenses to a senior at times—as you pointed out, \$19,000 as an average income—even those out-of-pockets for the one-third today can be rather demanding. But to shift that now to flip it to one-third/two-thirds, where 32 cents on the dollar would be what you're provided with your voucher—as you suggested, through the course of time, it will not reflect accurately well enough the growth in health care costs because they don't index it correctly.

So you start with a one-third burden of what government will contribute. That means 68 cents out of pocket for seniors. I don't know how they would afford it. I represent a disproportionately high number of senior citizens in the 21st Congressional District in New York State. This would be a drain on many households. And when we see the costs that some of them would have to absorb, with pharmaceutical costs that enable them to either recover or at least live in some sort of dignified manner, it is really a strong concern.

And for the groups who are proposing this to have the audacity to suggest that it's what Congress gets—when Congress is getting 72 cents, I believe, on the dollar for their health care coverage, so for every dollar of premium that they pay, 72 cents is covered, as opposed to the 32 cents they would have go the way of senior citizens—nothing could be farther from factual than what they portray here. So this is a cost shifting that is a very painful measure.

We've had a program that's worked so well that seniors in my district say, Hands off my Medicare. Hands off the Medicare. If you want to do anything, make it even stronger. Protect that Medicare program. But that, for 45 years, has worked so well and has worked in a way that has addressed the dignity of seniors in their retirement years. So Representative CHU, we thank you for your participation here this evening.

We've been joined by another colleague, from the State of Maryland, DONNA EDWARDS. I believe it's Maryland's Fourth District, Representative EDWARDS?

Ms. EDWARDS. I thank the gentleman. It is Maryland's Fourth Congressional District, which is just outside of the Nation's Capital. But I can tell you that in the Fourth Congressional District in Maryland, just like across the country, people in my congressional district are just stymied at the idea that we would in any way reduce Medicare benefits—

Mr. TONKO. Or end them.

Ms. EDWARDS. That we would end them, that we would shift costs on

things like Medicaid to our States, that we would reduce benefits for Social Security, all of this in the context of a conversation about lifting a debt ceiling and making cost cuts to things that impact our debt, our long-term debt and our deficits.

I just wanted to point out to the gentleman, most Americans don't know this, but I think they need to understand that, as you can see here from this chart, that the largest portion of our long-term debt is caused by the Bush-era tax cuts, not by Medicare and not by Social Security. Now to be sure, one might argue, I think that we need to make sure that Medicare and Social Security are solvent for generations to come because we want to honor the contract that I've made with my mother, that my son has made with me. But that shouldn't be anywhere near this conversation about lifting the debt ceiling because it isn't the burden of seniors and those with disabilities to bear the burden of paying for these Bush-era tax cuts for those who make over \$250,000 instead of shifting that burden where it really needs to be.

Mr. TONKO. Representative EDWARDS, when you talk about this debt, I think we need to state too very clearly that these were off-budget. All of these tax cuts, the wars during those Bush years were paid for by borrowing, and we borrowed from China and other nations totally to pay for this because they were totally off-budget. So people need to know, this debt ceiling limit authorization is to pay for bills that have accrued from decisions made in administrations prior to this and perhaps sessions of Congress that came far before the 112th session of Congress. So it is an authorization to pay bills. And in order to get that approval, there are many who are suggesting we have to cut spending, including ending Medicare.

Ms. EDWARDS. Right. And I think that you were right to correct me. I mean, I think sometimes even I would like to think that perhaps what we're talking about with the Ryan budget that we've heard so much about and with these other ideas is about changing Medicare. But it's actually not about changing Medicare. You're right. It's about ending Medicare, turning it into a system where our seniors and those with disabilities would just kind of get, you know, a check or a voucher and then have to go negotiate with their insurance companies.

Well, I have to tell you, although my mother's a pretty tough negotiator, it would be tough for me to imagine her and other seniors around this country having to negotiate a better health care cost and to navigate that system by negotiating with insurance companies. I think the only one who wins in that game are the insurance companies.

□ 2010

Mr. TONKO. Again, if you would suffer an interruption, when we talk

about the beginning days of Medicare, the propensity to do something then would become the same cause today, because people were being impacted by cherry picking, by unaffordable rates, by inaccessible outcomes, where there was absolutely no desire to write a policy for some. And as we look at that age curve rise exponentially, I mean the life expectancy, I believe, in 1965 was 70 years of age. That has grown tremendously. And so now you are going to have more and more people living longer, and we need to help strengthen Medicare. But to end it at a time when people would go back to this rat race of trying to find someone to cover you, it puts the insurance company back in the driver's seat. Seniors would have precious little control over their destiny.

And what I think can be documented clearly from that time in 1965, 1966 is that the economic vitality of senior households, that durability of their income status was held harmless with Medicare. And it used to dip south because health care costs would drain those retirement incomes in some format that would really impoverish our senior community. We're going to head back into the disaster of pre-1965.

Ms. EDWARDS. If the gentleman would yield, I think you point exactly to what the problem is: that rather than our seniors facing their older age with some degree of certainty about being able to meet their health care needs, instead we throw them out to the wolves. This plan would throw them out to the wolves. And I know that's why the gentleman from New York and this gentlewoman from Maryland and all across, frankly, our Democratic Caucus we stand very firmly united behind protecting Medicare benefits from those kinds of cuts and, really, from demolishing the program.

After all, can you imagine that if you were—I just turned 53. And that for those of us who were under age 55, that we would have to, starting now, dig into our pockets, saving up to \$6,000 a year so that we could actually pay for costs. That would mean that between now and the time of my retirement, I would have to save up to almost \$200,000 to be able to meet those costs. And this at an age when I should be thinking about how I have saved up to this point to have a more comfortable retirement.

Well, that's the predicament that the Ryan budget that was passed by the majority in this Congress in April, that would be the result. Now, we may not know all the dirty details of the proposals that some on the other side have for Medicare in the context of this debt ceiling, but we can only imagine that if their true gift that they wanted to give to the American public and give to our seniors was a plan that would decimate Medicare, I can only imagine what the ideas are for so-called cost savings, which could be quite devastating for our seniors as they look to increase out-of-pocket costs.

And let's think about Medicare for a minute. Because what a lot of people don't understand is they get caught in this business of discussing things like the Consumer Price Index. Well, you know, adjusting things like that is just a fancy way for saying "cuts." So I like to use the one syllable word "cuts" to describe what has been on the table for Medicare. Cuts that would result in our seniors having to meet more of the expenses for their health care out of their pockets.

I have talked to seniors in my congressional district who told horrifying stories about how challenging it is for them to meet their day-to-day needs, and that they live and rely almost exclusively on Social Security and on Medicare for their health care coverage. They even do things like, to save money, to save money on their prescription drugs, you know, they may split that heart medication in half. Well, consider, if you will, that if some of these proposals were to go into effect that rather than even splitting that pill in half they would be splitting it in thirds. I mean, this would have a devastating impact on our seniors.

Some have suggested, and the gentleman from New York understands this, that these are about scare tactics. Well, the seniors in my district don't need a scare tactic; they just need the facts. And the facts are that those on the other side, in exchange for providing this huge orange clump here in Bush-era tax cuts for the wealthiest Americans, those 2 percenters who make over \$250,000 a year, rather than have them pay their own way, we want to tell our seniors, Dip into your own pocket and meet your health care costs. Negotiate with health insurance companies, when we know that as you age things happen. And they would just say, No, can't cover you or, if we can, it would be for a real premium.

This would be devastating to the Nation's seniors.

I think the thing that I most admire about those who first enacted Medicare is that it really was about how we feel about one neighbor to the next, one generation to the next, that bond that we have that says we actually care about each other and meeting our health care costs, that we don't want seniors left out in the cold when it comes to their health care in their golden years. I want to keep that promise. And I know the gentleman from New York wants to keep it, too.

Mr. TONKO. Absolutely. Representative EDWARDS, you struck on a chord that is just repeated over and over again in my district. Many thought, well, if the seniors are told that this will affect senior communities into the future, that they will get buy-in from today's senior citizens. I am impressed with the very generous statements made, the advocacy embraced by our senior community of today saying, This has served me so well, I don't want it denied my children or my grandchildren.

And as you pointed out, you know, a 54-year-old of today will have to save about \$182,000 out of her or his pocket in order to pick up the slack that would be part of this shop on your own, you know, putting the insurance companies back into control. The senior's going to get a voucher that covers a third of the costs that they need to have health care coverage and then dig into their pockets for the rest. So that means a 54-year-old of today will have to save \$182,000, but then the 30-year-old will have to save \$400,000.

Where are we going with this? This is all to cut a program that has served, with dignity, the senior community of this country, all to pay for the Bush-era tax cuts. So this is a way of sliding savings by ending Medicare and bringing it over to pay for millionaire and billionaire tax cuts and for subsidies to oil companies. This is as vulgar as it can get.

And to attach this to a discussion on debt limit, where we look for authorization to pay our bills, just like America's working families roll up their sleeves, earn that money and pay their bills, they expect the government to do the same thing. And to play a game on Medicare where you deny access and affordability for a basic core human need after a record of tremendous performance since 1966 is, I think, so objectionable that it's no wonder when we go home, when you go to Maryland, when I go back to upstate New York, people are saying, Hands off my Medicare.

Ms. EDWARDS. Will the gentleman yield?

Mr. TONKO. Absolutely.

Ms. EDWARDS. They are saying it with good reason. It's because it's worked. It's because our seniors are no longer wondering in their golden years whether they will be able to meet their health care needs. It's because our seniors and their families are not struggling to make sure that those health care needs are met.

It would be one thing if we were arguing about a program that was inefficient and not cost-effective. But every single piece of data about Medicare tells us it's more efficient than the private sector, that in terms of its cost-effectiveness it's more cost-effective than the private sector. And what I like is that when we passed the Affordable Care Act, and the gentleman will remember this, is that we actually did some things to really strengthen Medicare. I am proud of that.

And I do want to have the discussion about making sure that we strengthen, for future generations, Medicare, Social Security, these important safety net programs. I don't know about your district, the gentleman's district, but I know that in my district in Maryland people have lost their 401(k) plans. They've lost their private pensions to the extent that they have had them. They've lost value in their homes.

□ 2020

The only thing they have left in their golden years is their retirement, their

Medicare, and their Social Security; and they are counting on us to protect that.

And perhaps it is that unfortunately this debate about raising the debt ceiling, which I think is an imperative, a moral imperative for us to do, has actually crystallized the bright line between those of us who want to protect Medicare and Social Security and Medicaid and those who want to destroy it, those who have long held the belief that these systems should be privatized, as though somehow that market that fell apart yesterday, if we were investing there, that that would protect people's retirement security when all of us, each of us knows that that won't be true.

And so I am interested in making sure that the 2 percenters, those who make over \$250,000, should not have to put the cost and have the cost shifted to our seniors to bear the costs for their tax breaks for corporate loopholes and for things that our seniors didn't have anything to do with, and that's why I like the bright line test of those of us who want to protect Medicare for future generations and those who want to destroy it.

Mr. TONKO. Very well said, Representative EDWARDS, and I just want to attach my comments to yours about the impact of Medicare, an investment that has produced a lucrative dividend. We have kept the dignity factor alive for seniors, we have kept our seniors well, we have enabled them to recover, we have enabled them to live because of an attachment to our health care plan.

On the other side, we have allowed for spending for a tax cut for millionaires and billionaires, spending on a tax cut for millionaires and billionaires time and time again, knowing that the result is no real lucrative dividend, negligible. We look at not only the spending that people acknowledge was okay for something not returning a dividend, we lost 8.2 million jobs in the Bush recession, but then we borrowed all the money to spend, needed to spend, for that tax cut.

What a contrast. And the Democrats in this House have said, no, let's do programs that have a return. Let's invest in our senior community and let's not spend on these tax cuts that have no dividend, no lucrative dividend.

And if we didn't have the money to spend for tax cuts for millionaires and billionaires, why then did we go and borrow from China and Saudi Arabia?

So it makes very little sense to follow that road to ruin which the Republican plan, once the Ryan plan, now speaks to.

We have been joined by Representative JACKSON LEE from the State of Texas. Welcome, Representative, and thank you for joining in the discussion on the attempts here to end Medicare and to allow for those savings to go toward spending on tax cuts that get somehow attached to a discussion on the debt ceiling, the debt ceiling being

raised so that America can pay her bills. It's convoluted at best.

Ms. JACKSON LEE of Texas. I am so glad to have the opportunity to join the gentleman from New York and to specifically focus on his leadership, along with my colleague from Maryland, who, as we were developing the Affordable Care Act, worked so hard on some of these finite issues ensuring that we had the oversight over insurance rates.

We tried to do everything that we could to produce legislation that embraced the concept of Medicare, for example, recognizing and respecting Medicare and then broadening the concept to ensuring that all people had access to health care. But isn't it interesting just a few months later we are standing in the well of the House and we are literally having to hang on to the commonsense program of Medicare.

If I could, I would like to frame the discussion in this manner. You have articulated a very commonsense approach that in any debt ceiling—by the way, let me give my editorial comment. I have voted for a clean debt ceiling just simply to pay America's bills. Unfortunately, that didn't carry the weight of the day.

But what I will say is that the discussions that are being crafted in the media, or at least have been perceived in the media that our Republican friends want to provide to the American people, is that we are broke, is that we have no way of doing anything.

I want to be very clear, I am aware that Americans are out of work. I am aware that we have had 6 months without a jobs bill and that Democrats are trying to put one on the floor.

But I want everyone to know that we have had a significant recovery because of the American Recovery and Reinvestment Act. So we are moving forward except for the fact that we have got to get jobs. We have had seven consecutive quarters where the GDP has grown.

So to make our seniors the brunt of what we have made up in terms of saying we have no money, we cannot think any other way, we have to hit someone who has paid their dues, if you will, is simply wrong and unfair.

As I have said, we are not where we want to be, but the sacrifices that Democrats have made in the Recovery and Reinvestment Act have put us forward. In addition, we have seen growth.

Now we have a budget. First of all, we started off in 2011 with a budget, a Ryan budget, that then suggested that we were so broke we had to voucher Medicare. Frankly, vouchering Medicare is extinguishing Medicare. It's eliminating Medicare as we know it. It is telling a senior that you need a dollar's worth of health care, we can give you a quarter. We are going to give a senior who has invested in America, who has worked all of his or her life, who, as my colleague has said, maybe has fallen on difficult times with a 401(k) and certainly that is because

markets have gone up and markets have gone down, and you are going to say now you are going to get a quarter.

Now bring us forward. That bill, of course, was passed by the House, predominantly Republican, with any number of Members who believe there is nothing wrong with that. It has gone nowhere in the Senate. Now we are at a crucial point where the President has asked for us all to be adults, to sit around the table and talk about how can we work this together.

Can we do it with the airplanes and jets? Can we let the Bush tax cuts expire? Can we call upon our friends in the energy industry that is leaps and bounds in profits to craft or to understand a way that we can recraft those particular provisions to bring that money here into the Federal Government?

And I would say to my good friends in business, where it might be, the climate of the United States allows you to thrive. You are doing better because you live in a democracy, you live in a place where we respect property, where we don't run into a corporation and say, you know what, I think I am going to take about, you know, half a trillion dollars from you if you have that much. Just send that check over to the United States Treasury.

We don't do that.

So I want the point to be made tonight that we are on the side of the angels, because it is absolutely ludicrous to not see the difference in life span pre-1965, before Lyndon Baines Johnson, a fellow Texan, announced his desire in the Great Society to find a way to, in essence, respect the senior citizens, the elderly. And at that time he was probably looking at individuals in their 60s because of the wear and tear and the lack of health care to be able to give them an extra lifeline.

To say that he was right and to make sure, I just want to add these points as I come to a close, to be able to suggest that the millions of seniors who now have access to guaranteed benefits are in jeopardy because of the games that are being played about the debt ceiling, a simple, procedural vote, if you will, that allows the debt ceiling to be raised so that we can pay our bills, something that we have done, if I may put in the RECORD, some 74 times since 1962 with no quarrel whatsoever.

Finally, I would argue this: many of those on Medicare are families of veterans, themselves, obviously, may have served, even though I know that they have veterans benefits. But they are people who are willing to sacrifice to build this country. They are seniors.

For us to take away this lifeline is unspeakable. And I hope that as Democrats we will draw a few friends, a few reasonable friends to know that there should be no tying of raising the debt ceiling to Medicare. There should be a tie to raising revenue. That's the commonsense approach to take.

Mr. TONKO. Well said, Representative JACKSON LEE.

You know, for us to now quickly approach this deadline by which the debt ceiling has to be raised and to put the added pressure of ending Medicare into that discussion is vulgar.

□ 2030

Forty-six million Americans are watching this. And they know that they're at risk here simply because people want to unnecessarily attach the end of Medicare into this discussion. And as Representative EDWARDS said earlier, we've improved it with the Affordable Care Act, we've allowed for no deductibles, no copayments for annual checkups and for certain screenings. We're making it stronger. We're trying to get prevention in there to bend that cost curve. Many of us are looking to allow for bulk purchasing of pharmaceuticals, which we do with Medicaid and we do with the VA program. But it was not allowed when the Bush agenda was authorized.

Representative EDWARDS, that chart that you're holding there tonight is still haunting me because I look at all of that debt that was assumed for tax cuts for millionaires that now they want to do again, continue forward, and I look at the wars that were not paid for, I look at the, again, the Medicare part D program that was part of that growth of debt that we're now being asked to pay as the bills have accrued, the interest that we would have to pay if we don't raise that debt ceiling is astronomical.

So, again, we welcome you to the floor this evening on a very important discussion. And your thoughts. You were going into the concerns about Medicare being ended for those that count on you to be their voice here in the House.

Ms. EDWARDS. Thank you for yielding, and it's wonderful to be able to join my colleague from New York and my colleague from Texas in this discussion.

It's so important for the American people, and I just want to remind my colleagues that 46 million to 47 million people, Americans, rely on Medicare for comprehensive health care coverage. When Medicare was first passed, more than half of those who were over 65 didn't have any health care coverage—more than half. Today, that's not true. Thirty percent of the number of elderly Americans lived in poverty before Medicare, and that number is now reduced to about 7½ percent. So the quality of life and the health care of our seniors has improved radically since Medicare's passage in 1965.

So, what would it really mean to end Medicare? Well, it would mean that those seniors who are out in my congressional district and yours around the country would be subject, once again, to perhaps being one of the more than half of those who would not have comprehensive health care coverage.

And I am struck, as you are, when I look at these lines of what is really causing our long-term debt. And I see

this big orange glob right here into the future, and I realize that it is the Bush-era tax cuts for millionaires and billionaires. And I think, how fair is that to our seniors who are living on Medicare and Social Security? I look at the cost of the wars in Iraq and Afghanistan. Some have argued that those wars are really unsustainable into the future, and yet they comprise a substantial portion of our long-term debt because they were never paid for when we began those engagements.

I look at the Troubled Asset Relief Program into the future. But what I see there is that it's this thin bluish line here, the thin one there. And what that means is that we have actually paid that back under the Obama administration and Democratic control of the Congress. And then we have this big glob here that's about the current economic downturn. And it strikes me that if the Congress really wanted to do something, if the majority really wanted to do something, leave Medicare alone, leave Social Security alone and leave Medicaid alone. Don't shift that to the States. Focus on creating jobs and getting 20-some million people back to work so that they can contribute to our tax base, so that they can contribute to Medicare and to Social Security. Do a jobs program, and that will strengthen some of these programs that we care so deeply about.

Mr. TONKO. Congresswoman EDWARDS and Congresswoman JACKSON LEE, I would say, too, that Medicare, yes, speaks to the health care needs of senior households, but there's also a stability there. There's a security so that some of the available expenditures that are out there today from seniors investing in their community, spending in their community, would be lost. And so the economic recovery, then, again, gets threatened.

And when I look at this, all through that blob of color of which you speak, all during that time was like a loss of 8.2 million jobs. So where was the quantifiable benefit of all of this relief to those perched way high on the income ladder? There wasn't a corresponding benefit. So we need to recognize what works and works well. And when Medicare has worked for all these years, why would we threaten it? And what I think bothers me most—I'm on the Budget Committee, and today we had a hearing with Secretary Sebelius. And when you talk about bending that health care cost curve, the Republican plan, after they end Medicare and they toss it to the market for the shopping to be done by our senior community, there's no bending of the cost curve. They're saying sharpen the pencil, bottom-line benefit through competition to help our seniors.

We have watched, Representative JACKSON LEE, since the start of Medicare the private sector insurance costs have risen by over 5,000 percent, that's 5,000 percent. The track record on Medicare, no administrative burden to speak of—no heavy one—no marketing

budget, no wasteful expenditures and no high profit columns, we've seen back-to-back profit columns go out of sight for these industries. And when we look at this, when we say we need to go to the bank to borrow, that's helping the friends in the big bank industry. When we need to put it in the private sector and end Medicare, that's helping the deep pockets of the insurance industry. This is like helping those who are looking for more business at the expense of containing costs, bending a health care curve, providing for dignity for the senior community and shedding a program that has worked for nearly half a century and that people have advocated should be there for their children and their grandchildren and generations yet unborn. That is uniquely American. That's uniquely American. It shows and expresses a degree of sensitivity, of compassion and of ability to make things happen.

A budget, a plan that we put together here is merely a listing of our priorities. What do we deem most essential? And when you can reach 46 million, 47 million people in their golden years and provide guaranteed health care, that ought to be a high priority, not taking the savings of ending Medicare to pay for millionaire tax cuts, billionaire tax cuts, or oil industry handouts. Let's get real. Let's get real here. Let's get compassionate. Let's be understanding that what we're ending has a tremendously sound bit of history.

Ms. JACKSON LEE of Texas. I thank you for your passion. What you're saying makes me think what we're doing even to the younger generation because you just made a point that it's lasted for over half a century, if I could use that term, over 50 years. And it is a framework that can be in place for those who are young. And if we take it apart, we will not have this structure that has been helpful. There is no reason to ignore modernizing. We're not against that, looking at ways to improve Medicare. But that's not what our Republican friends are saying. They're talking about ending it as we know it, vouchering it.

And there's a story about the running of the bulls. And frankly, I have this image of a voucher plan, or the plan that will come about through cuts in guaranteed benefits, of the running of the bulls, the running of seniors running toward, trying to get that last voucher that is being handed out, trampling each other because they're seeking that one lifeline that they need.

In addition, we need to be very real about Medicare. Medicare is the infrastructure of our hospital system. You cut into Medicare, you're talking about closing hospitals, you're talking about eliminating physicians, and you're talking about ending care as we know it. Is there any understanding to the fact that we need to be adults and sit down?

When I left my city of Houston, I spoke to my constituents on Sunday. I

held a press conference to indicate my commitment to helping to preserve Social Security, Medicaid and Medicare. The idea was that this will impact our city. You will see jobs lost. We have the Texas Medical Center. It will see businesses close and people have the inability to care for themselves or their senior family members.

So this simple issue of a debt ceiling speaks, I think, very eloquently to the need for common sense. And you have laid out very clearly we've had it for this period of time, we've been able to keep a structure that has helped to save lives, it has this amount of life, it can have a longer life as we continue to improve it and to ensure that there is no waste, fraud, and abuse. And for me, I cannot imagine, I cannot imagine a picture of seniors trampling each other to get that last voucher or having to be told by their government, a country that they've served and worked for and raised their children in, there is no room at the inn for you, there's no opportunity for your health care, there's no more Medicare; by the way, we had to pay tax cuts or we had to give the billionaires and rich folk the long period of time of tax holidays, and we just didn't have any opportunity for you.

That is unacceptable. It is un-American. And I think we can do better. And we need to fight to protect Medicare as we are doing as Democrats. And I would encourage and welcome my friends, my Republican friends, to join us in doing the right thing.

□ 2040

Mr. TONKO. The Representative from Texas talked about strengthening and improving Medicare, not ending it.

Some have suggested as much as \$156 billion could be saved by bulk purchasing for our pharmaceutical needs for the program, for Medicare. That also is a savings of probably, I think I've heard, \$27 billion as the number for seniors, themselves, because there is a fraction that they assume in those costs. If we do that, we send over not only the savings for government but we send it over to the senior community, also. And so there are ways to address fraud and inefficiency.

The New York Times reported just a short while ago that there were double chest CT scans being done, CT chest scans being done and that the Federal Government was overbilled by some \$25 million. That's one small example of accountability, or lack thereof, and the need to continually stay vigilant in our efforts to search out fraud and inefficiency.

But take it, make it work, strengthen it and provide for that continuation, just the stability that we can provide to enable seniors to breathe more easily, to know that a basic core need for them that's correlated as they grow older, as any of us grows older, it's correlated that you're going to require that health care attachment.

And how dare we—I say “we”—how dare they, how dare a Republican ma-

jority in this House suggest it's worked well, it's been there for seniors for 46 years, but we're ending it, because we're going to box the situation: if you want your debt ceiling limit to be raised so America can pay her bills, you're going to do it with spending cuts and we're starting with Medicare and Social Security and Medicaid.

Well, isn't that nice? That's a take-it-and-weep scenario, and that is terrible because the people that would weep deserve our voice to be heard resoundingly on the floor, to say we step in and we defend the program and, more importantly, we defend the recipients of the program.

Representative EDWARDS, Maryland's Fourth District Rep.

Ms. EDWARDS. I thank the gentleman from New York and the gentlewoman from Texas for pointing out the fallacy of this argument that somehow in this discussion of lifting the debt ceiling, which I believe each of us voted to lift that debt ceiling in a clean vote. We understand that that is our moral responsibility, it's our obligation to meet the full faith and credit obligations of the United States, but that's not what this discussion is, and it is precisely the reason that I caution us against putting into the debt ceiling discussion any changes to Medicare benefits and Social Security benefits and Medicaid. The reason is because, as I've demonstrated by showing this chart, and I would love to say that this is my chart but it's not. It was produced by the independent Congressional Budget Office, and it shows the contributing factors, the significant contributing factors in these colors here of the long-term debt. That's what we're talking about, raising the debt ceiling to meet those obligations that have already been laid out.

Some people have described that those of us who are speaking in favor of Medicare and Social Security and making sure that we protect Medicare and Social Security beneficiaries from cuts, that we're passionate, but that passion is deeply connected to fact. It is connected to the fact that we are passionate about the guaranteed benefit of Medicare. It's connected to the fact that we are committed to lowering prescription drug costs by closing the doughnut hole, whereas the Ryan budget, the Republican budget, would open that doughnut hole all over again for our seniors, causing them to dip into their already fragile pockets to meet their prescription drug needs.

The gentleman from New York has already pointed to ways in which we could actually negotiate prescription drugs in bulk so that we could significantly lower costs for our seniors, but that's not what's on the table. Those of us who are passionate have been described as passionate because we want to ensure that our seniors are receiving primary care, getting preventive care so that it does bend that cost curve. That's the source of our passion, but it's rooted in fact.

And what is really true is the fact that our seniors did not cause the significant factors that are related to our long-term debt. I want to repeat that to the gentleman. I know that you know this, but it's really important for the American people to understand that the contributors to our long-term debt are tax cuts, that are not paid for, for millionaires and billionaires. We should get rid of them. We should not be protecting those tax cuts on the backs of our seniors.

The wars in Iraq and Afghanistan, the President has already begun a drawdown. It could be more significant so that we could save in the long run, making certain that we get people back to work so that they are contributing to our tax base in the way that we need. And, of course, we know that we have to raise revenue. We must raise revenue. Our seniors understand that. But what we cannot do is shift the burden for these things that were not caused by seniors onto the backs of our seniors by pushing them into really unfair cuts to their Medicare and Social Security benefits.

Mr. TONKO. Very well said.

We have about 5 minutes left. I'm just going to do a bit of close and then ask for each of our Representatives that remain here on the floor—we were joined earlier by Representative CHU from California—to offer your sentiments, and then we will bring the hour to a close.

What I think is very important to note is that if we can find ways to save on Medicare, we should invest that in Medicare to strengthen Medicare. If we can find ways to save in Social Security, reinvest in Social Security. They deserve to be stand-alones because they are prime, prime opportunities, programs for strengthening the fabric of America's families. So that should be a separate turf and not be using these dollars, these savings as the Republicans would end Medicare, to somehow bring that over in a fungible fashion to pay for these tax cuts.

Today, I talked to my medical colleges, and they are going to get impacted by the cuts to NIH. In New York State, we probably have over a billion dollars in revenue streams that go to hospitals for research. So you cut the NIH program, you put more people out of work, and you cut a revenue stream for hospitals that need to train the human infrastructure that will make all of our health care programs work. Similarly, when you look at our need to compete effectively in a global economy on clean energy and innovation, the winner of that race will be the go-to nation that will create stability for generations of their workers. Why shouldn't America be number one in that investment?

If we can find savings somewhere or if we do create revenues, they need to go into investments to grow jobs. That's what America told us at the polls last November: we want jobs to be the number one priority. We haven't

done a jobs bill in this House; but we've come up and found ways to end Medicare, which right now is so vulnerable to this discussion on the debt ceiling limit. We have to end that crazy plan, and we need to go forward with a sensible plan that enables us to invest in jobs, invest in our senior community, invest in their well-being and to again see these two programs worthy of saving and strengthening; and if we have the economic means, let's do it.

Representative JACKSON Lee, we will go to you and then to Representative EDWARDS, and we will be done with our hour.

Ms. JACKSON LEE of Texas. Thank you very much for leading us in this discussion.

The message should be albeit we have some concerns, we are not broke. We need to fix jobs and investment and we need to save Medicare, Medicaid, and Social Security. They have not contributed to our debt, and we cannot allow seniors to run like bulls to seek medical care in this great and wonderful country. I, for one, will not stand for it.

Thank you.

Mr. TONKO. And now to Representative EDWARDS, and then we will be through.

□ 2050

Ms. EDWARDS. Well, I thank you, and I thank the gentleman for bringing us together.

I hope what the American people understand is that the Democrats in this House are prepared to protect Medicare benefits and Social Security benefits for our seniors and for future generations; that our young people should know that as they enter the workforce, because we are going to make sure that they have jobs for the future, that they will be contributing to Medicare and Social Security for future generations.

This is really a values test. This is where we have to have the perfect alignment of policy, of politics, and our values, and that rests in protecting Medicare and Social Security from benefits cuts.

Mr. TONKO. Thank you very much.

With that, I yield back the balance of my time.

IMMIGRATION

The SPEAKER pro tempore (Mr. JOHNSON of Ohio). Under the Speaker's announced policy of January 5, 2011, the gentleman from Iowa (Mr. KING) is recognized for 30 minutes.

Mr. KING of Iowa. Mr. Speaker, it is my privilege to address you here on the floor of the United States House of Representatives and to bring to the attention of this body some subject matter that doesn't often get a debate here on the floor but it does get some discussion in Special Order time and sometimes in the 1-minute and 5-minutes that Members present to you here in this great deliberative place that we have the privilege to serve in.

One of the things that I wanted to bring before your attention here this evening is the immigration issue here in the United States. It is something that I don't know has been discussed here for some time. I bring this forward because it is an important issue. It is essential that we maintain and sustain and enhance the rule of law here in the United States. So I bring this forward. A number of things are on my mind.

The first thing that comes to mind for me is a subject that was reported on Fox News on July 11. I picked up this article and I wanted to express this to you on what is going on.

I introduced early in January, one of the first days of business here in this new 112th Congress, the Birthright Citizenship Act of 2011. Mr. Speaker, I brought this act forward working with people who have been leaders on this issue for some time. One of them would be our friend, Nathan Deal, now Governor Deal of Georgia, who was the lead on this issue when he served in the United States Congress. And some of the successor people involved would be Congressman PHIL GINGREY of Georgia and the incoming freshman from Georgia, ROB WOODALL; from California, Congressman GARY G. MILLER, one who has been a strong proponent of the rule of law and standing up for the rights of American citizens. These people and others have been strong supporters of the Birthright Citizenship Act. And because of my role on the Immigration Committee where I have been for now going onto the 9th year, it seemed to be a better fit for me to carry this legislation, so I stepped forward with it because we needed to take a position.

What is going on, Mr. Speaker, is that in the United States of America, there are people who erroneously read the 14th Amendment of the Constitution in the component that addresses what we call birthright citizenship. It says, in the 14th Amendment, that all persons born or naturalized in the United States and subject to the jurisdiction thereof are American citizens. All persons born or naturalized in the United States and subject to the jurisdiction thereof are American citizens.

Now, the circumstances are that it has created a misinterpretation. A misinterpretation of this section of the 14th Amendment has created birthright tourism. So we have, you might see a \$30,000 turnkey operation going on where a pregnant woman in China, and she is probably going to have a benefactor that would sponsor this, could receive a turnkey operation for a little tourism trip into the United States, get her on an airplane and smuggle her into the United States one way or another where she would have a baby. She would be 8½ months pregnant or so, theoretically, and have the baby here in the United States. The baby would get a nice, new American birth certificate with his little footprint stamped on it. And then that baby might go back to China with the baby's mother, or the mother might stay here