

of the civilian leadership, with the White House, the Pentagon, and this Congress making decisions that cost our country billions, in fact, \$1 billion a week, actually. Anyone who thinks that the more than \$200 billion that Congress has allocated for the Iraq war so far has not affected important domestic programs is just kidding himself or herself.

In the last example and the very latest example, tomorrow, the House will vote on a reconciliation bill that would give tax breaks to the wealthy of \$70 billion to \$100 billion in tax breaks, while slashing safety net programs for the poor, programs like Medicaid, student loans, child support enforcement, and veterans' health care. This is just wrong.

If he wants to get things right, President Bush and his administration would actually send a clear message that it has let the American people down, and now it is time to start anew. First and foremost, that means leaving Iraq.

After all, the President's notion that we are fighting the terrorists in Iraq so we will not have to fight them here at home is pure nonsense. If that were true, how could the President explain the London subway bombings earlier this year? How could he explain the terrible bombs that went off at three hotels in Jordan earlier today, already killing over 50 people and wounding more than 100?

Mr. Speaker, our troops and the American people have endured enough sacrifice. We need to end this war and bring our fine soldiers home. We need to give Iraq back to the Iraqi people through a range of economic, political, and humanitarian partnerships.

The American people deserve better than a war that has destroyed the social safety net here at home, and the extraordinary men and women whom I met in Iraq certainly deserve better. In return for their unflinching loyalty, they deserve basic competence and integrity from their Federal Government. They deserve leaders as courageous as they are.

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

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

NOVEMBER IS NATIONAL HOSPICE AND PALLIATIVE CARE MONTH

Mr. GINGREY. Mr. Speaker, I ask unanimous consent to speak out of turn.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

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

Mr. GINGREY. Mr. Speaker, I rise today to encourage all Americans to take the time to prepare an advance directive. November is National Hospice and Palliative Care Month, and this month should serve as a reminder for individuals to take the time to discuss with their loved ones important end-of-life and medical decisions.

As people discuss their end-of-life health care wishes, there are two legal documents that can help. The first is a living will. Living wills are probably the most recognizable and familiar document to aid individuals in communicating their wishes.

However, Mr. Speaker, today I would like to draw the attention of the American public to a different type of advance directive, a medical power of attorney. A medical power of attorney, or health care proxy, allows you to appoint a person whom you trust to serve as your health care agent.

Each State government has a medical power of attorney form that a citizen can fill out and have witnessed. This then authorizes the appointed agent to make health care decisions on an individual's behalf. Mr. Speaker, people should not be scared away by these forms; they are written in plain English, and they are very easy to fill out.

I have brought with me an example from my home State of Georgia in order to illustrate how easy this process can be for the American public. The form is simple and straightforward, and is only 6 pages long. I have highlighted two sections for us to look at today.

First is the portion where you identify yourself and then name your power of attorney, and I call my colleagues' attention to the first poster. It may be a little bit difficult to read from the back of the Chamber but basically, Georgia's statutory short form durable power of attorney for health care. And the instructions, again, pretty simple. Print the date, print your name and address, print the name and address of your agent. It is that simple. This authorizes the individual to act for you and, as my colleagues can see, in Georgia, you have the opportunity to initial the statement also. This is the second poster, Mr. Speaker, to check the box really that best reflects your wishes, and there are three. It is just a simple, initial process.

The first one is, I do not want my life to be prolonged, nor do I want life-sustaining or death-delaying treatment, et cetera.

The second check box: I want my life to be prolonged, and I want life-sustaining or death-delaying treatment to be provided, under certain circumstances.

And then the last box, and again, a simple check: I want my life to be prolonged to the greatest extent possible without regard to my condition, the chances I have for recovery, or the cost of the procedure. It is as simple as that.

In addition to State government and public health departments, many organizations and hospitals around the country have advance directives available for patients and loved ones who may find themselves facing these tough decisions.

Mr. Speaker, executing living wills and powers of attorney are so important, I plan to introduce legislation next week that encourages all Americans at all stages of life to prepare these advance directives. My legislation will offer a one-time, refundable tax credit to those individuals who prepare an advance directive.

The refundability of this tax credit is essential in incentivizing lower-income Americans, who often are unaware or unable to adequately prepare for end-of-life medical decisions, to prepare advance directives to ensure that their wishes are honored and valuable health care resources are used where they are needed and wanted.

Mr. Speaker, it has been shown that medical care at the end of life consumes almost 15 percent of our country's health care budget and nearly 30 percent of the Medicare budget. In addition, according to an article in the Journal of the American Medical Association, it has been estimated that hospice care and advance directives can save between 25 and 40 percent of health care costs just during the last month of life.

Mr. Speaker, the Federal Government needs to provide an incentive to the American people to have these conversations and to take these important actions. It is not only in the best interests of patients and families, but also our country's health care system and the American taxpayer.

Mr. Speaker, I would like to encourage my colleagues on both sides of the aisle to join me in cosponsoring this important piece of legislation.

FISCAL RESPONSIBILITY

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

Mr. DEFAZIO. Mr. Speaker, there seems to be a new-found sense of fiscal responsibility on the Republican majority side of the aisle. There should be.

Last year, the fiscal year was a record deficit, nearly \$600 billion. Not only did the United States of America borrow over \$400 billion from investors, and a great deal from China and other foreign interests, they also borrowed the entire Social Security trust fund surplus for the year, about \$180 billion, money that was intended to pay for future benefits for Social Security retirees to ensure that those benefits would be there to pay for the looming retirement of the baby boomers.

Mr. Speaker, \$180 billion extracted only from people who earn salary and wages and earn less than \$90,000 a year was borrowed and spent. Some of it was