Subsidies to people to not grow things, $5 billion a year; another $15 billion a year in agriculture subsidies to grow surplus crops? Don't want to touch that one. Tax loopholes, giveaways to the oil companies, let's cut that. No, we can't cut the tax subsidies to the oil companies.

You know, common guys, let's get real here. Let's invest in America, in the American people, and put people back to work. We need a real program, and you people have offered us nothing.

DEMOCRATS HAVE WRITTEN THE WRONG PRESCRIPTION FOR MEDICARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. GINGREY) for 5 minutes.

Mr. GINGREY of Georgia. Mr. Speaker, I stand here today not just as a Congressman, but as a physician with nearly 30 years of experience treating and interacting with patients. Wearing both of these hats has allowed me to understand our health care system at each end of the spectrum, and it allows me to say with absolute certitude that the Democrats and President Obama have written the wrong prescription for Medicare. With 47 million Americans relying on our Medicare system and millions more to enter soon, it is absolutely irresponsible not to inform the public accurately of the facts about its current path if left unchanged.

The truth is, Mr. Speaker, when the President's health care bill was signed into law, it ended Medicare as we know it. According to the nonpartisan Medicare Actuary, Medicare will run out of money in 2024. That is what, 13 years from now. The Congressional Budget Office says it will be as soon as 2020, 9 years from now.

House Republicans have chosen to face the facts and responsibly proposed a comprehensive plan for Medicare. The Republican budget saves Medicare by maintaining benefits as they are for those 55 years and older, while also strengthening it by bringing true choice and competition to maintain and save Medicare for our children and for our grandchildren.

Mr. Speaker, the Democrats' plan for Medicare reform is included in the 2,400 pages of, you guessed it, ObamaCare, which is bad for American seniors and bad for the country. Their plan empowers a panel of unelected bureaucrats to ration senior health care. This panel will focus its cuts on the chronically ill and the disabled, these Medicare recipients who need care the most because they use the most health care services.

Health care rationing has never, Mr. Speaker, has never been the American way, but it certainly appears to be the Democrats' way. As a doctor, I know that the last thing patients need are bureaucrats who are unanswerable to the public, indeed, even to the Congress, making health choices for them.

The Democrats' plan also allows for a $500 billion raid on Medicare to fund programs in ObamaCare, a fact that they have conveniently ignored while they are consistently criticizing Republicans for so-called ''cutting'' care. The plan put forth by President Obama and the Democrats is a plan that cuts Medicare for seniors today, and it leaves Medicare bankrupt for our future generations, our children and our grandchildren.

Mr. Speaker, my diagnosis is that American seniors should be worried only if we sit back and do nothing about Medicare or accept the Democrats' plan to gut it from sick and disabled seniors. We cannot allow it to continue on its current path to insolvency, as the Democrats and President Obama would have it. We need to support Medicare reform now so that we will have Medicare tomorrow, and that includes eliminating this rationing board as soon as possible.

OPPOSE THE SECURE COMMUNITIES PROGRAM

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. CHU) for 5 minutes.

Ms. CHU. I rise today in strong opposition to the Secure Communities program. I am for the stated goals of the Secured Communities program. Anyone who is undocumented in this country and who has been convicted of a serious violent offense should be removed from this country, period. But I can't support the program because of the significant evidence that Secure Communities is failing to achieve its goal.

When you look at the numbers, nearly half of the undocumented individuals from my home county of Los Angeles who have been taken into custody through this program have not committed or been convicted of a serious violent offense, and that is a problem.

Take the story of Isaura Garcia, a 20-year-old who suffered three turbulent years of abuse and beatings at the hands of her boyfriend. In February, she finally found the courage to call 911 for help. Earlier that day, her boy friend, Ricardo, had thrown Isaura and their 1-year-old daughter out of their apartment. When she came back to the house to get her things, Ricardo showed up and it began again. He started throwing things at her, and when she tried to protect herself and her child she accidentally scratched his neck.

After the 911 call, the police showed up and put her boyfriend in cuffs, but after they saw the scratches, they took them off of him and put them on Isaura. Shocked at what was happening, she fainted. At the hospital, doctors found bruises covering her body from the weeks and years of abuse. Despite being identified by a doctor as a victim of domestic violence, she had been arrested as the abuser.

After the arrest, Isaura landed in the L.A. County jail, which was participating in the Secure Communities program. Because of this program, she was fingerprinted and found to be here in an undocumented way. It was too late. Before she knew it, she was sent to an immigration detention center in Santa Ana.

It is stories like Isaura's that are causing the DHS inspector general to investigate the Secure Communities program. Washington State, Pennsylvania, and Washington, D.C., refused to join Secure Communities. New York, Illinois, and Massachusetts are suspending their participation in this program, and California is discussing this as well.

But that is only a first step. The concerns about Secure Communities must be properly and permanently addressed. This is first and foremost about public safety. The people on the front lines of this program, our police officers, have expressed serious concerns about its implementation. LAPD Chief Beck has noted that the program is causing a breach of trust between the LAPD and our immigrant communities, hindering our officers' duties to protect and serve all of our residents. And the numerous reports of domestic violence victims being detained through this program are simply unacceptable. If a program is causing a victim of violence to fear reaching out for help, then that program is causing more harm than good.

Secure Communities has undermined our police departments' mission of protecting the public, it has weakened protections against racial profiling, and it will have a chilling effect on immigrants' willingness to report crimes or provide useful information to the police.

We must take a long, hard look at the negative effects of Secure Communities. We must allow States to opt out of the program. We must protect the safety and welfare of all our residents and truly ensure that we will have safer, more secure communities.

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SAVING MEDICARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Connecticut (Mr. COURTNEY) for 5 minutes.

Mr. COURTNEY. Mr. Speaker, yesterday afternoon, Bloomberg News released an analysis, district by district around America, of the highest concentration of 45- to 54-year-olds. The reason they did this analysis was to see and focus on where the impact of the Republican Medicare plan would land the hardest. In the top 10 districts which they identified, the headline of this article, which obviously is Bloomberg News, a nonpartisan news service, was: Medicare Cuts Would Hit Republican Lawmakers. Nine out of the top 10 districts in America with that highest 45 to 54 concentration are Republican districts. The 10th is the Second Congressional District, which I

have the honor of representing in eastern Connecticut.

Now, some may ask why was Bloomberg looking at the population of 45- to 54-year-olds? Well, the Ryan Medicare plan radically alters the Medicare program, starting in 2022, for people who today are 54 years old or younger. Starting with that age group, Medicare will no longer be a guaranteed benefit, but instead will be a voucher plan where Americans will be given an $8,000 payment and told, Good luck. Go out and buy insurance.

The Congressional Budget Office has already analyzed what that means to someone aged 54 today in terms of out-of-pocket costs. In fact, it would double the out-of-pocket costs for those 54 and below, in year one, who enroll in the Medicare program. Over time, we have an analysis which shows what the true out-of-pocket costs would be for 55-year-olds with a normal American life expectancy. It would raise their out-of-pocket costs—these are additional costs—by $182,000.

So for anybody who is out there today who is in that age group, you'd better start saving up because you're going to need a lot more retirement assets just to keep level with what an American who turns 65 today gets under the Medicare program.

We have heard a lot from just, again, one of the speakers a few minutes before, who was just making comments about Medicare's going broke and that people 65 and up are going to be protected in terms of their Medicare. Wrong. The Ryan Republican plan would immediately cancel new benefits for seniors today, that they have started to enjoy, starting in January: annual checkups, cancer screenings, smoking cessation.

I had a town hall back in Norwich, Connecticut, just a couple of days ago where I had a young primary care doctor who was talking about the fact that the new annual check-up has allowed her that extra time to spend with patients, and she has detected three cancers because of the fact that she now has the tools to do her job smartly and efficiently.

The Ryan Republican plan would cancel that annual check-up coverage, which the Affordable Care Act kicked in in January, along with cancer screenings and along with smoking cessation—all smart, preventative, wellness-oriented care which will save the Medicare program money, again, for people 55 and younger. This chart shows how the out-of-pocket costs grow exponentially.

I see some young folks up in the audience there. If you're 15 years old, your out-of-pocket costs are going to be $711,000 higher than a 65-year-old's today who is entering the Medicare program.

What this Ryan plan really amounts to is just simply a cost shift to patients and families. It does nothing to make a more efficient health care system, and that is not a solution to the problem.

We also heard that Medicare is going broke, that it is going to be bankrupt in 2024. If you read the trustees' report, you will see, in fact, that it is a totally misleading comment. What the trustees reported was that there are sufficient funds in the program to cover 90 percent of the costs of Medicare and, starting in 2024, for at least another decade and a half. Now, that shortfall is a problem. We should not have a 10 percent shortfall starting in 2024, but that is a manageable problem. We can make smart, intelligent changes to the Medicare program just like we have done going back to 1965 when it was first enacted.

Again, we have had, in fact, solvency reports and warnings from the trustees that were much more dire in the '70s, in the '80s, in the '90s than the report that we saw 3 weeks ago. There is no reason to scare people and panic people into butchering the Medicare's guaranteed benefit in the name of fiscal solvency for the Medicare program. We can make smart choices. We can make smart changes, but shifting the costs to people 55 and younger is not a solution to the Medicare program. It ends Medicare.

Now, within families with some who are over 55 and some who are under 55, this will create two-tiered coverage. I can report to you of the Courtney Family. I'm 58 years old, so purportedly, I would get the old-fashioned benefit under the Ryan plan, but my wife, Audrey, who is a nurse practitioner—she is 51—will get the loser benefit. She is going to have to start dishing out close to $200,000 in additional costs for her retirement under this plan.

So you've got two-tiered coverage even within families under the proposal that we have with the Ryan plan. We can do better as a great Nation to guarantee coverage—with a reasonable package that is smart and efficient to solve the Medicare program. We don't need the Ryan plan, which will shift costs to patients and families in an unfair fashion.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members should not refer to occupants of the gallery.

STOP MILITARY RAPE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. SPEIER) for 5 minutes.

Ms. SPEIER. Mr. Speaker, I rise today to once again draw our attention to the epidemic of rape and sexual assault in the military.

But, first, I want to mention the disturbing Government Accountability Office report released last week which showed that patients and staff have been raped and sexually assaulted in the VA. There were 284 reports of sexual assault which occurred between January 2007 and July 2010. There were 67 classified as rape, 185 as inappropriate touching, 13 as forced oral sex, eight as forceful medical examinations, and 11 as ''other.''

While this is not as widespread as rape and sexual assault in the military, it is yet another example where government has lacked in protecting the men and women in uniform who serve our Nation. One assault is one too many. VA facilities should be a place for aid and comfort, not for abuse.

The House Veterans Affairs' Committee held a hearing on this issue just Monday. Congress must make it a priority to hold the VA accountable and ensure that this does not happen again. As I said during my last speech on this issue, I have set up an email account so survivors of rape and sexual assault in the military can tell their stories. The address is: stopmilitaryrape@mail.house.gov.

Today, I want to share the story of Private Jessica Kenyon. Mr. Speaker, I must warn my colleagues that some of the language is raw. Private Kenyon served in the Army from August 2005 until August 2006. Her allegation is as follows:

During training at Fort Eustis, Private Kenyon's teaching sergeant began to harass her. He constantly touched her, and made sexual jokes and comments to her. She did not believe it would be effective to report the teaching sergeant, because her unit commander was openly misogynistic. He was known to say, ''This unit never had any problems until females came into it.''

In December 2005, while Private Kenyon was home for the holidays, she was raped by a member of the Army National Guard. At that point, she reported both the sexual harassment by the drill instructor and the rape to an Army sexual assault response coordinator. The Army official advised her to put the rape ''on the back burner'' and focus on the sexual harassment. Private Kenyon then discussed the rape with Command, who advised that it would be used against her in promotional reviews if she chose to pursue prosecution.

After she reported the harassment and rape, she was ostracized and retaliated against by her fellow soldiers. This retaliation followed her to her next assignment at Camp Humphreys in Korea. When she arrived, the sergeant advised that he had received calls warning him about her. He then made a unit-wide announcement, cautioning everyone that they ''should be careful who you talk to because they might report you.'' The sergeant and others engaged in the ongoing sexual harassment of Private Kenyon.

In the spring of 2006, one soldier—a specialist and squad leader—sexually assaulted Private Kenyon. He put his hand under her shirt and on her breasts, and tried to make her touch his penis. She fought him off.

Private Kenyon reported the assault to Command. The assailant denied the