much as many of us would like to end the war tomorrow and may vote to end the war tomorrow. But we have had enough screaming at one another from both sides of the aisle, and that has not ended the war up to now. We have an obligation to the people that I saw yesterday, that my colleagues Mr. DENT and Mr. LAMPSON and Mr. GILCHREST have been visiting at our military hospitals and at funerals. They don't want us to harp on left and right. They want us to figure out a way forward. They want us to put aside disagreements that have paralyzed us and move forward on what we can agree to. That is exactly what we intend to continue focusing on.

I thank my colleagues for spending time on this very late evening, and I hope, Madam Speaker, that the American people understand the importance of this engagement, this reconciliation, this dialogue to move not left or right but forward.

Did the gentleman want to close?

Mr. DENT. If I may, Madam Speaker, I just hope that our exercise tonight has done just what you want us to do to make C–SPAN safe for children again, and I hope this exercise has accomplished that goal.

Mr. ISRAEL. Madam Speaker, we will never be the Disney Channel, but it is a good start.

THE DEMOCRATIC AGENDA, WRONG FOR THE NATION

The SPEAKER pro tempore (Ms. WASSERMAN SCHULTZ). Under the Speaker's announced policy of January 18, 2007, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Madam Speaker, as always, I very much appreciate the privilege to address you here on the floor of the House of Representatives.

There are a number of issues that are before us this evening that have accumulated over the last week or two that I believe are worthy of our consideration and our discussion here, and among them are a couple of debates that we had today. And perhaps the first of which was a fairly intense debate that we had on a bill that addressed the Iraq war, and that would be H.R. 3087, and this is a piece of legislation that came out what seems like a weekly effort to weaken the resolve of our troops, make their job harder in Iraq, seeking to answer to MoveOn.org and energizing the anti-war liberal left in America and energizing our enemies across the world, including and I mean specifically al Qaeda.

And, Madam Speaker, many times I have come to the floor and spoken to this issue and reminded Americans that we are at war. And when a Nation is successful in a difficult war, they pull together and bind together in the same will. There was an address made here on the floor talking about World War I, World War II, and other conflicts we have been in as well as the Iraq war that we are in right now. I would take us back to World War II as the central example of the time when the Nation pulled together. And there were rations here in the United States. Most everybody found a way to contribute to the war effort. My father went to the South Pacific for 2½ years. My mother tied parachutes in a parachute factory. The unemployment rate was down to 1.2 percent, and as far as I know, that is the lowest unemployment rate that this country has had. And that was at the same time that many of the women went to work that traditionally had not.

This Nation pulled together, put 16 million Americans in uniform to defend ourselves on two major fronts, the war in Europe and the war in the Pacific, and mobilized an entire Nation, an entire people.

The movies were about patriotism and defending the American way of life. We had pride in our culture and who we were. And the legacy that flows from that is that the United States, ultimately after we walked our way through the Cold War, we emerged as the unchallenged only superpower and the greatest Nation on Earth. That is the legacy of the selfless sacrifice and the single will of a people when they came together when they saw that they were attacked from without, threatened from without, and they saw that the world was in danger of being consumed by totalitarian powers.

And after that Second World War, we went through the Cold War. Again the world was in danger of being consumed by totalitarian powers. But the will of the American people during the Second World War was unquestioned. They understood that our job was to defeat the will of our enemies, and that meant that we had to apply military might in both directions, to the east and to the west, break down their ability to conduct war; but in the end destroying their ability to tactically attack our military was just a means to an end. The end was to defeat the will of the German people and defeat the will of the Japanese people, which the bombs in Hiroshima and Nagasaki did finally defeat the will of the Japanese people.

Now here we are engaged in this war against al Qaeda, against radical extremist jihadists, people who have committed themselves and say they have a religious belief that their path to salvation is in killing us. It is our way of life that threatens them. And they have come across the oceans and attacked us here on our soil. And they have global plots that weekly there's some kind of information that emerges about sometimes second and third generation immigrants who come into the Western European countries and determine that they might be sent back to Pakistan or one of the other countries over in the Middle East to be trained to be a terrorist and they come back into the Western society and plot and sometimes successfully attack people from Great Britain and in other countries in Europe. And we have been fortunate in this country not to have an effective attack against us since September 11, 2001.

But the enemy that we are against, the enemy we are fighting across the world, this global terrorist army out there that are rooted in al Qaeda in that philosophy and their affiliates, and it is a loose affiliation even within al Qaeda itself, the principle enemy in our battlefield that is Iraq is al Qaeda in Iraq. That has been clearly brought to this Congress, and it has been a message that has been delivered to us by General Petraeus, Ambassador Crocker, and others. Who is our enemy? Al Qaeda in Iraq. The number one enemy. There are a number of other enemies there, and there is a struggle going on for power.

But we are in the business of defeating the will of our enemy. Our brave troops have put their lives on the line, and many of them have given their lives in that effort to project freedom to that part of the world, protect our freedom here, and defeat the will of the enemy. They lost their lives, sanctified the soil in Iraq with their blood to defeat the will of our enemy in Iraq.

And yet here on the floor of the House of Representatives, since the gavel in and the passing of the gavel in this new 110th Congress, there has been almost weekly, with only two or three exceptions that I can think of, at least one resolution or a bill or a piece of legislation here on the floor of the House of Representatives that serves to do what? It serves to encourage our enemies, to encourage the will of our enemies, and weaken the will of the American people.

So if this war is not to be won, and I believe it will be won and I believe that the indications that are coming from Iraq since the beginning of the surge, information such as the lowest monthly loss of American lives was in this past month of September, the lowest month in the last 14 months, this at a time when we have upped the troop numbers over there by at least 30,000 and engaged them in an aggressive posture of searching and destroying our enemy and hunting them out in the neighborhoods and our troops that are actually living in the neighborhoods rather than in their compounds, that kind of information is coming to us.

And I have been to Iraq five times. The last time was towards the end of July. The things that I saw there gave me a preliminary view of the report that General Petraeus would give us here in this Congress in just this past month, a couple of weeks ago. The news has been encouraging. And, of course, no one can declare victory there, but one can certainly see that we have made significant progress. It's moving in the right direction. All of this, Madam Speaker, in spite of, not because of but in spite of, these demoralizing resolutions that have come to the floor of this Congress.

And this one that was out here today is another demoralizing resolution,

this H.R. 3087 that has been delivered here and supported by a larger number of my colleagues than I have seen in the past. And I wonder what the motive is, what they hope to gain, what the upside would be to bring a resolution such as this.

This resolution has in its findings the statement that the authorization for use of military force against Iraq resolution of 2002, where this Congress voted to authorize the President to have the authority to engage in military action in Iraq that was enacted into law in October 2002, and it says here ''authorize the President to use the Armed Forces as the President determined necessary and appropriate in order to defend the national security of the United States.'' I agree with that statement. I think it's consistent with the use of the military force resolution.

However, the findings of this resolution that passed off the floor of this House tonight have a false statement in them. It states: ''the continuing threat posed by the Government of Iraq at that time'' was the reason that we passed the use of military force resolution here that went into law in 2002. I will state again, and this is right off the resolution: ''the national security of the United States against the continuing threat posed by the Government of Iraq at that time.''

As I have read through this entire resolution that did pass, current law that did pass, and I looked for the reference to the reason being our opposition to the Government of Iraq, and it's capitalized, Government of Iraq at the time, and going through these references in here in this resolution over and over again, there is a multiple number of references to Iraq, and I have read every one of those references to Iraq. I have them here highlighted, and there is not a single reference to the Government of Iraq or the Government of Iraq at that time.

□ 2230

They're all references about Iraq itself. And I could go through this, the Government of Iraq, destroy Iraq's weapons, declared Iraq to be, on and on and on; no reference to the Government of Iraq.

And yet, this resolution that passed the floor identifies the use of military force resolution as the reason that they brought this one forward and makes a statement that because the resolution from 2002 identified a threat posed by the Government of Iraq, and then it goes on further to say that, the Government of Iraq, which was in power at the time of the authorization for use of military force, was enacted into law, but that because the leader has been removed from power, he has been indicted, he's been tried, he's been executed by the new and freely elected Government of Iraq; therefore, the current Government of Iraq does not pose a threat.

Now, this rationale of, we went to war in Iraq, we gave the President the authority to use military force in Iraq, this resolution today that says it was because it was against the Government of Iraq, and because the government has changed and no longer poses a threat, we have no reason to be in Iraq is that it is an irrational rationale that is founded upon a falsehood. And this entire resolution then is based upon a falsehood that is supported by a flawed premise.

So, to get here with a resolution, then, that requires the President to present to this Congress a contingency plan for a redeployment of the Armed Forces from Iraq that would include a range of possible scenarios, multiple possible timetables to require the President to, and I understand this resolution actually says the director of the department, the Secretary of Defense and the Secretary of State and a list of the cabinet members, it really means the President, Madam Speaker, it will require the Commander in Chief to have his cabinet then present to this Congress, describe the possible missions they might have of redeployment, project the number of members of the Armed Forces which would remain in Iraq in order to do a number of things; protect vital U.S. interests and national security, conduct counterterrorism operations to protect the Armed Forces, the United States Diplomatic Corps, and support, equip and train Iraqi forces, these things that we would need military forces for. And it says ''provide a range of possible scenarios.''

And so this resolution, if signed into law, and I would hope that the President would veto such a thing, would require the Commander in Chief then to present a series of different alternatives and means to deploy our troops out of Iraq, put those in public before this Congress, who we know can't keep a secret, show our enemies a whole list of contingency plans.

Now, part of successful warfare is to have a few things in your pocket that you don't tell the enemy about. It's essential that we be able to have some surprise tactics, and so far I think the enemy is slightly surprised that the President has resisted the push of the Speaker and the majority leader in the United States Senate and taken a clear constitutional and principled and patriot stand that we are going to follow through on our commitment in Iraq. And as we see them make progress over there, we're watching resolutions come to this floor, Madam Speaker, that undermine our troops and their mission, as resolute as they are, as stoic as they are, as committed as they are. It doesn't recognize either the fact that everyone serving in Iraq from this United States military is a volunteer, a volunteer for the branch of the military that they're in. They weren't drafted; they signed up voluntarily. They knew that they had very good odds of being deployed to Iraq, and many of them are on their second tour, some on their third tour and even some on their forth tour of duty in Iraq, selflessly carrying out their duty and asking us, let us finish our mission, we're making progress here.

This, Madam Speaker, is a disgraceful thing to bring to the floor of the House of Representatives. It serves no useful purpose unless one wanted to serve a purpose to encourage our enemies and demoralize the will of the American people, which seems to be one of the goals that I have seen come out of this Congress on a weekly basis. And I and a good number of others voted ''no.'' I know some voted ''no'' because they didn't think it went far enough. They don't seem to recognize that in their constitutional oath, they swore to uphold the Constitution. And from the perspective of the Constitution, we don't have any authority to micromanage a war.

One of the previous speakers in the previous hour said that we don't need 535 generals, or words to that effect, and we don't. It's not that we don't need them; our founders understood, when they drafted the Constitution, we couldn't have 535 generals, that we couldn't have wars micromanaged by Congress. They knew what it was like to have a Continental Congress and a Continental Army and try to get the confederation of States that we had at the time of the Revolutionary War to go together and voluntarily provide funds to fund the military. And what was going to be the command and control structure? They knew you had to have a strong central government to have a strong military. And they knew you couldn't fight wars by committee; you had to hand that over to a Commander in Chief. That's why, when they drafted the Constitution, they clearly established in the Constitution that the President of the United States would be the Commander in Chief of our Armed Forces. That's one of the things that's constitutional that we all need to recognize when we take our oath to the Constitution.

And another is the constitutional authority that this Congress does have. We have the authority to raise an Army and a Navy, and by implication an Air Force. And we have the authority, and I say a duty and obligation, to fund it. But we do not have the authority to micromanage it. We don't have the authority to be calling shots in a war. That's got to be one person, not a committee, not a mercurial switchback from one side to the other or a never-ending chain of resolutions that has no strategic purpose, no logical purpose in law, only a purpose to try to encourage the people in this country that are in the business of trying to encourage our enemy, and the ultimate effect is to demoralize the people in the middle who are really the ones that are subject to this debate.

The people on the left that show up here to demonstrate in this city against this military effort are never going to change their mind, Madam Speaker. That's not going to happen. There is no amount of logic or rationale, no human experience that can flip

them over the other way. They are dug in. And there are some folks on the other side that are going to stand with our President and with our Army, Navy, Air Force and Marines, and they are going to stand with our dear departed who have sacrificed, and they're going to stand with our wounded, they're going to stand with our military families and they're going to stand with the mission and the people that have been asked to carry it out. They're going to support the troops and the mission.

There are some people on the other side, on the left side of the aisle, that will say ''I support the troops but not their mission.'' They don't seem to recognize the dichotomy of that position. You can't ask someone, ''You can put your life on the line for me, I support you, but it's not a good thing you're doing. I don't agree with your mission.'' You cannot do that to people. If you support the troops, you have to support the mission.

And so, Madam Speaker, we are where we are today, as irrational as it is, as demoralizing as it is, as debilitating as it is, another debate on this floor that has no purpose in law, just tries to make an argument to those people in the middle that might be swayed to go over to the side of the pacifists on the left. That's been our debate here on the floor.

And I believe I will tack on to that another resolution today that I think was an unnecessary resolution, and that's a resolution that drew a good size number of votes that were votes for ''present,'' and that's the resolution that took up the issue of Ramadan. And I think the language in that was excessive, so did a good number of Members of this Congress; all didn't have the will to put up a ''present'' vote, and no one had the will to put up a ''no'' vote. But I would point out that Ramadan has been the bloodiest month throughout this global war on terror, and so if that is the holy month, I would like to see Ramadan lifted up to be the bloodless month if it's going to be a peaceful religion.

And now, Madam Speaker, I would like to take the subject matter off of these depressing things and on to another subject matter that is not particularly thrilling either, and that, Madam Speaker, is the subject of SCHIP, the Children's Health Insurance Plan.

This legislation that passed out of this Congress in the 1990s that I will say emerged from the Clinton administration and was intensely debated in the State legislature where I was at the time, where we adopted a bill off of that that we called ''Hawkeye.'' And that's just the Iowa version, and it wouldn't apply unless there happens to be a Buckeye in Ohio. But the SCHIP program was an intense debate here and it continues to be debated across the country. The President is poised to veto the SCHIP bill, and I think he has very sound reasons to do so, Madam Speaker.

First of all, the idea that we would increase the health insurance coverage for families that are making three or four times the rate of poverty defeats the very concept of the idea of SCHIP. And that is that we wanted to provide, and it was Congress' intent to provide, health insurance for those children in families that were not so well to do, that didn't quite qualify for Medicaid coverage. And so from the Medicaid side of this, it wasn't quite enough to reach up into those lower-income families, and so SCHIP was created. And as it was created and it came to the States, we adopted in my State an SCHIP program that covered 200 percent of poverty, trying to reach those kids that weren't insured.

So, here are the levels that were produced by the Congressional Budget Office just this year. If you cover between 100 and 200 percent of poverty, half of the children will have private health care anyway, about half of them within that range. The legislation that first passed off of the floor of this Congress, this Pelosi-led Congress that was then modified by the Senate is way over on the right. That's 400 percent of poverty. That shows that when you offer subsidized health insurance to that level at 400 percent of poverty, you're going to get 95 percent of the kids that were insured that will roll off of that health insurance and onto the government program. The various stops in between, 300–400 percent of poverty, 89 percent, well, that's nine out of 10 kids that are already covered, you're going to get them off and onto the government program; 200–300 percent at 77 percent.

So what was our mission here? What were we seeking to do? One is the SCHIP program needed to be reauthorized, it was expiring and needed to be reauthorized. And so it needed to be brought before this Congress, and we needed to make a decision on how it was going to be shaped and what the parameters of SCHIP would be. And I would have liked to have seen it extended to 200 percent of poverty. And I would like to have seen some of those 25-year-olds that were collecting SCHIP insurance be taken off of those rolls and roll this thing down to where it be kids, not young adults that should be taking care of their own health insurance. But instead, the leadership in this Congress saw fit to bring legislation to this floor and roll over the top of an intensely opposed minority at 400 percent of the poverty level.

Now, to give you an example of what that is, the poverty level is fairly consistent across the country, but in Iowa, if that SCHIP plan that was first offered by this Pelosi Congress that was passed off this floor over to the Senate were enacted into law in a State like Iowa, a family of four, a mom and dad and two kids, would qualify for SCHIP coverage even if they're making $103,249 a year. Now, I call that pretty well off. If you're making six figures, you've got two kids in the family, four mouths to feed, you should be able to find a way to take care of your own health insurance. Likely, that's going to be available in the workplace; at least 75 percent of those jobs do provide health insurance for the employees. But the Senate has modified this language and kicked it back over here at 300 percent of poverty. So in a State like Iowa, under this 300 percent of poverty, they would be offering SCHIP health insurance subsidy up to $77,437 a year for a family of four.

Now, I can take these numbers up to families of eight and on and they go way off into the stratosphere. But a family of four has been our standard across this country. Currently, if you're in Iowa and you're a family of four and you're making less than $51,625 a year, you qualify for subsidized health insurance premiums, $51,625. We call that middle class where I come from.

And so this policy that first passed off the floor, the 400 percent of poverty, went so far that 70,000 families in America that would qualify for SCHIP funding would also be compelled to pay the Alternative Minimum Tax, that tax that was designed to make sure that the rich didn't slip by without paying their fair share. That was a special tax for the rich, the Alternative Minimum Tax. 70,000 families in America are making so much money that they would have to pay the Alternative Minimum Tax and we would have to subsidize their health insurance premiums for their kids, presumably because in order to pay that extra tax on the rich, the Alternative Minimum Tax, presumably we have to subsidize their health insurance so they've got the money to pay the extra tax.

□ 2245

That is bizarre, Madam Speaker. It is bizarre if you believe in a free market system, if you believe we are ever going to have a health care program in the United States that actually rewards those that take responsibility, one that allows people to have a choice and one that allows people to make decisions for their own health care.

But that is not where this is going. This debate has a couple of contradictions within it that the discerning ear will hear. One of them is on the part of the left, the Pelosis, Harry Reids and Hillary Clintons and all the Democratic candidates for President, Madam Speaker, very loosely interchange the term, and this is as near as my ears picked up, very loosely interchange the term ''health insurance'' with ''health care.''

For example, my Governor came to this Hill. And sitting in a congressional delegation meeting with the Senators and the Representatives, all Members of Congress, sitting in the room, said that there are 40,000 kids in Iowa that don't have health care. I am not aware of a single kid in Iowa that doesn't have health care, at least access to health care. If they are poor, they get

Medicaid. If they are at low-income, they get SCHIP or hawk-i. If they go to the emergency room, they will all get care regardless of whether they are qualified, whether their parents take the trouble of getting them health insurance. So there are no kids that I am aware of in Iowa that don't have health care.

It may be true that 40,000 don't have health insurance. It might be that there are a number of those kids that are covered under Medicaid that don't make enough money to be in that threshold level for SCHIP. But it is not true that 40,000 don't have health care. That is the sloppiness of the exchange between those two terms. ''Health care'' and ''health insurance'' have become kind of an easy slip into the utilization of the terms. In the same fashion that some people say ''immigrant'' when they mean ''illegal immigrant,'' some people say ''health care'' where when they say ''no health care for kids'' they really mean ''kids that currently don't have health insurance for one reason or another.'' But they are not alleging, at least, that there are kids in this country that don't have access to health care. That is one of the problems that we have in our communications. It is not that they don't have access to health care.

Another one is the complete flat-out denial on many of them on the left that this SCHIP plan is the cornerstone for a socialized medicine program. Now, you can argue about what kind of shape it takes, but if you listen to Hillary Clinton or John Edwards or Barack Obama, they are all for some kind of a national health care plan. A national health care plan, once adopted, becomes a single-payer national plan where everything is merged together. They want to negotiate for the cost of Medicare as a group, and they will want to negotiate for the cost of all services with the leverage of the Federal Government. They will want to do that with the cost of pharmaceuticals. This takes away the competition that comes from within that drives the research and development, that provides for the highest quality medical care in the world. If you adopt the Hillary plan from 1993, eventually it merges into a single-payer Canadian plan.

Now, I took the trouble today to read through, Madam Speaker, William Clinton's speech before the floor of this Congress that he brought here in, this is September 22, 1993, when he came to give a speech before a joint session of Congress. This is about an hour speech, 13½ pages, single-spaced, where Bill Clinton laid out Hillary's health care plan. It is very adeptly done. It was quite interesting to read through this health care plan.

Some of the comments that he made were kind of astute. One was that he thought we needed Medicare prescription drug coverage. We did do that. That's a piece of that plan. We got that accomplished here in this Congress, Madam Speaker. Some of the other arguments, we are drowning in paperwork, we must produce savings. He goes into how you produce savings. Well, that is going to be some form of limiting. He said he doesn't want to limit prices, but he would limit the increase in prices, which by now we know would be price limitations. Mountains of unnecessary procedures. It is quite interesting that President Clinton is opposed to mountains of unnecessary procedures. But we know that because of the high cost of the litigation, the lawsuits against medical providers and the medical malpractice insurance premiums that are necessary because of the intensive litigation against the practitioners of health care, we know that that is a reason why a lot of these tests are done.

We can argue that they are not necessary one at a time. But every doctor has to make the decision on whether he is going to be defending that decision in court, because the Monday morning quarter backs, the after-the-fact ambulance-chasing lawyers will raise those issues up for litigation. If they see a deep pocket, they will go for it. The deep pocket has been the medical industry.

So the mountains of unnecessary procedures ties into the unnecessary litigation that is part of this. However, there is nothing in the Clinton plan that addresses the high cost of litigation. That is a big reason why we have the high cost of health care here in the United States. We have tried to limit that in this Congress. We have tried to limit it in the last Congress and tried to cap the malpractice to $250,000 in noneconomic damages while still letting everyone who has been a victim of malpractice get themselves whole. We couldn't get it past the trial lawyers, the trial lawyers in the Senate in particular. But the Clinton plan gives full deference to the trial lawyers' interests here and doesn't approach that expensive component of health care at all.

He addresses fraud and abuse. I agree there is some of that. He calls it, though, under our broken health care system that power is slipping away from Americans. Then, let me see, an interesting component here on about page 9 or 10, we will impose new taxes on tobacco, directly out of SCHIP is right off of this page, new taxes on tobacco, Federal taxes at a dollar a pack. Some of the States, including my own, have raised taxes. That turns into, and I am not a smoker, Madam Speaker, I think it would be a wonderful thing if no one smoked. But it is a legal activity. The marketing of tobacco is done as prescribed by the Federal Government. So this tax, a higher percentage of poorer people smoke than people that are better off. So this tax becomes a very regressive tax on the people that do smoke.

It does advocate here, though, that we should be able to deduct from our taxes 100 percent of our premiums if we are a small business. I do support that. There were some components in here that were good. It was an interesting read on what was delivered to the floor of this Congress in 1993, the things that have transpired since then and the effort that is coming out today.

I would note that nothing in this speech of these multiple pages here in this roughly an hour-long speech of Bill Clinton from September of 1993, all on health care, and really all packaged up on the Hillary plan, nothing in this addresses health savings accounts. Yet we passed health savings accounts here off the floor of this Congress. They are the opportunity that we have to continue to provide the private market health care here in the United States and to give people choices and let them have control over their own plans. I think that was the strongest reason to vote for the Medicare prescription drug component piece of the bill.

The health savings accounts were the most important component. It allowed, in the beginning, young couples to put $5,150 in a tax free, into a health savings account. I would like to see that expanded and accelerated so that young people would get to the age of retirement with six figures times X of money in their health savings account, enough money that they could purchase a paid-up, lifetime health insurance plan. If we could do that, then they could roll the money that is left over out of that and put that back into their savings account, their estate, whatever they choose to do with it. That is a good thing to build on, health savings account, and rewarding those providers that provide high-quality care for a low price, that is the best combination. That is something also we should do, Madam Speaker.

We have made some progress here. We have made some progress under this Republican Congress in past years. But this year, this SCHIP plan goes too far. The people that advocate this were the same people that advocated 400 percent of poverty. I haven't heard a peep of fiscal responsibility come out of the other side. So where would they draw the line? I have drawn it, Madam Speaker, at 200 percent of poverty. I put that vote up in the late '90s. That's a matter of record. I have been here on this floor, and I support the SCHIP program to a limit. That limit is 200 percent of poverty. I would ask those advocates that came to this floor and voted for 400 percent of poverty, what is their limit? Where do they draw the line? They wouldn't draw it at 400 percent of poverty when there is hardly anybody left on any private insurance, hardly any kids left. Ninety-five percent of the kids are gone and pushed into the government-funded program. Their choices are really substantially limited.

How many million kids would be talked off of private health insurance by this bill as it came off the floor of the House the other day and that essentially it does concur with the Senate? I can tell you that number. That

number is produced by the Congressional Budget Office; 2.1 million kids in the United States would be leveraged off of or talked off of and given an incentive, their parents would be given an incentive to take them off of their own insurance plan so the government can pay the insurance that the families are already paying.

Is this that consistent with the motive here that we are trying to get health insurance to kids who don't have it when 2.5 million of them who do have it will be taken from their own self-sustaining, family-funded health insurance plan, often funded by the employer who will see the opportunity to cut down on their costs and push their employees' kids over on to an SCHIP plan? 2.1 million kids moved off. How many kids in the future, if this bill becomes law, how many will never see a private health insurance plan? For how many of them will it become automatic, employers will make the shift, they will write new policies, they will offer to their employees?

As they do that, the employees won't know there is another choice. I can easily see an employer sitting there in the HR office, the manager saying to a prospective employee, Here is our plan. We will pay for your health insurance and we will pay for your wife's health insurance. We have a good plan, but your kids will go on SCHIP. We have a way to facilitate that for you so we make that real easy.

While they are doing that, they will be saving some dollars in the premium. But it will end up being private insurance for mom and dad, government insurance for the kids to 95 percent or more. When it is 95 percent, who is left? Just a few people who stubbornly want to be self-reliant and stand on their own two feet. Just a few people, Madam Speaker, will be all that will be left if this thing goes all the way to 400 percent.

Even at 300 percent, you are looking at 89 percent of those kids are gone. Then, year after year as employers change their plans to taking advantage of now another government handout, and as they hire new employees, and as this thing shifts and evolves, there will be fewer and fewer kids on private health insurance, but millions and millions of them that never go on.

This isn't just the numbers of 2.1 million that go off within the next year if this bill becomes law. And that is at the 300 percent, 2.1 million. It is not just that. It is the tens of millions and ultimately the hundreds of millions that will never see a private health insurance plan until they become the age of adulthood, which by then the proponents of SCHIP would like to have a plan in place for those people, for those kids, as they become adults.

Bill Clinton promised us that when Hillarycare came crashing down, when it collapsed in the weight of the opposition of the American people that wanted to keep their freedom and didn't want a Canadian-style plan and understood there was no place for them to go to get their health care if the United States was going to be shut into a Canadian-style, rationed, long-lines health insurance premium, when the American people brought that crashing down, when Senator GRAHAM said, This passes over my cold, dead political body, when that happened, then Bill Clinton came before the American people and said, Well, this is more than the American people can absorb all at one time. So we will get this done a piece at a time. We are going to feed this to the American people a piece at a time. When we do that, we will get them the SCHIP. Then we will also go for the 55 to 65 year olds.

Now, Madam Speaker, do you get the picture, the 55 to 65 years olds? First, we will bring the kids in. Who can say ''no'' to the kids? Who can say ''no'' to 300 percent? In fact, a whole bunch couldn't say ''no'' to 400 percent of poverty. We know 400 percent of poverty is 95 percent of the kids. So if you get to 500 or 600 or 800 percent of poverty, you are going to get, statistically, we say today, virtually all of them. So at some point, we just say that all kids qualify because there are hardly any kids that are not on there.

Then, if we follow this path that is advocated by Bill Clinton back in the mid-1990s, lower the age of Medicare eligibility down to 55, now your window, we have got people that are 25 years old qualified for SCHIP today on SCHIP in the States, and we have people there at 400 percent of poverty. If you lower the Medicare age down to 55, 25 to 55 is only that 30-year window. Well, that is the most productive years. Those are the people that will be paying the taxes.

□ 2300

They will be the ones that feel the pain the most, and they will say, why do I pay for all this health insurance and health care for the seniors that are 55 years old that have a lot of years and vigor left in them, and the kids that are now kids up to age 25? Why don't you just give me mine, too, under the same version, because, after all, I am paying for it anyway. I am paying for my own at work because it's part of the wages I earn, and I am paying for all the kids up to age 25, well, at least a lot of the kids up to age 25, and the adults from age, as Clinton advocated, 55 on up.

Does anybody believe that HILLARY CLINTON disagrees with Bill on this one-hour long speech? I would submit that she wrote a lot of it; in fact, may have written all of it. This policy that she's advocating today reflects much of it. I can't quite find contradictions in it.

So we need to understand, Madam Speaker, that this debate is not about trying to provide health insurance to kids that don't have it. Many say it's providing health care to kids that don't have it. But we know this: Every kid in America has access to health care. Most kids have health insurance. At 200 percent of poverty, you're looking at 77 percent of those kids that have insurance. Maybe that number is a big number of kids that don't have health insurance, but they all have access to health care.

This debate isn't about the health of the kids. We didn't hear examples in any significant statistical number of kids that are suffering because they don't have access to health care. We heard a socialized medicine debate here on this floor, Madam Speaker. And that is what is going on in America.

This is where the landing zone is being prepared for the presidential candidates who are advocating for a single-payer Canadian-style or nationally-mandated socialized medicine program. They think it's their ticket to the White House. They think the American people want to become even more dependent yet on the nanny-state of government.

Well, Madam Speaker, I oppose that kind of a philosophy. Myself and many millions of Americans oppose that kind of philosophy. We are still out there, Harry and Louise; we are out there, Phil Graham. We are still going to stand here and we are going to oppose a Federally-mandated, single-payer, Canadian-style socialized medicine health care system in this country, and we are going to oppose the expansion of current SCHIP law that goes beyond the 200 percent of poverty, up to the 300 percent and more, and allowing, by the way, the States to discount the income so that that 200 percent, now 300 percent of poverty, goes higher than that yet.

We are going to oppose all of that, because what we are really talking about here is the Pelosi Congress laying the cornerstone to the next generation of socialized medicine. SCHIP is the cornerstone of the next generation of socialized medicine, Madam Speaker, and I oppose it primarily for that reason.

I want to point out that this country has the best health care system in the world. Yes, it's expensive. Yes, it consumes perhaps 17 percent of our GDP. That is a lot. We pay for it because health care is worth it to us. If it were not, we would say, I'm not going to do that. I'm not going to pay the premium. Give me my money in my wages. I don't want that to go off to my health insurance. I think I am going to take some risks with my health. I don't want that test. See if you can keep my premiums a little cheaper, because you're spending a little too much time. No.

Madam Speaker, we are for high quality health care, and when it comes to our health, as people in this Nation, and our lives, no cost is too high for us. Because of that, it has driven research and development and driven the educational institutions and the research hospitals. The system that we have out there that produces new doctors and nurses and inventors and the infrastructure of our hospitals and clinics

and a delivery system and the medical equipment that has been developed over the last generation or two is an amazing thing to understand in its broader scope. All of those things are rooted in a belief that we need to provide ever better health care for our people. It has extended our lives and it has extended the quality of our lives. We have been willing to pay for that.

Now, I think there are many things we can do to keep the costs down and provide more efficiency. One of those would be a digital recordkeeping system that would allow for a Web page for all the prescriptions of a patient to go on there, and have a firewall for security, and allow a doctor to put in a patient's records and instantly be able to read the entire file from anywhere in the country, anywhere in the world. I think we will get there.

Those are some things we can work with as to having an integrated medical records system. It will save lives and it will save money. It will avoid duplicate prescriptions and avoid duplicate tests and duplicate x-rays, list after list of things that can be more efficient. That is not something you produce and drive here by saying we need to go to a single-payer plan or socialized medicine plan. That is something government can help facilitate, and I think we should.

I want to have my choices. And I think we also need to grow these HSAs and increase the amount of deductible that goes into the HSAs and allow the insurance company and encourage them to produce plans that adjust the premiums, so if people have healthy lifestyles, that is reflected in a cheaper premium. And if that can be reflected in a cheaper premium, they can roll more dollars into an HSA, and if they have control of management of that from the standpoint of if they live healthy lifestyles and they go in and get regular checkups, they will see cheaper premiums, which allows them to grow their HSA. And if that happens, when there is enough money in their HSA, they can raise the amount of their deductible and lower their premium, which will take less dollars out of their paycheck, and as that transition goes on, they might want to have a larger copayment as their HSA becomes larger and larger.

Meanwhile, insurance becomes more what it is about. It doesn't need to be about covering every medical treatment, the loose-change medical treatment. It needs to be for the catastrophic, those that would knock us down economically and cause us to have to rebuild ourselves again.

We can structure this system so there is more responsibility in it, less litigation it. We can limit the medical malpractice, and we need to do that. I don't expect this Pelosi Congress will do this, Madam Speaker, but I do expect the American people are going to understand where their costs are and want to elect a Congress that will follow through on the medical malpractice and will grow the HSAs and will give us back even more of our freedom when it comes to health care and health insurance, not less.

SCHIP is the cornerstone of socialized medicine, and it is wrong to advance ourselves down that path. It also results in a 156 percent increase in taxes, that is the tobacco tax that I mentioned, and it has no fiscal responsibility. It also has a cliff in the funding.

The funding of this system that is here, even under the 300 percent version that was the last version passed off of this House, the funding is set up so it will require there be an additional 22.4 million smokers recruited to go on the smoking rolls in order to fund this SCHIP. So if you increase the cost of a pack of cigarettes and you presume that there will be 22.4 million more smokers, when taxes in the Federal are a buck a pack and a lot the States have very high taxes as well, would one have to conclude there will be fewer smokers instead of more, and those that are fewer will also smoke less because of the cost?

This inverse ratio then result in the Heritage Foundation's estimate of 22.4 million new smokers to fund this over the next 10 years. Then this funding that is set up is a gimmick funding that produces a cliff, a cliff that happens in the funding, the acceleration of the funding, which will be the collection of increased tobacco taxes until the year 2011. At the year 2011, it hits the spot where there is the drop off in revenue. There is no provision to continue the revenue, and as things stop, you there will be a drop in revenue of 75 percent. No provisions for how to fund the increase in costs that are sailing off into the stratosphere. Instead, there is a 75 percent cut in the revenue. The revenue drops off of a cliff.

What we know then is they will come to this Congress and say, well, you can't say no to all these kids, these 89 or 95 percent of the kids in America that have been talked off of their private health insurance and talked on to a government-funded health insurance. You can't say no to them. So in order to fund them, you are going to have to raise taxes or increase the national debt.

That is what is in store for us with this SCHIP program that we are dealing with today, Madam Speaker.

Then, not the least of which, but among it, is the lowering of the standards on requirements for qualification. We have State agencies that have been requiring birth certificates, passports and other verifiable documents that demonstrate lawful presence in the United States, that demonstrate citizenship, so that we are not providing these kind of benefits to people who are otherwise, actually in fact at the time, deportable.

I mean, to give taxpayer dollars off to people who are deportable is a deplorable thing to do, and it is beneath the standards that have been set by the previous Congresses. And so this SCHIP legislation that is there allows the States to waive a passport requirement, waive a birth certificate, citizenship-proving requirement, and allows them to simply accept a Social Security number.

Now, some will argue that there is a line in the bill that says that these funds can't go to illegals. But, Madam Speaker, the legislation in the bill doesn't require the States to verify citizenship or lawful presence. It doesn't require them to ask for a passport or a birth certificate. In fact, it stipulates that they can accept a Social Security number. And it may actually be a valid Social Security number, but the Social Security Administration themselves have said there is no way to verify that that number actually represents the person that you have before you.

We know that from our immigration debates, and we also know that there are thousands, in fact millions of illegals in America who are working in this country under a false Social Security number. That is the same standard by which we would grant SCHIP benefits to illegals that are here, who otherwise are deportable in the United States.

This SCHIP legislation weakens the standards. It wasn't content to stay with the standards that we had. I didn't hear complaints about the standards that we had. We asked for verification of lawful presence in the United States. No, just produce a Social Security number. So if you can beg, borrow or steal someone's Social Security number and you present that, that can be accepted by the States as adequate proof of lawful presence in the United States.

So this law, this SCHIP legislation, opens the door up for more benefits to go to illegals. And when I say that, I mean people that are deportable, those who, if adjudicated, will be sent to their home country.

That shows one of the things that is wrong with this government, this permissiveness. The Federal Government has enforced our immigration laws less and less over the last 20 years, and this is another piece of it. This same party that brings this permissiveness, this subsidy for deportables, was the same party that advocates for border security. Now, that, Madam Speaker is another dichotomy that I find to be a bit ironic.

So I stand on the rule of law. I think that our laws should be enforced. I think if people violate those laws, you have to enforce it and you have to adjudicate them, and you have to sometimes make an example so the rest of the public recognizes that this is a nation of laws.

But this SCHIP law undermines our national security, it encourages the subsidy of illegals, and it will require another 22.4 million new smokers. It will cost my State of Iowa a net of $226

million. That is the figure that is produced by the Center for Disease Control, that shows that when you add the new taxes into my State and all the money that gets added up on the taxes that would be collected in Iowa, and then you subtract from it the extra grants that would go into Iowa to take care of raising the SCHIP from 200 of poverty to 300 percent of poverty, from $51,625 for a family of four, up to $77,430 for a family of four, you do that math, extra taxes taken out of the State, grants for SCHIP coming back in, the net, not a net gain for Iowa, Governor Culver, I hate to tell you this, it is a net loss of $226 million. So, it isn't even fiscally prudent for Iowans to engage in this.

There are other states that have a net loss as well, according to the Center for Disease Control. The title of this is SCHIP Expansions, Winners and Losers, Net Impact on States New Grants.

This is, Madam Speaker, the look of the map that is produced here, and this is the data that has been delivered by the Center For Disease Control. The map is produced by one of our Members of Congress, I believe.

But, at any rate, Iowa loses $226 million. Our neighbors in Wisconsin, $330 million. Missouri, our neighbors to the south, $496 million. Florida loses $703 million, Madam Speaker. That might be of particular interest to you. $703 million. South Carolina, $239 million. North Carolina, $536 million. This list goes on and on. Kentucky, $602 million. Indiana, minus $517 million. Ohio, minus $426 million.

□ 2315

So there are winners and losers. There is a transfer of tax dollars and a transfer of wealth that takes place with this SCHIP legislation. The transfer of wealth just shows what an economic boondoggle it is for some States. It shows also that some States, their leadership is clamoring for this SCHIP increase. I haven't noticed Republican Governors clamoring for SCHIP increase. I haven't noticed Republican candidates for the Presidency clamoring for an SCHIP increase. They recognize that this increase to 300 percent of poverty, that the attempt to take it to 400 percent of poverty, this attempt to talk kids off of private health insurance, is the cornerstone for Hillarycare, for socialized medicine and lays a foundation for the Presidential debates that will be unfolding from this point until November 2008.

It sets it as the central issue for the Presidency in the event that MoveOn.org and the get out of Iraq at any cost pacifists can't make that issue stick. If they lose that debate, as said by the Democrat whip, that is a big problem for Democrats if there is a good report from General Petraeus.

Well, the report he delivered to us was honest and objective. It was delivered by a patriot. It was delivered by a man who I believe knows more about Iraq and our military operations as well as the political and economic operations there than anybody in the world. It was objective. It was delivered prudently, carefully and factually. And yet, as John Adams said, facts are stubborn things.

Whatever we might choose to do, we can't escape the result of the facts. The facts support a continuing improvement in Iraq. The facts indicate that this debate that is going down this path on SCHIP is not a debate about getting health insurance to kids. This is a debate about laying the cornerstone for socialized health care in the United States.

I think it is utterly wrong and undermines our free market economy. I think it takes away the freedom of the American people. If you take away the freedom of any people, you undermine their productivity and you take away their spirit. If you are a Nation that provides, if you become the nanny state and you provide everything that people want, and FDR created those freedoms, some of these are constitutional, two of them were extra-constitutional, freedom from want and freedom from fear.

This SCHIP plan fits into that idea that people should be free of want and free of fear. They shouldn't fear not having health insurance for their children, and they shouldn't want for anything. This has gotten so bizarre in this Pelosi Congress that we have a farm bill that came to this floor and is passed over to the Senate now that has increased the food stamps, the nutrition component of the bill, by 46 percent. Even though the proponents of that bill could not find a statistical argument that there were components of Americans that were suffering from hunger or malnutrition, in fact they had to admit that people were getting their past meals and they knew where their next meals were coming from, but they stated that people had food insecurity, I'll call it food anxiety. And so because sometimes they weren't sure that some of those meals down the line might not be there, they ate more.

Madam Speaker, I think it is an appropriate thing to get me down to this closing here because it is ironic to quote from the testimony that came before the Agriculture Committee. This would be testimony by Janet Murguia, March 13, 2007, representing LaRaza testifying on food stamps about food insecurity. This is a quote: ''There is also mounting evidence that the overweight and obesity trends in the United States are due in part to high levels of food insecurity.''

In other words, food anxiety, food insecurity cause people to overeat. They become overweight and if we give them more food from the taxpayers' dollar, then they would eat less and be more healthy and slender and all would be wonderful.

Yes, I guess if you are committed that tax increases and more government responsibility and less personal responsibility are the solution to everything, you can even include the idea that if you give them more food stamps, they would eat less as part of your rationale. It is no more rational here to take SCHIP and take it up to 300 or even 400 percent of poverty. The only rationale I see here is socialized medicine. Lay the cornerstone for socialized medicine, lay the cornerstone for the Hillary campaign for the Presidency.

Pick up this speech from September of 2003, ''Move Ahead Into Socialism.''

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. KILPATRICK (at the request of Mr. HOYER) for today after noon on account of official business.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. MCDERMOTT) to revise and extend their remarks and include extraneous material:)

Mrs. CAPPS, for 5 minutes, today.

Mr. CUMMINGS, for 5 minutes, today.

Mr. HALL of New York, for 5 minutes, today.

Mr. YARMUTH, for 5 minutes, today.

Mr. MICHAUD, for 5 minutes, today.

Mr. MCDERMOTT, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. LINDA T. SÁNCHEZ of California, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

(The following Members (at the request of Mr. KELLER of Florida) to revise and extend their remarks and include extraneous material:)

Mr. POE, for 5 minutes, October 9.

Mr. MCCOTTER, for 5 minutes, October 3.

Mr. JONES of North Carolina, for 5 minutes, October 9.

Mr. WOLF, for 5 minutes, today.

Mr. WELDON of Florida, for 5 minutes, October 4.

Mr. BARRETT of South Carolina, for 5 minutes, October 3.

Mr. KELLER of Florida, for 5 minutes, today.

Mr. CASTLE, for 5 minutes, today.

Mr. SHAYS, for 5 minutes, today.

ADJOURNMENT

Mr. KING of Iowa. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 20 minutes p.m.), the House adjourned until tomorrow, Wednesday, October 3, 2007, at 10 a.m.