before my friend from Wisconsin, but there was an article yesterday that was brought to our attention about people in technology businesses that, for whatever reason, want to go out and start their own business but can't because someone in their family or they have a preexisting condition, so they need to stay in their current job because they don't have the coverage when they could be out in the market using what's best in America, the entrepreneurship, to generate new employment.

Mr. COHEN. Before we yield back to Mr. YARMUTH to close, I just want to thank Mr. RYAN for bringing up the issue of bankruptcy. I chair the Commercial and Administrative Law Subcommittee of Judiciary, and next week we're going to have a hearing on bankruptcies and health care. Health care is the major cause of bankruptcies in this country, and Elizabeth Edwards will be one of our witnesses.

But when people go bankrupt because of high medical bills, then other folks lose out because they don't get paid either. Merchants don't get paid because of that bankruptcy. So that's another cost of not having this health care system, and I want to thank each of you.

Mr. YARMUTH. I'd like to yield again to the gentleman from Wisconsin.

Mr. KAGEN. I'd like to dovetail on both of these conversations and say that Mr. RYAN from Ohio pointed out the difference between health insurance and health care, and what we are talking about in this bill is health care, getting the care that you need. You have the choice, you've got the coverage, and you've got the costs coming down. That's exactly what this bill aims to do.

Mr. YARMUTH. I appreciate all the comments from my colleagues, and I'd like to close by reading a letter that I received from a constituent of mine who's 10 years old.

It says: ''Dear Congressman Yarmuth,'' My name is Matthew Gregory, and I am a 10-year-old that lives in Louisville, Kentucky.

''I am writing this letter because I have a younger brother with autism, and I want you to cosponsor the Autism Treatment Acceleration Act.'' Not the piece of legislation we're talking about now, but relevant.

''I would really appreciate the efforts you would provide to cosponsor the bill that would help end autism insurance discrimination. My parents spend $50,000 per year for my brother's autism, and I think it's a national crisis.

''It seems like families that have not had their State's autism insurance bills passed have to pay unnecessary expenses just because a child is different.''

And here's the kicker. ''It's just not fair, and this is a fair country and everybody, no matter who they are, including my brother Eric, should be treated equally.''

So there you have it. A 10-year-old understands the essential unfairness of the system we have now, the fact that so many people are uninsured, the fact that so many people pay too much for the insurance they have, have to make life decisions based on whether they can get insurance or not, and that's what this Congress is determined to correct.

We have an historic opportunity here to create a just, fair health care system, one that is affordable and sustainable for this country and which will make sure that every American citizen has the health care he and she needs for their families well into the future.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Well, good evening, Mr. Speaker and my friends. We have just heard from the Democrats talking about their new foray into solving all the problems with health care, and boy, did it sound good to me. I have to say it really sounded good.

The promises, essentially what I was hearing talk about, first of all, the costs are coming down and you're going to get free medical care and the quality of the care is going to go up. And gosh, if you were given a proposal like that, I don't see why anybody wouldn't say, Yeah, let's just march right ahead with socialized medicine. Let's let the government run it because they're going to bring the costs down, they're going to give you free medical care, and you're going to get even better coverage than you get now.

I also was hearing the fact that they talked about the muck of our health care system and how bad the health care system is, and how, if we don't immediately pass this legislation, that things are going to get even worse. But what we have in front of us is this absolutely euphoric view of a great health care system.

Well, first thing off that strikes me is a little bit of a problem with common sense, the first is, if our health care system were so bad, then it would seem like, to me, that Americans would be going to some foreign country to get their health care. But what I'm observing is that if I got sick—and I have been sick—the place that I'd like to be treated is in good old U.S.A. I don't want to go to Canada. I don't want to go to Great Britain. I don't want to go to France or Sweden. I don't want to go to Russia. No, I'd like to be sick right here in this country.

So it strikes me that a health care system that most people even around the world recognize as probably the most sophisticated and the best quality health care system in the world, we're saying that it is full of muck and that the system has to be completely changed around.

And so it's okay if you want to believe these promises, that what's going to happen when the government takes over the health care system is that it's going to cost less money. The trouble is the Congressional Budget Office doesn't say that and the estimates of the costs don't say that. And the States that have tried using the same approach that's being proposed here nationally, they don't say that either, because those States are almost bankrupt for trying to do this kind of a system, and yet, we're going to try to copy those bad examples.

We are just actually a few weeks, a couple, 3 weeks away from dealing with the other big problem that the administration has identified, which is the fact that the climate and the Earth is going to get worse and worse, hotter and hotter, and we are going to melt down. So we've got to deal with the problem of global warming by, what would you expect, a very, very large tax increase, the largest tax increase in the history of our country. I guess it was about $787 billion. That was the largest tax increase that we've done. We did that.

It was an 1,100-page bill that was brought to the floor, and then at 3 o'clock in the morning, in a special committee hearing, another 300 pages of extra text were added to the 1,100 pages, and the 300 pages being in the form of amendments to had to be collated and put into the 1,100 pages. So, as we were debating this wonderful bill on the floor, they were busy trying to collate this amendment that had been passed, 300-page amendment, at 3 o'clock in the morning. They're busy trying to collate that. So, as we're debating it here on the floor about to take a vote on it, there isn't even a copy of the bill that we're going to vote on.

So here we go again. Perhaps we did learn from our last experience that it's easier to pass something that people don't know what it is. And so here we go now with about 1,000 pages of bill in terms of what we're going to do to have the government take over 20 percent of the U.S. economy. The health care business is about 20 percent of the money that's spent in America. It's about 20 percent, or close to it, of our economy, and now we're going to have the government take—well, if you take a look at it, about half of it the government's already running with Medicare and Medicaid. So we've had some experience with the government running these programs.

The Medicaid program, of course, is noted for the tremendous amount of fraud and abuse that it has, but if you add the Medicaid and Medicare money, if you take a look at the total money we spent in health care, government's doing about half of it right now, but we're talking about having the government do the rest of it. And so that's where we're going, and I think we need to take a look at that.

When the government does take over various things, what tends to happen?

Is it noted for its efficiency? Well, usually what happens when the government takes over programs is you get tremendous excess in amount of spending. You get a lot of bureaucratic rationing. These are typical things in government programs. There's an inefficiency and a degraded quality. Those are the kinds of things that history would tell us happens when the government takes something over. That's what's being proposed here. Make no doubt about it, what's being proposed is the government is going to take over the health care system. And that has left people with this particular quip that, if you think health care is expensive now, just wait until it gets to be free. Then you will see what real expense means.

Well, let's take a look at how well this has worked in the past. One way you can tell whether it's a good idea to make a move or to do something particularly is to take a look at other people who have tried the same thing.

The State of Massachusetts decided in 2006 that they were going to require universal health care coverage that's very much like the current Democrat plan where people are required to purchase specific levels of health insurance.

□ 1915

Well, here's what happened. Health care costs have risen 42 percent since 2006—42 percent increase. Now we were just hearing from the Democrats that this thing isn't going to hardly cost anything. This is going to be a breakeven because there's so much efficiency.

Well, what sort of efficiency is a 42 percent increase? And yet, health care access is down and the patients have to wait more than 2 months to try to get to see a doctor. So, is this the kind of thing that we think is going to improve what most people think is the best health care system in the world?

Health care costs now up in Massachusetts, they're 133 percent of the national average. Well, that doesn't seem to me to be producing these glorious results that I hear the Democrats talk about.

I just don't think that these people may have gotten over their euphoria from just managing to put 1,100 pages, with 300 pages that nobody could read or know what it was, and pass that within a day of the three o'clock in the morning when they made the amendments.

So here we go again. We're going to see if we can't pass another 1,000 or 2,000-page bill this week or next week—and it's a lot easier to pass them when people don't read them.

I'm joined here this evening by some very, very good friends of mine and some people who've done a number of years of study on the health care issue. I think that we need to talk a little bit about this. Before we go racing off to make some snap decisions, I think that we need to do that.

I'm joined by a number of my colleagues. I would yield to the gentleman. If you want some charts, help yourself.

This is Congressman SHADEGG. He's from Arizona.

Mr. SHADEGG. I just want to put up some charts, if I could. We have got boring charts here.

I want to thank the gentleman for yielding. And hopefully we can do this where we are all in a conversation and no one of us talks in a monologue. That makes it more interesting.

I want to thank the gentleman for standing up. I, like he, watched the Democrats in their Special Order that preceded this. And I thought some things were very interesting. On the one hand, there are things that I think we agree on. Our Democrat colleagues said that it is tragic when someone has a preexisting condition or a chronic illness and because of that preexisting condition or illness they can't get care.

That's one of the reasons why we Republicans believe that the health care system in America desperately needs to be reformed. And the health care bill put forward by every Republican that I know of says we need to make sure that every American with a preexisting condition or a chronic illness can get health care costs at roughly the same price as Americans who are healthy.

Indeed, I introduced and the Congress passed a number of years ago a bill called the State High Risk Insurance Pool bill that encouraged all 50 States in America to create high-risk pools so that for someone for whom they have an illness and that illness or that chronic condition has caused their health care cost to rise and they either can't get health care at all or they can only get health care at an extraordinary high price, they have the option of going into a State high risk pool and getting health care at the same cost. That's not an issue that divides us. That's an issue we agree on.

In addition, they expressed concern about those who are uninsured in America. The bill that I've cosponsored, and I see several of the gentlemen and ladies who have cosponsored it with me today, the Ensuring Health Care for All Americans Act, that bill provides health insurance for every single American. It says we are going to provide care to everyone.

And our Democrat colleagues say, Yeah, we think every American should be able to get care. There's another issue where we agree with our Democrat colleagues. But where we don't agree is how they propose to do it, because they want a top-down, government-controlled, one-plan-fits-all, you're-just-one-little-cog-in-a-very-large-wheel plan. And that's what the bill they introduced today will do.

I have to ask a question. I think that the biggest issue in the health care debate is cost. Most Americans are pretty satisfied with their health insurance. Eighty-three percent say they're happy. But every American is concerned about cost.

And I listened when the Democrats introduced their bill today. And the chairman of my committee, Mr. WAXMAN, said the big issue here is cost. And so the Democrats are going to fix that cost.

Now I don't quite understand how they're going to fix that cost by raising taxes $1.5 trillion to create a massive new government, one-size-fits-all health care plan.

But I really, really have this burning question. Anybody in America can answer it, anybody in the room can answer it, any of my Democrats colleagues out there watching tonight can answer it. Please show me the last time when we got government involved and took over a private sector activity, that the cost of something went down.

Mr. AKIN. Just reclaiming my time, gentleman, I think you have asked an absolutely great question, because we just heard an hour from the Democrats. That was their whole point.

Their whole point is: We're going to somehow make the costs go down, which is a little hard to reconcile with a $1.5 trillion estimate. We saw 3 weeks ago that we jammed through the biggest tax increase in the history of this country. What was it—a $787 billion tax on energy? Anybody who flips the light switch is going to get taxed. And that's just a drop in the bucket compared to what we want to spend. And somehow this is supposed to be efficiency. That really stretches long on the conscience.

We have a number of medical doctors here today, and what I was just thinking about, Dr. ROE is from Tennessee. Did you put a program similar to this into Tennessee, and did you find that it really helped the economy of your State? I'd like to yield a little bit of time, then go to the doctor from Georgia as well in just a moment.

Mr. ROE of Tennessee. I certainly don't want to take credit for putting that in.

Mr. AKIN. I wasn't going to blame you for that, gentleman.

Mr. ROE of Tennessee. What happened in Tennessee was we had a lot of uninsured in Tennessee, and it was a very noble goal of trying to cover as many people as we could. And we had a standard Medicare plan like most States do now. We got a Medicare waiver from HHS, the Department of Health and Human Services, to form a managed care plan for the State.

And what happened was, it was a plan that was very rich in benefits, much like you're seeing in this plan and that we heard discussed last hour. Provided a lot of benefits but not much access, we found out.

And what happened was, this plan, this public plan paid only about 60 percent. Now it pays less than, I found out the other day, less than 60 percent of the costs of actually providing the care. Medicare pays about 90 percent.

So businesses and individuals made a perfectly logical decision. They dropped their private coverage, and about 45 percent of the people who are

on TennCare had private health insurance coverage, but chose to drop it.

Well, that was fine until we got the bill in the State. What happened was the bills kept piling up until they consumed more of the State budget than education did.

Mr. AKIN. Reclaiming my time for a minute. One of the troubles with doctors is you guys are so smart, you go pretty fast. You're going to have to slow this down.

What happened was the State government said, We're going to give you medical insurance. And so a bunch of people signed up for that. Then the companies that had the private insurance, they dropped theirs because you could go get the freebie stuff from the government. Then, guess what happened? The government stuff got really expensive and now the State's in trouble.

We have a Congresswoman that I greatly respect, Congresswoman BLACKBURN from Tennessee also. Do you have some more facts? I mean, you lived with it. I yield.

Mrs. BLACKBURN. Well, I thank the gentleman for yielding. Dr. ROE is exactly right. He was a physician practicing medicine or trying to practice medicine under the impact of TennCare. I was a legislator trying to figure out how to pay for this as a member of the Tennessee State Senate.

Mr. AKIN. Wait a minute. The Democrats just said this is going to be really cheap. It's not going to be hard to pay for.

Mrs. BLACKBURN. That's one of the interesting things. You know, Tennessee's TennCare program was put in place in 1994 as the test case for public option, government-funded, government-delivered health care. The interesting thing now is the White House doesn't want to talk about it because it is an experiment that was not successful. It failed. Even our Democrat Governor has said it has been a disaster.

Mr. AKIN. Reclaiming my time, the Governor of the State said it was a disaster in Tennessee?

Mrs. BLACKBURN. Yes. And one of the things we need to realize is this. TennCare was put in place as an executive order program of the Office of the Governor. It was an 1115 waiver from CMS. The Statehouse and the State Senate got the bill of paying for it.

What happened after about 5 years of this program being in place, and you had consent decrees and court orders, you had companies that were dropping insurance, 55 percent of the enrollees on the program were people that were not supposed to be there. They had previously had insurance.

And you had a program that was ensuring or covering—gold-plated program covering 25 percent of the State's residents. Then the cost starts to balloon. You see cost shifting taking place onto those who have private insurance. You see restricted access by doctors and hospitals because they're not being paid by the program, because there's not enough money to go around, and the cost of the program goes to the point that they are actually absorbing every single new revenue dollar that is coming into the State of Tennessee, and ends up being 36 percent of the State's budget.

Mr. SHADEGG. Would the gentlelady yield?

Mrs. BLACKBURN. I'll gladly yield.

Mr. SHADEGG. I just want to make sure I understand this. So, our Democrats colleagues say the big issue here is cost. Costs are going up too fast. The President said it's unsustainable.

In Tennessee they put in a government-run plan, got the government involved, substituted the private market, and costs did not go down?

Mrs. BLACKBURN. Costs skyrocketed. And we saw the costs go up every single year. As Dr. ROE can tell you, having been a physician trying to handle this issue, every single year the costs went up on the public option, the access was restricted, the quality of care was diminished, and those with private insurance saw their rates go up 10 percent, 15 percent.

Mr. AKIN. Reclaiming my time, what you're depicting sounds like to me is one of those things they used to do, they charge people money. They get a railroad track with two huge steam locomotives, they charge them money, and they'd run them. It was a classic train wreck.

It sounds like basically what happened was the government engineered a train wreck in health insurance.

Dr. ROE, you were the doctor—you're a medical doctor. I assume you got into the doctoring business because you wanted to take care of people. What was it like to be there?

I yield.

Mr. ROE of Tennessee. Well, one of the things when I got to Congress here and I began to hear the plan, I said, Well, we tried that already in the State of Tennessee. This is nothing new. It failed. And can you say failed? It was a disaster.

And the Governor ran in 2002—our Democratic Governor—his platform was fixing TennCare. Fixing what 6, 8 years later was a mess in the State of Tennessee.

Now there are good parts of this plan, as we pointed out. Things we will agree on. And I do want to show the public one thing. I almost broke my printer in the office this afternoon. But this is the bill that came out this afternoon, just to give you an idea what we're going to talk about in the next couple of days.

Mr. SHADEGG. I believe it's 1,100 pages long.

Mr. ROE of Tennessee. It's 1,100 pages.

Mr. SHADEGG. The discussion draft was 600 pages. This is 1,100 pages. And if they do what they did on cap-and-trade, it will explode on the day of the vote to what, 1,400 pages with the last-minute 300-page amendment.

Mr. ROE of Tennessee. This is where the devil is in the details, right here.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. ROE of Tennessee. Yes.

Mr. BROUN of GEORGIA. It's interesting. After our last series of votes I was walking into my office. As I went into the Cannon House Office Building, there was a Democrat engaged in this process.

Mr. AKIN. Just reclaiming my time for a minute, I'd like to introduce the gentleman, because you're a medical doctor also. You got in the business to practice medicine. You're not from Tennessee. You're from Georgia. But Dr. BROUN is a respected expert on the subject of health care because you have been doing it all your life. And I'm just thankful that we have you here. I'd like to you to continue commenting where we are because this is a very important discussion.

Mr. BROUN of Georgia. Thank you, Mr. AKIN. It was humorous to me—actually, sad to me—because this Democrat, she said to me that all they're going to do is cover those who are not insured with this public option and give them the opportunity to buy into this public option if they don't have insurance. And I told her, How are you going to keep companies from canceling their insurance and from people being shifted over? That's going to increase the cost of insurance for everybody else, and so you're going to see just a continual shifting.

Isn't that, Dr. ROE or Mrs. BLACKBURN, isn't that what you all saw in Tennessee?

Mrs. BLACKBURN. I thank you. I will give a brief answer to that and then I know Dr. ROE will also want to comment on it. It's so wonderful that we can talk from the perspective of a State senator who was charged with holding that program accountable, even though it was set up without the permission, without the permission of either the Statehouse or the State senate in the State of Tennessee. And Dr. ROE was charged with keeping his oath and making certain that he was providing care to those that were in his care.

□ 1930

But what we saw, again, was the cost shifting that was taking place, the cost of the insurance to those in the private markets going through the roof.

I have employers in my State senate district and now in my congressional district who have seen, over a 3-year period of time, their health insurance cost go up 100 percent. We also saw delayed care. And as the gentleman from Arizona knows, delayed care might as well be denied care.

Mr. SHADEGG. Would the gentlelady yield just on that point?

Mrs. BLACKBURN. I do yield.

Mr. SHADEGG. By the way, our colleagues are saying, let's go to a Canadian-style system, something that gets the government more involved. Well, we all know Canada has a single-payer system. Some of us believe that those

on the other side of the aisle want to create exactly that, a single-payer system, but they just want to transition to it.

I think it is very important, you said that the right to access to care is not the right to care. Actually that is exactly what the Supreme Court of Canada ruled about their single-payer system. The chief justice, and this is on this chart next to me which I thank the gentlelady for allowing me to put up, Chief Justice Beverly McLaughlin of the Canadian Supreme Court said in an opinion, which was issued in 2005, access to a waiting list is not access to health care, an opinion in which the Supreme Court of Canada ruled that you couldn't be forced to stay in their system, you had to be given the right to get outside of the government program and get the care you need. So to the point the gentlelady was making, access to a waiting list is not access to health care.

Mr. AKIN. Reclaiming my time a second, now this supreme court justice, she was no right-wing conservative?

Mr. SHADEGG. She was no right-wing conservative.

Mr. AKIN. By politic standards of America, she would be considered liberal. Yet she is saying that this socialized system doesn't work. And access, just because you have insurance, doesn't do you any good. You can have a free C-section, but if you have to wait 12 months, it doesn't do you much good.

Mr. SHADEGG. If you have to wait 12 months, it doesn't do you much good at all. I believe our colleague could comment on that more credibly than we could.

I just want to make the point: we don't want this. We Republicans want a system that responds to patients. We want patient-centered care. We don't want to give Americans access to a government waiting list. We want to give them access to actual health care.

Mr. AKIN. I yield back to Congressman BROUN from Georgia. I think you had the floor for a moment there, and then I'm going to go to Congressman GINGREY, another medical doctor we have joining us. We have a lot of doctors here tonight, and I'm very thankful for your expertise, my friends.

Mr. BROUN of Georgia. I thank Mr. AKIN for yielding again to me.

I want to come back to something that my dear friend JOHN SHADEGG said where he is talking about cost. I just wanted to inject here something that happened in my medical practice when I was practicing down in southwest Georgia. And what I'm fixing to say is going to point out that government intrusion in the health care system is what has driven up the cost for everybody, whether they are private insurers or public insurers on Medicare, SCHIP or Medicaid.

Back a number of years ago, I was in private practice. I had a one-man office with several employees. And I had a fully automated lab in my office. A patient would come in to see me with a red sore throat, running a fever, aching all over, coughing, runny nose and white patches on their throat. In my fully automated lab, I would do a CBC, a complete blood count. I could do that in 5 minutes and charge $12.

Well, Congress passed a bill and signed into law what is called the Clinical Laboratory Improvement Act, or CLIA. It shut down my lab. It shut down every doctor's lab in this country. All the hospital labs had to get a waiver——

Mr. AKIN. Reclaiming my time, the laws passed here in Congress shut down a lab that you had to be able to treat people that had an upper respiratory type of infection?

Mr. BROUN of Georgia. Anything, to do blood sugars and blood counts and those sort of things.

Mr. AKIN. They shut it down?

Mr. BROUN of Georgia. They shut it down. CLIA shut every doctor's lab in the country. Patients would come in with aching all over, a red sore throat, and so I would do a CBC to see if they had a bacterial infection and thus needed antibiotics, if there was a strep throat that might need a penicillin shot, or if they had a viral infection that could look exactly the same. And a viral infection is not helped by antibiotics. The teaching in the Medical College of Georgia and all of my training postgraduate has encouraged doctors not to overprescribe medications. It is costly. It increases the cost to everybody. Also, if people have viral infections, they don't need antibiotics. Actually, it is harmful to some patients.

So, I do a CBC, 12 bucks, 5 minutes. CLIA shut my lab down. I had to send patients across the way to the hospital. They got a waiver. It cost $75 and took 2 to 3 hours for one test. Now do you see what that does across the whole health care system? It markedly increased the cost.

Congress not just a few years ago passed HIPPA, the Health Insurance Portability and Privacy Act. That has cost the health care industry, thus insurance and all of us, billions of dollars. It has not paid for the first aspirin to treat the headaches it has created. It was totally unneeded legislation. It was totally unneeded because we could have done something to make insurance portable without going that route.

So, government intrusion into the health care system and Medicare policy is what has driven up the cost for everybody. And it comes back to what Mr. SHADEGG was saying about asking a question, could any of us answer the question about has government's being involved in any area decreased the cost. And the answer is ''no.'' It has increased the cost markedly for the health insurance of everybody else. And it is going to in this too.

Mr. AKIN. Reclaiming my time, I think you have really given us several very concrete examples in the health care business where the government involvement has basically run the cost of health care up. That is not a big surprise, is it? Because as we look at the regular marketplace, I think one of the examples would be the idea of Lasic surgery for eyes. That is one thing the government didn't get its big fingers into meddling, right? And laser technology has come along, and what used to cost thousands of dollars for a procedure now is done for hundreds of dollars. And so we have seen a dramatic decrease in the cost of good quality care just because the government wasn't tampering in it. Yet every time we see the government gets it fingers into things, the costs invariably go up.

I would like to get over to Congressman GINGREY from Georgia, another medical doctor joining us with many years of medical practice, also a former senator from Georgia and a great colleague. I yield time.

Mr. GINGREY of Georgia. I thank my colleague for yielding.

It is a pleasure to be on the floor with my colleagues talking about this bill that was finally, as we all know, introduced by Speaker PELOSI at a press conference this afternoon. And hearing our colleagues from Tennessee talk about really the ultimate pilot project, we are always in Medicare, anytime they are trying to do something to improve a situation, we start with a pilot project, which makes sense.

Well, this was the ultimate pilot project, I think, this TennCare that Congresswoman BLACKBURN and Dr. ROE, Congressman ROE, have described to us; and as their Democratic Governor said, it was a complete abysmal failure.

Mr. AKIN. We are going to repeat this? Please continue.

Mr. GINGREY of Georgia. If the gentleman will continue to yield, and yet we are going to repeat this now on a grand national scale.

I want to just take a few minutes to talk about what the Blue Dog Democrats said to their leadership just last week in a letter that was sent to the Honorable NANCY PELOSI, Speaker of the House, Madam Speaker, and the Honorable STENY HOYER, the majority leader of the Democrats. And 40—I think there are 52 Members of the Blue Dog Coalition of Democrats, those Members who are a little more conservative than the typical moderate to liberal Democrats, and basically these 40 Members, 40 out of 52, and there are a number of things in their letter, but I just want to go over a couple. One of the provisions that they say that absolutely needed fixing in this bill before they could support it is small business protections.

Here is what it says: Any additional requirements for employers must be carefully considered and done so within the context of what is currently offered. Small business owners and their employees lack coverage because of high and unstable costs, not because of

any unwillingness to provide or purchase it. We cannot support a bill that further exacerbates the challenges faced by small businesses.

Now, look, my colleagues, what this bill says that just came out today, this is the burden, the additional burden that will be put on small businesses. If the payroll of a business does not exceed $250,000, then there is no surtax. But if the payroll exceeds $250,000 to $300,000, there is a 2 percent surtax. If the payroll exceeds $350,000 but does not exceed $400,000, there is a 6 percent tax on small business, and if the payroll exceeds only $400,000, there is an 8 percent surtax on these small businesses.

What I want to make sure everybody in this Chamber understands is that these small businesses are not subchapter; they are not C corporations. They are Subchapter S or they are sole proprietors. And they pay as an individual. And this is on top of the fact that President Obama is going to let the tax cuts expire that President Bush put in place in 2001 and 2003.

Mr. AKIN. Just reclaiming my time for a minute, what you brought up is an absolutely critical point. It is part of how they are going to try and pay for this humdinger bill. And what you are saying is they are going after small business.

Now a lot of us know small businesses have 500 employees or less, and they create 80 percent of the new jobs that are created typically in the economy. So if you target small business, now you are going to drive down employment. And that is significant.

I yield the gentleman from Arizona time.

Mr. SHADEGG. I am shocked. As I stand here, I have to tell you I'm absolutely shocked. I understand that the gentleman from Georgia was reading from the bill just now?

You're reading provisions of the bill that was released today?

Mr. GINGREY of Georgia. I am reading directly from that provision, taxes on employers and individuals.

Mr. SHADEGG. So you have read a portion of this bill?

Mr. GINGREY of Georgia. I have read a portion of this bill.

Mr. SHADEGG. And I suggest that you also read from a letter written by Blue Dog Democrats, conservative Democrats, to their leadership expressing concerns about provisions of the bill before it was released today, the so-called ''Tri-Committee Discussion Draft.'' So are you telling me that Blue Dog Democrats have read portions of the bill?

Mr. GINGREY of Georgia. The gentleman from Arizona is absolutely right. One of the provisions that they stated in the letter is this, finally, any health care reform legislation that comes to the floor must be available to all Members and to the public for a sufficient amount of time before we are asked to vote for it.

Mr. SHADEGG. I'm just stunned. I have here beside me a quote from the House majority leader which suggests that it is not appropriate in America for us to expect Members of Congress to read bills. As a matter of fact, the majority leader said, if every Member pledged not to vote for it—''it'' being this health care bill—if they hadn't read it in its entirety, I think we would have very few votes.

He said last week, he laughed out loud—laughed out loud at the notion that Members might actually read a bill. I suppose if you had done what he did, which is on the cap-and-trade bill, introduced at 3:04 in the morning a 309-page amendment which made it impossible for a single Member to read the bill before it was voted on at 4 p.m. that afternoon or 5 p.m. that afternoon, then I guess you would have to say, gosh, we don't want Members to read bills. But as I understand it, you're reading this bill, and so are these Blue Dogs, reading the bill?

Mr. GINGREY of Georgia. Well, if the gentleman will yield.

Mr. AKIN. I do yield.

Mr. GINGREY of Georgia. I can respond to the gentleman from Arizona, absolutely, and again in this letter, and I'm quoting directly from the letter: too short of a review period is unacceptable and only undermines Congress' ability to pass responsible health care reform that works for all Americans.

And our colleague from Tennessee, Dr. ROE, just held up that 1,100-page bill. I wonder when they are going to get around to reading it. And I yield back.

Mr. AKIN. I would like to yield time to Congresswoman BLACKBURN from Tennessee. I think you had a point.

And also the stack of that, that is just the beginning of the bill, and it has already given my eyes a headache from looking. What do you have, close to 9 or 10 inches of paper stacked up there, Doctor? That is just where we are now. We haven't done the amendments at 3 o'clock in the morning yet.

I do yield to the gentlelady from Tennessee.

Mrs. BLACKBURN. I thank you. What we see in this stack of the bill, the 1,100 pages that are there in that bill, 1,683 times it gives you the directive of you ''shall do,'' individuals ''shall do'' this. Now let me explain what this means. When you are a mother, many times you will tell your children, well, you can go out and play if you want to or you can do this if you want to. But when you really want to make a point, you say, ''you are going to go to time out'' or ''you are going to go to this corner'' or ''you are going to do your homework, no question, no options.''

□ 1945

In legislative parlance, that is what ''shall'' means. You have to do this.

Now, 47 times it uses the word ''must.'' You must do this and that. And 495 times it uses the word ''require.'' All of these are new mandates on the American people.

To make it worse, 172 times it talks about taxes, taxpayer, taxable activity, 172 times, and 99 times it uses ''penalties.''

The Democrats have become the party of punishment, and they are going to punish Americans severely in this health care bill.

And to the gentleman from Georgia, I loved the fact that he talked about the taxes. That portion that he so beautifully articulated, would create $300 billion in new revenue for the government, which means taxes out of your pocket that you're taking out of your pocket and handing to the tax man; $300 billion. Even the prices——

Mr. AKIN. Reclaiming my time, I just heard promise this thing doesn't cost that much, and yet the Congressional Budget Office, the original version was 3.5 trillion, and they've whittled it down to only 1.5 trillion is what we understand. And you're only talking $300 billion. And we did that huge, the biggest tax increase in the history of our country on energy taxes which is going to hurt our productivity, and that's only not even 800 billion. We're not there yet.

Mrs. BLACKBURN. You're exactly right. And what the gentleman has is one small portion of that bill.

And also, I would add, before I yield back, that his own economic advisor from—the President's economic advisor estimates that that amount of taxes and this legislation would cost us 4.7 million new jobs.

And I yield back.

Mr. SHADEGG. If the gentlelady will yield briefly, I just point out that for you to know all of those numbers shows that you are very much involved in the process of reading this bill. Your staff is involved in the process of reading the bill. I said facetiously to our colleague from Georgia yesterday that I was stunned that people were reading the bill. I just want to make the point I am really stunned that the majority leader made the comment that Members shouldn't be expected to read the bill. I know I won't vote for this bill until I have read it and been over it.

I compliment the gentlelady's staff for poring through the bill, finding those statistics. I compliment the gentleman from Georgia for obviously reading portions of the bill and for his dedication. And everyone here, I think the American people expect us to read the bill. And I just wanted to make it clear that I was only being facetious when I expressed stun and shock that we might read a bill. I think it's my job to know what's in these bills.

I would be happy to yield.

Mr. BROUN of Georgia. I just signed a pledge this afternoon to the American people that I will not vote for this bill until I read it, and I meant that. I don't sign pledges——

Mr. SHADEGG. I hope our colleagues on the other side will do the same.

Mr. BROUN of Georgia. I hope they will, too.

I applaud the Blue Dogs for asking from the leadership. I hope they don't

hold their breath because I think they'll turn blue and die from hypoxia.

But I want to point out something that Dr. GINGREY was talking about that, and that Ms. BLACKBURN brought up very clearly. This tax increase on small business is going to cost jobs, not 1 or 2, not 10 or 20, not 100, but thousands of jobs, because small businesses all across this country are not going to be able to pay for the increased taxes that the Democrats are going to put on the back of small business men and women around this country. So many people are going to be out of work, and it's going to shift them over to the public plan. They're going to get free health care.

We have heard several of our colleagues say, if you think health care is expensive now, wait till you get it when it's free. It's going to be extremely expensive.

Mr. AKIN. Reclaiming my time just a second, I'd like to go back over to Dr. ROE.

You were there. You're in Tennessee. You saw this experiment. Even the Democrat Governor said it was a failure. I'd like you to just finish fleshing—we have just a few minutes left. If you could finish, and then I'll close.

Mr. ROE of Tennessee. Let me go over why it's important for the public and my patients and, as physicians, our patients to understand this. What we're concerned about is if this plan becomes a public option and that's the only option. And the way that occurs is, I've explained, when the cost of the public plan does not pay for the cost of the care, more costs are shifted to your private health insurers, meaning that they'll eventually drop the plan.

Now, having a single-payer system like Canada or England, is that necessarily bad? Well, I would argue that it is in America, and the reason is because it's going to limit choices.

And I know it was brought up just a moment ago by the gentleman from Arizona about costs, and I'm going to share with you—just a family practitioner in my own district the other day called me up and said, Bill, he said, I have had one lawsuit in my career. A very young woman had a serious problem, probably not preventable. He had a grade by the insurance companies of what a good doctor he was, in the top third, always. After this one lawsuit, and nowhere is medical malpractice mentioned here, his referral to specialists in 1 year went up 350 percent. His lab ordering went up 550 percent. This is not him saying this. This is a grade he got from the insurance companies. So there is the cost side that we were talking about earlier, and who knows, when you extrapolate that across the country, how much that must be.

Now, I got this letter right here this afternoon from CBO to Chairman RANGEL, 14th of July, today. And in this, it says, Another significant feature of the insurance exchanges is that they will include a public plan that largely pays Medicare-based rates for medical goods and services. CBO estimates that the premiums for that plan would generally be lower than the premiums for private insurance. But on average, the public plan would be about 10 percent cheaper than the typical private plan offered in the exchanges, and therefore, they're saying right here in this document that that's what's going to happen.

The other thing about this I found interesting was this plan doesn't start until 2013. And what you're seeing here is only in the last 6 years, this $1.1 trillion plan. It actually is 150 billion per year is what it amounts to. It's not what they're currently saying it's going to be, a trillion over 10 years. It's really a trillion-plus over 6 years.

I yield back.

Mr. AKIN. Let me just, I told Congressman SHADEGG from Arizona I'm going to get him in. He had a couple of points, and we're going to jump over to you, Doctor. We'll get right over to you. I yield to the gentleman from Arizona.

Mr. SHADEGG. I thank the gentleman for yielding, and I'll try to be as brief as I can.

I want to point out that the Democrats' bill was not the only bill introduced today. As many of my colleagues here note, we introduced the Improving Health Care for All Americans Act today. It's a bill that reforms health care, not top down government edict, government mandate. It reforms American health care bottom up. It controls costs by empowering Americans, and it has some key points.

It says, if you like it, you can keep it. It provides coverage for every single American and choice for every single American. It provides new pooling mechanisms so that you could be in an insurance pool other than your employer's pool. It says that the Kiwanis International or the Rotary International or the Daughters of the American Revolution or your alumni association of your college or university could sponsor a plan. So you could pick many pools to get into.

It also says we're going to cover preexisting conditions or people with chronic conditions at the same rates as everyone else, by cross-subsidization and high-risk pools.

But I wanted to make, because I have some charts here, two quick points very quickly, and I'd invite anybody else who speaks in the limited time we have left to comment on these because I think they're so important.

The President has said over and over and over again, if you like it, you can keep it. I think that's so important, because polls show roughly 83 percent of Americans, 83 percent of Americans, like the health care they have. So if the President stands forth and says, if you like it, you can keep it, ladies and gentlemen, I wish it were true.

This is the language of the bill which was introduced today. It's been revised and renumbered. This came from the working draft, but the same language is in the bill. It says, by the end of the 5-year period following the introduction of the bill, group health insurance plans, every group health insurance plan must meet the minimum benefit requirements under section 121. Section 121 creates a new Federal entity called the Health Care Advisory Committee, which will rewrite the minimum benefits for every health care plan in America. That means every health care plan in America, under their bill, will change within 5 years. Some will change immediately. Everyone will change within 5 years.

Mr. AKIN. Reclaiming my time, so what you're saying is, if you like it, you won't be able to keep it. That isn't true.

Mr. SHADEGG. If you like it, like the headline says right here, if you like it, if you like your care, if you're one of those 83 percent of Americans, be prepared to lose it, because you're going to lose it under their bill, not just by competition from the public plan. Their bill says you'll lose it. In 5 years, every plan has to change.

I will conclude very briefly on an issue that I know is near and dear to the gentleman who sponsored this special hour tonight, Special Order tonight, our friend Mr. AKIN, who's a cancer survivor.

The American people, I hope, will slow down this process. I hope they'll say, We want to see what's in this bill. But I hope they'll ask this question and understand this information. We are being told to switch to a system similar to what exists in Canada, Europe and England. Those are the parallels.

But I would suggest to my colleagues and to every American, there are two things that scare every American. Those two things are cancers. For men, it's prostate cancer. For women, it's breast cancer. And these are hard facts.

This chart shows you that the 5-year survival rate in the United States for prostate cancer is dramatically better than Canada. It is stunningly better than Europe, and it is shockingly better than in England. So, if you have prostate cancer in America, your chance of surviving after 5 years are dramatically better in the United States than in the system the Democrats are telling us we ought to adopt.

But that's not enough, because every woman in America goes to bed each night worrying about breast cancer, and I would suggest every husband in America goes to bed worrying about breast cancer. And here are the facts.

If you look at 5-year survival rates for breast cancer, once again, the United States, the system they want to throw out, you have a dramatically better, significantly better chance of surviving than Canada, even more dramatically better chance of surviving 5 years than if you lived in Europe, and even better than that, of surviving 5 years, than if you lived in England. Before we adopt a Canadian, a European,

or a British system of health care, we better know that the survival rates for these cancers, the cancers that scare most Americans more than any other, are significantly worse in those countries than in the United States of America.

Mr. AKIN. I promised I was going to yield over to the gentleman from Michigan, my good friend Mr. HOEKSTRA, and I will come back over to you, Doctor, in just a minute. Congressman HOEKSTRA.

Mr. BROUN of Georgia. Okay. I'd like to speak to Mr. SHADEGG's point there before he leaves if he could stick around a second.

Mr. HOEKSTRA. I thank the gentleman for yielding. I thank my colleagues for allowing me to just be a part of this discussion for a few minutes.

You know, it's interesting. As my colleague from Arizona is pointing out the differences between the U.S. system, the Canadian system, and the British system, and I think one of the things that you see there is in America you've got competition, so the hospitals are all working to improve their survival rates. If you get a certain type of disease or illness, you know, people will check the various performance rates by hospitals, by clinics, as to where it's working.

You know, I just—this bill now is 1,000 pages. It's over 1,000. We just went through a massive cap-and-trade and tax bill. But, you know, I just opened it up, and one of the things that people say, Don't worry. There's still going to be improvement and competition to get excellence.

You know what job I want? Start on page 84. I want to be the commissioner. The commissioner shall specify the benefits. The next page, The commissioner shall establish the following standards. You go to page 87, The commissioner shall establish a permissible range. If the State has entered into an arrangement satisfactory to the commissioner, page 88, the commissioner shall, the commissioner shall. I mean, it's like—and this is in 2 minutes of looking at this bill. And it's like, well, it looks like the commissioner knows what to do. And if the commissioner's going to do all of this, what's there left for me? It looks like the commissioner's going to take over my health care.

Mr. AKIN. Are you sure you're spelling that word right? It doesn't say ''czar''?

Mr. HOEKSTRA. I was thinking it sounds like czar. Coming from Michigan, we've had enough of czars. We've had enough of car czars, you know, who are running our automobile industry, who are making decisions about which car company will survive, how they will survive, who will manage the companies, who will be on the board of directors, what dealers will survive. I mean, you know——

Mr. AKIN. Reclaiming my time, gentleman, we're talking about the President of the United States firing the President of General Motors. We got ourselves into the insurance business, into the banking business, and now health care. What is it, 20 percent of all of American business? And we're going to have this commissioner, we're going to take another 20 percent the government's going to run?

□ 2000

Mr. HOEKSTRA. If the gentleman would yield for just a moment.

Mr. AKIN. I would yield.

Mr. HOEKSTRA. You know, think about it. If the President believes that he can decide who should run General Motors, which is a decision that he made in which he forced the replacement of the president of General Motors, then taking the next step and telling each of us what kind of health care we're going to have, what treatments we can have, what procedures we can have, and how much the government is going to pay for each one of those is fully within the realm of possibility, which is exactly where this bill goes.

Mr. SHADEGG. I guess what the gentleman is saying is that, if the bill passes, we'd better hope the commissioner is as smart as Peter Orszag.

Mr. ROE of Tennessee. Will the gentleman yield for a second?

Mr. AKIN. I promised Dr. BROUN that we would give him a chance here. We're getting close to closing.

Mr. BROUN of Georgia. I appreciate it.

In noting what Mr. HOEKSTRA is talking about and in going back to what Mr. SHADEGG was talking about, I want to point out the reason there is such a difference in the survival rates for these two cancers. The American people need to look at it. It's not just because we're Americans. It's because, in those systems, people are put on waiting lists, as your prior chart noted, Mr. SHADEGG. It is also because the government system won't pay for the new procedures, for the new medications. So it's because of delayed treatments, of delayed evaluations of lumps in a breast, because of delayed or denied services. That's going to come under this plan that the Democrats have proposed today. It's coming to every single American. That's the reason the survival rates are so much lower for prostate cancer and breast cancer. The thing is, and what's going to happen is, our survival rates are going to actually go down and match some of those others. The American people need to understand that. If I can speak to them, that's one thing that I would say. The delayed treatment and denied treatment is going to wind up killing people. That's what this plan is going to do. It's literally going to kill people.

Mr. SHADEGG. The man is dead right.

Mr. AKIN. Reclaiming my time, I would like to introduce another gentleman here who has been joining us at a number of key points and junctures, Congressman SCALISE from Louisiana. I would appreciate your jumping into the conversation here for just a minute or two.

Mr. SCALISE. Well, I want to thank the gentleman from Missouri and all of my colleagues who have been talking tonight.

As we start to see the plan unveiled and, literally, some of the secrecy removed on this plan, I think what most American people are going to see over the next few weeks is the fact that this is nothing short of a government takeover of our health care system, a system that right now provides some of the best medical care in the world because some of those people come from those countries—from those very countries that do have government-run health care and the rationing that exists in those countries—to this country, if they have the means, because we have the best medical care even though it's a system with flaws and even though it's a system that needs some reforms. Though, the reforms that need to be made need to be made while working with all of us, with all of us here—with the doctors who have been presenting these ideas and these good solutions that have been presented—not by a government takeover that literally would ration care for American families and that would add hundreds of billions of dollars in new taxes on the backs of small business owners and families across this country. That's what their bill does. That's why we've got a big difference between how we here, who have been talking tonight, would approach this solution versus this government-run takeover of our health care system.

I yield back.

Mr. AKIN. I thank the gentleman.

That's a great summary, and I appreciate your perspective from Louisiana. I think a lot of other people are seeing it this way, particularly the gentleman from Michigan, Congressman HOEKSTRA, with all of those—and he kept reading that word ''shall,'' ''shall,'' ''shall,'' ''shall.'' This doesn't look like any kind of free enterprise to me.

I would like to recognize the doctor from Georgia, Dr. GINGREY. I thought you said you wanted to do about a minute or so before we call it here.

Mr. GINGREY of Georgia. Mr. Speaker, I thank this gentleman from Missouri for yielding. I know time is running short.

I just wanted to point out, in regard to the government plan, the Blue Dogs, who sent this letter last Friday to Ms. PELOSI and to the majority leader, Mr. HOYER. It reads: Providers in the government plan must be fairly reimbursed at negotiated rates, and their participation must be voluntary.

The bill that was introduced today by Ms. PELOSI, in regard to providers forced to participate, reads: Establishment of a provider network for the government plan. Health care providers participating under Medicare are automatically participating providers in

the public health insurance option unless they opt out in a process established by the Secretary.

So, in talking about the powers of the commissioner, I also worry about the powers of the Secretary, and every doctor in America should worry about that.

I yield back.

Mr. AKIN. I think that, perhaps, may be the Democrats' biggest nightmare—the fact, if we have time to read the bill, that the people will see that what is promised and what the bill says are two different things. That is certainly what we're dealing with here. You have the Blue Dogs. These are Democrats. They're asking their leadership to have this flexibility, and the bill goes the exact opposite of what they're saying.

I would yield to the gentleman from Michigan, Congressman HOEKSTRA.

Mr. HOEKSTRA. What we're really seeing here is a continued erosion of the rights of individuals and the rights of States. Michigan is a donor State in terms of transportation. What does that mean? It means, since the inception of the national highway or the national gas tax, for every dollar that Michigan has sent to Washington, we've received 83 cents back. That hardly seems fair to me, especially when we're now number one in unemployment. Think of it. When we get that money back, the Federal Government tells us how to spend it. The same thing happened with education. We sent money here.

Think about what's going to happen with health care. It's going to come here to Washington, and we're going to apportion it back to the States. Some States are going to do better than others, and it's not going to be based on population or those types of things. It's going to be based on the power of the people in this Chamber and in the Chamber down the hall as to who has got the most influence. There are going to be donor States and—what are they?—donees or beneficiaries, the ones who get more than the rest of us.

Mr. GINGREY of Georgia. Recipients.

Mr. HOEKSTRA. Recipients.

That's no way to run a health care system. We will lose freedom, and this place will become the center of distributing money and of distributing power back to groups around the country. This is what we're fighting for. We're fighting for freedom for individuals and for sovereignty back to the States.

Mr. AKIN. You know, I really appreciate your summary, and we're getting close in time. A number of you have come to this same basic position. What we're really talking about here is freedom, isn't it? It's a subject of freedom.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. AKIN. Okay. I'll finish up and reclaim some time. Go ahead.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3170, FINANCIAL SERVICES AND GENERAL GOVERNMENT APPROPRIATIONS ACT, 2010

Mr. ARCURI (during the Special Order of Mr. AKIN), from the Committee on Rules, submitted a privileged report (Rept. No. 111–208) on the resolution (H. Res. 644) providing for consideration of the bill (H.R. 3170) making appropriations for financial services and general government for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3183, ENERGY AND WATER APPROPRIATIONS ACT, 2010

Mr. ARCURI (during the Special Order of Mr. AKIN), from the Committee on Rules, submitted a privileged report (Rept. No. 111–209) on the resolution (H. Res. 645) providing for consideration of the bill (H.R. 3183) making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. I thank the Speaker for recognizing me to address this.

While we have so many stellar experts here on health care, health insurance and on the destiny of America with regard to this large percentage of our gross domestic product, I'd ask for any of you who are willing to stay here and to continue imparting the knowledge base that you have to continue in this seamless transition over into the second hour of the Special Orders here.

It turns out that the Democrats don't have enough confidence to show up here on the floor to defend their position nor to rebut ours, and so I would point out something that I would add into this equation.

That is that, first, we have the most successful health care system in the world, and it has produced the best results in the world. Even though we have a Secretary of Agriculture who, as the lead person on health care, said that Cuba had the model for the world. No, it's the United States of America. She got the right hemisphere, and she was close to the right continent, but it's the United States of America.

I'd point out also that, by the time you reduce down the numbers of the uninsured, that 44–47 million, which is a number that is arguable, and by the time you take out of that those who are illegal and by the time you take out of that those who are in transition between health insurance policies and by the time you just boil it down to the chronically uninsured—and this is according to a study done by two professors at Penn State University that was reproduced by the Heritage Foundation—it comes back to about 4 percent of this population that is chronically uninsured. Yet we would upset the entire system of health care in America to try to reduce that 4 percent number down to—what?—3 percent or 2 percent or not even 1 percent in their wildest aspirations.

So, rather than my venting myself completely on the things that I have in my head and heart on this health insurance and health care program, I am looking at a series of established experts.

I would like to yield to the gentleman from Missouri to pick up where he left off before the clock ticked out on that first hour.

Mr. AKIN. Thank you, Congressman KING. I appreciate your love for free enterprise and for your willingness to stand up for freedom.

We've been joined here over the last hour by a number of distinguished doctors, by doctors who have given a large portion of their lives to providing good quality health care—by Dr. ROE from Tennessee, by Dr. GINGREY from Georgia, who just left, and by Dr. BROUN from Georgia. They all, of course, know health care far better than a lot of us because they've lived it for 30 or 40 years of their lives; but there's something that I've lived for about 9 years of my life, and that's what is called cancer.

People in America, when you hear the word ''cancer''—they call it ''the big C''—you pay attention to it. When I got here as a freshman Congressman, I waltzed down to the doctor's clinic that's provided by the Navy in this Capitol building. I felt bulletproof and fit as a fiddle at barely over 50. They said, Yeah, you're in pretty good shape except for one little detail: you've got prostate cancer. So, when you hear the words ''the big C''—cancer—pay attention to it. So, although I'm not a doctor, I've had some experience.

There was one set of numbers that jumped out at me that we really didn't talk about, although it was mentioned by the gentleman from Arizona, Congressman SHADEGG. He talked about prostate cancer and breast cancer, but let's generalize those numbers a little bit more. Let's talk about survival rates. What we're talking about here is that, for the sake of 4 percent of the people who are chronically uninsured, the Democrats want to remake the best health care system in the world even though they were throwing rocks at it an hour and a half ago. Nobody goes from America to get health care somewhere else. They all come here to get their health care. Now what they want to do is turn us into something like Canada or England or Tennessee, which had a bad experience, or like Massachusetts.