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# *House of Representatives*

The House met at 10:30 a.m. and was called to order by the Speaker pro tempore (Mr. SALAZAR).

## DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
*July 21, 2009.*

I hereby appoint the Honorable JOHN T. SALAZAR to act as Speaker pro tempore on this day.

NANCY PELOSI,
*Speaker of the House of Representatives.*

## MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

## CALIFORNIA'S THIRD CONGRESSIONAL DISTRICT'S PERSPECTIVE ON HEALTH CARE LEGISLATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. DANIEL E. LUNGREN) for 5 minutes.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, last night I had a telephone town hall with constituents in my district. As I made the call, I informed them that we were going to discuss any subject they wanted, but I wanted to concentrate on health care. As a result, I had one of the largest responses I ever had. Thousands of people got on the line. Most times, there were no less than 1,400 people on the line. I didn't choose them by party. I didn't choose them by income. I didn't choose them by occupation. It was random, calling people in my district.

The response was overwhelming, overwhelmingly negative with respect to the plans they hear about that are coming from the White House, the Senate and the House. Why were they negative? They were negative because the people in my district were concerned about whether or not the government was going to dominate health care in this country, and those who were satisfied with their plans—even though they had some imperfections, even though they had some desire to have them improved, but by and large had made choices with respect to their plans—wondered whether their freedom of choice would be taken away by the government plan presented by the President and by the leadership in both the Senate and the House. It was interesting, they also were very concerned about the cost. When they hear the word $1 trillion, they begin to think that this particular plan has real problems. As we discussed the various aspects of it, they referred me to the CBO, the Congressional Budget Office's report that disappointed the White House and the Democratic leadership in the House and the Senate because the report suggested that this program cannot pay for itself, that we're talking about at least $1 trillion to be imposed on the American people.

The dialogue that I had with my constituents was very lively. They were also concerned about the fact that we have Medicare and Medicaid—as we call it in California, Medi-Cal—that is on an unsustainable path to bankruptcy. This has been pointed out by the director of CBO as well as many others outside the halls of Congress and outside the Federal Government. So the American people are trying to tell us that they are concerned that we have an unsustainable program already that we have not faced up to; and on top of that, we're going to impose this new national health plan. It was interesting because the President and the Democratic leadership have said that, look, the public option is just that. It's not going to destroy the private sector. Yet constituents in my district were very, very clear as to their understanding of the necessary impact of this program. They also were concerned about the promises made in this plan. I guess you could sum it up in these words: First entitlement and then rationing. When government takes over a program like medical care, and when it promises everything, and when you see the track record with respect to Medicare and Medicaid, you understand that at some point in time, we're going to hit the fiscal wall, and government's only ability to control cost at that point in time—if you look historically at other government-centered health programs around the world—is through rationing.

You can look at it in Canada. You can look at it in Great Britain. You can look at it in every country around the world. And frankly, I do not want—and my constituents told me last night they do not want the imposition of a government bureaucrat between them, as patients, and their doctors.

Interestingly, last night in one of our committees marking up that case, that question was posed: Could we say in the plan that there would not be the intervention of a government bureaucrat to dictate to your doctor as to what your health care should be? That specific amendment was voted down almost on a party-line vote. Every Democrat on the committee, save one, voted against that prohibition; and every Republican voted for it. In other words, it