

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

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

IN MEMORY OF 1ST LT. MICHAEL
E. JOHNSON, USMC

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

Mr. NYE. Mr. Speaker, I rise today to honor the service and sacrifice but, most importantly, the life of First Lieutenant Michael E. Johnson of the United States Marine Corps, who gave his life to defend our Nation.

Mike Johnson grew up in the sand and surf of Virginia Beach, along with his twin brother Dan and his younger brother Steve. At Hickory High School in Chesapeake, he was an accomplished athlete and a member of the crew team. From an early age, he always talked of following in his grandfather's footsteps and becoming a marine.

Mike loved the outdoors, and after visiting relatives in Oregon, he decided to attend college at Oregon State. In college, he met his soul mate, Durinda, and in 2007 they were married in her hometown of Keizer, Oregon.

Mike told his friends that, one day, he hoped to become a park ranger, bringing together his love of the outdoors with his commitment to public service; but for Mike, duty came first, and with our country at war, Mike decided that his own dreams would have to wait.

He joined the Marines. After training at Quantico, Mike and Durinda moved to Okinawa, Japan where, First Lieutenant Johnson was assigned to the Seventh Communications Battalion, Third Marine Headquarters Group, III Marine Expeditionary Force.

Two months ago, Mike was deployed to Afghanistan where he was assigned as part of an embedded team that was training the Afghan Army. On September 8, his unit was attacked by insurgent fighters as they approached a village in eastern Afghanistan. In a firefight that lasted over 8 hours, Mike and three other Americans were killed.

As a husband, a son, a brother, and a friend, Mike was a positive influence on everyone around him. He loved his family and his friends, and he cherished every moment he had with them.

Mr. Speaker, across Virginia today, flags are flying at half-staff in honor of Lieutenant Johnson and his memory; but for those lucky enough to have known him, he will always be remembered for the smile that never left his face and by the words he lived by: *carpe diem* and *Semper Fi*.

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

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

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

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

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

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

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

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

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

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

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

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

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Utah (Mr. BISHOP) is recognized for 5 minutes.

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

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

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

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

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

TORT REFORM

(Mr. COFFMAN of Colorado asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COFFMAN of Colorado. Mr. Speaker, the President's mention of a tort reform demonstration project in his speech to Congress last week was a red herring. By putting Secretary Sebelius in charge of evaluating a tort reform demonstration project, the President has left tort reform to the former executive director and chief lobbyist for the Kansas Trial Lawyers Association. The President may have well just said, "We need to protect the hen house, so I'm appointing the fox to evaluate security."

Democrats deride the status quo in health care, waving their fingers and blaming special interests, but their rhetoric fails to meet reality. In a moment of extreme candor, Howard Dean, the former DNC chairman, said, The reason why tort reform is not in the bill is because the people who wrote it did not want to take on the trial lawyers, and that is the plain and simple truth.

Talk about beholding the special interests.

Mr. Speaker, if Democrats were serious about reducing costs and about making health care more affordable without bankrupting our country, they would embrace tort reform. The fact is they just aren't.

HEALTH CARE

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. Mr. Speaker, it's a treat to be able to join you, Members of Congress, and those listening in tonight on a topic that has absorbed the attentions of our country, the topic of health care.

This week, the President delivered a major address to the House, to the Senate and to the public about his health

care plans. It was really a big debate. There was a lot of discussion, actually some heated kinds of words, some concerns about facts, and what was opinion and what was fact. All of these things have probably been inescapably in the news for many of us to observe. The big debate on the facts calls forth that old quip that everybody is entitled to their opinions, but there's one set of facts.

What we're going to try to take a look at this evening are some of these different controversial areas and how you straighten this thing out and why there is controversy and why there is debate over what the facts are, even though people have their own opinions.

So when we take a look at this—I apologize. Being an engineer, I may tend to make things a little complicated here. This is a chart of the Democrats' health care plan. If it seems like it's a little complicated, it's because it is a little bit complicated; and something as complicated as this, obviously, is going to make it a little difficult for people to sort out.

What exactly are the facts? That's what we're going to be working on.

I'm hoping to be joined by some of my colleagues who are experts in certain areas here of the health care plan, but I think just to start with: sometimes a picture is worth 1,000 words. This is a fairly complicated proposal by the House Democrats in their bill. Essentially, it is going to try to take over 18 percent of the U.S. economy, which is the entire health care sector, and put it under government management. Now, it doesn't do that immediately, but that's its net effect over a period of time. So, if there are some debates over facts and questions, it may not be surprising.

Now, perhaps, when you take a look at a big government takeover of something in any particular area of our government, one of the things that you worry about is that it may become expensive and that your quality may go downhill. There have been complaints sometimes about the Federal Emergency Act and about the FEMA people. There were concerns about their performance during Katrina. There were concerns about the performance of the post office relative to how much it cost. There were concerns about the CIA, about the kinds of numbers they gave us on Iraq before Gulf War I and Gulf War II. They got it wrong both times.

I do yield to my good friend from Minnesota (Mr. KLINE).

Mr. KLINE of Minnesota. I thank the gentleman for yielding, and I very much appreciate his leadership and his taking the time to do this.

I wonder if the gentleman would mind putting up that first chart, because it strikes me that it's a pretty complicated chart, as the gentleman said. I found that, when I was back in my home State of Minnesota and when I was traveling around, talking to groups, I used that chart a number of times.

I want to point out that it was, indeed, prepared by the Republican staff, but there is nothing on that chart that isn't in the bill. That is a best-effort depiction to describe what this bill does.

Mr. AKIN. If the gentleman would yield, if you're talking about a 1,000-plus-page bill and if you're trying to put it on one chart, it's going to look a little complicated.

I yield.

Mr. KLINE of Minnesota. Exactly. Exactly. It is over a 1,000-page bill, and it is complicated. The reason I asked the gentleman to put it back up is that I've been struck by a number of proponents, the supporters of this bill, including, frankly, the President of the United States, who've said, Well, the public option is just a little slice. It's not everything. It's a little slice of this reform.

So, one time, I tried to look at that and ask, Well, where is that little slice? Can I take the public option out of this, off that chart? Can I find that little slice?

It turns out that you cannot find that. It is interwoven. There is a Bureau of Health Information; there is a Health Choices Administration and a Health Choices Commissioner. You can't just go and remove one of those little squares and say, Well, that's the public option, and we're left with a simpler bill of reform without this government-run option. It's an integral, woven part of that whole 1,100-page package.

Mr. AKIN. It's like, if you had a rug and you took out all the threads going one way, the whole thing wouldn't make any sense almost.

Mr. KLINE of Minnesota. Well said.

Let me make one more point before you move on. I think you made another very important point.

You said this is the Democrats' health plan.

Mr. AKIN. Yes.

Mr. KLINE of Minnesota. That's really too bad. There is not a drop of Republican ink on the 1,100-page bill. That bill moved through three committees in this body, in this House, and Republicans tried repeatedly to make amendments but without success. The amendments failed largely on a party-line vote. So we have a Democrats' bill.

Mr. AKIN. Gentleman, I can't help but interrupt you there for a minute because I've heard it said repeatedly, and particularly by the President, that the Republicans don't have any alternatives or options. The fact is there are dozens of Republican bills, and none of them were put into any of this.

Mr. KLINE of Minnesota. I thank the gentleman. That's an excellent point.

It seems to me that we should not be at a point where we are competing the Democrats' 1,100-page bill with, presumably, the Republicans' 800-page bill, 900-page bill or 1,000-page bill. What we should do to get a bipartisan solution is take that whole 1,100 pages and push it off. We should set aside the

bills that have been introduced, and we should sit down and see where Republicans and Democrats could actually agree on something.

A Republican proposal we've discussed many times is allowing young people to stay on their parents' insurance until they're 25 years old. If you just did that one thing, if we sat down, Republicans and Democrats, and said we're going to push all this aside and we're going to push a reset button and we're going to agree on this one thing, you would take 7 million of the uninsured and they'd be insured. There are many things we could agree on, but not dealing with that.

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Mr. AKIN. What you are suggesting, Gentleman, it's almost too common-sense for us to do. One of the ways that when we do create good legislation, usually there is a good consensus, and the minority and majority parties work together, they put stuff together and say, Well, this is the stuff we can agree to, this is the stuff other people can agree to, but together let's take a piece of the problem and solve it.

Instead, what this is is an attempt to take—what is it, one-fifth of our economy—and federalize it. And that's a pretty ambitious step, even if everybody agreed, this will be an ambitious step. And in this case, not one Republican agrees and agrees in the House or Senate, from what I know. Even if they did, this would be very ambitious to try to rewrite 18 percent of the U.S. economy and federalize the whole thing. That's a pretty ambitious thing to do.

Mr. KLINE of Minnesota. Well, let me pick up on this point of a bipartisan effort.

I serve also on the Armed Services Committee, as the gentleman knows. You will recall that earlier this year, the chairman of the Armed Services Committee, the distinguished gentleman from Missouri (Mr. SKELTON) and the then-ranking Republican member, the gentleman from New York (Mr. MCHUGH) said we ought to see if we can do something about the defense acquisitions system.

Everybody knows that it is a mess. Hundreds of dollars for hammers, huge cost overruns. We need to fix that system.

And, if you will recall, the approach was to get some Republicans and some Democrats to sit down. And our friend from New Jersey, ROB ANDREWS, was chosen to represent the Democrats and our friend, MIKE CONAWAY, from Texas was chosen. They sat down together and they wrote legislation.

Mr. AKIN. Actually solved some problems.

Mr. KLINE of Minnesota. It actually solved some problems. You will recall when they finished they had a pretty good bill, experts agreed it would help, and it passed that committee unanimously.

Mr. AKIN. Ran right through.

Mr. KLINE of Minnesota. And it should, because that's the way to solve the problem. You cannot take behind closed doors, one party, go write a bill, an 1,100-page bill, at a cost that, oh, it depends on what given moment you are looking at it, but it's somewhere well over a trillion dollars, and present it and say, frankly, as the President did, Well, I am open to suggestions.

Well, the best suggestion I would offer to the President and to my colleagues, the majority party here is, let's set that aside and sit down and see if there is something we can't agree on here.

And don't do as the lady did, a wonderful lady when I was back in Minnesota said, Congressman, is there some piece of this that if you took it out, it would be okay. And it's back to your wonderful example of pulling the strings on a rug. Pretty soon it doesn't function at all. You can't reach in there and take out one little piece and say, Well, yes, I could support that if we just took out the Health Choices Administration.

If you take the Health Choices Administration out, it collapses. That's important.

Mr. AKIN. Gentleman, I would like to get to some of these questions that have come up, questions the President has raised, other people have raised, and take a look at them a little bit more carefully now that we have a little bit of time to say, What is the story? What are the real facts? Because you are entitled to your own opinion, but not to your own facts.

So one of the first things you are going to think about is in our environment, is this health care proposal expensive or is it too expensive? Somebody once quipped that if you think health care is expensive now, just wait till it's free.

So how do we take a look to assess how expensive it would be? You know, the President started his speech last week by saying, Hey, I inherited a trillion-dollar debt.

And immediately, as a member of the other party, I thought, well, you inherited a trillion-dollar debt, but you are not doing too shabby yourself. Because if you look at the Wall Street bailout, half of that was under his leadership, that's \$350 billion. You have got another \$787 billion for this supposedly stimulus bill.

You have got SCHIP, and then you have got, what was it, the appropriations bill. And then the huge bill that was passed, the cap-and-tax bill in this House, that all adds up to \$3.6 trillion.

So I think it's reasonable to ask the question is this thing where the government takes over 18 percent of the economy going to be expensive? And he said it's going to be so efficient that we are not going to have any debt, and it's going to be fantastic and will hardly cost anything because we will take the money out of Medicare.

And so with a bill that's sort of plastic, I mean, you have got a 1,000-page

bill, and people want to change it all the time. No one really—hasn't been finalized, all we have is the 1,000-page draft. How much do you assess how much it's going to cost?

Well, one way to do it is, here is Medicare and here is Social Security and Medicaid, the three biggest entitlements we have got, and they are growing out of control. So what we are claiming is that this socialized medicine bill is not going to do what these other socialized medicine things did or particularly Medicare and Social Security.

Now the liberals agree to these numbers. They are saying Yes, these things are growing out of control, but this proposal is not supposed to.

Mr. KLINE of Minnesota. Well, if the gentleman would yield one more time, I hate to interrupt, but you have got a depiction there of the unfunded liabilities, how much more we expect to spend on those programs than we expect to bring in.

And that goes out for a number of years, I see out there, 2008, 2052 and so forth. And we do need to look out there, we do need to recognize those unfunded liabilities. We do need to address that.

But you don't need to look that far. Right now, with the latest projections that have come out of the White House, taking the projected deficit spending, how much more we are going to spend than we are going to take in over the next 10 years, increasing that from \$7 trillion to \$9 trillion. Trillion dollars. It used to be hard to say that. But now, we just talk about trillions.

Mr. AKIN. It was billions, now trillions.

Mr. KLINE of Minnesota. Trillions now. If you just take the next 10 years, the current debt, which is a staggering number in itself, it is approaching \$12 trillion right now. The Secretary of the Treasury is asking us to lift the cap, the statutory cap on the debt, and you add the \$9 trillion of projected deficits—I ask the gentleman, what does the number \$21 trillion of national debt in the next 10 years do?

And that's without counting the cap-and-trade bill which passed so early in the House and shouldn't have passed at all. It doesn't count this health care bill, which already we know, the Congressional Budget Office projected that the bill that's in front of us, H.R. 3200, almost \$240 billion of deficit spending, and it doesn't count for the out years where the deficit runs over \$60 billion. Yes, it's a staggering amount of money.

Mr. AKIN. So there is a good reason for people to be saying "hold on" in terms of these Big Government solutions. We are just absolutely not spending our kids, but our grandchildren, into debt with these things.

And I guess the question is, when you go from George Washington to George Bush, and you are running at, whatever it is, \$5 trillion, and then you are going to add another 8 just under the Obama

administration, doesn't that suggest that perhaps we need to kind of get off the accelerator of spending government money?

Mr. KLINE of Minnesota. Absolutely, it does. And speaking of grandchildren, my wife and I are planning to travel down and spend a little time here in a week or two with the grandchildren. I have four wonderful grandchildren. I always say best grandchildren, but then I run up against somebody like the gentleman who actually thinks his grandchildren are the best.

We are going down to visit them. I am thinking I should just get down on my knees and thank them, because they are going to pay all these bills, and it's just not right.

Those numbers and that chart, I would say to the gentleman, are terrifying. And as I mentioned, when you bring it down much, much closer, 2019 on that chart is way over there towards—

Mr. AKIN. That's something we will live to see, and our grandchildren will just be growing up enough.

I would just like to stop on that point because I notice that the gentleman is probably a little younger than I am, but not too far distant. And you don't get to be a colonel by just being a—you can be a chicken, but not just a spring chicken.

As we grew up our parents, sometimes called the Greatest Generation, they had it in their heart that they wanted to hand a better future to their children and to America than what they had been blessed with. And it seemed like it was one of these, just sort of a national virtue that that generation had the desire to personally sacrifice so you and I could do things like go to college or graduate school or do things that they had not had a chance to do.

And somehow or other, this breaks my heart that we, in our generation that had been blessed by a selfless set of parents in that great generation are, instead, wanting to leave our children and grandchildren in a much worse fix than we found ourselves. Something about that seems almost un-American and intolerable to me.

Gentleman, would you want to comment on that?

Mr. KLINE of Minnesota. Well, I take your point. I am, of course, very proud of my parents, part of that Greatest Generation. My father landed in Normandy, fought his way across Europe and part of that world.

Mr. AKIN. Dad, my father, was with Patton.

Mr. KLINE of Minnesota. Well, they may have been together. My father was, as I said, he landed on Normandy, fought in the Battle of the Bulge. But they came back, and they did make sacrifices. But it has been, as the gentleman suggested, the American way for all generations before us that the next generation has been in better shape, if you will, been left in better condition.

And it's not that certainly you and I and people in this room don't want things to be worse for our grandchildren, but if we are not careful about how we build this public policy, things are going to be worse. And I would argue, we have not been careful, that we are running a deficit this year alone that was unthinkable 6 months ago, unthinkable.

And that national debt I mentioned, unimaginable that we could possibly consider the mess our grandchildren are going to be in.

Mr. AKIN. The experience of other countries with nationalizing their health care, has that been an inexpensive experience? My understanding is it's about broke the budget of people that have tried to do this thing.

I do know that Massachusetts tried it and Tennessee tried it. And the experience that they had was, it was expensive. Massachusetts' health care costs have gone up like a skyrocket and Tennessee, the doctors just about left the State. The Democrat governor that tried it as a trial project was followed by another Democrat governor who called it an unmitigated disaster.

The head of Canada just declared their socialized medical system a complete mess and a disaster also and very expensive.

Mr. KLINE of Minnesota. Minnesota—our neighbor to the north is, indeed, Canada. And I am very proud to say that Minnesota is a destination State for health care. We have one of the most famous hospitals, clinics in the world, the Mayo Clinic, in Rochester, Minnesota. And the thing about Canada is, if they can't get care in Canada, if they get tired of waiting in line, which they do wait in lines, and they are denied care, they come see us in Minnesota.

So it's expensive in Canada. The gentleman's point is, it is, indeed, expensive. But I am arguing, worse than that, it doesn't work for many, many of our Canadian neighbors. They cannot afford to wait in those lines.

Mr. AKIN. I was told by some Canadians it's the best health care system in the world as long as you are healthy.

Mr. KLINE of Minnesota. And then if you are not, you come to Minnesota. So I take the gentleman's point.

Mr. AKIN. Well, thank you very much, the gentleman from Minnesota, Congressman KLINE. I appreciate your staying extra on the floor and helping us with it, a close look, try to take a look at some of the questions.

The first thing that the President raised was the fact that he had inherited debt. And he also said that his health care plan was going to get rid of debt and was going to save money and would work really well financially.

And the question then becomes, well, if that's the case, how come Medicare and Medicaid seem to be costing so much? If the government can't run those without running a huge deficit, what makes you think we could go further?

Well that's one question, how much it costs, a lot of discussion on that. Another question is the question of bureaucratic rationing. I think a lot of Americans that do have health insurance have been frustrated by the fact that insurance companies sometimes tell you that you can or you can't get treatment. And we don't want people rationing health care who are in the insurance business. We want that to be a doctor-patient kind of question.

And so one of the big concerns about when the government takes something over, the government will tell you what you can and can't get for a treatment.

And so because there was concern on this issue, one of the ways to probe and to test a bill is, when it's in committee for people to be able to make amendments to the bill. This particular amendment, here, was offered by Congressman GINGREY from Georgia, who was a medical doctor.

And the thing that I like about it, it's a very simple and straightforward statement of policy, and it says this: Nothing in this section, this is being added to the Democrats' health care bill, Nothing in this section shall be construed to allow any Federal employee or political appointee to dictate how a medical provider practices medicine.

In other words, what this language is saying is the doctor-patient relationship is sacred. We want the doctor and the patient to make the medical decisions, and that's what this particular sentence was trying to enshrine into law in the middle of this bill.

And so this amendment was offered in a way to kind of determine, really, where are we going with this health care debate. And this amendment was defeated on an almost straight party-line vote. The Democrats, with the exception of only one Democrat, voted that this language should not be in the bill. The Republicans, 100 percent said, the doctor-patient relationship should be sacrosanct.

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So this is a place where, through an amendment in committee, we know what the plan for this bill is, and that is that there will be federally paid employees or bureaucrats telling you what kind of medical treatment that you can get. And this of course is what happens in Canada and England and all, so it's not a big surprise. But this amendment makes it very clear the difference in policy between the Democrat plan, which is that bureaucrats are going to determine what's a reasonable procedure for you to get, and it's not going to be based on the doctor and the patient. As a Republican, I don't like insurance companies butting in there. Even more so, I don't like the Federal Government.

I am joined by a good congressional friend of mine, Congressman BISHOP, and I would yield to him and ask his advice on this point also.

Mr. BISHOP of Utah. I appreciate the gentleman from Missouri for yielding.

Actually, if you would maybe get that next one, the chart you have on the back there about abortion, because I think it relates to the same issue.

We oftentimes have a great deal of debate and discussion over what is or what is not in the bill. That's probably because there is not one bill. There are several bills floating out. What is in some places are there and what is not in some places are there. But I think one of the things to remember, because this is basically the same issue, the language the gentleman from Missouri just gave on Medicare and what it does as far as the practicing of medicine is something that was supposed to be in the Medicare bill when that was first produced 40 years ago. It doesn't quite work that way because when you start down a road, you often find out you end up in a different situation than when you started down that path.

When I was still teaching school, I often showed my students about the construction of the Berlin Wall. I was so amazed at the Berlin Wall as to, in fact, why the United States did nothing to stop the construction of the Berlin Wall. They had a great interview of Dean Rusk, who was Secretary of State at that time, who said that if you know at the end of the day you're not going to go down that path, you don't take the first step down that path.

Many of the issues like the issue of will this actually fund abortion or not, will this actually deal with illegal immigrants or not—

Mr. AKIN. If I could interrupt a second, what you're talking about is precisely what I wanted to get to tonight because what we've got is a debate over what the facts are, and you're bringing up the question of abortion, which is one of the debates. Here is the direct quote from our President. It says: "And one more misunderstanding I want to clear up—under our plan, no Federal dollars will be used to fund abortions and Federal conscience laws will remain in place." This is what the President says. And now you've made the point that in committee an amendment was offered; is that right, gentleman? I just wanted to lay that groundwork because this is his statement. This is what the President says. Now, what's actually going on in committee, please?

Mr. BISHOP of Utah. Well, this, unfortunately, was in my committee as well in which amendments were made to try to put a limitation on the abortion funding, as you can see the language that is up there. And once again, that was defeated. What it tells us is that what is in the bill is not necessarily the same thing as what will happen 5 and 10 and 20 years down the road, because oftentimes what we're doing is not necessarily starting a program now but we are opening up the door. I'm mixing metaphors here. You're opening up a door that's going to take us down a path, and the question is where will that path end. Not

today but where will it end in the future? And that's why sometimes people can have a difference of opinion, on not necessarily what is in the bill but what this bill provides the opportunity to do in the future. That is not in the status quo.

We have, in this bill, many kinds of provisions in there that may not necessarily start a program now, but it gives the opportunity. We may have a program that right now is voluntary and it's established, but it easily could become fully funded and then mandatory.

Mr. AKIN. What you're saying is something that you and I, gentleman, take for granted. We live in this world day in and day out, God help us, and in the political world we realize that when a bill is passed, there are armies of people that write the rules and regulations that flesh out what the bill will be. So the question then becomes does this bill make it clear that we won't be using Federal taxpayer money to provide free abortions to people.

Now, to me, this is a different question because I have always been pro-life, but to me, it's a different question than the question of abortion. It's a question of the fact that I have constituents who are violently pro-life, violently pro-choice, and they disagree on that point. But the question is are we going to compel all citizens to use their taxpayer dollars to fund abortions. And that's something very upsetting to many people. So the question is does this bill do that.

Well, the bill doesn't specifically say anything, does it? So one of the ways to determine whether or not that's a future intent, that that's a little thing you're going to put in later, is to offer an amendment to make it clear just so that nobody will get upset about this issue, make the bill so that people can be more comfortable that there won't be any of this Federal money used for abortions. So when this amendment is put up, what happens? It gets voted down by a great majority of Democrats, right? So that leads you to the conclusion, well, they want to leave the door open for Federal funding for abortions with this bill. You can come to no other conclusion.

Mr. BISHOP of Utah. If I could make just one more statement to the gentleman from Missouri because I know we are joined here by one of the most creative thinkers I think we have here on the floor, the gentleman from Arizona. And I think if I could add a segue here in some particular way, I agree with you. This presents all the warning clouds out there if we insist that the only solution is a government-controlled, government-mandated solution.

And what I think I would like to do in the few moments that I have is to make it very clear that this is not the only plan that is out there. There are other bills. The gentleman from Arizona has a bill. The gentleman from California (Mr. ISSA) has a bill. The

gentleman from Georgia (Mr. PRICE) has a bill. The gentleman from Wisconsin (Mr. RYAN) has a bill.

Mr. AKIN. And the gentleman from Texas will shoot you if you don't mention his bill.

Mr. BISHOP of Utah. He has one. Mr. GOHMERT has a bill. And all of them are based on a different premise, and the premise is that what government should be doing is not telling people what they do and telling people what their choices may be but to try to open up the system so that people have options so that they can choose what they wish. And I think that's one of the things that is a fundamental difference in what we are talking about. And if we really want a bipartisan bill, those bills must be brought to the floor and allowed to be debated and voted on so we have a discussion on the philosophy of how we're going to solve this problem and if we truly desire to empower people or truly desire to empower the government.

I yield back.

Mr. AKIN. Reclaiming my time, I appreciate your joining us.

Congressman BISHOP is just a regular powerhouse here in Congress.

We are very thankful for your district's sending you up here. Your background in teaching and making ideas straightforward and clear and being precise, that scholarly discipline is dreadfully needed at this hour, particularly when we start talking about these very nebulous kinds of nail-JELL-O-to-the-wall health care bills.

I am also joined by a gentleman that I respect greatly. He has been a leader here in Congress and an innovative thinker, Congressman SHADEGG from Arizona. I appreciate yielding to you.

Let me just say, as we're getting started, though, because you have just come on the floor, what I have tried to do is to say, look, earlier last week when we talked about health care, the President came on this floor, debated and discussed, talked about what he wanted to do with health care, there was quite a lot of concern about what really the facts were. The President made a number of assertions, and what I was trying to do was to go back and forth and say here's the assertion and here's what we know about what the facts are and try to lay that out to make it clear.

The President said, first of all, that the bill isn't going to cost hardly anything. It's going to save money. It won't put us in debt or anything. And yet we don't have too much to be confident about other than his tremendous optimism.

The next thing that he was saying is that—one of the things he said was there are no abortions in this bill, and yet when an amendment was offered to make it so that there couldn't be any, that was voted down on this great party-line vote.

So that is what we are trying to do is to say let's try to get to the heart of what some of these questions were, the

costs, the abortion, the immigration, some of these different issues.

I yield to my good friend from Arizona.

Mr. SHADEGG. I thank the gentleman for yielding.

I watched the gentlemen engage in this hour earlier and felt I ought to come down and try to add to it, perhaps bring a different perspective, articulate some of our concerns in a new way. I want to thank my colleague from Missouri for his efforts. I want to thank my colleague from Utah for both his compliment and his hard work on the issues we confront.

I really want to hit two parts. Most importantly, I want to hit the final point that the gentleman from Utah hit, which is what should be the process for passing legislation of this significance to the Nation. And I think the gentleman from Utah had it right. It needs to be an open process. It needs to be an opportunity where everyone can surface their ideas, and there needs to be a dialogue. And, quite frankly, that has not happened. It just has not happened.

The gentleman led off in his discussion on this point by listing all of the different bills. PAUL RYAN of Wisconsin has a bill. TOM PRICE of Georgia has a bill. I have a bill. There are many, many Republican bills out there. And, shockingly, the media doesn't tell the American people that there are any Republican ideas out there, and yet there are. And I think the gentleman from Utah said it well. There really is a great philosophical divide on a part of this issue, but it's really just a part of this issue. There are subsets on which there's agreement.

When we talk about where the divide is, I think the gentleman from Utah said it well, that the divide is between the notion which the President is advancing that the only way to fix the problems we have in health care today, and Republicans agree there are deep problems in the delivery of health care services today, but the Democrats and the President say the way to fix that is massive government intervention in and, quite frankly, taking control of the entire health care system and the entire health insurance industry.

Mr. AKIN. Reclaiming my time for just a minute, if Lyndon Johnson, who noticed there were people who were hungry in America, took the same approach, he would have had the government take over all the farms and the grocery stores, wouldn't he?

Mr. SHADEGG. And the grocery stores. No question about it. All the farms, all the grocery stores, you name it.

Mr. AKIN. We would have considered that a little bit radical, wouldn't we?

Mr. SHADEGG. I would have been offended, and I don't think it would have solved the problem.

I want to make the point that the Republicans are being portrayed as being allies of the health insurance industry in this fight. Bunk. The President in his remarks the other evening

talked about special interests. Some of the biggest special interests in this Nation have thrown in behind the President and are pushing this bill. The big insurance companies, they have signed on in support of this bill. There's one piece of it they don't like. They don't like the public plan. But by gosh, they like the idea of an individual mandate, which is an issue I think we ought to be discussing. And the big drug companies, the big drug companies are in this hook, line, and sinker, so much so that they spent \$100 million or maybe more over the August break advertising their support for the President's plan.

But let's go back to the basics here. The President and the Democrats say the solution is massive government intervention. Republicans say, well, now, wait a minute. What is driving costs and what will bring costs down? And the gentleman from Utah said it correctly. The reality is cost is being driven, I would argue and most Republicans argue, because you and I don't have patient choice. We can't make the kind of decisions like we could in any other market to drive costs down by buying a product that is less expensive and provides better service.

Mr. AKIN. In fact, we don't even know what the costs are.

Mr. SHADEGG. We don't because the costs are hidden. Now, why are the costs hidden? The costs are hidden because the current structure says, if you get your health insurance from your employer, it's tax free. If you buy it yourself, then it's taxed. So the insurance industry never runs an advertisement trying to get the gentleman from Utah or the gentleman from Missouri or the gentleman from Arizona to buy an insurance policy from them. They don't have to advertise for our business. They know our employer picks our plan and the plan picks our doctor, and they don't much care about us.

Compare that with the auto insurance industry. In the auto insurance industry, you leave this room right now or anybody watching this at this moment flips from this channel to a commercial channel and within seconds they will see an add for GEICO or Allstate. I saw an ad for Allstate not 3 minutes before I walked over here. Or State Farm. Now, why?

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Mr. AKIN. Because they are selling the auto insurance to the consumer in a free market. And people who have the most basic, fundamental understanding of what the job of government should be, which is justice, which means people are equal before the law. And yet how can it be equal before the law when one guy gets insurance with pretax dollars, and the other poor guy has to pay with dollars after he has been taxed.

Mr. SHADEGG. One of the biggest outrages, and I think it is immoral, is that this government says that the least among us, those in this society just barely getting by, working for an

employer who can't afford to give them insurance, we say it would be responsible for you to buy health insurance, and we are so concerned about your well-being that we are going to smack you down and make you buy it with aftertax dollars, making it at least one-third more expensive.

That is immoral and it is a policy of this Congress, and I don't see the Democrats proposing to equalize that tax treatment.

Mr. AKIN. I yield to the gentleman from Utah (Mr. BISHOP).

Mr. BISHOP of Utah. I just wanted to give a simple illustration of what the gentleman is talking about in today's medical market.

If you still want to get a nose job, plastic surgery, the cost is decreasing every year. Because there is no middleman and no insurance, you go and negotiate with the doctor. Lasik surgery does the same thing.

That is why I would like the gentleman to talk about what could happen. There is a large pool of people who have a difficult time getting insurance. They are the so-called uninsurable. But what would happen to that pool of individuals out there who can't get insurance right now if, indeed, you allowed them to buy insurance with pretax dollars, not post-tax dollars, you allowed them to go across State lines to look for insurance, and you allowed them pooling opportunities to do that. What would happen to that pool of uninsurables which might then be able to be handled by 50 different States with coming up with programs to meet the demographics of those States. And once again we try to do this thing of simply empowering people to meet their own needs and solve their own problems. What would be the result of that?

Mr. AKIN. I yield to the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG. I think the gentleman knows well that I have been arguing for a freer market, a free market for health insurance for a long time. I have proposed allowing people to buy policies offered in other States and to make those policies available in the State where they live.

The President stood before us and said it is clear we need health care reform, and it is clear we need a government plan because, and he cited, I believe it was Mississippi, he said 75 percent of the insurance plans sold in Mississippi are sold by just five companies. His answer is one new government plan.

My answer is let's let dozens of private insurance plans come into Mississippi and bring about real competition.

Let me point out that just today there was development on that issue. Senator BAUCUS released his plan. Senator BAUCUS, I don't think he is a true friend of free markets, but Senator BAUCUS in a nod to this idea that has been out there, he included in his bill the notion of allowing cross-state

health insurance sales, increasing competition so that somebody who lived in Utah might have 30 plans to pick from rather than five. Or somebody who lived in Arizona might have 100 plans to pick from rather than eight.

Mr. AKIN. Reclaiming my time for a minute, the gentleman raised an interesting point. And I think the President made a stronger case, he said there is one State where there is one insurance player in the market. So his solution is what, so we are going to give you one insurance plan for the whole United States. Now that is an interesting way of looking at the problem.

What you are suggesting, gentlemen, is that you take your insurance and sell it across State lines and what you are trying to address what I believe is a problem, that in some markets an insurance company can kind of corner the market and run the prices up.

And so what you are talking about is free market competition so you can buy an insurance policy across State lines.

Mr. SHADEGG. I wrote a number of years ago a bill that is loosely described as allowing people to buy an insurance policy across State lines. It really doesn't do that, but it does increase competition and make more policies available in a similar way.

The idea came to us because some people living in New Jersey were discovering from friends and family members who lived just down the street in Pennsylvania that the cost for health insurance for a family in Pennsylvania was a fraction of the cost of that same policy in New Jersey. Same four-member family, four times, five times, even eight times as expensive.

Mr. AKIN. So you have to move to a different house.

Mr. SHADEGG. You have to move to a different house, so people were shopping with their feet, literally defrauding the insurance industry, perhaps understandably so, by saying their address was their brother-in-law's address over in Pennsylvania.

What I did was I wrote a bill that said you have to meet a financial standard for financial solvency and for appeals, and then you meet the standards of one State in terms of what you provide in the policy, and you can file that policy in all 50 States. And by the way, if you sell it in Missouri, then you are subjecting yourself to regulation by the Missouri insurance commissioner to protect the people in Missouri, and the Missouri courts to protect the people in Missouri.

If you sell that policy in Utah, you do the same. But you write one policy and sell it in 50 States.

Mr. AKIN. So you are maintaining the principle of federalism, the State insurance commissioner still controls and regulates the insurance in their State, but you allow that competition to take place.

I suspect, practically speaking, if it were passed, your bill would have its most dramatic effect right near the

border areas of the States because there you have a network of providers that people could go to, and I would think that is where the bill would be most effective.

I yield to Congressman BISHOP.

Mr. BISHOP of Utah. If I could just add one philosophical problem, and once again this is one of the reasons why I think this debate is becoming so partisan and bitter, is because it is philosophical. That has happened repeatedly in the history of this country.

Progressive era, great growth in the size of government. In the twenties, there was retrenchment on the side of individuals.

New Deal: Government. Eisenhower, Kennedy: Individuals.

Great society: Big Government.

Reagan: Individuals.

We are now in that time where this administration wants to move us to again grow the size of government. It is a philosophical debate more than just taking the original chart you had and moving this agency here and trying to do kind of those practical things that lend themselves to bipartisanship. It is a structure on whether we try to help people make choices for themselves or have government come up with a government plan, government standard that comes in here.

This is once again where I believe the Founding Fathers, who had the idea of federalism, play a significant role.

My State has a plan recently instituted for those who are truly uninsurable, but it is dedicated and devoted to the demographics of my State. Once we do what you are talking about of giving people options so they can form their own pools, buy across State lines, buy their own products pretax, you will shrink the number down so it can be affordable.

The advantage of federalism is simply this: you can have greater creativity and greater justice applying to circumstances. And more importantly if a State fails, a program fails, you don't screw up the entire Nation, which will happen. That is what we need to do if we really are going to find better solutions.

So I appreciate that, and I appreciate once again bringing to the floor that the idea presented by the Speaker and the President is not the only idea out there. There are other ideas and other options that have a different purpose, and that purpose is to empower and enable the individual.

Mr. AKIN. I appreciate the gentleman from Utah getting perhaps philosophically to the heart of this debate. Really, the question is are we going to go down the path. And if you take a look, there was a nation that we knew very well back just a few years ago, and the nation had this basic operating philosophy: the government will provide you with an education. The government will provide you with a job. The government will provide you with a house. The government will provide you with health care. And we see

our own country. And that nation was called the Soviet Union which is now in the dust bin of history.

Now we see our Nation providing housing, providing food, providing education, and now we are talking about health care. Now, this is a little different speed, though, because before when someone was hungry, the proposal was give them a food stamp, which I am not sure was very efficient, but it wasn't to federalize every grocery store and every farm in America.

This proposal that we are talking about is different. This is saying that we are going to step right in and the government is going to take over one-fifth of the U.S. economy, and that is a pretty tall step to take.

Mr. SHADEGG. If the gentleman will yield, first of all, it is a tall step given the track record of the Nation. The track record is that the government does not do these functions very well.

We had a vote here to bail out the pension fund for postal workers just a few days ago because we are in trouble there. We had a lot of demonstrated history of the ineptitude of the government in solving problems having to do with the hurricane that destroyed much of the southern portion of the country. The government didn't do it well.

Mr. AKIN. So you have postal service and FEMA. Keep going.

Mr. SHADEGG. The next one is we just did Cash for Clunkers, and we flat failed at that miserably. So the track record of government doing these things isn't very good.

Mr. AKIN. Let's stay on the subject just a little more. Somebody talked about the compassion of the IRS. Do you want the compassion of the IRS in the health care system, or the efficiency of the post office?

Mr. SHADEGG. How about the efficiency of Cash for Clunkers?

Mr. AKIN. Here is one that really frosts me, and nobody has made a big deal about this.

In Gulf War I, the CIA came to us and said the Iraqis are 10 or 15 years away from building a nuclear device. We get in there, and they are a year and a half away. So they got it completely wrong.

Then we go to Gulf War II and they say they are a year and a half away from building one, and we get in there and they are not even close to it. They have completely missed it both ways. And then you want to trust your body to these guys?

Then let's talk about the efficiency of the Energy Department. Do you know why the Department of Energy was created?

Mr. SHADEGG. To ensure energy independence.

Mr. AKIN. To reduce our dependence on foreign oil, to ensure energy independence. And ever since they have been created, which way has the graph been going?

Mr. SHADEGG. The other way.

Mr. AKIN. We are joined by the gentleman from Colorado (Mr. LAMBORN).

Mr. LAMBORN. Thank you for letting me join in and contribute to this discussion tonight.

If I remember right, President Obama in this very Chamber said we have problems with Medicaid and Medicare, and we have waste and abuse and fraud. That all may be true, but I don't think the solution is let's start a new trillion-dollar government health care program because we have problems in Medicare and Medicaid. I mean, if we have problems in Medicare and Medicaid, I don't see that is any excuse to start a new trillion-dollar health care program. So I have real problems with that.

Representative AKIN, let me back up and tell you what I observed in my town hall meetings in Colorado on health care. Just a few weeks ago, I had some interesting meetings where hundreds of people showed up. People were turned away by the hundreds. It was a really good exercise in democracy. I enjoyed hearing from both sides. In fact, admittedly, I heard more from those against the program, but I would ask those for the program to come forward and say what they had to say because I wanted to hear both sides and I wanted the audience to hear both sides and those watching in the media to hear both sides.

Mr. AKIN. You were courageous to do that because there were a lot of people who tried to have town hall meetings and their constituents were not very happy about what has gone on down here in the last 6 months. You had at least a sense that you wanted to hear both people's opinion, both sides.

Mr. LAMBORN. That's right. There was give and take, high passions on both sides. It was a little unruly at times. But overall it was very positive. I hear that a few of our colleagues, unfortunately, were sort of AWOL. They evaded having some of these meetings. They only did telephone meetings, which is good in and of itself but doesn't go far enough compared to a personal meeting. So some of our colleagues around the country, Representative AKIN, maybe went as far as they could have.

Mr. AKIN. We did a town hall, a lot on health care, and it was very interesting.

Mr. LAMBORN. What I am seeing with the passion of those who are concerned about what this is going to do is not just that health care is an intensely personal issue for their mother or grandmother, their loved ones, their child. It is an intensely personal issue, but it goes beyond that. I know you know this, but I will just remind you, it also has to do with the recent takeovers we have had in the government. We have been taking over financial institutions and we have been taking over auto companies.

Mr. AKIN. We fired the president of General Motors. I still can't get my brain around that. The President of the United States fired the president of General Motors. I never thought I would see that.

Mr. LAMBORN. Me neither in my wildest dreams. So it calls into question is this just another takeover.

Mr. AKIN. Today we are taking over college loans. We are going to basically chase the privates out of that business.

Mr. LAMBORN. That's exactly right. That is the wrong thing. Those who say they trust the government and yet here we are taking over these things, these huge areas of industry, they have a right to be concerned.

But the third thing, Representative AKIN, is the huge spending that is involved. We get estimates anywhere from \$1.2 trillion to \$3.5 trillion. I think President Obama said \$900 billion, which is just under a trillion. We have huge amounts that are going to be spent on this program, so we have big spending, without a doubt. We have takeover by the government within the last 7 months happening in area after area of our industry and society.

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You add to that the personal involvement that we all have in our health care. You put all those together, it's a very combustible, volatile mix. And people around our country have every right to be concerned.

Mr. AKIN. Reclaiming my time, Congressman LAMBORN. I just hit 62, and I have become even more and more painfully aware of the fact that I have to live inside this body. And I think Americans feel that way.

When you start talking about, Well, I got some government that's going to take over all of this and there's going to be somebody determining what kind of health care you get, that gets people's attention. Maybe they like the idea. But they want to know how is this going to work.

I yield time.

Mr. LAMBORN. That's a great point. So I think you probably observed what I saw—and tell me if you did or didn't. But people around this country have every right to be concerned. It's the big spending, it's the fact that government's taking over all these sectors of our economy, plus it's health care—the most intensely personal things that we work on.

So we have a proposal before us—actually, several proposals. So I don't know what the President really means when he talks about “my” plan, because there's four or five different proposals floating around.

Mr. AKIN. Except there is something that has been proposed by the Speaker of the House. It's her committees. And we have a bill number on it, and there have been amendments made to it. It's been dealt with in committee. He apparently wants the Democrats to vote for that Pelosi plan.

So I think, you know, at least a reasonable person is thinking that the President wants the Democrats to advance the plan, which is the 1,000-page bill which is being offered by the Speaker and the committees that are under her authority. That's what we

were talking about tonight, because the President makes these assertions, and yet when you take a look at what's in the Pelosi plan, you start to see this disconnect between the two.

I think a lot of Americans have gotten that personally involved in this that they have copies of the plan. They're starting to read it, and saying, The President is saying this, the plan is saying this, the President is saying this, the plan is saying that, and that's what I was trying to get at tonight.

Here's an example. There are those who claim that our reform effort will insure illegal immigrants. This, too, is false. The reforms I'm proposing would not apply to those who are here illegally. So this is what the President says.

If you go to the bill, the bill says this bill is not for illegal immigrants. Okay, that squares with what the President says. But, then, when you look more closely, you find out that in the enforcement section it says, basically, anybody can sign up for the deal.

So there's no enforcement to put any teeth at all in this, which then makes you think, Wait a minute. What's the smoke and mirrors?

And so there's different ways to test this. One is to offer an amendment. So the Republicans offered this amendment. In order to utilize the public health insurance option, an individual must have his or her eligibility determined and proved under the income and eligibility verification system. This is fancy language of saying you've got to be a U.S. citizen. You have to be here legally. And this, of course, is voted down on a straight party line vote. There were Republicans—15 voted yes. A total of 15. Twenty-six Democrats voted “no.”

Now this basically would say that not only are we going to say, No, illegal immigrants can't get this, but we're also going to say, Before you get it, you've got to prove your eligibility, and they said “no.”

Now that leaves some level of confusion, but it clearly leaves the point that the Democrats did not want this amendment in their bill. So this is that disconnect where the President says one thing. And yet, when you start to look at the facts, you go, Oh, my goodness. What other way can you look at this?

One of the things we did, there's a Congressional Research Service. We asked them, When you take a look at this bill, will illegal immigrants be able to take advantage of the bill? Now this is a body that's not Republican, not Democrat. They're just a bunch of scholars.

Here's the quote from the Congressional Research Service, August 25, 2009, just a couple of weeks ago. Under House Resolution 3200—that is NANCY PELOSI's health care bill—a health insurance exchange would begin operation in 2013 and would offer private plans alongside of a public option. H.R. 3200 does not contain any restrictions

on noncitizens whether legally or illegally present or in the United States temporarily or permanently participating in the exchange. So these people are saying the same things.

When our constituents read the bill—bless their heart to wade through all of this stuff—they're saying, It says there's no illegal immigrants. But in fact there's an amendment we offer to make it clear. The amendment is turned down on a party line vote, and there are no teeth in it at all.

So there's this disconnect. And I think that's creating a lot of stress out there.

I yield to my friend.

Mr. LAMBORN. You've raised a really good point, Representative AKIN, and I think you're right on that. And it's unfortunate that the President didn't really understand the ins and outs of the bill or hopefully he wouldn't have said that. So I think maybe he wasn't as familiar with the ins and outs and details as what you're explaining right now.

Let me back up and point out another problem that a lot of people in my district are having with this plan. Eighty-five percent of Americans do have health insurance, and by and large it's not a perfect system, but they're largely satisfied with the health care that they have.

And so we have a relatively small number—not just 15 percent. It's actually smaller than that. Because of that 15 percent, some of these people can't afford insurance. They're just paying bills as they go. They're self-insuring. Also, there are those who are qualified for existing programs so they don't really need a new program for them. So it may be 5 percent or less of Americans that actually need health care.

So why are we revamping one-sixth of our Nation's economy, the entire health care system, for a small percentage—5 percent or less—of our population? The people in my district can't understand that.

Mr. AKIN. I just have to stop you there, gentleman. I think you put your finger on probably one of the biggest question marks going here. This is such a straightforward question, but I think it needs to be repeated.

What we're saying is that 80 percent, at least, of Americans have some kind of health insurance. Most of them are reasonably pleased with the health insurance and the doctors they have and the delivery systems. So you've got 80 percent of the people that are okay with it, and yet you're going to basically take all of that and change it in order to take care of what, 5 or 10, depending whether you count illegals or whatever.

Mr. LAMBORN. Will the gentleman yield?

Mr. AKIN. Yes.

Mr. LAMBORN. What it boils down to, if the problem is really those who are uninsured who cannot afford it, we have a lot more targeted and focused ways of meeting that small percentage

rather than revamping our entire health care system.

Mr. AKIN. I think you have brought an exceptionally important point. Unfortunately, our hour has just flown by. I would just like to thank my good friend, Congressman LAMBORN, for his expertise and great leadership you've shown here on the floor. I thank my other colleagues for taking part in trying to get through some of these details.

FREE ENTERPRISE AND THE INVISIBLE HAND

The SPEAKER pro tempore (Mr. FOSTER). 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. Mr. Speaker, as always, it's an honor to address you on the floor of the House of Representatives. Having listened to some of the dialogue of my colleagues that have been here just prior and hopefully will join me in the next hour, I think it's important that the American people return their focus again to the values that made this a great Nation.

We're a country that needs to be cognizant of our history. And that's why we teach it in our public and our private and parochial schools. It's why we teach it in our families. We pass the lore of the American Dream and history of the United States of America on down to our children, and we ask our children to pass it to their children, and on and on. And to make sure that there is a consistent continuity, we teach the history of the United States in the context of the world.

And so something that seems to be missing from the awareness of the people on this side of the aisle that are advocating a national health care act, a socialized medicine plan, is the foundation of the greatness of America. And I could go off into a lot of different tangents about the pillars of American exceptionalism, but central to those pillars is the idea of freedom—the freedom and the free markets and the freedom of the markets to make a decision on what they want to provide to the consumers.

And so this is Adam Smith. This is Adam Smith that laid this out. Even though you can read through all 1,057 pages of *The Wealth of Nations*, you'll not find him use the expression "the invisible hand." But it's the invisible hand, indeed, that best describes the vision of Adam Smith in 1776, having printed and published his book *The Wealth of Nations*.

It's the very foundation of free enterprise. And centuries later we come up with Keynesian economics. The idea that there is no basis for the economy. That the economy is just a great big huge national or global chain letter. And that if the government would just print a lot of money and spend the money a lot of ways and maybe go drill some holes in an abandoned coal

mine—this is according to Keynes—and bury that money in those holes and then fill the abandoned coal mine up with garbage and turn the entrepreneurs loose to go dig up the money, he said he could solve all of the unemployment in America.

I know, it sounds bizarre, Mr. Speaker. I am not making this up. This is the characterization of John Maynard Keynes and the difference between the Keynesian approach, President Obama's approach to economics, and this approach from the free market side of this, where the consumer makes the demand by pulling with its invisible hand the loaf of bread off the shelf.

Let's just say there's a good loaf of bread for a buck. And the invisible hand will pull that good loaf of bread for \$1 off that shelf over and over again and the shelves will be bare. And somebody else comes in and they say, Here's a loaf of bread that's not quite as good for a buck and a quarter.

Well, they might just pass up that purchase, even though they need the bread, and wait until the fresh ones come from the bakery that provides the good bread for a dollar. And so the bakery that provides the good bread for a dollar is filling the shelves up with their product and selling a lot of volume. And the bakery that sells the not quite so good bread for a buck and a quarter doesn't sell very much bread, if at all. And, over time, the company that's being out-competed with the higher-priced, lower-quality bread either learns how to make good bread for a competitive price or they give up the market to the company that makes the good bread for the competitive price. And it isn't the end of the world if we end up with one company producing bread in that fashion.

What if we get down to where only one company is baking bread, and it's for a dollar and it's a good price and it's high quality and it's a value to the consumer. Not so bad. But if that company realizes that they are running a monopoly and they decide to jack the price of their good loaf of bread up to a buck and quarter, buck and a half, \$1.75, maybe lower the quality, pull a little wheat out, put a little something else back in there, then what happens? The consumer gets dissatisfied. And the dissatisfied consumer then either bakes their bread at home to get the quality and the cost that they want, or they open up their own little bakery.

Maybe they bake that bread at home and they decide, I'm going to provide a little bit for my family. Then it's so popular that you provide a little for your neighbors. And then the family and the neighbors decide, I want mom to keep baking bread. So they want to pay her so she keeps baking that bread.

Now, high-quality bread that was now a buck and a half because you had a monopoly. The price of that is competitive because the homegrown business begins to compete into that volume and quantity and the cost of the marketplace and pull the cost back down.

That's the difference between the free enterprise system and central command, central planning, the 5-year planning, the Federal Government deciding what's going to be made and what the price will be. And if it doesn't work, you subsidize the people making. And if that doesn't work, you subsidize the people buying it. Sound like the car industry? Yes, it is, Mr. Speaker.

This is the difference between the philosophy on this side of the aisle. They think that they are smart enough to make all of these calls for all of the consumers, except for perhaps the butcher, the baker and the candlestick maker.

Mr. AKIN. Wait a minute. Would the gentleman yield?

Mr. KING of Iowa. A moment here before I yield. On this side of the aisle are the people that believe in free enterprise, the invisible hand, Adam Smith's vision, Adam Smith's dream, and the idea that you cannot manage an economy. You have got to let the supply and demand manage the economy. That's the difference. We believe in free enterprise. You folks do not. And if you disagree, I will certainly yield to you, but not one of you is going to stand and take this argument on.

I yield to the gentleman from Missouri.

Mr. AKIN. I can't help but jump in when somebody is defending the cause of free enterprise. I guess there's different ways to describe or explain the phenomena that you're talking about. And one of them is that one side of the aisle tends to be much more in favor of free enterprise and the other one is much more in favor of having the government do things.

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I guess what we start to get to is a question that's kind of a fundamental question, really the biggest thing that we divide and talk about and argue and debate about on this floor is, what is the proper function of the civil government, particularly the Federal Government? What should the Federal Government be doing? Should it be baking bread or should it not be baking bread? Should baking bread be left to citizens out on the street? Should it be the job of the Federal Government to be giving food away to people? Should it be the job of the Federal Government, according to Joe the Plumber, to take money from one person and give it to another person? Is the job of the Federal Government to be the big sugar daddy, dispensing favors? Is it the job of the Federal Government basically to be Big Mama, taking care of everybody? Or is there a different purpose for government, which is simply justice, simply creating a level playing field so that everybody can go out and use their God-given potential as they're directed to do it? And it seems to me, gentleman, that you can make the case of Federal control of everything versus free enterprise, or you could just say,