of December and told my wife that I was actually embarrassed to be in this House because of the deals that were cut. And who ultimately paid for them are the patients and taxpayers. And that's wrong. It really embarrassed me when you saw this deal in Louisiana and the different deal in Florida.

Mr. AKIN. We've just got about a minute or two. We're going to be followed up by another good friend of mine. We may stay on this topic a little bit. I thought it might be appropriate tonight in the last minute or two to make a tribute to Massachusetts. Now who would have thought Congressman AKIN would be making a tribute to Massachusetts? But if you recall our history, Massachusetts used to be the cradle of freedom and innovation in terms of government. It was Massachusetts in 1620 that saw the Pilgrims come. They put together the idea of the first concept of a Republic. A group of free people, under God, selecting their own leadership to preserve their God-given rights. That's a powerful idea that came from Massachusetts. A hundred-fifty years later you had the Massachusetts provincial Congress saying, Resistance to tyranny is your Christian duty.

For the last 50 or 100 years it seems like Massachusetts has been sending us the King's people, always wanting more taxes, more government, more government spending, bigger government, and yesterday the people of Massachusetts reverted back to that great heritage of patriotism and freedom and said, We're finally tired of Big Government. It's time we start to look at solving our problems without thinking every solution means more taxes and more Washington, D.C., control.

I thank you, gentlemen, that your States have stood for freedom and your constituents have elected you to join us here to stand up for just plain, old basic American principles. I think we're going to get the job done. I think that what happened yesterday was about, from a political point of view, quite a stroke of lightning. I think it should get people's attention. I think the public has spoken. And it's time for us to move on with the ideas that you, Doctor ROE, have been making very clear here. It's not like these things are too complicated. And G.T., same thing. You're from Pennsylvania, representing the people with common sense. These things are not complicated. Define the problem, craft a limited solution that fixes it instead of trying to scrap everything and go to the Big-Government-fixes-all kind of model. I think it's really something that the people of Massachusetts kind of came back to their heritage and to their roots in standing up for the country, as they did so many years ago.

□ 1800

When I was a little kid, I lived in Concord and Lexington—actually in Concord, and I saw the place where the Minutemen had stood against the biggest military power in the world. There is a statue that says: ''By the rude bridge that arched the flood, their flag to April's breeze unfurled, here once the embattled farmers stood, and fired the shot heard round the world.'' They stood for freedom, and they stood for the basic principles that America has always stood on. And I am sure glad they joined us yesterday in making a statement and a statement that's going to affect this chart right here. Hopefully this chart goes in the dust bin before it ever becomes law. Last word, GT?

Mr. THOMPSON of Pennsylvania. Well, I just couldn't agree more. I think yesterday was a statement that the American people—what they want and what they expect from our leadership is that we do our best to provide safety, prosperity and liberty, the freedoms within this country. And that's the type of public policy that they've been getting since last January. That has worked against all three of those.

Mr. AKIN. Dr. ROE.

Mr. ROE of Tennessee. Health care should not be a partisan issue. In 30-plus years, I never saw a Republican or Democrat heart attack. I never operated on a Republican or Democrat cancer, just a people problem. We need to get together in this body and not have a partisan solution. There needs to be a bipartisan solution that is simple and addresses problems that we have laid out here today so that patients, their families and doctors can make health care decisions.

Mr. AKIN. And that's certainly what you've been talking about tonight, both of you gentlemen. I understand that my good friend Congressman KING is going to be here in just a jiff. He is going to be continuing along the same lines, talking about freedom, talking about the principles that made this country and how those principles can be applied to solving these very practical problems with health care.

I will check to see how we are doing on time. Oh, we actually have 2 minutes. So I don't want to cheat anybody. Are there any last comments? Anything that we haven't covered that you want to catch, Dr. ROE or GT?

Here is one. We didn't talk about all of the cool features of this policy; but this wheelchair tax, it was kind of stuck in my craw. The idea that you are going to tax a wheelchair, the mental picture of that just doesn't seem to be what we want to do. So we're looking for places to dig for money to pay for this Big Government system. So what are we going to do? We're going to pose a 2.5 percent excise tax on medical devices, which includes wheelchairs, to try to raise some money.

Mr. THOMPSON of Pennsylvania. If the gentleman will yield, my background is rehabilitation services. I have seen where these types of medical devices—and it is not just wheelchairs. That is an understatement. It is insulin. It is crutches. It is canes. It is prosthetic limbs. I mean, there are just so many different things that this applies to. And this 2.5 percent excise tax, that is going to get passed right along to the consumers.

Most of the consumers who utilize these types of medical devices are older adults. They're individuals on very fixed incomes. Those who are surviving on maybe $800 to $1,200 a month of Social Security, and the very things that maximizes their independence, maximizes their quality of life, we're going to tax that? That's a quality-of-life tax, actually, because the people who use those medical devices, they are medically necessary. They're not luxuries. Those are devices that make their lives possible, that allow them to be able to live in the communities, to be able to live in their own homes, to not live in an institution. That's a quality-of-life tax.

Mr. AKIN. So if it moves, tax it. If it doesn't move, tax it anyway. It might be dead.

Thank you very much, Mr. Speaker, and thank you, gentlemen, for joining me.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Ms. Wanda Evans, one of his secretaries.

IMPACT OF MASSACHUSETTS ELECTION

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. Thank you, Mr. Speaker. I appreciate being recognized to address you here on the floor of the House of Representatives. I have been listening to the dialogue that has been poured before us from the three gentlemen here, my colleagues, speaking mostly about health care, the National Health Care Act, and what this could mean.

I would like to pick this up from the place where TODD AKIN left off, and that would be the importance of the State of Massachusetts. I do not believe that it can be overstated, the impact of the election returns last night. I listened to Carl Cameron on FOX News who is, I believe, a very well-informed and probably a deeply researched individual. He said that this was the most important congressional race in 50 years. Well, I can remember that far back, and I would completely agree with him. And I would suspect it may be the most important congressional race in the history of our country, Mr. Speaker.

The situation in Massachusetts where TODD AKIN laid out the poem that said, ''and fired the shot heard around the world,'' well, this in Massachusetts last night was a shot heard around the world. It was the SCOTT heard around the world. He will be here tomorrow, straight down that hallway,

swearing into the United States Senate.

So how did we get to this point, and what happened? And what is the significance of what took place in Massachusetts last night, Mr. Speaker? Those are the issues that I think are important to the American people here. I will make the point that we're a Nation that, let's say, we have people who are studying every day to be nationalized American citizens. We're a Nation that has skimmed the vigor off of every donor civilization that has sent immigrants to the United States.

The Mayflower landed at Plymouth Rock in 1620, 390 years ago. They disembarked from the Mayflower because they came over here for religious liberty, religious freedom. They established those freedoms and liberties right there in the Bay State. Now this Nation was founded on the same principles and the same liberty that came to us with the Pilgrims and were built upon as the years unfolded. And it's rooted back, a long ways back. A Western civilization itself, I would trace it back to the Greeks 3,000 years ago and the Age of Enlightenment, especially the English-speaking division of the Age of Enlightenment, which brought us free enterprise.

And if there is an immigrant in the United States who is studying to take the test to become a naturalized American citizen, there is a whole stack of flashcards that are there that are put out by the United States Citizenship Immigration Services. They are glossy flashcards. The government spent a lot of money to make these things real nice. You look on one side, and it will say, Who is the founder of our country? You flip it over to the other side, George Washington. Who saved the Union? Flip it over, Abraham Lincoln. Who signed the Emancipation Proclamation? Same man. Next question, What is the economic system of the United States of America?

You flip the card over, and if you are going to pass the test to become an American citizen, you have to answer what it says on the back of that card, free enterprise capitalism, Mr. Speaker. The economic system where we don't have the government setting prices. We have the market setting prices. We have supply and demand setting prices, and we let people invest equity, sweat equity and capital to buy, sell, trade, make, gain, invent. We protect the intellectual property through patents and trademarks, and we also encourage people to make money. We know that when you generate that wealth in the legitimate private sector that everyone prospers, that a rising tide does lift all boats.

And that's what people were thinking, I believe, in Massachusetts yesterday. I spent 3 days there. They were an outstanding 3 days. It was a fantastic experience. I went to polling places. I went to campaign headquarters, both sides of the case. I went to union halls, and I talked to as many people across the State of Massachusetts as I possibly could. The center line was this: the Federal Government spent too much money. It's gotten too big. It's gotten too intrusive. They're imposing too many mandates and regulations on the American people. They have their own universal health care in Massachusetts, and they aren't particularly happy with it.

One of the things they have a conscience about is not imposing that version on the entire United States of America. They understood that for them to cast a vote wasn't just, How did their ballot for SCOTT BROWN, how did it affect the destiny of Massachusetts? It wasn't a selfish vote. They understood they have a national responsibility, Mr. Speaker.

It was a national responsibility, and I understand this, I think, as well as most in the country because Iowa is first in the Nation caucus, and we take our jobs seriously, and we're all politics all the time. Generally, every 4 years we very, very often have at least one Presidential candidate from Massachusetts that we host. They go around through Iowa, sit down, have coffee with us and we talk to them. We look them eye to eye. I have done that more than once. We take our retail politics seriously.

But when we go to the first-in-the-Nation Presidential caucus and cast our ballot there, even though it has more impact than probably the single vote of anyone from any other State with regard to who is nominated as the President, Mr. Speaker, it is still only a recommendation to the rest of the country. Iowa gets to go first. We take it seriously. Somebody has to be first. I don't have confidence in anybody else to do a better job. But it's still only a recommendation.

What happened in Massachusetts last night was not a recommendation that affected the rest of the country like Iowa makes when they do the first-of-the-Nation Presidential caucus. What happened in Massachusetts last night was a decision for the rest of the country, a decision that will bind the destiny of America. They understood that, and they stepped up to that cause, and their conscience and their sense of responsibility kicked in.

So I am very proud of what the citizens of Massachusetts have done. They have mobilized the political effort that many of them hadn't seen ever in their lifetimes. I talked to a lady that said that she has worked in political campaigns for 50 years, 50 years; and she said that when the polls closed, and they counted the ballots, they cried their eyes out, and then they got up, and they went to work again. Well, this time I imagine there were tears among these groups. They probably did cry their eyes out, but they were tears of joy. And a great shout of joy went up all across America that finally, finally somebody heard.

I have asked for reinforcements. I have prayed for the cavalry to come, and at the last minute they came riding over the hill in the person of SCOTT BROWN. Now we have a chance to save, serve and protect our liberty; and this debate now begins on an entirely different field, on an entirely different terrain, and I believe an entirely different outcome. I am completely in awe at how the most improbable sometimes comes along to save us with something that appeared to be inevitable.

The gentleman from Tennessee has been willing to stick around, and I would like to yield as much time as he may consume to the gentleman from Tennessee who happens to be a doctor, who knows what TennCare looks like and knows what America would look like if we adopted TennCare, CanadaCare, United KingdomCare, GermanCare, name your country. But this is America, and take care to protect America. The gentleman from Tennessee.

Mr. ROE of Tennessee. I thank the gentleman for yielding. Mr. Speaker, I think last night, watching what happened in Massachusetts, was really, in the many years I have watched politics, was really astounding. The people there I think—it was more than just health care. We have a country now that's not in trouble. We're America, and we know how to avoid trouble in this country. But we have a lot of our citizens who are hurting now. They need jobs, and they need employment. Certainly in our district and around our area where unemployment is over 10 percent, that's the talk in the barber shops and the restaurants: What's the economy doing? What business are we going to lose overseas next? What manufacturing job is going to be gone?

I think the people there looked at more than just health care. I think they looked at a stimulus package of almost $800 billion that I don't believe has worked. It certainly has provided some one-time jobs. But you know and I know as a former mayor that you don't take one-time money and turn that into a long-time job.

How you do that is you incentivize the people who are creating jobs in this country. That is small business. In this country, 70 percent of the businesses are small business that create the jobs. And how do you help them? You make the cost of capital, the cost of money, the cost of creating a job less. How do you do that? Well, you cut capital gains taxes. You can cut individual income tax rates. You can accelerate depreciation for plant equipment that they buy. So we have a country now that has put itself in debt that my great grandchildren will not be able to pay off.

□ 1815

We looked last year, and it is staggering to me how much a trillion dollars is. I get almost overwhelmed, and I made it through calculus in college, and I have a tough time getting my arms around how much money that really is.

We have a budget that went up 8 percent last year. We added 8 percent. In the State of Tennessee where I live, we had to live on less money than the year before. That is what we had to do in our State. That is what California is having to do. That is what every State in this Union is having to do.

I don't know if the people here in Washington get out, as I have, and talk to our Governors and our State legislators, but our States are in trouble. We need our economy to pick up. If our economy was doing well, I don't think that our health care issue would be as big of an issue as it is. As people lose their jobs, they lose their health benefits.

The people of Massachusetts got their arms around the bigger problem, and I think they looked at this entire country and the direction it is going and said, Whoa, wait a minute, we don't like the direction that the country is going. They put the brakes on this. They said let's stop and take a slow, measured look at what we are doing.

Mr. KING of Iowa. I thank the gentleman from Tennessee. He mentioned that he has taken calculus. I would submit that they put me through calculus, too, a couple of years, and they actually never told me at the beginning, middle, or end that there wasn't much purpose of going through all of those calculations. It was more about how to discipline the mind to think rationally, logically, and reasonably. That is also why they send people to law school. Our President went to law school and actually taught in law school. He taught constitutional law, which is a bit of a surprise to me that he can advocate some of the things that he does.

The basic logic that comes isn't rooted in law school and it isn't rooted necessarily in calculus. It isn't rooted in geometry or algebra. It might be two plus two equals four. But the rationale that was presented to us consistently and repeatedly by Presidential candidate, President-elect, and then President Obama, Mr. Speaker, was health care costs too much money. I have been browbeaten by the Europeans. They would say we spend 9.5 percent of our GDP. You spend 14.5 percent of your GDP. That is way to much money. Well, never mind, we make more money than they do. And never mind, we have better health care than they do. Never mind that we are willing to spend that. We don't like to spend it when we are looking at it in large, but when it comes time to save our lives or our health, we are glad to spend that kind of money.

We don't know what the threshold is, but our GDP, about 14½ percent spending, some say as high as 16 percent, we spend too much money; so, therefore, we should solve the problem by what? This is this two plus two. What the President proposed to us didn't spend less money. Anybody in third grade, if you say you have a problem with spending too much money, what do you do about that, you could hand them a 50-cent allowance, and you spend a quarter, not all 50 cents, and a kid can understand that at age 6 or 7, maybe even less than that.

But we are here listening to, being browbeaten and demagogued because we have a health care policy that spends too much money. It is 9.5 percent in the rest of the industrialized world and 14.5 percent here in the United States. So what does the President propose to do about solving spending too much money? Spend more. Spend at least a trillion more.

If you look at the real costs involved, look at Judd Gregg's numbers, the first real 10 years, it is $2.5 trillion more. If you look at the contingent liabilities that go along with this and all of the other components, it may be as high as $6 trillion more. So the problem of spending too much money is solved supposedly in a rational fashion and advocated by the President, the Speaker of the House, the majority leader of the United States Senate, and all of the people that line up to vote for their bills, solve the problem of spending too much money by spending a lot more money.

Now we have kind of forgotten about all of the browbeating that went on about we need more competition in health care insurance. The President made that argument over and over again. Well, he has the bully pulpit, but, you know, they have yet to invent the saw that will cut off the branch of truth. We can go out and stand on the branch of truth and we can say, All right, how many insurance companies do you need in America, Mr. President, to have the extra competition? Funny, a guy that doesn't much believe in the free market system thinks we ought to inject competition into the health insurance industry. So the President wants one more health insurance company in America and then that is going to fix the problems.

So I ask a simple question: How many companies are there in America? The answer comes back, 1,300; 1,300 health insurance companies, Mr. Speaker. And that is a little bit of a round number. So if you have all of these companies that are competing, 1,300 of them—I have never had that much competition, and I made my living on low bid in the construction business. When I had seven or eight or nine people bidding against me, I already knew somebody was going to make a mistake on the bid and lose money and take the chance for profit away from the rest of us.

So if there are 1,300 companies and they are competing, throwing one more in there doesn't really help that mix. But it wasn't the President's idea to provide more competition anyway; he just thought we would believe that. His idea was to get government in the business of providing that which the people in the private sector could do very well themselves.

And, by the way, these 1,300 companies offer a different variety of policies that individuals could shop and buy, approximately 100,000 different policy varieties, Mr. Speaker. So you can multiply 100,000 policies out there and you can look at 1,300 companies that are brokering them, and imagine how is it the Federal Government getting into the business could legitimately compete with those kinds of entities.

And if you want more competition, the way you provide that is open up the trade from State to State so people can buy health insurance in Tennessee instead of New Jersey. The gentleman from Tennessee knows what that is like. That would make sure that all 1,300 companies competed against each other, and these 100,000 policy varieties would probably get to be less because they wouldn't have to accommodate some of the silly mandates that come down from the States.

So a young man buying health insurance in New Jersey, a healthy 25-year-old might pay $6,000 a year for a typical policy. Or he could go to Kentucky where there are fewer mandates, and a similar but not identical policy might cost that same individual $1,000. Now, what kind of a smart, young person usually on a limited budget would write a check for $6,000 if they could write a check for $1,000. Wouldn't we then have more people insured if they had more options? That's the answer.

Furthermore, there are things we want to fix. We want to fix lawsuit abuse. The health insurance underwriters produced a number. The one that I trust the most—and I have seen numbers on the cost of lawsuit abuse in America on health care to go as low as 5.5 percent of the overall cost of health care services provided. I have seen it go as high as over 30 percent. The number that I trust is 8.5 percent. So 8.5 percent of the cost of health care in America is $203 billion a year, and this is included in the additional tests that have to be given because they are done for defensive medicine purposes. Also, the litigation and settlements that don't have a medical reason for them. We want people to be whole. If they have suffered from malpractice, the legitimate system is there, but the abuse has taken this way out of sight. So $203 billion a year going almost all of it to the trial lawyers, not to the patients but the trial lawyers.

And do you think there is a single Democrat in the House of Representatives or a single Democrat in the Senate who would stand up and say this is completely and totally utterly wrong to be funding trial lawyers on the backs of health care patients and acting like we are reforming health care and protecting the trial lawyers completely, not allowing insurance to be sold across State lines, and denying full deductibility for everybody's health insurance premiums?

Mr. ROE of Tennessee. If the gentleman would yield, let me give a practical example of what you are saying there.

Let's say years ago if I were working in the emergency room and a patient came in with right-sided pain, I might be concerned about whether they had an appendicitis. I would get a blood count. It was at that time probably a $15, $20 test. It is probably a $50 test now. You do a physical examination, take their vital signs, their blood pressure, their pulse and temperature and do a physical exam, and you would say, I don't think there is a chance that you have an appendicitis, but let's let you go home and if you get worse, start to have more pain, come right back and we will reevaluate you.

That is not going to happen anymore because part of the legal system now, you know if you do that and you don't get a CT scan, a very expensive test on that patient and you go out and you happen to have an appendicitis, the one in 500 times that might happen, you will be held liable. So all 499 people are going to come out of the emergency room glowing in the dark, just about, because of all the X-rays that they have had to protect the doctor from a potential lawsuit of the one in 500. That is the problem that you get into with the tests that are not needed basically to protect the physician. And why wouldn't the doctor order those tests? You don't want to put up everything you have earned in your entire life for the risk of that one in a thousand, that jackpot that somebody might have.

The thing you also brought up is people are genuinely injured in the system. We don't have any way to adequately compensate the injured parties without the attorneys getting their hands on a significant amount of the settlements.

Mr. KING of Iowa. I had a conversation with an orthopedic surgeon a couple of months ago. He said to me, I have a small practice. He said 95 percent of the MRIs that he orders are completely unnecessary except he has to cover everything because someone might try to hit the jackpot. So he has to order those tests. Everybody in the business orders all of those tests.

If you cut out that 95 percent, his number is that it costs patient's insurance companies, taxpayers, a million dollars a year just to fund the unnecessary tests in one that he calls a small practice. That gives you an implication. You can multiply that $1 million across the whole country, and what you come up with is $203 billion in additional costs. We can't get them all out of there. There is a bill that we have introduced that finds about $54 billion over 10 years. I think it ought to be tougher than that. I think we ought to tighten this thing down more.

The argument again that has been made out of the White House and out of the majority party and from the Speaker's office itself, too, is that Republicans don't have any solutions. Well, they must have sat up some night in one of those formerly smoke-filled rooms to come up with an idea like that. It is completely and utterly false, Mr. Speaker. Republicans have introduced at least 42 separate bills in this 111th Congress that reform health care. And I can tell you exactly how many of them were incorporated into this document that was promised to be a bipartisan document, and that is a complete double aught goose egg. None. No free market solutions, no patient choice solutions, no medical malpractice lawsuit abuse reform, no selling insurance across State lines, no full deductibility, no real transparency, none of the components that give people options and choices have been considered.

And why? Because if you put free market solutions in and you give people the liberty and the freedom to make their own decisions on health care, first, they are going to take a financial responsibility and a personal responsibility. If you help out on the lawsuit abuse, more people are going to say, I don't need that test either, Doctor, and so let's save the money and not do that. But the bottom line is Republicans have always injected free market solutions in place; for example, health savings accounts.

Health saving accounts are just starting to grow the way they need to. That is 2003 legislation, wiped out by this proposal that comes from Speaker PELOSI, the President, and HARRY REID. No more health savings accounts if you read the legislation and figure out how it is going to come out. Imagine this, Mr. Speaker. If a young couple had engaged in health savings accounts when it was first set up by this Congress in 2003 and they invested $5,150 as the maximum amount into their health savings account, and if they spent $2,000 a year out of that health savings account in legitimate expenses and accrued the balance of that account at 4 percent per annum and compounded it, they would reach retirement age, the two of them in reasonably good health with $950,000 in their health savings account.

And what is the interest that CHARLIE RANGEL has on that: Tax it. They want to tax it. I want to give an incentive to buy a Medicare replacement policy and let them keep the change. That Medicare replacement policy would cost about $72,000 per person today. That is one of the Republican solutions, but it doesn't fit very well with socialized medicine, you know. That is what happens.

This is an effort to try to mix. They didn't try to mix, but the reason it doesn't mix is because it is oil and water. It is freedom and liberty. It is market solutions and individual responsibility and doctor-patient relationships on this side, and over on this side it is socialized medicine, one size fits all. Big Brother at the top draconianly mashes this down on everybody else in America, and you have to accept the policy that they give you and you have to then get in line.

Mr. ROE of Tennessee. If the gentleman would yield, let's just talk about, for a minute, we have this very complex, over 2,000-page bill which I have read. The Senate bill is over 2,500 pages, which I will admit I have not read. I have seen the synopsis of it. We have 118 new agencies in this very complex schematic that you have down there in front of you. We should, on both sides of the aisle, be able to agree on a few things. One is that we agree that the cost of care is rising too fast and we have the uninsured out there that we need to cover. Those are the two basic premises that spurred this entire debate. How can you best solve those problems? It is not that complicated. You can do several things.

One, as you point out, let's just look at five things that we can do on 25 pages, not a complicated 2,000 pages. You can let people buy insurance just like you do your auto insurance or your life insurance. We see advertisements every night on television with a little gecko running around, those cute ads they have. Let people buy health insurance across State lines.

Let young people who don't have health insurance stay on their parents' plan, if they don't have a job that provides it, until they are 26 or 27 years old. Pick your number. You can cover 7 million people by doing that at zero cost to the Federal Government.

You pointed out very eloquently liability reform. You save billions of dollars doing that.

You simply sign up the people right now who are eligible for government programs without creating another new one. You cover 19 million people by doing that. You are not creating another agency and 118 new bureaucracies.

Expand the health savings account. I will give you personal experience. I have had one for 2 years. I put $5,000 a year in. Instead of the insurance company keeping my $10,000, I have spent about $2,000. My wife and I are both healthy, fortunately. We have $8,000 in our health savings account that we can use how we choose, not the insurance company.

□ 1830

I think for someone who owned an individual policy, you can treat them like a big corporation. Let them deduct their premiums just like General Motors gets to do, like the big unions do, and so forth.

And then I think the last thing you have to do is you have to put some individual responsibility for each of us, so that everybody, no matter what care they get, needs to pay something for the care. It shouldn't be totally free. We saw that in Tennessee, when our costs just skyrocketed because of the very generous plan we had there where there were no costs to the patients and it was overutilized.

So those are five or six things that every one of us in this room, in this auditorium, ought to be able to agree on and take care of. And it wouldn't be hard to do. It is an easy solution. We

should be able to pass that in no time at all. And the President ought to listen to that. He really should. These are simple, real-world solutions.

Mr. KING of Iowa. I thank the gentleman from Tennessee. They are simple, real-world solutions. They are free market solutions. They are commonsense solutions. And there is this other part about human nature. It is helpful when a country has its leaders that believe in the principles that built this as a great Nation, and also understand the human nature part.

There has to be incentives in place. And a nanny state can never be enough of a nanny to take care of people's failings. I think it was Phil Gramm that said this first, that I heard it anyway, and that is you take the safety net out there, that safety net that taught a man to fish, and then you give him the fish instead, and you turn the safety net into a hammock.

So here is the safety net down here, and as Congress keeps cranking that safety net up higher and higher and higher, and it becomes more and more of a cushy hammock. And you know, there is a reason why the most successful civilizations in the world generally originated someplace in a temperate climate instead of down by the equator. Because there wasn't an incentive. You didn't have to prepare for winter.

Where I live, you by golly got to be ready for winter, which means in that window of time that we have from around the first of April until about the first of December you got to get all the things done you are going to get done outside. That means all the food has got to be put up. That means all the staples have to be put in place to get your work done. We got to get our construction work done then, because in the wintertime it gets cold and it gets dark soon. That means you have industrious people.

Now, I am not drawing a comparison between the Mason-Dixon line. I am drawing a comparison between the equator. And I want to make that point clear for my colleagues here. But the industriousness of people, that was necessary. Squirrels put away for the winter, grasshoppers freeze to death. And if you give people the hammock instead of the safety net, they are not going to take care of themselves, and more than likely they are going to have to require us to do that because we are not allowing them to be tested.

There is a value to adversity. When I think of the things that I have gone through, and I don't wish them upon anybody, the challenges that are there, but every one of them put a little more steel in me, a little more mettle in me, and caused me to be better organized, work harder, be more industrious, prepare more. And if you take away that reward for planning for your future, you will have people that don't plan for their future.

If you pay young women to have babies if there is not a man in the house, they will have babies. If you pay them as long as they don't go to work, they won't go to work. These are simple things that anybody can understand that seem to have completely escaped the President of the United States and the majority party and the troika of leadership we have in this country called Obama, PELOSI, and REID.

Mr. ROE of Tennessee. If the gentleman would yield for just a second, there is a great book out by Milton Friedman, Free to Choose. And he makes a statement in that book, if you want more of something, you subsidize it. If you want less, you tax it. And it is a very simple principle you can apply to health care or anything else. If you have government programs that are subsidized by the taxpayers, you will create more people who use those programs. We have seen it over and over and over again.

I will give you a brief example before I yield to my colleague from Georgia. In this country we talk about, and I heard many times about how—and we do have failings in our health care system. It is not perfect. But when President Clinton had a heart attack, he was taken to an emergency room to the hospital, where he had a heart cath and discovered that he had blockages in his arteries and needed a bypass operation for it to save his heart. He got a bypass operation. It was delayed a couple, 3 days I am sure because of a blood thinner they gave him. I don't know that, but I am pretty sure that is what happened or they would have done it immediately.

Let's say you are in small town Johnson City, Tennessee, and you don't have any insurance or anything at all, and you have a heart attack and you come to the emergency room, what is going to happen to you is you are going to get a heart cath and you are going to get a bypass operation, and then we will figure out how to pay for it.

In Canada if you have that heart attack, what they will tell you is there is a list that you get on that you can get a catheterization, where they put the dye in your heart and see if you have a blockage. You will get on a list. And when your name comes up, you will get the cath. And then you will get put on the list to see if you get a bypass operation. That is the difference and the delay in the care. And I have seen it happen. I know people that that has happened to in Canada.

They have wonderful physicians in Canada, I want to point out also. I know many of them, have worked with some that have moved to our community. Well trained, excellent doctors. So when you get the care, I think, in Canada, it is good care. I really believe that. When it is available, I think it is excellent care because of the experience I have had with Canadian-trained physicians. Some of my colleagues I worked with every day were well-trained physicians.

That is the rationing of care that we speak of that we don't want to have happen in our country. And we have enough of that as it is. People will tell you that insurance companies ration care. And they do. And I think certainly they are to be held culpable also.

Mr. KING of Iowa. I thank the gentleman from Tennessee. And I just relate a very quick story that was presented to us by Dr. David Janda, who has written a book. He is out of Michigan. He has practiced in Canada. When he first went up there to work in the emergency room, and he is an orthopedic surgeon now, he had a patient come in, a young man who had torn up his knee playing softball, torn meniscus, ACL, I think, one of the ligaments. And he looked at him and he said you need surgery. I can schedule you in the morning. And he is in a Canadian emergency room. Must have been his first day at work. He found out that he couldn't schedule this young man for surgery the next morning. He couldn't even schedule him for a review to get the surgery approved under the Canadian health care plan.

So he had to back up and put him on crutches. And 6 months later this young man was allowed to be examined by the doctor who approves the request for surgery, and 6 months later they actually did the surgery. Almost 1 year to the day, the surgery took place in Canada that would have taken place the very next morning in the United States. Meanwhile, this young man can't go to work, his leg atrophies, he is running around on crutches. His life has been altered because different things happen in your life in that fashion. He didn't get back in the groove. What does that cost when you let people come out? That is an example.

And I know that we have experts here tonight. And so watching that clock tick, I am very interested to hear what the gentleman from Georgia has to say, whether it be about the Hawkeyes, the Yellow Jackets, or his field of expertise.

Mr. GINGREY of Georgia. Mr. Speaker, I think that I thank the gentleman from Iowa for yielding. And I am not going to say one word about the Hawkeyes and the Yellow Jackets. Maybe we will come back to that another year. But congratulations, by the way, to the Hawkeyes. They did a great job.

Mr. Speaker, it is an opportunity to come before our colleagues tonight and to join with Representative KING from Iowa and Representative ROE, Dr. ROE from Tennessee, and later on you will hear from MICHELLE BACHMANN, Representative BACHMANN from Minnesota, talking about the health care bill and health care reform in general.

I think we would be remiss if we didn't talk about the election yesterday in the Bay State, Massachusetts. Many of my colleagues have already spoken about that. And there is a lot of political pundits on every channel, cable, broadcast, network, whatever, trying to analyze and say, well, what happened? How did this occur? And, you know, we all have our own opinion,

but quite honestly, I think it is a lot about health care.

It was kind of instructive that when people were asked, coming out of a voting booth, what they thought about the health care reform bill in the Bay State that the same percentage that were opposed to it is the percentage that Senator-elect SCOTT BROWN received in the election. It was the same margin. So clearly, health care was a significant issue in that race in my opinion.

I think the people in Massachusetts clearly had about a year-and-a-half, 2 years to look at the commonwealth care that was enacted. And they don't like it, Mr. Speaker. They don't like it because it, instead of lowering the cost of health care, it has driven it up. Although more people are insured and have coverage in the Bay State, they are, as my colleagues have talked about in regard to other systems, there is a long queue, there is a long wait. It is very difficult to get a physician to see you, particularly if you are one of those who has a subsidized policy.

And basically, the state is going broke. And they have had to make a number of changes. They have had to drop dental care as part of the coverage. They have had to drop many thousands of legal immigrants who were not citizens, but had coverage. They no longer have coverage. And I know my colleague especially, Mr. Speaker, Dr. ROE from Tennessee has probably already talked about TennCare and their experiment 10, 12, 15 years ago, and the miserable failure of that.

So yes indeed, health care had a lot to do with the outcome yesterday in Massachusetts. But it was not just health care. I think that people are so tired, Mr. Speaker, of this Federal Government ignoring them and dissing them, as the expression goes. We had the August recess that lasted 5 weeks, and all of these town hall meetings all across the country, and we come back, and you would think that the majority party and the administration would have listened to those people. And instead, what they did is they simply changed the number on the House bill. They took off H.R. 3200, because the people had railed against it so loudly over that 5-week period of time, instead they just changed the number on the bill.

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. GINGREY of Georgia. I gladly yield to my friend from Tennessee.

Mr. ROE of Tennessee. You can call a polecat a skunk, but it is still a polecat or a skunk, whatever you name it. I yield back.

Mr. GINGREY of Georgia. Absolutely, the gentleman is right. And so people are sick and tired of being disrespected. They were very disappointed of course in the economic stimulus package, $787 billion that was supposed to keep the unemployment rate at 8 percent, no higher than 8 percent. It is 10.2 percent now. 16 million Americans out of work, many of them in the Bay State.

I think it is a message. It is a message to the administration, to President Obama, and the Democratic majority, Speaker PELOSI, Leader HARRY REID in the Senate. Look, you still have an opportunity, my colleagues, you still have an opportunity to come together in a bipartisan way and do things in an incremental fashion that truly will lower the cost of health insurance for everybody and make it better and rein in, yes, the abuses of the health insurance industry as well.

And what is this big rush, anyway? The Democratic majority, Mr. Speaker, insisted on getting it done in 2009. They didn't want to face this during an election year. Well, look, the American people are saying to us, and especially to the majority and to the President, We don't care about the next election. Get it right. Don't rush to judgment. What is the big hurry? Why not get it done in 2011 if it takes that long? But get it done right.

The people of Massachusetts went to the polls, they knew that their bill was an abject failure, and that is basically what they were saying. If the administration and this majority ignores it, they do it at their own peril.

With that, Mr. Speaker, I yield back to the gentleman from Iowa, because I know there are others that want to speak tonight.

Mr. KING of Iowa. And reclaiming before I yield, I want to pose a question here for consideration. Canadian health care plan, the average length of time to wait for a knee replacement is 340 days, a hip replacement 196 days. Where I come from, we don't stand in line. I went to Moscow a while back, and I watched people hunched over in their shoulders with their big coats and hats walking around looking for a line to stand in. And then when they got to the end of the line, then they went and looked for another line to stand in. I think a lot of times they didn't even know why they were even standing in line.

And it occurred to me, and it may not be universally true, but it occurred to me that free people don't stand in line. And if you are standing in line at Kentucky Fried Chicken, that means that somebody ought to have a free market opportunity to set something up next door. And people will go over there and get their service. But that is what the free market principle does. People don't stand in line when it is a free market principle. I would submit also that people die in line.

I yield to the gentlelady from Minnesota.

□ 1845

Mr. KING of Iowa. The gentlelady from Minnesota.

Mrs. BACHMANN. I thank the gentleman from Iowa.

I also have so much esteem for my colleague from Tennessee, Dr. ROE, and also my colleague from Georgia, Dr. GINGREY. They are just wonderful examples, and they enlighten all of us who aren't medical professionals. But they've been there, done that. They have skin in the game, and they know what's at stake. They know what's at stake for those who have put so much into becoming physicians, who have put their life on the line to be healers, but also the people they serve. They see the real cost in human health, in terms of misery that is down the road if we embrace this system.

I come at it a little bit differently. My background is that I am a former Federal tax lawyer, and I see how egregious tax costs can destroy businesses, destroy families, individuals, farms and creativity. And also as a business owner. My husband and I have started two businesses. We're not a big deal; we've employed 50 people, but we do know what it is to take and start a business from scratch using our own equity, our own capital. We have to be disciplined and make a lot of good decisions. We have to get it right every time so that we can make a profit.

My husband told me that he spoke to a number of other small businessmen that have said to him they will have to cut jobs with their small businesses if this health care bill goes through. There are a lot of small business employers that would love to provide health insurance, but they can't because currently health insurance is so expensive.

I think one thing that cannot escape this discussion that we're having tonight among colleagues, whether we're health care professionals or tax lawyers or small business owners, is this; President Obama's Chief Economic Advisor, Christina Romer, said herself that if President Obama's plan would go into effect, that America would see 5.5 million jobs lost if we adopt his plan. Not only would it cost us trillions of dollars that we simply don't have, but it would cost us 5.5 million American jobs. It isn't that those jobs wouldn't be done, but they wouldn't be done in America. It's another 5.5 million jobs that would go offshore.

I yield to the gentleman from Tyler, Texas, LOU GOHMERT.

Mr. GOHMERT. So what you're saying is the President's health care bill really is a jobs bill, but instead of creating them, it eliminates them.

Mrs. BACHMANN. It eliminates them, and I think one can understand why. We saw a chart or a graph that was recently produced several weeks ago. It plotted all of the private-sector experience in the Presidents from the last 100 years. It showed that in President Obama's Cabinet, in his administration he has less private-sector experience in real job creation than any other administration: 7 percent experience. No wonder every answer that comes out of this administration is more spending, higher taxes, more government. But the last seven economic recessions, every blooming one of them

we have come out of the recession—from government? No. From small business creation.

We would love, in our small business, to create more jobs, but I will tell you this, from the other small business job creators that I know in Minnesota: Right now they are scared to death. They don't want to add more jobs because they know if they add more jobs, they're stuck with more costs that they may not be able to take. They don't want to hurt the existing people they have now that they hired. They don't want to have to close their doors and fold up. A great business in our State, Home Value stores, just announced last week that they were closing their doors after over 35 years in business. Why? Because of this job-killing, bone-crushing debt that's coming out of Washington, D.C. Let's reject that.

The American people last night rejected President Obama's decision because if there is one headline that would encapsulate all of 2009 it would have to be this: ''The Federal Government takeover of private industry.'' That's what last year was all about. The American people said no way; we believe in America, we believe in job creation, we believe in prosperity. And that's what last night's poll numbers reflected.

Mr. KING of Iowa. Reclaiming my time, I would propose that it actually goes another step yet, and that is, we talked about the government takeover of the private sector, and we talked about between 30 percent and 33 percent of the private-sector profits nationalized by mostly this President's administration. We've seen the nationalization take place, the government takeover, but the most personal and private property we have is our own bodies. This is a government nationalization, a government takeover of our individual persons and bodies, managing our health care and seeking to tell us what we can eat and what we can't, what we can drink and what we can't, managing our own personal bodies. What could be a more egregious violation of liberty and freedom than that?

I would like to pose a question for a response here and maybe go down through some things in my mind and see if there is dissent among the esteemed Members of Congress that are here on the floor.

First I would ask you, if they impose a centrally controlled system of government-run health care, will it result in a loss of personal and economic liberties? And is it an indisputable violation of the principle of limited government established by the Constitution? Would you agree with that?

Mrs. BACHMANN. Absolutely. Yes, I would. I would agree with that.

Mr. KING of Iowa. I will ask another question. If they impose a government-run health care system, would such system result in increased costs in taxes to individuals, to families, to businesses, as well as to all taxpayers at the Federal, State and local levels?

Mrs. BACHMANN. It would. And that's what I am so worried about as a tax lawyer, that this will mean diminished opportunities for Americans because we will see increased taxes in defiance of President Obama's promise to the American people.

Mr. KING of Iowa. What kind of harm would that do to the American economy and the businesses and jobs and productivity and quality of life?

Mrs. BACHMANN. It would be irreparable harm. It would be very difficult to come back from.

Mr. ROE of Tennessee. Would the gentleman yield?

Mr. KING of Iowa. I will yield.

Mr. ROE of Tennessee. What the gentlelady from Minnesota has said is absolutely true. Just in our area, at Vanderbilt University in Nashville, Tennessee, the largest employer in the county, 14,000 people—these are jobs that don't go overseas, they're not exported, these people are doing great work—new innovations, new treatments that may go away with this system—they're afraid to hire anybody. In my local town, our medical center, 9,000 employees in their system. The adjoining city has a medical system of 6,000. That's 15,000 people that work in health care in two cities with a little over 100,000 combined population bringing quality care to the people of Appalachia.

What I am worried about is if that's going to go away. Those jobs will dry up—and those are great jobs that are not exported anywhere, they are jobs for Americans with health insurance, with retirement plans, great benefits, and we may be tanking that also.

I want to just reminisce for a moment when I graduated from medical school and think back as the gentlelady from Minnesota, Congresswoman BACHMANN, was talking about. When I graduated from medical school there were five high blood pressure medications, three of them made you sicker than the high blood pressure did. Now we have over 50 wonderful medications to provide for people. Antibiotics, a plethora of antibiotics; we had one or two at the time I graduated. Ultrasounds, MRIs, PET scans, survival rates of cancer. The research is just astonishing that's going on in America. We are the leader in the world; the world looks to us for medical innovation. With this right here I'm afraid it will stymie that innovation.

I think back—and we were talking about this a moment ago—one of my good friends and a colleague, a medical colleague whose wife is English, his sister-in-law lived in England. She died of chronic lymphocytic leukemia. That's a disease that Americans just don't die of any longer. We live with that disease. It's treatable. She was treated with a blood transfusion. We could have done that 50 years ago. That's all the treatment. And she got that treatment because she was too old to be treated. We don't do that in this country. And I'm afraid we're heading down that path.

I yield back.

Mr. KING of Iowa. Reclaiming my time, the value of life changes.

And another point, a point that I think JOHN SHADEGG made very well, is that this policy here—whatever number they attach to it or whatever they might try to do—will have mandates in it. And what it will do is it will require certain health insurance policies to have those mandates covered in there, and it mandates that people buy them or employers provide them. And his case is that that's a tax. I would ask the man who is the judge if he could explain why it's a tax when the government makes someone buy a policy and then takes it out of their taxes if they don't and puts them in debtors prison if they hold back. If you have to buy something, why does that make it a tax?

Mr. GOHMERT. If it's mandated by the government, then certainly it's a tax, because that is all that the government is entitled to do. Under our Constitution, you can't force somebody to buy a product.

And I appreciate your directing that question to me because obviously all the prior questions were directed at my friends from Louisiana and Minnesota because you qualified it by saying, This question is for the esteemed Members. So I stayed quiet throughout your answers, but now you have included me as the unesteemed Member.

Mr. KING of Iowa. They're polar opposites, Mr. GOHMERT; they're Tennessee and Minnesota.

Mr. GOHMERT. Yes, exactly, Tennessee. Tennessee and Minnesota.

But that is what has gotten people upset across the country and is what we saw in Massachusetts. They've seen what's going on around here.

There was a promise that C–SPAN would be covering all the negotiations because we're talking about people's lives, the length of their lives, and their loved ones, how long are they going to be able to be living in this world, whether they will get the medication they need, or are they going to be told you're too old? So as the President so ably said before he was elected, those negotiations need to be out there. And all we've seen is the nasty, sordid deals that were cut after being behind closed doors so that you have insurance companies signing onto the President's bill. And then you go through and say, ah, here are the pages where they got their deal cut. Ah, here is the deal that the plaintiffs lawyers got. Ah, here's the deal the pharmaceutical industry got. And they're conflicting. And it is such a mass of mess the way they've cut these deals and they've forged them together. And the ones that are going to suffer are the people in this country when there is no reason to.

Mr. KING of Iowa. Should they be negotiated publicly and free of political favoritism, Mr. GOHMERT?

Mr. GOHMERT. Exactly.

Mrs. BACHMANN. If I could just respond on the tax portion. Government can directly mandate that you must pay a percentage or a fee, which is a direct tax. But if government requires you to do something or purchase a health insurance policy in conformity with what government says must be the items in that policy, that's just as much a tax as if government says you must pay a percent or an exact amount. The final result is the same because the taxpayers' pockets are picked for what government mandates it must be picked for. It is a tax, pure and simple. That's the point.

Mr. GOHMERT. And along those lines—I appreciate the gentleman yielding—we've heard the President say, well, you know, States require you to buy insurance for your car, so this is nothing new.

Mrs. BACHMANN. It's not the same.

Mr. GOHMERT. It is very new. Of course we've heard the argument that actually, yes, States do require you to buy insurance if you're going to drive a car. You don't have to own a car or drive a car to live in a State, not in any State.

But another thing that's lost in the equation too is there is no mandate by any State in this country to buy insurance to protect your own car and your own person. You are required to buy insurance to protect the other person whom you may harm while you're driving. And all of that is based on the privilege of driving, it is not based on just living.

We are supposed to have, under our Constitution, as was mentioned in the Declaration of Independence, this right to life, liberty, and the pursuit of happiness. Whether you're an unborn child or whether you're an old geezer like some of us, you actually have a right to life. And here the Federal Government is saying we're going to snuff yours out a little early because we just don't find that you're all that productive. Where is that line drawn once they're allowed to say now you buy a product or you don't get to live here?

Mr. KING of Iowa. Reclaiming my time, I have this other thought. It occurs to me, and I believe in H.R. 3200 there was an amendment offered that would have required Members of Congress to live under the same law. That offer for that exemption was voted down by Democrats. So if you had a bad policy, wouldn't you want to exempt yourselves from that?

I would ask the gentleman from Tennessee what he thinks of that.

Mr. ROE of Tennessee. I think you're absolutely right. I mean, it's the ''do unto others, except don't do it to me.''

Mr. KING of Iowa. Would you support language that would require that Members of Congress stand in the same shoes as the citizens of America?

Mr. ROE of Tennessee. There is not one of us standing here now that wouldn't agree with that 100 percent.

And Congressman GOHMERT makes a good point about the mandate. Let's give some practical experience about what's happening to the mandate. Mandate means you have to purchase something, and in Massachusetts it's health insurance. It also says that you cannot be denied because of a preexisting condition. So the Harvard Pilgrim health care plan, beginning in March of 2008 until this year, 2009, 1 year, they found this, that almost half the people who got their health insurance through the Harvard Pilgrim plan kept it for an average of 5 months.

□ 1900

You couldn't turn them down, so they waited until they got sick, and when they got well, they dropped it. If you were in that 5-month period of time, that plan spent over $2,000 a month on those folks. For the other folks, like me, who just bought it for the year, they averaged then about $300 a month. So people scammed the system. They paid the tax until they got sick because it was cheaper than buying the health insurance. Then they bought the health insurance and kept it until they got well.

It's the same thing as using Congressman GOHMERT's example of a car wreck. Well, you have your car wreck, and then you buy the best car insurance policy you can, and when your car is fixed, you drop it.

Mr. KING of Iowa. I yield to the gentleman from Texas.

Mr. GOHMERT. It is so important also to note that, with all the talk about our friends across the aisle who are concerned about the working poor in America, if you look at the bill that was passed out of this House, it makes it very clear: if you can't afford the great policy that is mandated and if you're just above the poverty line where the government is going to pay for it, you'll have an additional 2½ percent income tax on your income. That is outrageous. Those are the people who, if they could afford to buy the insurance, they would buy the insurance. Now you're going to pop them with another 2½ percent tax. That's not caring about the working poor, about the people who are helping make the engine in this country go.

Mr. KING of Iowa. Reclaiming my time, it's quite likely that this fellow right here, the health choices administration, czarissioner, would probably rule that those high-deductible, high-copayment, low-premium policies wouldn't fit his idea of what health insurance is in America. So the low-income people who can only buy in, according to the way this thing was laid out in negotiations in the Senate, would have about four different tiers of policies.

It's interesting: those who have the lower premiums pay the least amount. Those who have the highest premiums pay the highest amount. The people who can pay the highest premiums are the ones who get the best kind of health insurance out of that, and those who can afford the least have to have the highest copayment, but they can't do the high deductible because that doesn't fit the socialist model. That's part of what's going on.

Mrs. BACHMANN. If I could add to that, the one thing that doesn't get talked about very much here is the iron ceiling on wages that was contained in this bill.

If you have a double-income couple with no kids and if their combined income is $64,000 a year or more, at that point they lose all Federal subsidy. So what they have to do is go out, and if their employers pay the 8 percent fine to the government and don't provide health insurance, they have to go with after-tax dollars and purchase health plans, which, in Minnesota, would cost about $14,000 a year. So you'd have a couple making $64,000 a year who has to go and buy a plan out-of-pocket; but if the couple made $63,000 a year, Uncle Sam would pay their way. That's the iron ceiling on wages. There is no incentive to make a dollar more, because you would be so heavily penalized by going out of the subsidy, and that kills the American Dream.

Why would we have a couple of people here in this Chamber make a decision for over 300 million people? Let's free up decision-making for 300 million people to make the cheapest and best choices for themselves.

I yield back.

Mr. KING of Iowa. I thank the gentlelady from Minnesota and the other participants here tonight from across the board, from Tennessee and Texas.

I will just summarize what's going on here.

I think that a government-run health care system takes away our liberty. It nationalizes our bodies. It will result in increased costs and taxes. The taxes come in the form of mandates as well as whether we think we're paying taxes or premiums. It should not add to the crushing national debt or impose mandates. No tax dollars should go for abortions or for illegal aliens. It should be negotiated publicly, out in the daylight. It should apply to all Members of Congress. It should provide equal protection under the law. It should be free market-based, and it should protect the vital doctor-patient relationship.

That's the summary of what we want to do here, and it's what we have the opportunity to do because the cavalry came riding over the hill just in the nick of time in the form of, today, Senator-elect Scott Brown and, tomorrow, Massachusetts Senator Scott Brown.

Thank you, Mr. Speaker.

I yield back the balance of my time.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO TERRORISTS WHO THREATEN TO DISRUPT THE MIDDLE EAST PEACE PROCESS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111–88)

The SPEAKER pro tempore (Mr. SCHAUER) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the Federal Register and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the Federal Register for publication the enclosed notice stating that the emergency declared with respect to foreign terrorists who threaten to disrupt the Middle East peace process is to continue in effect beyond January 23, 2010.

The crisis with respect to the grave acts of violence committed by foreign terrorists who threaten to disrupt the Middle East peace process that led to the declaration of a national emergency on January 23, 1995, has not been resolved. Terrorist groups continue to engage in activities that have the purpose or effect of threatening the Middle East peace process and that are hostile to United States interests in the region. Such actions constitute an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States. For these reasons, I have determined that it is necessary to continue the national emergency declared with respect to foreign terrorists who threaten to disrupt the Middle East peace process and to maintain in force the economic sanctions against them to respond to this threat.

BARACK OBAMA.

THE WHITE HOUSE, *January 20, 2010.*

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CULBERSON (at the request of Mr. BOEHNER) for today and the balance of the week on account of personal reasons.

SPECIAL ORDERS GRANTED

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

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

Ms. CORRINE BROWN of Florida, for 5 minutes, today.

Ms. WOOLSEY for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. BLUMENAUER, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. GRAYSON, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, January 27.

Mr. JONES, for 5 minutes, January 27.

Mr. MORAN of Kansas, for 5 minutes, January 27.

Mr. GOODLATTE, for 5 minutes, today.

Mr. WOLF, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, January 26 and 27.

Mr. THOMPSON of Pennsylvania, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. MCCLINTOCK, for 5 minutes, today.

BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on January 20, 2010 she presented to the President of the United States, for his approval, the following bills.

H.R. 3788. To designate the facility of the United States Postal Service located in 3900 Darrow Road in Stow, Ohio, as the ''Corporal Joseph A. Tomci Post Office Building''.

H.R. 3767. To designate the facility of the United States Postal Service located at 170 North Main Street in Smithfield, Utah, as the ''W. Hazen Hillyard Post Office Building''.

H.R. 3667. To designate the facility of the United States Postal Service located at 16555 Springs Street in White Springs, Florida, as the ''Clyde L. Hillhouse Post Office Building''.

H.R. 3539. To designate the facility of the United States Postal Service located at 427 Harrison Avenue in Harrison, New Jersey, as the ''Patricia D. McGinty-Juhl Post Office Building''.

H.R. 3319. To designate the facility of the United States Postal Service located at 440 South Gulling Street in Portola, California, as the ''Army Specialist Jeremiah Paul McCleery Post Office Building''.

H.R. 3072. To designate the facility of the United States Postal Service located at 9810 Halls Ferry Road in St. Louis, Missouri, as the ''Coach Jodie Bailey Post Office Building''.

H.R. 2877. To designate the facility of the United States Postal Service located at 76 Brookside Avenue in Chester, New York, as the ''1st Lieutenant Louis Allen Post Office''.

H.R. 1817. To designate the facility of the United States Postal Service located at 116 North West Street in Somerville, Tennessee, as the ''John S. Wilder Post Office Building''.

H.R. 1377. To amend title 38, United States Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes.

ADJOURNMENT

Mrs. BACHMANN. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 7 o'clock and 5 minutes p.m.), the House adjourned until tomorrow, Thursday, January 21, 2010, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

5606. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-271, ''Fiscal Year 2010 Income Tax Secured Revenue Bond and General Obligation Bond Issuance Temporary Approval Act of 2009''; to the Committee on Oversight and Government Reform.

5607. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-270, ''Retirement Incentive Temporary Amendment Act of 2009''; to the Committee on Oversight and Government Reform.

5608. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-269, ''African American Civil War Memorial Freedom Foundation, Inc. African-American Civil War Museum Approval Temporary Act of 2009''; to the Committee on Oversight and Government Reform.

5609. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-267, ''Disclosure of Information to the Council Amendment Act of 2009''; to the Committee on Oversight and Government Reform.

5610. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-268, ''Fiscal Year 2010 Limited Grant-Making Authority Clarification Temporary Act of 2009''; to the Committee on Oversight and Government Reform.

5611. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-263, ''Public Land Surplus Standards Amendment Act of 2009''; to the Committee on Oversight and Government Reform.

5612. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-266, ''Prescription Drug Dispensing Practices Reform Act of 2009''; to the Committee on Oversight and Government Reform.

5613. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-265, ''Whistleblower Protection Amendment Act of 2009''; to the Committee on Oversight and Government Reform.

5614. A letter from the Chairman, Council of the District of Columbia, transmitting Transmittal of D.C. ACT 18-264, ''Fire Alarm Notice and Tenant Fire Safety Amendment Act of 2009''; to the Committee on Oversight and Government Reform.

5615. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Lower Mississippi River, Mile Marker 121 to Mile Marker 122, Above Head of Passes, in the vicinity of the I-310 Bridge, Luling, LA [COTP New Orleans-06-019] (RIN: 1625-AA00) received January 7, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5616. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety