Finally, a letter from the Governor of the State of Texas, Rick Perry, who also delineates concerns about the cost of the program. He ends up, ''While Washington argues, Texans wait for real reform that results in everyone to have the opportunity to live a healthier life without adding trillions of dollars of debt that we and our children will'' end up having to pay.

Thank you for the consideration.

□ 2130

HEALTH CARE REFORM

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

Mr. GINGREY of Georgia. Mr. Speaker, I'm very pleased to have been on the floor and heard from my colleague, my physician colleague from Texas, in fact, my OB–GYN colleague from Texas, who talked about the opinion and read the letters from the Texas Medical Society and also the Governor of Texas in regard to their opposition to this bill that we are going to be voting on tomorrow, H.R. 3590. In fact, I don't have any letters tonight from the State of Georgia, Mr. Speaker, but indeed, it was the Georgia Medical Association and the Texas Medical Association that came together months and months ago, an organized effort in many, many other State medical societies and special societies across this country, I think, representing some 500,000 physicians who are in opposition to this legislation, in contrast, Mr. Speaker, to the support, I'm still quite astounded by that, the support of the American Medical Association.

But it is important to know, while I respect the American Medical Association and their leadership, they represent probably less than 20 percent of the physicians in this country. And so I think we need to always put that in perspective. And again, I'm glad to hear from Congressman Dr. MICHAEL BURGESS from the State of Texas regarding that.

Mr. Speaker, as you know, the Democratic majority had the previous hour. I had an opportunity both while at home a few minutes ago and here on the floor in the more recent moments to hear some of the discussion. And it's real interesting to hear some of the comments. And I jotted down quickly some of those, and I would like to go over it a little bit so my colleagues can understand and get maybe a different, more possibly, in my opinion, Mr. Speaker, more accurate perspective on some of that.

The gentlelady from California indicated in her remarks that in this bill, in this health care reform, that there is absolutely no deficit spending. In fact, she talks about something like $100 billion savings in the first 10 years, I guess it's calculated by the CBO. Of course, Mr. Speaker, we all know the CBO can only work on the numbers given to them. And they do a great job. And we are not here to denigrate the hardworking men and women of the CBO. They've been working hard for over a year and a half now. Every time there's a change, they have to recrunch numbers.

It's kind of interesting from the historical perspective of our colleagues on both sides of the aisle. Remember when Medicare, the program, was passed in 1965? The CBO and the number crunchers at that time said by the year 2010, based on all of the information that we have, demographics and how long people live and that sort of thing, by the year 2010, this program, although not nearly as costly in 1965, will cost about $60 billion in 2010. Well, Mr. Speaker, you and, I think, everybody in this Chamber and everybody listening knows that we are in the process now on an annual basis in the Medicare program of spending about $480 billion, $480 billion a year. We are spending more on Medicare than we are spending on our national defense, $480 billion.

Well, the number crunchers didn't miss it too much, did they? They only missed it by $420 billion, just a little small accounting error, I guess, you round it off maybe in government speak. So, for the gentlelady from California, and I respect my colleagues on both sides of the aisle, but no deficit spending indeed, and to suggest that there will be $1 trillion worth of savings in the second 10 years, don't hold your breath, colleagues. Don't hold your breath.

Well, it has been interesting today. It has been real interesting. I told the men and women on the west steps and the Mall earlier today, I don't know how many were there, Mr. Speaker, but thousands, maybe 25,000, people from all across the country, who came, I had an opportunity to ask some of them how they got here. Some drove, some came on buses, some flew, indeed, yes, there were even some from California. But God bless them, Mr. Speaker. The Member of the majority party in the previous hour referred to them as ''tea baggers.'' He called them ''tea baggers.'' I found that highly insulting, Mr. Speaker, to these men and women who made that effort to be here. ''We, the People,'' another gentleman in the majority party talked about ''We, the People,'' and referred to ''We, the People'' and talked about the Declaration of Independence in order to form a more perfect union and that this is a result, this bill, was going to give us a more perfect union.

And, Mr. Speaker, I know you have many on your side of the aisle who say we have been trying to pass comprehensive health care health care reform for 40 years, 50 years, 60 years. President Theodore Roosevelt tried to do it. President Woodrow Wilson tried to do it. President Franklin Roosevelt tried to do it. President Kennedy and President Johnson tried to do it. More recently, of course, President Clinton back in 1993 tried to do it. We almost did it, they said, Mr. Speaker. We almost got there, and now here we are right on the cusp of victory, as they describe, and tomorrow we are going to get over the finish line, we are going to do it for We, the People.

Well, Mr. Speaker, let me suggest to you and my colleagues why we have never done it over the past 40, 50 or 60 years, because We, the People don't want it. We, the People hate it. They did then, and they do now. We, the People have rejected this in every poll that has been taken for the last year and a half. And the Democratic majority and the Democratic leadership and the President of the United States, they know that. They know that. We, the People don't want it. We, the People don't want what Otto Von Bismarck had to offer 150 years ago. We don't want Western European socialism for this country. We, the People like what is written in the Constitution, and that is what we want. And we want to make sure that We, the People know that there are some sensible men and women in this Congress, in both the House and the Senate, that will continue to stand up, right to the 11th hour, with our last breath, to stand up for We, the People and to fight off this socialism that this administration and this majority is insisting on.

With that, Mr. Speaker, I want to recognize some of my colleagues who are on the floor with me tonight that I think feel just as strongly as I do. And We, the People would like to hear from them as well. At this point, I would like to yield some time to my colleague from Georgia, my good friend from the Third Congressional District of west Georgia, the Honorable LYNN WESTMORELAND.

Mr. WESTMORELAND. I want to thank my fellow Georgian for taking this hour so we can come straighten out some of the things that have been said in the previous hour. And I listened to them with great interest. And I believe that they believe in Santa Claus, the Easter Bunny and the Tooth Fairy. I was going along with them pretty well until they got down to the ''free'' part, free wellness screening, free preventative and free test.

I want to ask the people, Mr. Speaker, of America, have you ever gotten anything free from the government? The American people pay for everything that this government does with their taxes or with penalties or interest. What every American pays is what pays for everything this government does. There are no free lunches here. And for our colleagues on the other side of the aisle to get up and say that these things were free, they've got to believe in the Tooth Fairy. They've got to believe in Santa Claus or the Easter Bunny to believe that.

The gentleman, our colleague from Ohio, is talking about the things that he will campaign for in November, and what we will be campaigning for and

what he will be campaigning for. I welcome, I welcome those campaigns because even though they haven't heard the people on this third Saturday in March, they will hear from the people on the first Tuesday of November.

There are some facts that I would like to just get straight while we are talking about ''free'' things, free what the government is going to do. This bill is not free. And as the gentleman, my colleague from Georgia, explained, the costs that come with it.

Let me tell you some things that are going to be on the campaign and is going to be ahead of this Congress for the next 7 months. Let's talk about the $1.2 trillion, the total cost of the bill between 2010 and 2020. Though the real cost, as the gentleman stated, doesn't go until 2014. This includes $940 billion in coverage subsidies. Those aren't going to be free. That's what your tax dollars are going to be paying for in coverage subsidies. Those are not free, $144.2 billion in additional mandatory spending. That's going to come out of your tax dollars, $70 billion in discretionary spending in the Senate bill and $41.6 billion in unrelated education spending. Yeah, they included education in this health care reform because they could not, under any other way, get it passed through the Senate, $208 billion, and both my colleagues here tonight are doctors.

This is the cost of a 10-year patch for the SGR, the sustainable growth rate, to prevent reduction in Medicare physicians payments, which is 21 percent right now. This cost is hidden because it was included in the earlier Democratic bill, but was dropped to better provide a cost estimate. This is your tax dollars. This is not free, $569.2 billion tax increases in the legislation, including $48.9 billion in new taxes in the reconciliation bill alone. That's not free. That's coming from your tax dollars, $52 billion, the amount of new taxes on employers, $52 billion of new taxes on employers who can't afford to give their employees health care. And that's going to be imposed when unemployment right now is at 9.7 percent.

Twelve is the number of new taxes in the bill that violate President Obama's pledge that under my plan no family making less than $250,000 a year will see any form of tax increase; 46 percent is the percentage of families making less than $66,150 who will be forced to pay the individual mandate tax, which, by the way, I believe is unconstitutional; 16,500 is the estimated number of IRS auditors, agents, and other employees that will be needed to collect the hundreds of billions of dollars in new taxes levied on the American people.

There is nothing free in this bill. There's nothing free. You've got to believe in the Tooth Fairy, and the Easter Bunny, and Santa Claus all rolled into one to think that you're going to get something free out of this.

Twenty billion dollars is the estimated amount of money that the IRS and the HHS will need for the cost of additional regulations, bureaucracy, and redtape over the next 10 years. This spending is not included in the CBO's cost estimate. Fifty-three billion dollars is the amount of revenue this bill raids from Social Security to make it appear as if it actually reduces the deficit; $202.3 billion the amount of money cut from Medicare Advantage program for seniors to help offset the cost of a new entitlement.

Now we have heard over and over that if you have the insurance you like, you can keep it. Have we not heard that? You can keep the insurance that you have. These seniors on Medicare Advantage are not going to be able to keep the insurance that they have. Where does that come from? $436 billion dollars is the amount of Federal subsidies in the bill that will go directly to insurance companies to provide health care in the exchange, $436 billion to pay to these evil insurance companies. No wonder they don't mind getting cut out of a little bit of money on Medicare Advantage by providing additional coverage these seniors pay for when they're going to get another $436 billion. One out of 22, the number of times the Senate has not somehow amended a reconciliation bill passed by the House and thus required further action.

Like I said, these people have been convinced that there is a Santa Claus, a Tooth Fairy, and an Easter Bunny to believe that the Senate is going to take this reconciliation bill that they are sending over. Sixty-three percent is the percentage of physicians surveyed who feel that health reform is needed but are opposed to this sweeping overhaul legislation.

Nine billion dollars is the amount that the Ways and Means Committee estimated Medicare would spend annually after 25 years when it was passed in 1965. To my two colleagues here, in reality, Medicare spent $67 billion, or seven times the initial cost estimate.

If you believe that this is a deficit reduction bill, then you certainly believe in these people I have mentioned prior. $1.55 trillion the projected fiscal year 2010 deficit—11 times the 10-year savings that the Democrats claim that this bill will provide by spending more than $1 trillion for this government health care takeover.

□ 2145

If you think the government is going to be giving things for free, you are kidding yourself. If you think this thing is going to cost what they say it is going to cost, you are kidding yourself. If you think this is going to reduce our deficit, you are kidding yourself.

The American people are smarter than this, and I think our colleagues on the other side of the aisle need to realize this. If they don't realize it now, they will realize it in a very short time to come. This is not going to be behind them. It is going to be in front of them. I welcome the opportunity to campaign on this issue, alone, which will provide that they have failed to promise and keep the promises that we have made to the American people in this last election.

So I want to thank my colleague from Georgia for doing this. I thank you for giving me the opportunity to come and share this. And, hopefully, tomorrow we will be able to make our case to the American people and to change some hearts and minds of some of our colleagues on the other side of the aisle.

With that, I yield back.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman, my colleague from Georgia, for being with us this hour and hopefully he will be with us for the entire hour, as long as he can stay.

We also have the gentleman from Texas, as I referred to previously, who did the special 5-minute talking about the Texas Medical Society and the way the Governor in Texas and the medical society have written letters to him to share with all of us, Mr. Speaker, in opposition, in strong opposition to the passage of this bill tomorrow. And I would like to refer to Dr. BURGESS at this time.

Mr. BURGESS. Well, I thank the gentleman for yielding and thank him for the recognition.

The gentleman and I spent some time this afternoon up in the Rules Committee, a little hideaway up on the third floor of the Capitol. I don't think the air condition was working today. It is always an interesting time when you get to spend a little time in the Rules Committee. And we heard several people sort of lead off their soliloquies as they were talking and extolling the virtues of this bill and that it is going to try to come through the House tomorrow and they say we are going to go down in history. And I think the gentleman from Georgia said, and it certainly ran through my mind, I don't know if you are going to go down in history, but you are very likely to go down in November.

With that, let me just refer—the gentleman talked about the people who have been here all day around the Capitol. And it has been impressive. And I think back to a year ago, my town halls, people were so frustrated with what they saw happening. They didn't know how bad it was going to get, but they were very frustrated with the direction they saw from this Congress and from this administration. And they kept saying, Well, we want to do something. What can we do? We want to stop this. We want you to stop this. And if you can't stop it, we want to stop it.

And a year ago it seemed like we were so far away from a fall election; but that unease, that energy kept building and building through the spring and through the summer and through the fall. And we saw it here on July 4, when the people came and

camped out on the Washington Mall. We saw it again on September 12 when people flooded to the Capitol to make their voices heard. And we certainly heard it today.

And you might ask, does this do any good, this sort of outpouring of angst and emotion and energy to surround the Capitol with living, breathing Americans who want to press the point of, hey, look. It is supposed to be governed with the consent of the governed—government with the consent of the governed—and we didn't give you our consent for this. We don't want it. We want you to take it back.

So you do wonder if it does any good to have people around the Capitol all day, all of that energy, all of that enthusiasm, all of that pushback against what they see as a very bad health care bill, and I will tell you that it does. Because as we started the day today—we just refer to my little friend from School House Rock. I brought him out earlier in the week.

This is a bill who is on Capitol Hill and one day he wants to become a law. This bill looks mad, and I wonder why this bill is mad. Well, you look at what he is thinking and he says, I don't want to be deemed or Slaughtered. He is referring of course to the Slaughter rule. The chairwoman of the Rules Committee, Ms. LOUISE SLAUGHTER, had put forward the Slaughter rule that said we wouldn't even have to vote on this Senate bill that no one wants to vote on. We will just deem its passage and then send it on to the President for signature.

Well, that is kind of a big deal in this body. It kind of might not really be in accordance with all of the rules laid down by the Founders in the Constitution.

So the bill was mad. He didn't want to be ''Deemed or Slaughtered.'' Well, guess what happened. About the middle of the afternoon up in the Rules Committee—and I don't know if it was because of all the people who were here or not. I don't know if it was because their voices were heard and folks on that Rules Committee felt the heat that was being generated around the Capitol outside; but somewhere or another in the middle of the afternoon, they said, You know what? This guy is right. We will just have an up-or-down vote. So tomorrow, although the outcome may not be what I want, we are going to at least have an up-or-down vote on H.R. 3590, the Senate bill.

I do want to tell people what is at stake here. This bill, H.R. 3590, is a bill that actually originated in the House of Representatives. It was not a health care bill; it was a housing bill, through the Ways and Means Committee, voted on on the House of Representatives floor, went over to the Senate as a housing bill. It languished over there. When the Senate needed a vehicle for a health reform bill, they took up that bill that had already been passed by the House, stripped all the language out of it, just like coring out the inside of an apple or something, pushed their health care language into this bill, passed that bill in the Senate with 60 votes.

And now that they no longer have 60 votes in the Senate and do not want to go—they had the opportunity to go to a conference committee right after Christmas. They still had 60 votes. To heck with the notion that Republicans were blocking a conference committee. That is a fairy tale. They had 60 votes on December 26. They could have named conferees. They could have gone to a conference committee and done it the right way and tried to put those two bills together and bring that product back to the House, but they didn't want to do that. They wanted to do something smoother or something easier.

SCOTT BROWN won an election in Massachusetts; they don't have 60 votes anymore. Now they really can't go to a conference committee. Their only way forward is to pass the Senate bill or take the Senate bill that has passed the Senate and bring it back to the House. And then the question will be for the House of Representatives: Will the House now concur with the Senate amendment to H.R. 3590?

If the answer to that is ''yes,'' the bill is passed. It does not go to the Senate. There is no further finagling or adjustments on it. It is what the Senate bill is with no changes. That goes down to the White House or the President comes here, it is signed, and within a matter of 20 minutes that bill has become law.

Now, all the people in this House who say, yeah, but I want to tweak things a little bit, I want to change some language here, I want to adjust this some over here, maybe there is something we can do for the doctors over here, maybe there is something we can do for seniors over here—and we will do this in a reconciliation bill that only takes 51 votes.

Yeah, have fun with that. Because you are going to make all of those adjustments, we are going to pass that bill in the House, however it looks it will go over to the Senate. And there is no guarantee that the majority leader of the Senate will ever pick that bill up and even look at it because they don't have to. This Congress was charged with passing a health care bill, and, hey, that happened March 22 on the floor of this House when we passed H.R. 3490.

Mr. GINGREY of Georgia. If the gentleman will yield back to me for just a second.

I agree with him completely in regard to that so-called ''fix it bill,'' the reconciliation bill. It very likely could ping-pong back and forth forever, and nothing in that so-called fix it bill that maybe many of the Members, Mr. Speaker, on the majority side of the aisle are counting on as they make that difficult decision possibly to vote ''yes'' tomorrow. That ping-ponging back and forth could result in no changes to this bill that they vote on tomorrow, H.R. 3590, the gentleman from Texas just described, and that is it. The President will sign that, that will be the law for better or for worse, and they indeed will be stuck with that bill with having voted to support it, Mr. Speaker, and that is what they will have to go back into their districts in this fall campaign right up until November 2nd, and that is what is going to be hung around their neck. And I hope, Mr. Speaker, that every Member in this body understands what the gentleman from Texas is talking about in regard to that.

And I yield back to him at this time.

Mr. BURGESS. An important point is that is a Senate bill. It never went through any House committee. There was never any House input or imprint upon that bill. All of that language was derived over in the Senate. And the House of Representatives, although will go down in history as having passed sweeping health care reform if that bill passes tomorrow, the reality is that is all a product of the Senate. The House will have no fingerprints on that bill but will—but will—have that bill hung around their neck.

Nobody knows what is in that stupid bill, I beg your pardon. Nobody knows the degree and the depth of the intricacies of the legislative language contained therein within that bill. And we will be learning. The press will then suddenly become very interested in this bill, and we will learn in great detail over the next several months how many bad things were hidden within the dark recesses of that 2,700-page bill.

I am going to finish up in just a minute. If I could, I want to just reiterate the letter from Greg Abbott, the attorney general in the State of Texas, in dealing with the issue of constitutionality of this bill. Because if this bill passes tomorrow, then all eyes go to the States, and what are they going to do? Are they simply going to accept this new unfunded mandate from the Federal Government, or will there be some pushback from the States? Greg Abbott has indicated that they have serious concerns with the bill and told me today on a conference call that Texas will be ready to lead when the time comes if this bill is passed.

But just his thoughts on the individual mandate. And quoting from Greg Abbott here: ''The individual mandate is constitutionally suspect because it does not fall within any of the normal categories. The mandate provision of H.R. 3590 attempts to regulate a nonactivity. The legislation actually imposes a financial penalty upon Americans who choose not to engage in interstate commerce because they choose not to enter into a contract for health insurance.

''In other words, the proposed mandate''—continuing to quote—''In other words, the proposed mandate would compel nearly every American to engage in commerce by forcing them to purchase insurance and then use that

coerced transaction as the basis for claiming authority under the commerce clause.

''If there are ever to be any limitations on the Federal Government, then commerce cannot be construed to cover every possible human activity under the sun, including mere human existence. The act of doing absolutely nothing does not constitute an act of commerce that Congress is authorized to regulate.''

And I thank the gentleman for his indulgence, and I will yield back to the gentleman.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Texas. He is absolutely right. I have the pocket Constitution; I keep it with me all the time. I think my colleagues here on the floor do as well. And he was making reference, of course, to the Democratic majority and the chairwoman of the powerful Rules Committee, the gentlewoman from New York, LOUISE SLAUGHTER, saying that, okay, we have finally decided that we are not going to do the Slaughter solution, that we are not going to do the ''scheme and deem,'' we are not going to try to sneak this by the American people by not having our fingerprints on it. We are going to actually vote on the real bill tomorrow. We will vote on the rule, and we will vote on the bill.

Well, I don't know what caused that change of heart, Mr. Speaker, but I think the gentleman from Texas is very likely right on that. We, the people, all of these folks from all across the country that the gentleman from Ohio on your side of the aisle, Mr. Speaker, referred to as ''tea baggers,'' they are the ones that were up here today. And I am sure that every Member of this body and the other body, Republicans and Democrats alike, you couldn't miss them. No matter how hard some Members may have wanted to not walk that gauntlet, they couldn't get away from them. So I think we, the people, had a lot to do with it.

It may be because former Attorneys General Edwin Meese III and Bill Barr said very recently in an article that they fully believe—I believe that article was in the Wall Street Journal—that it is totally unconstitutional according to article 1, section 7. I have it right here in front of me, Mr. Speaker. But for whatever the reason, I think it probably is a combination of both. I thank ''we, the people.''

With that, I refer back to my colleague from Georgia, the Honorable LYNN WESTMORELAND.

Mr. WESTMORELAND. And I want to thank my fellow Georgian for yielding. And we, the people, are the ones that are going to be paying for these free preventive care wellness screenings. It is the ''we, the people.'' It is those tea baggers, as they were called by the gentleman from Ohio, that are going to be paying for these free government things, much like some of the stuff that we pay for now, some of the entitlements that are robbing our children and our grandchildren because of their escalation.

But the gentleman from Texas mentioned something about not knowing what was in the 2,700-page bill. And we had the gentleman today talk about that we had this bill for 72 hours now to look at, and that we should know what is in it. I believe it was the gentleman from New York.

Well, you know, we had a three-page motion to recommit today on the floor that the gentlelady from Wyoming offered on a forest or maintaining the forest lands and kind of allows the AmeriCorps, the volunteers to be able to do this, a three-page motion to recommit that the Reading Clerk read. And it talked about that if you were a sexual predator that you would not be able to do this volunteer work; that you would be screened and that you couldn't do it. And I believe the count on the board was 178 Members voted against that. And then, all of a sudden there was 175, and then 170. And then it went on for about 30 minutes, and it got down to where there were only 39 people who voted against that.

Now, that was a three-page bill that was read by the Reading Clerk, and many people had not heard it or not understood it but just knew to vote the party line.

If that is true with a three-page motion to recommit that was read by the Reading Clerk, think what the unintended consequences are in that 2,700-page bill, plus I believe it is a 700-page reconciliation bill, and we haven't even seen the manager's amendment yet.

□ 2200

So that's something that we don't even have. I'm telling you that there's a story about a gentleman—and my colleague from Georgia knows this, that we do a lot of hunting at night down there, and we use dogs. We hunt raccoons. It's a very good sport. A very big sport down there.

There was a gentleman that served in World War II that had lost the bottom part of his leg. He had a peg leg, a wooden peg leg put in. And so he was there with some of the guys and they were laying around the campfire. It was kind of cool. And his leg was a little too close, and it burned about 8 inches off of that wooden peg leg. But all of a sudden the dogs started howling, so everybody got up to run to go follow the dogs. The old Navy veteran got up first and he ran. And he ran about 20 yards and he turned around and said, Watch out, boys. There's a hole every other step.

Well, I'm telling my colleague from Georgia, there's some holes in this bill, and I believe they're about every other step. And so we need to be very cautious of that and understand that I'm telling you there are more unintended consequences than we can ever believe in this bill.

So I want to warn my colleagues on the other side of the aisle, Watch out, boys, because there's a hole about every other step.

With that, I yield back my time.

Mr. GINGREY of Georgia. Mr. Speaker, indeed, indeed, there's a hole every other step. I had not heard that story, but I'm very glad the gentleman from Georgia related it to us, because the analogy is perfect.

You know, Mr. Speaker, I referred to the Democratic majority party who did their hour Special Order I guess 30 minutes or so ago and some of the comments that were made. One of the gentlemen made the comment that when they pass—the Democratic majority passes this bill tomorrow, H.R. 3590, if indeed they do, but he felt confident that they would, that he welcomed, Mr. Speaker, the debate as we go into the fall and as we all stand, as we do in every even year, every 2 years, for reelection to the House of Representatives, this great body, that he welcomed that opportunity to have that debate. In fact, he suggested that the Republican Party, our side of the aisle, none of whom will be voting for this bill tomorrow, would be campaigning on how we can win back the majority and do away with everything in the bill, all 2,700 pages of H.R. 3590, and the changes and the manager's amendment and whatever else we don't get to see but get to vote on.

Mr. Speaker, the minority party has had lots of ideas on how to reform the health care system so that we bring down the costs and give I don't know how many million—maybe it's 15 to 20 million people that don't get health insurance because they cannot afford it and they're not eligible. Their income is not low enough that they qualify for a safety net program like Medicaid or the CHIP program, Children's Health Insurance Program, for their families.

And when the President, Mr. Speaker, as you know, and my colleagues know, when he invited both Republicans and Democrats 2 weeks ago to come over to the Blair House and meet with him, I don't know that they realized that it would be 6½ hours, much of it filibustering. A lot of hot air in that room. A lot of oxygen sucked out of the room. But the President controlled it, and he recognized speakers when he wanted to and he made them yield back when he wanted to. But we had so many good ideas presented. And as we go forward and when we do regain the majority, we're not going to strike down every single provision of H.R. 3590. There are things in that bill that I, as a physician member, and many of my colleagues on this side of the aisle agree with and we think that they are good.

The gentlelady from California mentioned the expansion of community health centers. That's a good thing. That's a good thing. Someone else in the majority party mentioned allowing our children to stay on a family policy until they're 26 years old. Many of them, of course, are still in college or graduate school, and, heretofore, insurance companies have required at age

21, maybe in some instances even at age 18, unless they were in school, that these children no longer could be covered under the family policy, and that was wrong. And we're changing that. I'm glad that we're changing that.

So the gentleman from Ohio and others on your side of the aisle, Mr. Speaker, I think they misspoke in regard to that. We can, should have worked together and come up with a solution that doesn't cost a trillion dollars, doesn't allow the Federal Government to take over our health care system—one-sixth of our economy, $2.5 trillion. Goodness knows, the Federal Government already controls about 60 percent of that when you think about Medicare and Medicaid and TRICARE, veterans' health care. For some reason, the Democratic majority and this President are not going to be satisfied until the Federal Government controls it all, lock, stock, and barrel, just like they said they have been trying to do for the last 40, 50, or 60 years. And I said in my earlier remarks, it's no surprise to me that it's had difficulty passing. I don't care how close it came, we the people didn't want it.

And as the gentleman from Ohio talks about, let's tee it up. We're ready. We're ready for those fall elections and we're ready to run on H.R. 3590, and we're going to beat these mean old stingy Republicans.

I want to, Mr. Speaker, give him a little history lesson. Thirty-four Democrat incumbents were defeated in 1994. Thirty-four incumbents were defeated. When was 1994? Well, it was one year after the latest and last great attempt for the Federal Government to take over our health care system. And that was known, my colleagues, as HillaryCare.

Let me just mention to my colleagues a few names, and I think it will be quite instructive because, I think, men and women, you will recognize some of these names who were among the 34 that went into that election cycle, I'm sure, very confident, having voted for HillaryCare and the takeover by the government of our health care system.

Speaker Tom Foley. Speaker of the House Tom Foley from the State of Washington, first elected in 1964. Tom Foley represented the Spokane area for 30 years. Thirty years. This was the first time since 1862 that a sitting Speaker was defeated in a reelection bid. Speaker Foley in 1992, Mr. Speaker, won by 11 points. In 1994, Speaker Tom Foley was defeated by 2 points, a 13-point shift.

Colleagues, Mr. Speaker, does the name Dan Rostenkowski sound familiar? The gentleman from Illinois, Fifth District of Illinois, first elected in 1958. He lost his seat in 1994, despite being a 36-year veteran of this House and chairman of the Ways and Means Committee. In 1992, I say to my colleague, Mr. Speaker, from Ohio, in 1992, Dan Rostenkowski won by 18 points. In 1994, he lost by 13 points. Just a little 31-point shift. What happened? What happened? We the people decided to put him in the ranks of the unemployed.

I'm not going to read all of the names. Let me just mention one from my own State. Again, 1992. Donald Johnson from the 10th District of Georgia. He was first elected to his first term in 1992. He won by 8 points. He represented my hometown, Mr. Speaker, Augusta, Georgia, home of the Masters. Great area. It's always home to me.

Well, Donald Johnson was one of the last votes for the massive, massive takeover of our health care system, and also, Mr. Speaker, voted for the Clinton increase in taxes. People back home said, Don't vote for that. Don't vote for it and come back and expect us to reelect you, Don Johnson. Don't vote for that bill. But yet I think our former colleague Don Johnson may have been the 117th vote. In 1992, he won by 8 points. In 1994, the gentleman from Georgia lost by 30, Mr. Speaker, lost by a 38-point shift. He was replaced by our great and late, I sadly say, colleague, Dr. Charlie Norwood, who served so honorably in this body until his death about a year and a half ago. He died in office, God rest his soul. Don Johnson wasn't a bad man, Mr. Speaker. I didn't know him personally, but he made a bad vote and he didn't listen to we the people.

Let me mention one other, because I saw her on television earlier today and she was recommending to her Democratic colleagues that they vote for this health care reform, this massive takeover of one-sixth of our economy. She was recommending, indeed, that her Democratic colleagues tomorrow vote ''yes'' because it was the right thing to do. Well, Ms. Marjorie Margolies-Mezvinsky at the time. Today, I think her name is Marjorie Margolies. She represented the 13th District of Pennsylvania. She was elected in 1992. And it was her decisive vote on Bill Clinton's controversial 1993 budget; it was often argued to be the cause of her downfall. In 1992, she won by about a point. In 1994, she lost by 13 points, and she indeed was the deciding vote. And the people in Pennsylvania said, Marjorie, honey, it's time for you to come on home because you're not listening to we the people.

She said this afternoon on television that she has no regrets. That was 1994. So we're talking 16 years ago. I'm glad she has no regrets, but I don't think she ever intended, Mr. Speaker, to just serve one 2-year term. I don't think a lot of my Democratic colleagues in the majority party, particularly the freshmen and sophomores, had any intention or have any intention of going through the rigors and the expense and the agony and the stress of running to be elected to this House of Representatives to only serve one term.

□ 2215

I don't think so, Mr. Speaker, but that is exactly the fate that is going to befall them as they listen to some of their colleagues and listen to their leadership and listen to the President of the United States, and they make a decision that maybe the pressure from the leadership or maybe the offers from the leadership are so attractive, the promises, the arm twisting, that they come down here tomorrow, and they forget what we, the people, want them to do, and they make a career-ending vote.

I think it's important that if you don't know your history, you're going to repeat it. And that's why I spend the time talking about—there are many more here that I could mention. But tomorrow is going to be a crucial, critical vote for many Members, and I hope and pray that those who know we, the people, from their district want them to vote ''no,'' Mr. Speaker, I hope they have the courage to do that. And then as long as you're responding to we, the people, you can't go wrong.

You know, when the bill started in the Committee on Energy and Commerce in the House—and I am proud to serve on that committee. I've got a few posters that I would like to share with my colleagues to express to you why it is on this side of the aisle and why we, the people—60 percent, 70 percent across this country—are so opposed to this takeover of our health care system by the Federal Government.

On this first slide, would you just look at the additional bureaucracy that is created as the Federal Government begins to take over. I don't know that in any of the congressional budget scoring that any expense item was assigned to the creation of some 32 additional bureaucratic czars. The health choices administrator, as an example, is every bit as powerful as the Social Security administrator. We talked about today the fact that there are going to be 17,000 new IRS agents so they can peruse everybody's tax return to make sure that they have purchased a health insurance policy. Now not any health insurance policy but one prescribed by the Federal Government. Not maybe a health savings account with a policy that has a low premium and high deductible. But yes, catastrophic coverage that's so popular with our young people because that's what they can best afford. No, that's not going to be permitted. We the people want it, but the health choices administrator is probably not going to allow that to occur.

There will be 32 new bureaucratic agencies and growing all the time. And add to that, as I said, 17,000 additional IRS agents. How did this bill get to the point that we find this at this time? It wasn't easy, I can tell you that. It couldn't get through the Senate until, as I show you on this second slide, many, many political payoffs that are still in this bill.

Remember the Cornhusker kickback? Well, that wasn't taken out. The original bill on the Senate side, this was a special favor granted to one particular

Senator from one particular State, the Cornhusker State. And instead of taking it out, when we, the people, complained, what did the Democratic majority do? They extended the Cornhusker kickback to every State in the Union, so all 50 States will now get this expansion of Medicaid and an unfunded mandate that the States cannot possibly survive with.

The Louisiana purchase. Mr. Speaker, I heard the Senator from Louisiana yesterday on television explaining why she asked for and received the Louisiana purchase payoff—of course, Mr. Speaker, she said it wasn't a payoff. I believe it was in an interview with Greta Van Susteren that the Senator said that, Well, Louisiana has to pay 70 percent of the price of the cost of Medicaid in her State, and the Federal Government pays 30 percent. And that wasn't fair. Well, I was astounded, first of all, Mr. Speaker, to hear that, because it's just the opposite. The State of Louisiana pays 30 percent, and the Federal Government pays 70 percent. And in fact, they've been doing that for many, many years and probably the State of Louisiana pays less into the Medicaid program than almost any other State in the country. Mississippi may be a little bit less. And the reason for that, this FMAP-matching is done based on the average income in the State. So a state that is suffering in poverty, they pay less in the Medicaid program, and we, the people, help them with the Federal match.

Louisiana for many years deserved to only pay 30 percent. But after Hurricane Katrina, Mr. Speaker, I don't know how many hundreds of billions of dollars have been given to the State of Louisiana to help them recover, and in particular in the New Orleans area. They needed it. They deserved it. A natural disaster, mostly through no fault of their own.

But the economy in Louisiana has improved drastically in the last 4, 5 years since Hurricane Katrina and income has gone up. People are making a better wage because of all the construction and all the money that has been poured into Louisiana. And the State of Louisiana and its representatives continue to ask for more. It's like my dad said to me one time, Mr. Speaker, How much more money does a rich person need to be happy? Well, the answer, Mr. Speaker, is just a little bit more, just a little bit more. So I suspect that the ask-fors will never end. But I'm glad—I am very thankful that the State of Louisiana is doing well now, and the average income has gone up. And they are supposed to, by the formula, by fairness, they're supposed to pay a little bit more into the Medicaid program than 30 percent. And yet the Senator insists that, no, that's unfair to Louisiana, and that's what is known now as the Louisiana purchase. It's still in there. Gator aid is still in there. Federal funding of abortion is still in there. And $500 billion worth of Medicare cuts are still in there.

Mr. Speaker, how in the world can we look seniors in the eye and say to them, We're going to cut this program $500 billion? What could possibly be the justification for doing that? This program, started in 1965, has an unfunded liability of $35 trillion over the next 50 years, and my colleagues on the other side of the aisle, Mr. Speaker, in the previous hour talked about how cutting $500 billion out of the Medicare program was going to save the program, even suggesting that that $500 billion was waste, fraud, and abuse. Yet $120 billion of it is in the Medicare Advantage Program. Cutting Medicare Advantage 18 percent per year for the next 10 years—and really by 2014, there will be no Medicare Advantage Program.

Why is it that one-fourth of our seniors on Medicare sign up for Medicare Advantage? Because it's cheaper for them, and they get a better benefit. It covers wellness. It covers many preventive screening tests that fee-for-service Medicare does not cover. It gives them an opportunity to have a professional or a nurse practitioner call and make sure that they're taking their medications and they're seen on a regular basis, and yet we're going to eliminate that program. How does that make sense? Mr. Speaker, it doesn't. It doesn't make sense.

So as my colleague from Ohio was talking about, some of the things in this bill that they may pass tomorrow, they may pass with some of the tactics that have been used, like the Cornhusker kickback and the Louisiana purchase and ambassadorship here and ambassadorship there, and you name it and whatever promise, they may pass it. But Mr. Speaker, it's going to be a catastrophe, I think, for our seniors.

Let me just tell you why I think so. And I spoke to the—I call them Tea Party patriots, Mr. Speaker. I don't call them tea baggers. And they're not a bunch of angry white men, as I have heard a lot of folks say. Indeed, the two or three couples who asked me to sign their posters and to pose for a picture with them were African American families. And I was so proud to be asked to do that. I mean, again, all ages, men, and women, white, black, Asian. We, the people, were there today, and I think, Mr. Speaker, they'll be there tomorrow.

But here's what's happening to our seniors, and I had a few minutes to speak to the assemblage of maybe 20,000 people, and I reminded them of the stimulus package of over a year and a half ago. I guess it was maybe February of last year when that massive American Recovery and Reinvestment Act, whatever it was called. But we call it the stimulus bill. I think everybody understands. It was about $820 billion worth, and a significant portion of that package, Mr. Speaker, was—remember, it was for shovel-ready projects. If the project was not shovel-ready in reference to some of these construction projects in the various States, then the States couldn't draw down that money from the economic stimulus package; it had to be shovel-ready.

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

Mr. GINGREY of Georgia. Well, Mr. Speaker, when you're having fun, time really flies. And even when you're not having fun, it flies.

HEALTH CARE REFORM

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

Mr. GOHMERT. Mr. Speaker, it is an honor any time to come speak, to have the privilege of speaking on the House floor. It's been a long day. It's been a long week. I fear there will be longer days, weeks, and years in the future if tomorrow this bill passes, because some of us have seen socialized medicine firsthand. As an exchange student in the Soviet Union, I have seen it back in 1973. I know where this all goes. I've seen where this plays out. And I know that my friends on the other side of the aisle believe their motivation is the highest and the best. I understand that. I understand our friends that are pushing for government control of health care honestly believe the country will be better off if they can only get all health care, health insurance under the control of the Federal Government, and everyone is better off.

□ 2230

I know they believe that, and I know they believe that they are acting in everyone's best interest in pushing for this, but that is not the basis for the founding of this country. And for anyone that has read ''The 5,000 Year Leap,'' I was a history major, I pride myself on being a bit of a historian, and that book gave me an interesting perspective because for nearly 5,000 years when settlers came to a new area and settled down there, they came with basically the same tools. They tried to grow crops and live off the land; and for 5,000 years, there wasn't a whole lot of change.

And then came this incredible experiment brought by people who, like the Pilgrims, came from Holland to England and then to America, people who came to get away from persecution as Christians. And they came here, and after that first horrible winter when the Pilgrims decided to try a new idea and give everybody private property and I live off what you grow, and you can sell or trade what you have left, and this private property concept began to grow and flourish, and free enterprise took over; and in just a few short years, relatively speaking in history, this country advanced more than the whole human race did in 5,000, just in a couple of hundred years. And it was the entrepreneurial spirit was