

If we were to create a new social contract, what would it look like, in opposition to something like that? If we were to hold up to the American public a different social contract, try to imagine—and I'd even implore the public to do this, too—what would the alternative look like? I think it's something to think about. Because we are obviously unsustainable for the rest.

I just want to send my prayers to a colleague here who is away on a family matter and couldn't join us tonight.

H1N1 INFLUENZA

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. Madam Speaker, thank you for the opportunity to address my colleagues for the best part of the next hour.

What we are going to do, Madam Speaker, is talk about this current virus that is going around that we are now referring to as type A H1N1 influenza. I think most people would understand better if we said swine flu. Now I understand why we are trying to get away from calling it swine flu, and obviously in States across the country where the pork industry is hugely important to the economy, they don't want this fear—unwarranted fear, really—of consuming pork products that are completely safe. Obviously, you have known from almost childhood that pork should be well cooked to a temperature of 160 degrees and it's perfectly safe.

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But that is the reason why I am going to stand here tonight and probably not use the term "swine flu" very much, because I don't want to create an unnecessary fear of a very, very safe product that could be harmful to States across this country and to other countries as well. We are in a tough time economically on a global scale, and we don't want to make those matters worse by creating a false sense of concern.

I will be joined, Madam Speaker, this evening by a colleague or two—or three or four maybe—who are part of the GOP Doctors Caucus. We formed this caucus at the beginning of this Congress, the 111th, as we grew our numbers of health care providers in their previous life who now have morphed into Members of this great body of the House of Representatives. We have that really on both sides of the aisle, but this is a Republican hour, Madam Speaker, and I will be joined by other Republicans. I would welcome, if any of my Democratic friends, health care providers, are sitting in their offices watching us on television on C-SPAN, if they want to come over and join us and weigh in on this, I would be glad to yield them time.

There is no partisanship involved here. The purpose is to try to inform

our colleagues, all 435 in the House, so that they can inform their constituents. And each one, as you know, Madam Speaker, represents almost 700,000 people in their respective districts. And we are all getting calls. I mean, people are scared.

I would say that some fear is warranted, but a pandemic of panic is not warranted. And so the more information that we, as Members of Congress, can give to our constituents and that our staff can give when they call the office, either here in Washington or in our district offices, then we get to keep this thing in its proper perspective. And that is my purpose tonight, and that is the purpose of my colleagues that will be joining me later in the hour to talk about this issue and to make sure that people have enough information that they can take care of themselves and their children, or maybe their elderly parents, or possibly someone in the family whose immune system is compromised so that they know what to do, they know what the risks are, they know what their government is doing.

And, Madam Speaker, I want to commend and compliment the Federal Government and our respective State health departments, the Centers for Disease Control in my great State of Georgia, which, as you know, is an integral part of the Department of Health and Human Services and is really the lead agency, if you will, in regard to infectious disease, communicable disease, epidemiology. And Interim Director Dr. Besser and previously the Director of CDC, Dr. Julie Gerberding, these are the kinds of people, both with experience in infectious disease—in fact, Dr. Gerberding, internal medicine specialist, subspecialty being infectious disease. It is comforting to know that these kinds of professionals are standing guard, they are watching our back.

We had a hearing last week when, both Republicans and Democrats, the new Secretary, the day after she was confirmed, Kathleen Sebelius, former Governor of Kansas and now Secretary of Health and Human Services, former Governor of Arizona, Janet Napolitano, now Secretary of Department of Homeland Security, and Admiral Schuchat from the CDC, all spoke to us and told Members of Congress exactly what the plan was and what was being done and what is currently being done in regard to this impending pandemic. We are pleased, a week later, to find out that things are much better today on, what is it, the 5th of May, than they were a week ago or 2 weeks ago. And it looks like we are not, Madam Speaker, going to have a pandemic of this potentially very virulent virus that has occurred in our past history.

We will talk a little bit maybe about what happened in 1918, when 50 million people across the world died from influenza. Of course that was a different time. It probably started in the United States in very confined quarters as

men were training to be rushed into the battle of the great war, World War I, and in very close contact. But of course back then there were no vaccinations against any kind of flu, seasonal flu, avian flu, this current type, H1N1 influenza virus, no vaccine, and more importantly, Madam Speaker, no antibiotics. It was not until 1941, I think, or thereabouts, that penicillin was discovered.

So you really had no effective way of treating complications, and of course the complications that would lead to death. And let's say even the 35,000 deaths that occur today following just regular seasonal flu, complications from seasonal flu, they are respiratory; it's pneumonia, it's sepsis. And back in 1918 I don't think there were any respirators that I'm aware of. I don't think that's true. My colleague from Georgia, Dr. PAUL BROWN, a family practitioner, has joined me. And when I yield time to him, we can talk about that in a colloquy about what was available.

But I think we could compare the current situation, this 2009 concern over this influenza, to 1976, when a very similar virus struck—again, originated in a military facility; I think it was Fort Dix. There was, I think, at least one death, and five soldiers came down with this type A influenza, H1N1, very similar—I said I wasn't going to say swine flu, but very similar to what we are looking at today.

Back then, a vaccine was developed very specifically, and we started a big vaccine program. I think 50 million people in 1976 during the Ford administration were vaccinated against this virus. In retrospect, it may have not been necessary. And finally that program of vaccinating everybody was canceled because of complications. We had more complications really from the vaccine than we did from the flu. And I say that not to suggest today that we shouldn't prepare ourselves—and again, I compliment the respective Secretaries in the CDC and the States that are ready. And they are ready, and people should be very comforted by that. But we need to question how much money we spend. Is it appropriate to, let's say, spend \$2 billion in the upcoming emergency supplemental that is primarily for the ongoing cost of trying to win in Iraq and Afghanistan, a very important spending that is probably going to end up being \$90-plus billion in this emergency supplemental? But whether or not we need to spend \$2 billion specifically in this emergency supplemental on developing a vaccine and vaccinating 50 million people like we did back in 1976, there is some question in my mind, as a physician who practiced for 30 years, although not infectious disease, but I do have some concerns that we don't overreact and that we make sure that we have a measured response.

The President has an obligation to do that. And I can understand that he doesn't want to take this too lightly.

I'm sure he remembers Katrina just as we all do. I will use the expression, he doesn't want to get "Katrina'ed" over this issue by not responding appropriately. And I do understand, and I think we all understand what I'm talking about when I say that. But we will spend the best part of an hour talking about this issue.

I have got just a very few posters that I want to share with my colleagues, Madam Speaker, before yielding to Dr. BROUN, the great physician Member from Athens, Georgia.

This first slide is referencing that outbreak that occurred back in 1976. And again, it was very similar. The serotype, the specificity of the virus then was very similar to this 2009 outbreak. Five soldiers at Fort Dix, New Jersey, I believe—contracted H1N1 influenza and one soldier died. Tests on many more—of course I'm sure everybody at the base was tested for this virus, and it confirmed that 500 actually were infected, but most of them really showed no noticeable symptoms. I mean, they may have had a sore throat, they may have had what we call rhinorrhea—technical name for runny nose, sneezing and body aches and things like that—but they really showed no severe symptoms. And over the following months, no other Americans died from that virus. The loss of one life, of course, is one life too many, especially for the family of that individual, but clearly things kind of resolved themselves in pretty quick fashion. And as I say, no other Americans died from the virus.

But the inoculation that we did develop—and I think I may have this included on the slide, Madam Speaker—but we spent \$135 million developing a vaccine. That was back in 1976, 1977, what, almost 40 years ago. And we have just appropriated or are on the verge of appropriating \$2 billion to our response to this flu. And it may be that a lot of that expense will be developing a vaccine. And it is possible, if we do that, develop a vaccine in mass quantities, that we will never use it. Because remember in this experience, where the complications from the vaccine—and I want to talk about that just briefly—might end up being worse than the disease itself.

So as I say, in 1976, this \$135 million—and that was a lot of money back then—developing this vaccine and inoculating 50 million people, the vaccinations began on October 1, 1976, and by December 16—so we're talking, what, 2½ months later—the Federal Government decided we needed to suspend this program because there were increasing reports, Madam Speaker, of side effects. And I am not talking about just a little swelling or rash or itch at the injection, the vaccination site. I'm talking about some serious things. In fact, I want to talk about one thing in particular.

But there were some deaths attributed to the vaccine; 50 million people received the vaccine. And one of the

side effects was a very serious condition, Madam Speaker, called Guillain-Barre syndrome. I don't know who Guillain was and I don't know who Barre was, but maybe Dr. BROUN will tell us about that. But it was named after some very—not American physicians. But this Guillain-Barre syndrome is a paralysis that occurs, and it literally causes paralysis from the neck down. And these people couldn't survive back in 1918, certainly, but even today without the aid of a respirator.

The good news is this condition usually goes away and they recover full function, but it can take as long as a year. And some of these patients spend most of that year in a hospital, away from their families, away from their jobs, and many months on a respirator so they can even breathe.

So this was a very, very serious complication, Madam Speaker, from these vaccinations that were developed back in 1976 to treat this very similar virus that we are facing today.

□ 2045

So what happened is pretty quickly the vaccination program was suspended. And then you have to say, well, was that \$135 million well spent? I think maybe in retrospect, but you have to be careful about saying, well, you know, don't do this or don't do that, that it looks like this is not going to be a very serious flu, that it's not going to be even, Madam Speaker, as serious as seasonal flu, and there's just going to be a few people sick in a few States and maybe other countries as well, but it's not going to be a pandemic. And maybe if we have the money available to produce a vaccine in mass quantities, the decision very well could be not to do that, and then we will be able to return some of that money, maybe most of that money, to the taxpayer. Maybe we'll be able to spend it on something that's equally as important or maybe even more important. But that's a subject for debate, and I realize that you have to be very careful about saying that we don't need to do anything because clearly we do, and I think we are doing a lot.

At this point I want to yield to my colleague from Georgia, who represents Athens and my home of Augusta, Georgia, and he does it very well, and that's my colleague and fellow physician, Dr. PAUL BROUN.

Mr. BROUN of Georgia. Thank you, Dr. GINGREY, for yielding.

As you were discussing the past flu epidemics and the 1976 swine flu that happened back then, I was practicing medicine in rural southwest Georgia. At the time, of course, the recommendations were for everybody in this country to get a swine flu vaccine. As a practitioner, I was concerned about that, and I was asked by many of my own patients should they get this flu vaccine. And, frankly, I was not recommending it because, as I looked at the data that were available at that

time, I just really questioned the wisdom of exposing people to the vaccine. So I was not recommending it to my own patients. I did not get the vaccine myself. And actually, in my practice, which was a very busy general practice in rural southwest Georgia, I did not have one single patient come down with swine flu, not the first one. But I had several patients get Guillain-Barre syndrome from the vaccine. One was a good friend of mine who was a newspaper publisher in the community, and he struggled and his family struggled with his paralysis. But people died.

A lot of folks don't consider that these vaccines aren't innocuous. There are side effects and can be tragic side effects and can lead to death. More people died from the vaccine than died from the swine flu back then.

Just Monday I was chairing a facility at the vet school at the University of Georgia, in Athens, Georgia, and went into a biocontainment lab, a level 3 biocontainment lab. There's a researcher there who's doing probably the cutting-edge technology research on this infection that we have out in the public today. He came from the CDC before he came to the University of Georgia, and he deals with these viruses. They have some pretty potent viruses in their laboratory there. And he told me that a week ago he was telling the CDC and the people in the Federal Government, anybody who would listen, NIH, et cetera, that this virus did not have the characteristics of being what we call in medicine a very virulent virus. In other words, it was not one that was going to create a lot of infections and severe infections in this country.

I asked him, why do we see in Mexico people dying at a greater rate than we do here? And he said, well, we really don't have the data of how many people are infected down there. But from what he could ascertain, and he was part of the group who was studying the virus in Mexico, and he said that down there the people who are getting the virus, this current infection, and who were having severe difficulties and were dying principally were people that had other what we in medicine call comorbid conditions. In other words, they had respiratory problems. They had other illnesses that created a problem where they would develop secondary infections and die.

Mr. GINGREY of Georgia. If I could reclaim my time for just a second and yield right back to him, he brought up a very important point, Madam Speaker.

There have been two deaths in the United States thus far attributed to the current version of this same virus, H1N1 influenza type A. One was a 2-year-old toddler, a Mexican national, who came to Texas for a visit and was actually sick before, and I think this was a little boy, before they came into Texas, and subsequently the child died in Houston in the hospital. And what you get from the news releases, from

the press releases, is that it says that the child had multiple health problems before developing the flu. And now we just heard, and I'm not sure if Dr. BROUN is aware of this, but another death has occurred. This was an adult woman, I believe, also in Texas that lived in a border town very close to the Mexican-Texas border. And also it says this woman that died had multiple health problems.

Now, Dr. BROUN and I are physicians. When you start talking about multiple health problems, are you speaking of metastatic cancer, as an example? Maybe somebody who had breast cancer that had spread to other parts of her body? Possibly. Are you talking about somebody that has coronary artery disease and has had three or four heart attacks and a bypass procedure done who is in congestive heart failure? Are you talking about somebody who has severe type 2 diabetes who is on insulin, who is on dialysis because of renal failure?

I mean, I think the media has a responsibility here that they are not fulfilling because they don't give you the whole story, and I think it's very important that we get that so we understand what the true risk is and how severe the flu is.

And I yield back to my colleague, but I wanted to make sure people understand these two deaths, these were sick people: one, a very young child; another, a past middle-age adult woman who had health problems. "Comorbidity" is the term that my colleague used.

Mr. BROUN of Georgia. I appreciate the gentleman's bringing that up.

You're exactly right. Any death is tragic and we in medicine try to prevent all deaths. When I graduated from the medical college in Georgia just like you did, I think you were a year ahead of me there in Augusta or maybe two, but I took the Hippocratic oath. They don't do that in medical school because the Hippocratic oath says, "I shall do no harm," and it says "I shall not perform an abortion," and *Roe v. Wade* has changed that; so medical schools are not taking the Hippocratic oath anymore because there are doctors that are doing harm. They're killing babies through abortion. I am very pro-life, and I know that life begins at fertilization, and I want to protect all life. And it's tragic whenever a life is taken, whether it's an unborn child or whether it's a 23-month-old child that died like this one from this H1N1 type A flu or whether it's an elderly person. But what happens, and particularly has happened in this case, is I think the gentleman is exactly right that the media has overblown this.

There is a lot of misunderstanding when the World Health Organization, the WHO, says there is a pandemic. What does that mean? Most people in America think, well, people are going to be dying in wholesale lots all over this country as they did in the early part of the last century. Well, the

World Health Organization, when they talk about a pandemic, they just mean there's flu in multiple areas, and it doesn't mean that people are going to be dying. In fact, the flu in America has been very mild. Most people, as it was in 1976, who have contracted the flu go about their business. And that is a danger in that people, if they start running a fever, they need to stay home, whether it's with this flu episode or any flu episode. They need to take care of themselves. If they run a fever more than a day or two, as a primary care physician, I would tell them they need to see their physician. Now, they don't need to take antibiotics.

Mr. GINGREY of Georgia. Let me reclaim my time to make a request, Madam Speaker, of Dr. BROUN, because I think that our colleagues and their constituents really need as much information as they can possibly get.

The media creates a near hysteria situation, and then when, of course, the fires are going out and there's no longer a crisis, then they are on to the next story. I can tell you that I was scheduled on several national opportunities to talk about this issue when it was the news du jour. Then all of a sudden when things get better, they just say we don't need you anymore because we're on to another story and there's a runaway teenager somewhere or some other more exciting story.

But I think, Madam Speaker, it would be great if Dr. BROUN and anybody that joins us later in the hour could tell us exactly what you would do as a physician, as a health care provider, when someone comes to your office and they either have some symptoms, they think they might have the flu, or maybe they just come because they have heard that they ought to be taking Tamiflu or Relenza. They're not sick yet, but they think, well, maybe if I get on some medication ahead of time that I can somehow prevent this and I owe it to my children to get a prescription from Dr. BROUN.

Would you talk about that for us?

I think, Madam Speaker, if we can have Dr. BROUN do that, it would be very helpful for people to understand what they should do.

Mr. BROUN of Georgia. Certainly I would be happy to discuss how I approach patients. In fact, I've had patients come in and say, Dr. BROUN, I don't want to get the flu. I want some Tamiflu or I want Relenza. And, frankly, taking it prophylactically may help, but the thing that we are doing is we are spending a lot of money to take that, and once they take the preventative, if just a few weeks later they get exposed, then they could still get the flu. It doesn't have a lasting effect.

So what we do know is that taking these antivirals like Tamiflu and Relenza, if you take those very early on in the course when people first start getting a fever, when they first start aching all over, when they first start getting the runny nose and the cough and the sore throat, if they'll go to

their doctor then and be evaluated to see if they indeed do have the flu and then get on the medicines, that's the best way, most cost-effective way of treating this.

Now, a lot of patients will come in the office and say, I've got the flu, I want antibiotics, or they'll call on the phone and say, Dr. BROUN, I'm running a fever, I need an antibiotic. Well, most fevers aren't susceptible to antibiotics because most fevers are due to viral illnesses. Even allergies can cause fevers. Fever in itself doesn't indicate that a patient needs an antibiotic.

Mr. GINGREY of Georgia. What you're saying, Dr. BROUN, is that antibiotics are not really effective in treating a viral illness.

And I want to ask another question of the doctor, Madam Speaker.

Does everybody that goes to see their family doctor, primary care physician, infectious disease specialist maybe, does every one of them, if they have symptoms, runny nose, aching a little bit, maybe a low-grade fever, headache, whatever, do they all need to be cultured for this particular H1N1 type A influenza virus? Do they all need to have a culture done? Respond to that, if you would, Dr. BROUN.

Mr. BROUN of Georgia. No, I would say that they don't need a culture unless they're at high risk. In other words, if they had been in Mexico, particularly Mexico City, which is apparently where the nidus of this infection began—we don't really know for sure, but if people have been in Mexico City, if it's within the incubation period, which is about a week, and start running a fever, then maybe it is a good idea for them to have the culture done or the flu test done to see if this is indeed the swine flu.

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But the thing is, the treatment that they are going to get, even if they have the H1N1 flu is not any different than if they have any other of the viruses. The big question is, do they need antibiotics or not? Do they need the antiviral, the Tamiflu-Relenza types of medications, or are they better off with penicillin or some of these other high-powered drugs that are on the market today?

And a CBC, a complete blood count, will help the doctor to understand whether they have a viral infection or bacterial infection. If their white blood count is high, if they have what we say is a left shift, in other words if they have types of white blood cells that indicate a bacterial infection, then they do need antibiotics. They do need a bacterial culture just to see if any of the antibiotics that the doctor prescribes are going to eradicate that particular bacteria.

But as I mentioned earlier, most fevers, most colds, most pneumonias, most bronchitis, most ear infections are not caused by bacterial infections. So utilizing antibiotics in those cases is a huge waste of money, it exposes

the patients to developing allergies to those antibiotics. Plus, it also sets up a situation where people can develop a superinfection.

So they need to be evaluated, but let the doctor direct how that care is going on. Hopefully, that answers your question.

Mr. GINGREY of Georgia. It does. I want to continue this colloquy, Madam Speaker, with Dr. BROUN, because, if, as Dr. BROUN said, every person that comes in that office that thinks that they may have the flu, not seasonal flu, but this flu that everybody is panicking over, that, you know, the doctor, Dr. BROUN, you correct me if I am wrong, but the doctor is going to do a physical examination on that patient. They are going to look at the throat, the tonsils where strep throat can occur.

They are going to listen to the lungs; they are going to use that stethoscope. They are going to make sure that patient doesn't have pneumonia. And they are going to make an evaluation. As Dr. BROUN was saying, it's the very young or the very elderly or somebody that's immune compromised, the approach may be a little bit different.

But this Tamiflu, which is a pill or capsule, and this Relenza, which is a nasal aspirate, they are as effective 2 or 3 days later, I think certainly if they are administered within 48 hours. So, Dr. BROUN, you might say to those folks that they are real nervous about, well, look, we are going to treat this symptomatically, and probably not with an antibiotic, as Dr. BROUN said.

And if in 24 to 48 hours your child is getting worse, then, absolutely, you come right back here to my office, I believe available 24 hours a day. That's the way we practiced when Dr. BROUN and I were practicing, and we will then go ahead and do a culture and start your child or your mom or your dad or your mother or your sister or your wife or husband, we will put them on the antiviral, the Tamiflu or the Relenza. And then we will kind of wait and see what the culture shows.

So there is time. What Dr. BROUN is talking about is treating people, using your brain and using your skills and not wasting precious medication if you don't need to.

Mr. BROUN of Georgia. You are exactly right, Dr. GINGREY. Putting people on antibiotics or just taking Tamiflu because you are scared is not a good utilization of your money. And certainly the health system is overburdened by the misuse or overuse of antibiotics and all kinds of drugs.

But you brought up a good point too that I wanted to focus on just a second.

And the thing is, if a child starts or a person, adult, starts running a fever, if they don't have any other health problems, if they don't have chronic lung disease, if they don't have severe asthma or chronic bronchitis, if they don't have diabetes where they are more liable to develop infection, secondary infections, if somebody is basi-

cally healthy, then waiting for 24 hours is not going to hurt those healthy people, in all likelihood. It's worthwhile monitoring that patient, just seeing what they do, treating the fever with some Tylenol or Advil, one of those types of medicine.

Mr. GINGREY of Georgia. If I could make one point, we are not talking about meningitis here. It's not meningitis. It can be a severe illness, as Dr. BROUN says, but it's not going to kill you within 24 hours. And I think you are approaching it the way Dr. BROUN is describing.

I didn't mean to interrupt him, Madam Speaker, but I thought it was important that people understand because people do know about situations where somebody was perfectly well one day and dead the next from meningococcal meningitis, a bacterial infection, not a viral infection. Viral meningitis usually just causes a severe headache and is time limited. I thought it was important to make that point.

Mr. BROUN of Georgia. The gentleman is exactly right. The severity of the illness makes a big difference. Dr. GINGREY, you had been talking about the doctor taking the time to do a history and physical, which is extremely important. I want to point out here, just to go off on a tangent for just a moment, as we see what the majority here in this House is trying to propose, this push towards socialized medicine, doctors aren't going to have time to take a proper history and physical because they are going to be pushed to ration care.

And so that socialized medicine that's being pushed by the leadership in the House and the Senate is not the way to go, and it's going to hurt people more than help people. And it's going to be disastrous economically.

But getting back to the flu, if somebody is concerned, they need to look at the possibility of this person having the flu. My daughter called me up just the other day when this was so hot in the news, and she was concerned she might have the flu. Well, she is a stay-at-home mom. She hasn't been out to be exposed to anybody where she would get the flu.

So people need to have a little common sense about this as they think about this. Just because it's in the news doesn't mean that they are going to get it. Just because WHO is saying that there is a pandemic, that just means that people in multiple areas have the flu, and it doesn't mean that people are going to be dying in wholesale lots.

Mr. GINGREY of Georgia. Absolutely, you are right, and you pointed out this earlier, Dr. BROUN did, that a pandemic just means that it has spread to the point that multiple countries are involved, and they are talking about the volume of cases, not necessarily the severity.

And they, by the way, so our colleagues can understand this and advise their constituents when they call, the

World Health Organization has not declared a pandemic.

Mr. BROUN of Georgia. That's correct.

Mr. GINGREY of Georgia. They have declared a category 5, which is one step from saying there is a pandemic. I don't believe they are going to get to category 6 and make that declaration, as things have improved. I mean, that is not wishful thinking on my part. I understand that it could go the other way, but I don't think it will.

Mr. BROUN of Georgia. Well, you are exactly right. And we have had over 400 cases that have been reported here. In fact, there have been several cases in our own State of Georgia that have been diagnosed serologically, which means through the testing that they do, indeed, have the type-A H1N1 flu, but in most cases it's very mild.

And the people that are dying, this 23-month-old infant, as well as the lady in Texas, both by reports, we don't know for sure, by reports, those people had other conditions that led them to have the possibility of secondary infections.

The way I remind my colleague—I don't have to remind my colleague, because he knows very well that the way people die from flu is through pneumonia, through respiratory difficulties and, and they will develop severe respiratory stress syndrome or some other types of respiratory problems or will develop pneumonia and die from the pneumonia. Frequently, it's a bacterial pneumonia with these co-morbid, as we say in medicine, conditions that give them the greater possibility of developing those types of things. But going to your doctor, or even consulting your doctor or even the doctors and nurse by phone is, I think, an appropriate reaction in not being afraid as the American public are.

As I mentioned, my friend at the University of Georgia has been telling the people within government, the government entities, the CDC and all, that this particular flu is not of epidemic proportions. It's not one that is going to be very virulent and, thus, is not going to create a lot of severe problems besides these two deaths, which are tragic. We have had very little problems in America with the flu.

And my friend also said with it being more widespread in Mexico, he doesn't really have the data but he thinks that probably in Mexico, where we have seen people die, a whole lot more than here, that it's probably the same proportion of deaths that we see with every flu epidemic. So people shouldn't be afraid.

He also tells me that there is a possibility that next fall we are going to see this same H1N1 flu virus come back to America and come back as a potential infection, viral infection, on a bigger scale; but people should just do the commonsense things to help them from having the flu, which means they should wash their hands. If somebody is running a fever, they should talk to

the doctor and not send the child to school who is running a fever.

They need to make sure that they keep their fingers out of their nose and keep their hands out of their mouth and things like this. It may be just common sense.

I have had some of the liberals who don't particularly like me in my district complain about my making those recommendations, but people don't think about those things. And it's important to do those commonsense things to prevent yourself from getting the flu. So we need to just do those commonsense epidemiological measures of trying to prevent ourselves from getting the flu and not be afraid.

Mr. GINGREY of Georgia. I chuckled just a little bit at what Dr. BROWN was saying, but it is absolutely right. He is absolutely right. And, colleagues, I don't know, on Sunday morning you refer CNN or Fox News—I guess my Democratic colleagues, it's CNN; and my Republican colleagues, it's mostly Fox News. But they have a medical consultant, Sanjay Gupta on CNN, and Isadore Rosenfeld, a gentleman that I listen to.

Fortunately, they don't limit him to a 2-minute sound bite. On Sunday morning Dr. Rosenfeld has a 30-minute interview.

And he, Madam Speaker, he was so good and so practical and talked plain talk, just like Dr. BROWN about, you know, the risk and the relevant, what do you do. And I imagine that he will be talking about that this Sunday, Dr. Gupta probably as well on CNN.

But, generally, the information is outstanding, and I say that from the perspective of being a practicing physician, and Dr. BROWN as well, and they talk about cover your nose and mouth with a tissue when you cough or sneeze, wash your hands often with soap and water, especially after you cough or sneeze.

Avoid touching your eyes or your nose or your mouth, because germs definitely, as Dr. BROWN said, spread that way.

So it's so much common sense. And I commend Dr. Rosenfeld, Dr. Gupta and others, and of course earlier, Dr. BROWN, before you got here, Madam Speaker, knows that I talked about the response that we have gotten from the Secretary of Health and Human Services, Governor Sebelius, the Secretary of the Department of Homeland Security, Governor Napolitano, the acting director of the CDC, Dr. Bessler, and on and on and on.

President Obama's response in regard to the budget, we talked about the fact that he said, well, let's put \$1.5 billion in case we have to develop a vaccine specific, in case this thing does become a pandemic, and we have got lots of folks that are getting very sick, and we need to go in that direction.

□ 2115

So I think the response has been good, but we need to make sure that we

don't overreact and we don't let the inappropriate media cause panic to set in. These good doctors that speak on these shows I think are doing a good job to prevent that from happening.

Mr. BROWN of Georgia. Dr. GINGREY is exactly right. And I want to know what this \$1.5 billion or \$2 billion that the President has proposed to spend on this flu outbreak is going to be spent on? Is it going to be a useful expenditure? Is it going to be needed?

We saw in 1976 under President Ford when they spent all that money that actually caused more harm than good. More people died and had disease from the vaccine. Now, we have better technology; in fact, the gentleman at the University of Georgia has just some outstanding technology today where they can help develop vaccines very quickly. But still, it takes a while to produce enough vaccines to be able to help if they are needed. And what we see in this particular flu outbreak is that I don't think they are needed. I don't think we need to be appropriating \$1.5 billion or \$2 billion for the H1N1 flu. We need to give those funds to our military personnel to keep them from dying in Afghanistan or Iraq.

Mr. GINGREY of Georgia. Reclaiming my time, because that is a great segue for me; because, Madam Speaker, I represent a district, Marietta, Georgia, is part of it, Cobb County. Lockheed Martin has a plant there where we employ almost 8,000 great Georgians, probably a few folks from Alabama and surrounding States that work on those flight lines for the C-130 and also, more specifically, the F-22 Raptor.

The Department of Defense has made the decision to cancel that program at 187 F-22s, when originally we thought we needed 700, the military. The Air Force in particular has said, Madam Speaker, repeatedly that even 240 planes would put us in a moderate-risk situation, and all of a sudden this administration has made the decision to cancel that flight line and I think put us at a high-risk situation.

I feel very strongly that in this emergency supplemental there are four, and that is it, four of these F-22 Raptors that give us that fifth generation of air superiority, best in the world, and we are going to appropriate as a part of an emergency supplemental mainly for continuing to fight and win in Iraq and Afghanistan, particularly Afghanistan now; yet, we are going to spend \$2 billion possibly preparing a vaccine that will never be used?

Let me tell you what happens, Madam Speaker, with that vaccine if we produce it at 50 million or however many doses like they did back in 1976 when it only cost \$135 million. We might be spending \$2 billion on a vaccine that gets poured down the drain and is never used, and we could have purchased 15 or 20 F-22 Raptors.

Again, that is getting off on a tangent a little bit, but I feel like I really need to mention that because we have to prioritize our spending. We have to

do these things in an appropriate manner. We can't let all of our spending and our reaction be media driven in responding to a panic so that we don't get Katrina'd. And I would yield back to my colleague.

Mr. BROWN of Georgia. I would like the gentleman to clarify something for me. You made a statement, and I am not sure if I understood it.

It is my impression that actually it is the administration who decided to cancel the Raptor, the F-22. It wasn't the Air Force. Is that correct? What was the situation?

Mr. GINGREY of Georgia. Madam Speaker, reclaiming my time, the gentleman is absolutely correct. He is absolutely correct.

Thirty different studies have suggested that we need a minimum to be able to have enough planes. We have a situation in Hawaii at Hickam Air Force Base where they only have one squadron, that is 20 F-22s, and the same thing is true at Tyndall in Florida. They have one squadron of 20 planes. And it is very possible that with the limit of 187, which the Air Force clearly has said on repeated occasions that that is not enough, that it puts the Air Force in a high-risk situation, that they may just have to BRAC those bases and take those planes and put them somewhere else, Elmendorf as an example or in Guam or Okinawa.

But, Madam Speaker, the gentleman from Georgia is absolutely correct that this was a decision that was made by the administration, and it was based on cost. It was not based on the needs, as repeatedly stated by the highest ranking members of the Air Force and by 30 different studies, that we need more planes.

We got off on a tangent, Madam Speaker, but it is important because what we are talking about as we discuss the appropriateness of spending \$2 billion to produce a vaccine that may never be used, that is a very important decision that our country has to make, and I think the American people need to understand that. So I thank the gentleman for asking that question, Madam Speaker, and I gladly yield back to Dr. BROWN.

Mr. BROWN of Georgia. While we are talking about defense, let me point out something else, too, that was a cost decision evidently by this administration. The North Korean Government fired off a rocket. It wasn't quite successful, but they are working on intercontinental ballistic capability, and they are developing nuclear weapon technology in North Korea. We know that without a question. The day after the North Koreans fired off their rocket, our President announced that he was going to cut the antimissile defense spending. And we need that spending. We need an antimissile defense system in this country more than we ever have.

President Reagan suggested that we develop an umbrella over this country, an umbrella that would make nuclear

weapons totally obsolete. But this administration wants to cut that antimissile spending which we desperately need and is, in fact, one of the most important constitutional functions of the Federal Government.

We need the F-22 Raptor. We need the antimissile defense system. I don't think we need to spend \$1.5 billion on a flu vaccine when already the research shows that it is not going to be very virulent.

Before I yield back, I would like to make a very strong point here. We are stealing our grandchildren's future by borrowing and spending. We are borrowing too much, we are spending too much, we are taxing too much, and it has to stop. And we need to spend on things that are critical, that are constitutional, that have to do with our national defense, that have to do with our national security. And we need to drive things by science and not by hysteria. This hysteria over the flu is driving the media and is driving the administration, driving the leadership here. We have got to stop that.

Mr. GINGREY of Georgia. Let me reclaim my time and try to wrap up, Madam Speaker, as we get close to the allotted time.

What Dr. BROUN is talking about, my colleagues, I want you to think about what he said, if you think we have gotten a little afar from our starting point on talking about this H1N1 influenza. The health of the Nation is more than just protecting people from a pandemic, from disease, from infection. That is certainly a huge part of the responsibility of our government, to try to protect its citizens, and I think that we do a great job and we have a great health care system. But the health of the Nation also, as Dr. BROUN is suggesting so accurately, has to do with national defense and to make sure that our leadership understands the importance of us being respected. It is nice to be liked, and we all want to be liked. When our Commander in Chief goes to Latin America or goes to speak at the European Union or the Group of 20 or to Turkey or wherever, or visits our troops in Iraq, I think we need to understand the health of the Nation is more about freedom from disease. It is about strength. It is about character. It is about making the important decisions of where you spend the hard-earned tax dollars that 300 million people in this country have to write a check every April 15, that we have that responsibility, and we can't afford to squander one dime of it.

I am going to yield back to my colleague maybe for the final 30 seconds, but, Madam Speaker, I just want to say that during this hour, this Republican GOP Doctor's Caucus of which Dr. BROUN and I are a part, I want to point out this last slide. We are talking about strengthening the doctor-patient relationship, but we are talking about a lot of things tonight in regard to the health of the Nation.

With that, I want to yield back to my colleague for some closing comments, and then we will wrap up.

Mr. BROUN of Georgia. Very quickly, I want to bring out that the economic health of the government is very important for fiscal health, too. I think a lot of people who may be dying in Mexico is because of their poor economic health, and we are going down a road now with this tax-and-cap policy that is being fostered by the Democratic majority to tax energy, which is going to create a tremendous downturn in our economy. It is going to put people out of work. And we have got to stop that, too, because it is going to affect the physical health of those people who aren't able to buy their insurance, who aren't able to go to the drug store and buy their Tamiflu or their antibiotics. So economic health is going to be critical for physical health, and we have got to stop this cap-and-tax policy that NANCY PELOSI and company are trying to force down the throats of the American people.

Mr. GINGREY of Georgia. Let me reclaim my time for the remaining minute or less. But Dr. BROUN I think, Madam Speaker, hit on a good point. We talked tonight mostly about the physical health of the country, the Nation, and the importance of providing that and protecting people from disease, if we can. But what Dr. BROUN mentioned, the fiscal health of the country, is almost as important if not as important. And so when we start recommending policy that a small group of zealots want us to go down a road of cap-and-trade or cap-and-tax, we can hurt this Nation just as badly by being fiscally irresponsible as physically irresponsible.

Madam Speaker, I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. FORTENBERRY (at the request of Mr. BOEHNER) for today and the balance of the week on account of the hospitalization of his child.

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 Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. MURPHY of Connecticut, 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. POSEY, for 5 minutes, May 12.

Mr. POE of Texas, for 5 minutes, May 12.

Mr. JONES, for 5 minutes, May 12.

Mr. HUNTER, for 5 minutes, today.

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

Mr. WOLF, for 5 minutes, today.

ADJOURNMENT

Mr. BROUN of Georgia. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 29 minutes p.m.), the House adjourned until tomorrow, Wednesday, May 6, 2009, 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:

1591. A letter from the Clerk, U.S. House of Representatives, transmitting A letter from the U.S. House of Representatives, Clerk, transmitting notification, pursuant to section 1(k)(2) of H.R. 895, One Hundred Tenth Congress, that the board members and alternate board members of the Office of Congressional Ethics; Former Congressman David Skaggs; Former Congressman Porter J. Goss; Former Congresswoman Yvonne Brathwaite Burke; Former House Chief Administrative Officer Jay Eagen; Former Congresswoman Karan English; Professor Allison Hayward; Former Congressman Abner Mikva; Former Congressman Bill Frenzel; Staff Director and Chief Counsel Leo J. Wise; Senior Counsel William H. Cable; Investigative Counsel Omar Ashmawy; Investigative Counsel Elizabeth A. Horton; and Administrative Director Mary K. Flanagan, have individually signed an agreement to not be a candidate for the office of Senator or Representative in, or Delegate or Resident Commissioner to, the Congress for purposes of the Federal Election Campaign Act of 1971 until at least 3 years after the individual is no longer a member of the Board or staff of the Office of Congressional Ethics.

1592. A letter from the Executive Director, Commodity Futures Trading Commission, agreement to not be a candidate for the office of Senator or Representative transmitting the Commission's final rule — Electronic Filing of Disclosure Documents (RIN: 3038-AC 67) received April 3, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1593. A letter from the Congressional Review Coordinator, Department of Agriculture, transmitting the Department's final rule — Import/Export User Fees [Docket No.: APHIS-2006-0144] (RIN: 0579-AC59) received March 30, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1594. A letter from the Director, Regulatory Review Group, Department of Agriculture, transmitting the Department's "Major" final rule — Marketing Assistance Loans and Loan Deficiency Payments (RIN: 0560-AH87) received April 24, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1595. A letter from the Director, Regulatory Review Group, Department of Agriculture, transmitting the Department's "Major" final rule — Sugar Program (RIN: