lenalidomide, which fights multiple myeloma. Private U.S. insurers often cover all, or at least portions, of the cost of many of these NICE-denied drugs.

NICE has also produced guidance that restrains certain surgical operations and treatments. NICE has restrictions on fertility treatments, as well as on procedures for back pain, including surgeries and steroid injections. The U.K. has recently been absorbed by the cases of several young women who developed cervical cancer after being denied pap smears by a related health authority, the Cervical Screening Programme, which in order to reduce government healthcare spending has refused the screens to women under age 25.

We could go on. NICE is the target of frequent protests and lawsuits, and at times under political pressure has reversed or watered-down its rulings. But it has by now established the principle that the only way to control health-care costs is for this panel of medical high priests to dictate limits on certain kinds of care to certain classes of patients.

The NICE board even has a mathematical formula for doing so, based on a ''quality adjusted life year.'' While the guidelines are complex, NICE currently holds that, except in unusual cases, Britain cannot afford to spend more than about $22,000 to extend a life by six months. Why $22,000? It seems to be arbitrary, calculated mainly based on how much the government wants to spend on health care. That figure has remained fairly constant since NICE was established and doesn't adjust for either overall or medical inflation.

Proponents argue that such cost-benefit analysis has to figure into health-care decisions, and that any medical system rations care in some way. And it is true that U.S. private insurers also deny reimbursement for some kinds of care. The core issue is whether those decisions are going to be dictated by the brute force of politics (NICE) or by prices (a private insurance system).

The last six months of life are a particularly difficult moral issue because that is when most health-care spending occurs. But who would you rather have making decisions about whether a treatment is worth the price—the combination of you, your doctor and a private insurer, or a government board that cuts everyone off at $22,000?

One virtue of a private system is that competition allows choice and experimentation. To take an example from one of our recent editorials, Medicare today refuses to reimburse for the new, less invasive preventive treatment known as a virtual colonoscopy, but such private insurers as Cigna and United Healthcare do. As clinical evidence accumulates on the virtual colonoscopy, doctors and insurers will be able to adjust their practices accordingly. NICE merely issues orders, and patients have little recourse.

This has medical consequences. The Concord study published in 2008 showed that cancer survival rates in Britain are among the worst in Europe. Five-year survival rates among U.S. cancer patients are also significantly higher than in Europe: 84% vs. 73% for breast cancer, 92% vs. 57% for prostate cancer. While there is more than one reason for this difference, surely one is medical innovation and the greater U.S. willingness to reimburse for it.

The NICE precedent also undercuts the Obama Administration's argument that vast health savings can be gleaned simply by automating health records or squeezing out ''waste.'' Britain has tried all of that but ultimately has concluded that it can only rein in costs by limiting care. The logic of a health-care system dominated by government is that it always ends up with some version of a NICE board that makes these life-or-death treatment decisions. The Administration's new Council for Comparative Effectiveness Research currently lacks the authority of NICE. But over time, if the Obama plan passes and taxpayer costs inevitably soar, it could quickly gain it.

Mr. Obama and Democrats claim they can expand subsidies for tens of millions of Americans, while saving money and improving the quality of care. It can't possibly be done. The inevitable result of their plan will be some version of a NICE board that will tell millions of Americans that they are too young, or too old, or too sick to be worth paying to care for.

□ 2230

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

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

HONORING THE LIFE OF CAPTAIN MARK GARNER

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Madam Speaker, I rise today to honor the extraordinary sacrifice, patriotism, and heroism of Captain Mark Garner from Elkin, North Carolina. Captain Garner, an officer in the 82nd Airborne Division, fell in the line of duty in Afghanistan Monday when a roadside bomb exploded under the vehicle in which he and three others were riding.

Captain Garner was assigned to B Company, 1st Battalion, 4th Infantry Regiment, Hohenfels, Germany. Dedicated to unyielding service to others, he was among seven U.S. troops killed in what was described as one of the deadliest days for U.S. troops in Afghanistan since 2001.

Captain Garner was an outstanding leader throughout high school, college, and in the United States military. He graduated from Elkin High School in 1997, where he excelled in sports and won several football, basketball, and baseball awards.

In 2002, Captain Garner graduated from the United States Military Academy at West Point as a second lieutenant. He was then assigned to an infantry unit at Fort Bragg, North Carolina.

Captain Garner leaves behind his loving parents and his wife, Nickayla. His absence leaves a hole in the hearts of the Garner and Myers families, the tight-knit community of Elkin, North Carolina, and the 82nd Airborne community.

Captain Garner was described by his friends and family as having lived to serve and sacrifice for others. From a young age, he aspired to be a soldier. He will long be remembered as a man who knew the meaning of service, sacrifice, and the call of duty to his family and his country.

Madam Speaker, my thoughts and prayers are with Captain Garner's wife, parents, and extended family. May they feel God's comforting presence during this difficult time.

We pause to honor his memory and express our gratitude to his great bravery and profound sacrifice. Our Nation is a better place for his having been among us and is blessed to call him an honored son. We mourn his passing, and we pledge our dedication to the family he left behind.

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

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

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

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

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

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

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

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

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

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

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

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

NATO

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. ROHRABACHER) is recognized