have spent $800 billion. They are saying, PETE, where are the jobs, where are the jobs, where are the jobs, because the impact that it's having on their families, on their kids and those kinds of things.

And the second category was, don't mess with my health care, or don't mess with my health care until I have an opportunity to review it and see what it's going to do to my health care, and, you know, don't vote on anything that you haven't had the opportunity to read and review and to explain to us what it will do.

Mr. AKIN. Well, reclaiming my time, going back to the whole premise, if you do it really fast and nobody knows what's in it, you don't have as many people that are going to say don't vote for this thing, because they don't know what's there.

We've been joined by another fantastic Congressman from Louisiana, a man who's not spent that much time in the House, has distinguished himself already for being articulate and a very penetrating questioner of some of these different schemes that we see, my good friend Congressman SCALISE from Louisiana.

Mr. SCALISE. I want to thank my friend Mr. AKIN from Missouri for yielding and for hosting this hour to talk about health care.

Just earlier tonight, we heard President Obama talking about the latest rendition of his story to the American people about what this bill does and doesn't do. I think what you're seeing across the country, though, is people have now started to see the details of the bill.

I serve on the Energy and Commerce Committee where we've been debating this bill for a few weeks now. We finally got the text of the bill just a few days ago. In fact, we had a hearing with the Congressional Budget Office last week. The day after the chairman of the committee finally released to the public the details of the bill, when we were talking to the head of the CBO about what the cost of this is to the American people, the head of the CBO acknowledged he didn't even have the opportunity to read the bill, but as he started to go through it——

Mr. HOEKSTRA. If the gentleman will yield, you think that's the bill you're going to be working on tomorrow afternoon?

Mr. SCALISE. Well, you know, I think it is changing every day, and the sad part of it is what's not necessarily changing are the details. What is changing is the rhetoric.

Every day they seem to come out and say something just to try to appease the American people. When the American people start looking at the details of this bill, they realize this bill gives a government bureaucrat, this new health care czar they're creating—we're not even talking about Cabinet Secretary post, somebody who is actually confirmed by the Senate. We're talking about a Federal bureaucrat, a health care czar, gives this health care czar the ability to take away your insurance if you like it. And so the President will go give a speech and say if you like what you have, you can keep it. The problem is his bill gives the bureaucrat the ability to take your health care away.

□ 2045

Mr. SCALISE. Their bill allows this health care czar to ration health care on Americans, and so American people are looking at this—and small business. And I talk to small business all the time. I just talked to one a little while ago who watched the President's speech and he said, One of the things that we're sick and tired of is all of these new taxes that they keep adding onto the backs of working people and all of these new mandates that government keeps adding onto the backs of people that are taking away their rights, taking away their health care.

And they see it in this bill. And they give all the speeches they want and all the assurances. The problem is, in the bill, they take away those rights.

Mr. HOEKSTRA. I think the gentleman hits it right on the nose, because the alternative to that chart is freedom, is freedom by the American public to be involved in their health care, and if we vote in this massive health care, what we are doing is giving up exactly what the gentleman described. We are giving up our freedom and we are turning it over to this town, to this building, and to that bureaucracy.

Mr. AKIN. The gentleman was just talking a minute ago. You said you're talking to your constituents. A powerful tool that we have is to have a computer call a lot of our constituents and we just can sit and have a conversation for an hour or two. I did that last night with my constituents. You know what I heard about? Jobs. Where are the jobs? You know who's really not going to like this program here is people that are looking for jobs.

Let me connect the dots here. Where do 80 percent of the new jobs in America come from? They come from small business. That is 500 or less employees, 500 or less employees. That's where we make 80 percent of our new jobs. And who's going to pay for this mess? Guess what?

Mr. HOEKSTRA. Small business.

Mr. AKIN. Small business. You take their money away so they can't invest in new buildings, new pieces of machinery, and guess what happens? They don't make the jobs. So if you're unemployed, you're not going to like this very well, are you?

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. I yield to Congressman BROUN.

Mr. BROUN of Georgia. Even if you're employed, you won't like this bill, because what's going to happen is millions of people are going to be put out of work. They're going to lose their jobs because of this ObamaCare plan.

Mr. AKIN. Why are they going to lose their jobs?

Mr. BROUN of Georgia. They're going to lose their jobs because of the increased taxes and burden.

Mr. AKIN. A whole lot more burden on the small business man, and guess what happens? It doesn't create the jobs. In fact, you start to lose jobs.

Mr. BROUN of Georgia. It's going to lose millions of jobs. And those that are working are actually going to have a lower take-home pay because of the increased cost and the mandates on the individual as well as on their business.

So incomes literally are going to go down if you're employed and you keep your job, but there are millions of Americans that are going to literally lose their jobs because of ObamaCare.

Mr. AKIN. This is interesting because our constituents have been telling us jobs are a problem, unemployment is a problem. Now we've set some records. In the last 6 months, we have lost more jobs than ever in any time period since the Great Depression in America. We've lost more jobs in the last 6 months than have ever been lost since the Great Depression. So this is a serious thing.

NATIONAL HEALTH CARE PLAN

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

Mr. KING of Iowa. I anticipate we're going to have a seamless transition here this evening. It looks as though there wasn't anybody from the other side to appear down here to defend themselves or advocate for this policy. I'm wondering if some of the people haven't gone underground that have advocated for this national health care plan.

But as the gentleman from Missouri had said, we lost more jobs in the last 6 months than since the Great Depression. I think there's something here to illustrate.

Mr. HOEKSTRA. If the gentleman would yield for just a second as you get your chart ready.

Mr. KING of Iowa. I would make my point and then yield, and that is this is a direct contradiction to what the gentleman from Missouri has said. This is the White House Chief of Staff, Rahm Emanuel, who said—what day is today?

Mr. HOEKSTRA. The 22nd.

Mr. KING of Iowa. So it would be today. He said, ''We rescued the economy.''

Mr. AKIN. I hope they don't rescue it much more.

Mr. KING of Iowa. That's the gentleman I intended to yield to. If we rescue the economy, lost more jobs in 6 months than we have since the Great Depression, unemployment has 14.5 million, 14.7 million people unemployed and there are another 5.8 million people who are looking for a job that have exhausted their unemployment benefits, that no longer qualify under the

definition of unemployed, which takes us up over 20 million people in America that are looking for work.

According to a study that was done by one of the lead thinkers in this, they went to 25 million effectively unemployed because many have had their hours cut down so they no longer are truly a full-time employment.

Rescued the economy? I don't think so. Let's hope they don't rescue health care the same way.

Mr. HOEKSTRA. Will the gentleman yield?

Mr. KING of Iowa. The gentleman from Michigan.

Mr. HOEKSTRA. Just before you took over and joined us in this Special Order, my colleague was saying that this doesn't do much for the unemployed. I think we have to recognize that it does. For those people that are in the unfortunate circumstance today of being unemployed, one of the things that they are concerned about is that they don't have access to health care. That plan may provide it.

But the other thing that I think has been pointed out, this plan will hurt the economy and hurt more jobs, and what these people want is they want the opportunity to get back to work. And I think under the Republican proposals that we have out there, we have ways for people who are in that unfortunate situation of being unemployed there a tax credit or whatever to be able to go out and to buy and to have the freedom to choose a health care plan.

I think that's now becoming a selling point of this new plan. It says if you're unemployed—and they're creating a lot of them—we're going to be able to provide you health care. But the Republican plan will do the same thing because we do believe it's important that everybody have the security of having access to health insurance. We just don't think you have to create this bureaucracy to do it.

So let's not forget about the people who are hurting, who are unemployed. But just because they're unemployed doesn't mean this system is what they need. There are better alternatives.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. HOEKSTRA. I will yield.

Mr. BROUN of Georgia. Well, I'd like to tell you, my dear friend from Michigan, Mr. HOEKSTRA, that everybody in this country has access to health care. Today. Everybody, whether they're employed or unemployed. The reason they have access to health care is because anybody can walk into any emergency room anywhere in this country and they can get evaluation and treatment for any problem that they have.

I used to work full time as a director of emergency services at Georgia Baptist Hospital in Sylvester, Georgia, and anybody that walked in the door for any problem was evaluated and treated, whether they had health insurance or not. And that's true all over the country.

So everybody in this country, whether they have health insurance, whether they're employed, whether they're unemployed, whether they're legal immigrants, whether they're illegal aliens, whether they're American citizens, whether they're taxpayers or nontaxpayers, everybody in this country today has access the health care system.

The thing that they don't have, the 45 million or 47 million, is they don't have a health insurance card or policy in their pocket to pay for it.

Mr. HOEKSTRA. And we want to be able to provide them with that opportunity because we believe that is a more effective and more cost-efficient way and a better way to get health care to Americans. And so that is one proposal to do it. But Republicans also have a proposal and ways to make that available that move away from this extraordinarily expensive and job-killing bureaucracy.

Mr. BROUN of Georgia. You're exactly right. We have been, as Republicans, by our Democratic colleagues, have been described as the Party of No, N-O. But the reality is we are the Party of Know, K-N-O-W, because we know how to lower the cost of health care. We know how to get those uninsured people so that they can be insured.

In fact, even the ObamaCare plan, the director of the CBO said that even in 10 years there's still going to be millions and millions of people uninsured even under the Obama plan.

So we are the Party of Know to know how to solve these problems, to put people back to work, to give them lower cost for insurance. We have multiple plans on our side. I hope the American people understand that.

Mr. KING of Iowa. Reclaiming my time, I'd like to pose a question here that is at the bottom of this. And there are a lot of different numbers out there and we know this is a moving target, so we're trying to shoot at a moving target because we know, once it's completed, it's going to come through here like a lightning bolt and it's going to be over.

So I'm seeing numbers that show this as high as $2 trillion, but I can see CBO numbers that come to about $1.2 trillion and I can see tax increases that are in the area of $800 billion to $900 billion and deficits that are about $239.1 billion.

Now, whatever these numbers are, we know that the calculations and predictions are different than what it's actually going to be. Programs always cost more money in reality than when they're actually estimated.

But here's the point. President Obama has said we can't fix the economy unless we first fix health care. Health care is broken.

Well, if you have a company that's broken, you don't go out and borrow more money and lower your revenue stream and increase your deficit. So if health care costs too much money, why do we have to add $1 trillion or $2 trillion to it to fix the program? That's the rhetorical question that I ask. It's more than rhetorical. Hopefully, we'll be able to get to that.

I see the gentleman from Louisiana was leaning forward and I'd be happy to yield to the gentleman from Louisiana (Mr. SCALISE).

Mr. SCALISE. Again, I thank my friend for yielding. When we really talk about the numbers, there are lots of big numbers being thrown around, billions and billions of dollars. The CBO, Congressional Budget Office, has already said that the promises of savings—and President Obama has promised lots of savings—as he's read the bill, he's said the promises of savings don't exist.

So you hear the President talking about we're going to squeeze all these savings out. The problem is the bill doesn't yield any savings. What it yields is an increase in Federal spending to the tune of hundreds of billions of dollars, over $800 billion in new taxes. But this is the bureaucracy that they create.

I think when you really start talking about why the American people, as they're looking at this plan, are turning against this government takeover of health care, this is what really I think offends the American people. This is an organizational chart of President Obama and Speaker PELOSI's proposal to have a government takeover of health care, and I think what frightens people the most—and there are a lot of things about this bill that frighten people across America. The fact that you would have a bureaucrat to ration care.

But I think what is the most offensive, even above the tax increases and above the hundreds of billions of dollars in spending of money that we don't have, is the fact that they're proposing in their bill—this is the doctor and this is the patient. Look at all of the bureaucracy that their bill is placing in between you, the consumer, the patient, and your doctor.

We've got two doctors here tonight joining us from Georgia and Louisiana, and when you look at this organizational chart of President Obama and Speaker PELOSI's proposal to have a government takeover of health care, what offends people the most is the fact that they're placing all of these new Federal bureaucracies, including a health care czar, in between you and your doctor.

And people know, when you look at Canada, when you look at England, people know what that led to. And in fact, just Monday of this week, Monday of this week, a tragic story. A 22-year-old man, 22-year-old man in England died because of England's government-run health care system, very similar to this proposal, denied the ability for that 22-year-old to get a liver transplant. His 44-year-old mother testified how horrible the system is that they have in England, a system that would

allow a 22-year-old man to die because they denied him treatment.

This is the exact same structure. All these Federal bureaucrats unelected here in Washington, D.C., coming in between you, the patient, and your doctor. This is offensive. This is why this is such a horrible idea. We need reforms, but we surely don't need this.

I yield back.

□ 2100

Mr. AKIN. Could I just jump in for a minute? There are different categories of people who aren't going to like this bill; but there are people who just hate government redtape. Genetically, I don't like government redtape. Can you picture trying to get a health care decision and something that's messed up, and you have got a wife or kid that needs health care, and you've got to deal with this to try to get health care, and these people are going to tell you whether or not you can get it?

You know the one thing in my telephone townhall meeting people said that they want more than anything else, they want health care decisions made between the doctor and the patient. We offered that amendment in committee, and it was voted down on a party-line vote. The Democrats saying that they want the redtape bureaucrats to make health care decisions, and they voted against an amendment that said that the doctor and the patient should make the health care decisions. Now that's not where the mainstream of America is, and that's not why you doctors are practicing medicine—to have a bureaucrat tell you how to practice medicine. It gets me upset.

Mr. KING of Iowa. Reclaiming my time, and letting the gentleman from Missouri relax for a minute. I wanted to bring this up. We see the flow charts that are today in color, and when you look at the color flow charts, those that are in white are the old existing programs that are there; and those in color are the new programs that are laid on top of the existing bureaucracy. This is the HillaryCare flow chart from back in 1993; and this is the flow chart that is, I believe, a replica of what hung on the office in my construction office throughout that entire decade and probably past the change of the millennium. It hung there because it scared the living daylights out of me, as an employer who was providing health insurance for my employees and, of course, my family as well.

When I looked at this chart—I had an aversion and anybody who has ever been in business has an aversion to redtape—this was a redtape chart. This chart being put up back in 1993 was enough, I think, that added enough weight on that it sunk HillaryCare, because the people in this country did not want to create all of this bureaucracy and give all of this control and authority over to the government. They wanted to maintain their own independence, their own freedom. In the end, it was a freedom argument that won out, that killed HillaryCare.

Now we have ObamaCare. The difference is, it's in color. It probably takes not quite as much freedom as this one might have. But I would point out on the gentleman's chart that the part that concerns me the most are these two purple circles down here at the bottom. The white square is the existing private health insurance, traditional health insurance. All of those insurance policies of those 1,300 or so insurance companies that are competing right now for the dollar for health insurance would have to flow through and become qualified health insurance plans. They would only be qualified if right here the health insurance czar decided that he had written the regulations in such a way that the newly created public health benefits plan—the Federal health insurance plan that's designed to compete against the private sector—could stay in business.

So they will set the regulations and establish the mandates and determine what these private health insurance policies offer. Then when they write those standards, then they'd be competing directly against the public; and at some point the public swallows up private. This is where it gobbles it up right here. This is where you lose your freedom. This is where President Obama cannot make the promise that if you like your health insurance plan, you can keep it.

You don't get to keep it. You don't get to keep it because the people that make the decisions, those who are employers that are providing health insurance, are going to look at the premium that's here, the rules that are set by the government; and they will decide whether you keep it. You will not, even if you're a happy employee.

I yield to the gentleman from Georgia who has a statement to make.

Mr. BROUN of Georgia. Well, Mr. KING, I am glad you brought this up because the American people have been promised by this President over and over again. He's saying, if you like your insurance, you can keep it. But nothing could be further from the truth. It's not factual. It's just totally falsehood. If you like the policy that you have today, you will not be able to keep it under ObamaCare. The other thing that you're talking about there—let me just tell you what happens to me as a physician with Medicare payments.

Mr. HOEKSTRA. Before you go there, can I just add a point?

Mr. BROUN of Georgia. You bet.

Mr. HOEKSTRA. There will be some people who keep their health care. Who will that be?

Mr. AKIN. The wealthy.

Mr. BROUN of Georgia. Congress.

Mr. HOEKSTRA. It will be Federal employees and Congressmen and Senators will keep their health care. I believe in the Senate there was an amendment that was voted on, and I hope we have the opportunity to vote on this in the House. In the Senate there was a vote that said, We're going to put all Federal employees, including Members of Congress, into the public health plan, the plan that we will force millions—what was the number, 73 million in the first 5 years or something?

Mr. BROUN of Georgia. It was over 100 million nationally.

Mr. HOEKSTRA. We're going to force 100 million people into the public health plan. I'm not sure if they had a vote in the Energy and Commerce Committee on this amendment yet, but I think it's coming. When that vote was held in the Senate, the Senate said, We're not going into the public health plan. We're going to keep what we have. So it's fascinating for the Senate to say, We're ready to force 100 million people in the public into the public health plan, but we ain't going there. That tells you what the Senate thinks of what will be the public health plan. I thank my colleague for yielding.

Mr. BROUN of Georgia. Let me tell you where I was going to begin with. Say a Medicare patient comes in with some chest pain, and I decided that they needed an x-ray of the chest or an MRI of the chest, I have to call a Federal bureaucrat to get permission for that patient to have those studies done right now today. In fact, even with a lot of the HMOs that are privately administered, if I prescribe an anti-hypertensive, something to control blood pressure, I have to call a pharmacy benefits manager to get permission and approval to prescribe a medication, which I am totally against that.

In my office we're writing a health care reform plan that will put patients in the position where they make the decision, not a pharmacy benefits manager, not a Federal bureaucrat. It's one of the plans that's going to be offered as a bill. But right now today, that Federal bureaucrat tells me, as a doctor, what kind of x-rays that I can do on my patients if they're on government plans, Medicare and Medicaid. It's already a broken system. Care is already being rationed in the government-supplied insurance programs today, in Medicare and Medicaid. It's going to get a lot worse under ObamaCare, a lot worse. We'll have more rationing of care, more denial of care. There will be longer waiting periods.

Mr. AKIN. Just a moment now because I think you are making a point. The Democrats were here about an hour-and-a-half ago. They were saying, Hey, we don't like the idea that an insurance company rations your care, an insurance company gets between a doctor and a patient. As a Republican, I don't like that idea either; but the solution isn't to put an even bigger bureaucrat in the way. The solution is to get back to the doctor-patient relationship, which is why you practice medicine.

Mr. HOEKSTRA. Can I offer a little history lesson? I'm not sure any of were you here in 2001. One of you was here in 2001.

Mr. AKIN. It was my first year here.

Mr. HOEKSTRA. You know what this reminds me of, remember we passed a bill—I'm thankful I voted against it—No Child Left Behind.

Mr. AKIN. I voted ''no'' on that too.

Mr. HOEKSTRA. Why did we vote ''no''? Because what it did, it put the Department of Education between a parent and their local school and their local administrators. That thing passed with all of this promise because the promise was, We're not going to leave a single child behind.

Well, you and I felt passionately. We don't want to leave a child behind. But the way to fix that isn't to put a government bureaucracy in charge of that kid's education. Guess what, here we are 8 years later; and who now agrees with us? A lot of folks on the other side of the aisle; and most of the folks on this side of the aisle who voted for that bill now recognize that No Child Left Behind was a huge mistake because what it did is it took local control, parental control of your child's education away from parents, away from local administrators and moved it here to Washington. We're leaving more kids behind, even though we're spending more money than ever.

A lesson from history from those of us that saw that No Child Left Behind wasn't going to work; this is a monstrosity that is 10 times bigger and will have 10 times more impact than No Child Left Behind will because No Child Left Behind only impacted our kids. This will impact every single one of us. It is the same model of moving away from the concept of freedom, which my colleague talked about earlier, the concept of freedom, freedom to raise our kids, freedom to choose our health care, freedom to make our own health care decisions, moving them to Federal bureaucracies and bureaucrats who don't know the names of our kids, who don't know the names of our doctors, and who don't know the hospitals that we want to go to. That's the problem with the approach that we are seeing today.

Mr. KING of Iowa. Reclaiming my time, and as the gentleman raised the issue of about who will be making the decisions on health care, whether it will be the doctor and the patient or whether it will be the bureaucrat, we have on record, before the committee in the markup 2 days ago, an amendment that was offered by Republicans—and I believe it was Dr. GINGREY from Georgia who offered the amendment. I happen to have the text of it right here handy; and it is this, Nothing in this section shall be construed to allow any Federal employee or political appointee to dictate how a medical provider practices medicine. That was a simple amendment that preserved the doctor-patient relationship and cut the bureaucrat out of it.

Mr. HOEKSTRA. That passed, right?

Mr. KING of Iowa. It failed. It failed on a party-line vote, save one. Only one Democrat would defend the doctor-patient relationship in the entire committee. It was shot down as a partisan vote, and that would be a clear principle that you would think Democrats and Republicans could agree upon.

Mr. AKIN. And yet every Republican standing here tonight, we all stand behind that doctor-patient relationship. That's what medical care should be about. It was a straight party-line vote, with the exception of only one Democrat.

Mr. KING of Iowa. That's correct.

Mr. BROUN of Georgia. Would the gentleman yield?

Mr. KING of Iowa. The gentleman.

Mr. BROUN of Georgia. I would like to tell you a story that I recently heard about a patient that actually helped my friend from Michigan's economy. Mr. HOEKSTRA, you might be very interested in this because it actually provided some funds into your State, from what I understand.

A patient in Canada had severe knee pain, such severe knee pain that he required narcotics. He went to see his family doctor, the gatekeeper to the health system up there. The doctor told him that he was just going to treat him with some physical therapy and give him narcotics. This went on for over a year before he could get in to see an orthopedic surgeon. It took him over a year to be on the list to see the orthopedic surgeon for evaluation of this severe knee pain.

When he finally got to see the orthopedic surgeon after a year—of course here in this country if a family doctor, like me, wants to get a patient to the orthopedic surgeon, we can do it within a matter of days and certainly weeks, if the orthopedist is extremely busy. But it took him over a year to see an orthopedic surgeon that was mandated by the government. He had to see this particular one. It took him over a year to see him. The orthopedic surgeon finally did some x-rays on him and told the patient, Yes, you've got such and such a condition in your knee; and you need an operation.

This patient said, Fine. Let's go to the hospital. I want to get rid of this pain. I want to get off the narcotics. The orthopedic surgeon said, No, no, no, no. You can't do that. We'll have to put you on a waiting list to get in the hospital for your surgery. The patient said, Well, how long is that going to take? We don't know, is what he was told. So the patient left Canada and came to the United States—I think to Michigan—to get his much-needed simple knee surgery that was denied immediate care, may even have made him a narcotic addict because he was put on those narcotics that he had to take for the severe pain. So he had to deal with that too because the government delayed his evaluation and his treatment.

That's exactly what's going to happen to people here in America under this plan that's being presented by the Democrats.

Mrs. BACHMANN. If the gentleman will yield.

Mr. KING of Iowa. The gentlelady from Minnesota.

Mrs. BACHMANN. Well, you know, it's very interesting. I think the gentlemen that are here in the Chamber tonight—I think probably everyone here considers themselves pro-life. And you remember during all of the arguments and debates that there has been on this issue of women making a decision about whether or not to have an abortion, one of the main arguments that was proffered was, No government should get between a woman and her doctor. The government should not get between the woman and her doctor when she comes to making that decision.

Yet it's so curious. When you look at these 33 new bureaucracies that are created, when it comes to that decision about an abortion, you've got 33 new bureaucracies now that are created. I recognize those who are here are probably pro-life in this Chamber. But for those women who aren't pro-life, that's something that they need to consider very seriously. The government is going to be between them and their doctor in a whole new way, a big way, a 33-bureaucracy way. That's one thing women understand. Women consume health care. They purchase most of the health care in this country. They take care of their elderly parents. And women will be the ones that are stuck filling out the paperwork, making call after call after that call.

We all know what it's like if you call the Department of Motor Vehicles and you have a problem, or you call some other government department if you have a problem. You know what you have to go through. We still have gentlemen who have served valiantly in World War II who still can't get medals. They're still trying to get through to get access.

□ 2115

Now we're looking at women having the hassle factor of having to get through to a bureaucrat.

There is one thing I wanted to mention. I just finished watching President Obama in his press conference when he was talking to the Nation about his health care reform and about his health care proposal. I listened to every question that was asked by all of the reporters. I found it very curious. President Obama was adamant. He said his health plan, his government takeover, will not add to the deficit in the next 10 years. He made it as a guarantee, as a promise. He will not add to the deficit in the next 10 years. Not one reporter who asked a question brought up the independent Congressional Budget Office, the testimony by Doug Elmendorf, where he stated unequivocally that we will see rising costs and a rising deficit if President Obama's plan goes into effect. There was not one question by the reporters. Not one question contradicted President Obama's statement.

The other thing that surprised me was that President Obama has not

given to the public what every previous President gives out, which is, in mid-July, a budget update about where the budget is. Well, guess what. President Obama said he's going to delay putting that mid-budget assessment out until mid-August when all of the Members of Congress are back home, presumably after we take this vote on health care. Is this the most transparent Presidency that we've had? That's the claim.

Mr. BROUN of Georgia. No.

Mrs. BACHMANN. This is transparent.

Mr. BROUN of Georgia. No.

Mrs. BACHMANN. But he doesn't even want us to see the budget numbers. He doesn't even want to be asked about the CBO estimate. He said, Where are we going to find the money, and how is this not going to cost more by adding millions more?

Mr. KING of Iowa. If the gentlelady will yield to a question.

Mrs. BACHMANN. He said it's from waste. We're going to wring waste out of the system. Well, if that's so, why do we have a chart equal to this one showing all of the specifics of how they're going to take waste out of the system? Let's go ahead and start with that. Let's start getting these hundreds of billions of dollars out of the system by wringing out waste.

It's because he knows. He knows what's going to happen. Doctors are going to turn into GS–15s, government employees. Doctors are going to take drastic reductions in payments. Nurses will take drastic reductions in payments. Hospitals will take drastic reductions in payments. What does that mean for the American people? Drastic reductions in quality of care if you can get care. That's what we need to consider.

Mr. KING of Iowa. Reclaiming my time, if I could just make the point that President Obama might have told the truth tonight when he said that he wasn't going to increase the deficit with his national health care plan. We already know there are $800 billion or $900 billion in tax increases that are written into this, and they're only about, maybe, $239 billion from making their books balance. Imagine that. It's $239.1 billion by one set of measure. It might be a lot more. So all they really need to do is raise taxes another $239 billion and accept the estimates they have—and they might have already arrived—and he just simply uses his little rhetorical trick of giving you a definition. Well, he gives America the definition, and people hear what they want to hear. He speaks in a way that people hear what they want to hear. Again, I think that's the deal.

I yield to the gentleman from Louisiana.

Mr. SCALISE. There's one other thing that the President will do with his government takeover of health care if he truly does want to make it revenue-neutral, which it's not. Right now, this bill adds hundreds of billions of dollars to the deficit, and the number grows every day. The number is in the $200 billion range right now, but we know, by the end of this week, it's probably going to be higher.

What the President will do is ration care. In this bill, he has got this health care czar—it's in his bill—with the power to ration care. So if he is going to control costs to make sure that it doesn't cost any more, well, we already know he added about $800 billion in new taxes, so every American family and every small businessperson knows they're going to see massive tax increases. That's bad enough. That's going to lead to millions of jobs lost in this country.

Even with all of that, his bill costs so much over $1 trillion that he still doesn't have enough money to make the two ends meet. So, if he truly lives up to his word, then the way he does that is the same way that Canada, England and any other country that has a government-run system does it. They ration care.

Mrs. BACHMANN. Will the gentleman talk about what ''rationing'' is? Talk about what ''rationing'' is. What does that mean?

Mr. HOEKSTRA. I was going to talk about the rationing.

I used to be in the private sector, and I used to be in the marketing world. We all know that these forecasts aren't actual numbers; they're predictions. One of the things that we have learned from these predictions is that—what? Does government forecast conservatively where, you know, if everything goes bad, we're going to be $800 billion short? No. The government forecasts optimistically.

I think it's pretty safe to say that, if you take a look at the assumptions and the predictions that the deficit or that the amount that this program will add to the deficit over this period of time, it is probably at least double what the CBO is predicting.

Mr. BROUN of Georgia. Tell me it's not so.

Mr. HOEKSTRA. Yes. It's what the CBO is predicting.

The other things it is based on are reimbursements to the States. To get people and some of the States to buy off on Medicaid reimbursements, what they do is they bump them up in the first 3–4 years of this program, and then they cut them dramatically. We all know that those cuts will never take place in future years, so the deficit, most likely, of this proposal will be significantly higher than the numbers we see today. I think that has been true for just about every Federal program we've seen.

Mr. AKIN. I would like to talk a little bit about the President's ability to predict the future in terms of his numbers because, as I recall, just 3 months ago, we were taking a look at what was supposed to be called a ''stimulus bill.'' Some of us called it a ''porkulus bill.'' Anyway, it was about a tremendous amount of spending. I think it was $787 billion in spending. The President gave us a number that we could take to the bank.

He said, Look, if you guys do not pass this stimulus bill, why, we might have unemployment as high as 8 percent in America. So we passed this tremendous spending bill. Let's see. What's our unemployment now?

Mr. KING of Iowa. 9.5.

Mrs. BACHMANN. 9.5 percent.

Mr. AKIN. 9.5 percent.

Mr. BROUN of Georgia. It's almost 14 percent in many of my counties in Georgia.

Mr. HOEKSTRA. Well, actually, I hate to take the lead on that, but we're at 15.2 percent. We have a lot of people hurting.

Mr. AKIN. This bill isn't going to cost anything. The Congressional Budget Office first comes out and says it's $2 trillion, and then they whittle some numbers by some little fancy stuff, and it comes down to $1 trillion, and he says this is going to help the economy and is not going to cost anything. That's a little bit like his promise when he said, Listen to me now. He said, If you're making under $250,000, there won't be any tax on you, except we've got this little deal that, when you flip on a light switch, you're going to get taxed. Who doesn't flip on a light switch?

Mrs. BACHMANN. But it's going to cost jobs. That's the other problem. By President Obama's own estimates, this health care plan will cost nearly 5 million jobs. His porkulus bill has cost us 2 million jobs. The takeover of GM/Chrysler cost another 150,000 jobs. The energy bill you just talked about is 2.5 million jobs every year. This alone is 5 million jobs. So it's already a huge cost in terms of job loss out of the United States.

Mr. KING of Iowa. Well, let me take us back to that original question again, which is, when the President says that the economy is a disaster and that we can't fix the economy unless we first fix the broken health care system in America and that the only way you can fix the broken health care system in America is to add to the spending by $1 trillion or $2 trillion, depending on how you want to evaluate the proposal, and to add to the taxes by $800 billion or more. If we end up with a huge deficit of $2 or $5 or $7 or $800 billion created in all of that and if something is broken and if you have to fix it, how can it be, if we're spending too much money on health care today, that we're going to spend more on health care tomorrow and add to the deficit and to the unemployment and fix the problem?

This proposal exacerbates the problem. That's the flaw in the President's logic. So this is similar to the things that came out a couple of generations ago on another continent. If you repeat the same thing over and over again and if after a while people are afraid to challenge you, then some begin to believe it's true. It can't be true.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. KING of Iowa. First the gentleman from Georgia and then back over to Louisiana.

Mr. BROUN of Georgia. Well, I want to bring up that we hear all of these grandiose promises from the President, but I want to remind the Speaker and my colleagues here in the House—I can't speak to the American people—but if I could speak to them, I'd remind them, too, that the President just recently said that his non-stimulus bill is working just like he thought it would. Yet we have more people out of work today, and the promises made have been broken, and I was coming to that very point. The Chief of Staff of the President, Rahm Emanuel, who used to be a Member here in this House—

Mr. KING of Iowa. Could we direct the attention down here to the Chief of Staff for the White House? ''We rescued the economy,'' said today, Rahm Emanuel.

Mrs. BACHMANN. The President said that tonight, too.

Mr. KING of Iowa. I'm emphasizing the gentleman's point.

Mr. BROUN of Georgia. The point being that the President and his administration give us all of these grandiose promises, and they use all this sleight of hand, shell game of words to try to tell people what they want to hear, but the reality is what they say is not factual. It's just absolutely not factual, and the American people need to understand that.

Mrs. BACHMANN. But the President did say something that I think, perhaps, we should listen to.

He said tonight in his press conference that the United States spends about $6,000 more per person on health care. He wants to reduce that. So we need to listen to that now. He wants to reduce that by about $3,000 per person. Well now, how is he going to do that? Let's take him at his word. If he is going to reduce health care expenses by $3,000 per person, that goes back to how we define ''rationing.''

''Rationing'' means if your baby daughter were born with a heart condition, would she get the pacemaker? If your 85-year-old mother had a problem with her hip, would she get a replacement? If, perhaps, your daughter had kidney problems, would she get the help?

That's the way you reduce the costs by something as dramatic as by half per person. Let's face it, President Obama's plan for Americans is that we're getting less health care, not more.

Mr. KING of Iowa. Under President Obama's health care proposal, somehow I just can't imagine ladies waiting in line to get an abortion. I just can't imagine they're going to do that.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. I try to picture that you can get a free C-section as long as you're willing to wait a year for it, you know? That's really going to be helpful.

Mr. KING of Iowa. The gentleman from Louisiana has been patiently waiting.

Mr. SCALISE. There are a lot of statements that have been made by the administration, all of which contradict each other. I think the American people are catching on to the fact that the administration has these focus groups and that they say things that people want to hear. Yet they do the opposite.

Just last week, Vice President BIDEN said we have to spend money to keep from going bankrupt. Now, any American who balances his budget, which is every American family, knows that's a ludicrous statement; but it's the way that they're governing, and it's the way that this bill approaches this.

In fact, as we've been talking about how much will this bill cost, how much will this government takeover cost, in the Energy and Commerce Committee earlier this week, they had amendments to the bill to actually add even more costs. What are those costs? What is that additional spending that the Vice President talks about that they need to implement to keep from going bankrupt?

They added another $250 million. There was one amendment that a Member on the Democratic side offered in the committee which would create a program that would allow the Federal Government, through this government takeover of health care, to create a new program to allow for individual organizations like Planned Parenthood—and we asked if Planned Parenthood and if groups like ACORN would be able to access this program, and they said yes. It would allow groups like Planned Parenthood to have access to $250 million in a new Federal program—money we don't have—to teach teenage girls how to use condoms. By the way, this would be without the permission of their parents.

So imagine you're looking at this budget deficit spiraling out of control and at this spending in Washington spiraling out of control, and the President brings this government takeover of health care and says, We're not going to pass a bill that doesn't control costs. Yet there was an amendment that they passed. Not one Republican voted for this amendment. Those of us who are pro-life were highly offended by it, but the amendment passed. It's in the bill. It creates a separate $250 million taxpayer-funded program to allow groups like Planned Parenthood to teach your daughter, without your permission, how to use condoms. It's in their bill to take over health care. That's what's going on with this bill.

The American people are seeing this. That's why they're trying to ram this bill through by the end of next week, without the American people being able to read the bill, because they know when people read this stuff, they're going to revolt. They should because this is a horrible idea.

I yield back.

Mr. AKIN. That's the whole point of doing these things at 3 o'clock in the morning with 300-page amendments. There's not even a copy of the bill on the floor. Why do you want to do it in the dark? Because how many Americans are going to vote to spend $250 million to teach your daughters how condoms work? There are not too many American people who want to vote for something like that. That's why you want to do it in the dark of night.

The other thing they don't want you to do is to understand the difference. They want to say, Our health care system is so bad. Hey, there are some problems, but take a look at this compared to this socialized mess over in England or in Canada. Take a look at people like me. I'm a cancer survivor. Take a look at your survival rate for men with cancer: 18 percent better in the United States. We want to trash our system to go to something that has worse numbers? It doesn't make sense.

I yield back.

□ 2130

Mr. KING of Iowa. Reclaiming my time, in recognizing there are folks that are lined up to speak, the gentleman from Louisiana mentioned ACORN as one of the huge machines that drives the Democrat turn-out-the-vote effort that has produced over 400,000 fraudulent voter registration forms that seems to be behind a lot of the things that are going on that are pushing the hard-core, left-wing agenda.

And by the way, they are registered—I have it as a 501(c)(3) not-for-profit, nonpartisan organization. This is a picture of their headquarters at 2609 Canal Street, New Orleans. And there I stood across the street right before the Fourth of July, put my little camera up there, and here's a picture of the window at the headquarters at New Orleans where there is at least 174 or 175 corporations affiliated with ACORN, and here are the Obama posters inside the glass. This is your not-for-profit organization. Here's the ACORN logo hanging and the flag outside. You can draw your own conclusions, but there is the get-out-the-vote machine that's funded by your Federal tax dollars, funding abortions with your tax dollars.

Mrs. BACHMANN. Remember, it's a good time for ACORN. They've received $53 million in direct Federal grants since 1994, but now they've hit it big. The slot machine is paying off now because now they have access to $8.5 billion. Fifty-three million was chump change for ACORN. Now they have potentially access to $8.5 billion.

Mr. KING of Iowa. I would like to kick this over to Louisiana. I yield to the gentleman.

Mr. FLEMING. I just wanted to mention that I know you gentlemen and lady know that the President spoke on this very subject tonight while we were actually talking ourselves, and I just

got some input, some interesting things he said here.

Number one, he acknowledges that the people of America are becoming skeptical because there haven't been any laws lately that have positively affected them. I think that's an understatement from our President. Also, he makes the claim that there is no bureaucracy. There will be no gap between the patient and the doctor, the sacred doctor-patient relationship.

Well, we've seen slide after slide of these—if the camera can show here with what Mr. AKIN has that there are so many steps between the doctor and the patient. There are many now. But now it really goes crazy when we get into this system.

And then finally he was asked—you may recall that we submitted House Resolution 615 that says if you vote for government takeover of health care that you are willing to sign up for it and forego a waiver which is built into these bills that doesn't put you into this automatically, that you can stay with your private health plans, and the President was asked this question tonight. And he basically gave no answer to the question. He dodged the question altogether, which we know he's so skillful to do.

So it's pretty obvious that if this gets passed, that we're looking at a situation where the average American out there, the average working American, will be subject to all of the bureaucracy of a government-run system just like in England and in Canada. And the only ones who will be exempt, as Mr. HOEKSTRA mentioned a moment ago, will be the ruling elite: Congress, Senate and the President, and perhaps some wealthy, the Rockefellers and the Bill Gates and families such as that.

I just thought these were some interesting comments that were going on while we were holding this session tonight.

Mr. KING of Iowa. I thank the informed gentleman from Louisiana.

I yield to the gentleman from Michigan.

Mr. HOEKSTRA. I think we've had a pretty good discussion about, you know, people want to help. This is hard. But what's the real motive for moving this all under a government health care? And the gentlelady from Minnesota helped point out this moves $250 million into ACORN. Because what it does is, when you move all of this spending from the private sector to government, we have control. That bureaucracy has control. The President has control to direct policy.

And what many of us would think is a personal policy that is between me and my doctor, our family and our doctor, and all of those kinds of things, and what we're doing when we move that amount of money—remember, we're moving basically 20 percent of the economy. With one vote we're going to move it from the private sector where we each have some influence—and we don't like more control, and that's what the Republican proposals do is give us more control in that equation.

But instead of us having more control, we're going to give it up or there are people in here who, the American people I don't think know they're giving it up. But there are people in this House, in this Senate, and in this town who are willing to take it and want to take it because they want that kind of control over social policy, health care policy, economic policy in this country, because they don't trust the American people to make those decisions for themselves. They believe that the economy, they believe that everything begins in Washington.

And as Republicans, we know and we believe that it begins with the people at the grassroots. They are the ones that drive America. They are the ones that drive our communities, our States, and our country; not this town and not our State capitals. And that's the fundamental difference. We're uncomfortable taking that responsibility or moving that responsibility to Washington. We're not only uncomfortable with it, we think it's wrong. My Democrat colleagues think it's right, it's appropriate, and it's necessary

Mr. KING of Iowa. The gentleman from Michigan, he's absolutely correct. And the people that generate these kinds of flowcharts—and they are liberal elitist utopianists, but they believe they are smarter than your average person. They don't believe the average person is capable of taking care of themselves. They believe they can devise the perfect flowchart that will make everything work out perfectly.

And the only thing that gets in the way of all of this is because there are some people in the world that try to give people their freedom, and they will always trade off American freedom for security. It happened in Western Europe.

I took a trip down to Cuba here a few years ago, a legal trip to Cuba. This is what occurs to my mind. As I listened to Mr. HOEKSTRA speak, how in the world do we ever balance a budget if we swallow up the private sector by growing government to eat up the private sector. Eight huge entities have been swallowed up and nationalized by President Obama. A large percentage of our GDP is now run by the government, by the White House, some of it directly, some by Rahm Emanuel.

If the Federal Government continues to take over huge sections of the economy, like this 17 percent or whatever that number is, I don't know how you balance the budget. You do like they do in Cuba. You take a cut out of all commerce, because Castro has an investment in all things, and that's where this Nation is heading if we don't get a grip and get our freedom back.

Mr. AKIN. I would like to jump in a little bit about this whole idea about our trust for different bureaucracies.

Let us take a look at the track record. We're talking about a health care system that's going to have the good heart of the IRS and the efficiency of the postal system. Let us take a look at some of these different government agencies and how much—do we really want to trust them with our personal health care? Let's think a little bit about the Department of Energy. The Department of Energy was chartered with a mission. The mission was that we were going to make sure that we're not dependent on foreign sources of energy.

Now, we have had a lot of employees and we're more dependent on foreign energy than we've ever been. So how good is the Department of Energy?

Let's talk about the Department of Education. There was a Presidential commission studying the Department of Education. They came to the conclusion that if a foreign country had done to us what the Department of Education has done, we would consider it an act of war. But we have a lot of faith in government bureaucracies.

Let's talk about your favorite bureaucracy. I shouldn't pick on your pet, the CIA. We go into gulf war 1 and they give us this intelligence. They say, Look, Iraq is 10 years away from making a nuclear device. We get in there; they're a year-and-a-half away. So they go to gulf war II. They say they're a year-and-a-half away. We get in there, they're 10 years away. I mean, why do we have so much faith in all of these?

I guess FEMA did a wonderful job on Hurricane Katrina, and yet we want to turn our personal health care over to all of these government agencies? I don't get it. It doesn't seem to make any sense at all.

Mr. KING of Iowa. The best thing we have going for us is these government bureaucrats aren't always on the job. Sometimes they're on the job but they're not always paying attention to the job.

This is the President's economic adviser Larry Summers, who back about the turn of the administration—which seems eons ago around January 20 of this year—made the statement that what we need to do to bring the economy back around was everybody's got to go out and spend, spend, spend. And some of us, myself included, said, Wait a minute. Saving this economy is about increasing our production. You can't spend your way into prosperity. You have to go out and produce something that has value and marketability and you can earn your way into prosperity.

Just this week this gentleman woke up and said we need to produce now; the spending era is over. It's time to produce. I don't know if he went back to sleep or not, but he was right the second time, not the first time.

I yield to the gentlelady from Minnesota.

Mrs. BACHMANN. The gentleman from Iowa was talking a few moments ago about how much the Federal Government is getting more and more control over our private economy. Two

weeks ago there was a front page story in the Washington Times written by an economist from Arizona State University, and he said this. I found it astounding. He said since bailout Nation began, since the inception, just at the end of 2008 with the United States going in and owning banks, AIG, mortgage companies, Chrysler, and GM, and the various things that have been nationalized, just since that time—we're talking a matter of months—today the Federal Government, the economist said, either owns or controls 30 percent of the American economy.

So if you take that 30 percent and then do what President Obama hopes to accomplish, have the Federal Government take over 17 percent of the wealth of this country that is created by private health care, that's the Federal Government taking over nearly half of the American economy either through owning it or through controlling it.

How do we remain a free market capitalist country? This is the deconstruction of free market capitalism. And the President's only been in office about 6 months, and we're already looking potentially at half of our economy owned or controlled by the Federal Government. How do we ever get it back again?

This is nothing more than an all-out war against private wealth creation. And not only a war against private wealth creation, but an all-out war and assault against retaining and owning the private wealth that we created. At that point, we lose the incentives. At that point we lose the American Dream.

Why would we want to do that? Why would we want to encourage the next generation of 19- and 20-year-olds to go out, succeed, take risks, sacrifice, work hard in medical school? Are we going to see the best and brightest go to medical school? We have the best and brightest here—Dr. BROUN, we have numerous doctors here. The best and brightest. Will we see that in this country?

Those are questions we will have to answer.

Mr. KING of Iowa. Twenty years ago this coming October 9, the wall in Berlin came crashing down. It was literally the Iron Curtain crashing down. And when it crashed down, within a few short months, almost bloodlessly, freedom echoed across Eastern Europe and all the way to the Pacific Ocean. We all knew what that was. That was free enterprise, capitalism, destroying a managed economy. The Soviet Union couldn't keep up. Ronald Reagan kept raising the stakes, and the question was, Will the Soviet Union checkmate us militarily before we bankrupt them economically?

That was the equation, and nobody wondered in 1990, 1991, 1992 what was the dominant economy, what had proven, without any question, was the most powerful civilization in the world based on free-market economics.

And here we are not quite 20 years later, the stock market takes a dip, and the people over here on the Democrat side of the aisle begin the chant: That proves capitalism has failed. Reconstruct the Soviet Union and tell me that.

Mr. HOEKSTRA. We know that markets are imperfect and that markets are tough but that markets correct themselves and that they do that because people are provided with freedom to innovate and to be creative.

I think one little last lesson from No Child Left Behind. In 2001, when that was passed, it said we're going to measure this year's third graders versus last year's third graders in the same school. And you say that makes no sense. But in 2001, that was the measurement tool that they were going to use.

It's now 8 years later. And for 8 years, for the last 5 or 6 years, people said that doesn't make any sense because this group of kids this year could be very different than the very group of kids last year. So why measure the performance of those kids? We have the tools to be able to measure the individual achievement of every child every year, and that's what we should be measuring from the first day of school to the last day of school, how much learning took place. But because it is in a bureaucracy, and to change that, we have to pass a law. We have to pass a law through the House and the Senate, and the President has to sign it to change that.

So our schools in our local communities are still being judged as being what? They are a failing school—that's the label that the Federal Government puts on them—a failing school because we are using a failed measurement which everybody understands is a failed measurement but we can't change it.

□ 2145

In a market system, in a market dynamic, it would have changed a long time ago.

Mr. KING of Iowa. Dr. BROUN.

Mr. BROUN of Georgia. I would like to come back to something that my friend, Mr. HOEKSTRA from Michigan, was just saying about the government bureaucracy. And I want to remind all my colleagues that Mr. HOEKSTRA was talking about that putting the bureaucrats in charge of this gives us more power. But we won't have any control because the commissioner, or the health czar, is going to be making these decisions, and we won't.

As Members of Congress, as the duly elected representatives of each of our districts, we won't have any say whatsoever on what that commissioner does. And coming back to what my friend, MICHELE BACHMANN, was talking about and my friend STEVE KING was talking about, we have got a clear picture of what is going on here, about taking over the economy by this President. Because he is doing exactly the same thing that his Marxist buddy, Hugo Chavez, is doing in Venezuela. We have a very clear picture long term of where that leads.

And that leads to what another one of our President's good buddies, Fidel Castro, has done to Cuba. We are headed down that same road. The American people can look at Cuba, at their health system, at their economic system, and see that that is exactly the direction that this administration is taking us. I'll yield back.

Mr. KING of Iowa. Reclaiming my time, and I thank the gentleman from Georgia, I would point out that as I saw our President stand next to Hugo Chavez in that photo-op, that glad-handed, double handshake that took place down there, it occurred to me that in the last month, our President had nationalized far more businesses than Hugo Chavez had. He had only taken out one Cargill rice-processing plant in the previous 30 days, and President Obama took over billions in our national economy in the same period of time.

So they are going in the same place, and if anybody would like to know what the strategy is, they just need to go to www.dsausa.org. That is the Democratic Socialists of America dot org, the socialist Web site. There they will tell you their legislative arm is the Progressive Caucus here in the House of Representatives. It has 75 Members, and they say on their Web site we want to nationalize. It is happening under our very nose. And in the last minute, I yield to the gentleman from Missouri (Mr. AKIN).

Mr. AKIN. I was thinking about that Berlin Wall example. We think about the Soviet Union and what was their basic theory. Well, the theory is the government is going to basically give you food, the government is going to give you housing, the government is going to give you education, the government is going to give you health care. And let's see, what are we doing in America? The government is going to give you an education, the government is going to give you food, the government is going to give you a place to live, and the government is going to give you health care.

We didn't seem to learn a whole lot, did we? Well, thank you very much gentlemen.

Mr. KING of Iowa. And reclaiming my time, and just to briefly conclude, and that is I would like to thank all the Members that have come here tonight and made this 2-hour special order primarily on health care, on this national health care plan, this socialized medicine plan, and our budget and our economy. You are leaders in this Congress, and you are all to be commended.

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

REPORT ON H.R. 3293, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

Mr. OBEY, from the Committee on Appropriations (during the Special Order of Mr. KING of Iowa), submitted a privileged report (Rept. No. 111–220) on the bill (H.R. 3293) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

SPECIAL ORDERS GRANTED

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

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

Mr. LARSON of Connecticut, for 5 minutes, today.

Mr. TOWNS, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. SALAZAR, for 5 minutes, today.

Mr. KLEIN of Florida, for 5 minutes, today.

Mr. SABLAN, for 5 minutes, today.

Mr. GRAYSON, for 5 minutes, today.

Mr. COURTNEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, July 28 and 29.

Mr. JONES, for 5 minutes, July 29.

Mr. GOODLATTE, for 5 minutes, today.

Mr. BILIRAKIS, for 5 minutes, today.

Mr. MORAN of Kansas, for 5 minutes, July 27, 28, and 29.

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

Ms. GIFFORDS, for 5 minutes, today.

ADJOURNMENT

Mr. KING of Iowa. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 48 minutes p.m.), the House adjourned until tomorrow, Thursday, July 23, 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:

2767. A letter from the Chairman and CEO, Farm Credit Administration, transmitting the Administration's final rule — Definitions; Disclosure to Shareholders; Accounting and Reporting Requirements; Disclosure and Accounting Requirements (RIN: 3052-AC35) received July 1, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2768. A letter from the Secretary, Acquisition and Technology, Department of Defense, transmitting the Department's report on the amount of purchases from foreign entities in Fiscal Year 2008. The report separately identifies the dollar value of items waived for which the Buy American Act was waived, pursuant to Public Law 104-201, section 827 (110 Stat. 2611); to the Committee on Armed Services.

2769. A letter from the Secretary, Acquisition, Technology and Logistics, Department of Defense, transmitting the National Defense Stockpile (NDS) Annual Materials Plan (AMP) for Fiscal Year 2010, along with proposed plans for FY 2011 through 2014, pursuant to 50 U.S.C. 98h-2(b); to the Committee on Armed Services.

2770. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; Restriction on Acquisition of Specialty Metals (DFARS Case 2008-D003) (RIN: 0750-AF95) received July 16, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

2771. A letter from the Chair, Congressional Oversight Panel, transmitting the Panel's monthly report pursuant to Section 125(b)(1) of the Emergency Economic Stabilization Act of 2008, Pub. L. 110-343; to the Committee on Financial Services.

2772. A letter from the Associate Director, PP&I, Department of the Treasury, transmitting the Department's final rule — Iranian Transactions Regulations — received July 16, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

2773. A letter from the Acting Associate General Counsel for General Law, Homeland Security, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

2774. A letter from the Deputy Director, NIST, Department of Commerce, transmitting the Department's final rule — Recovery Act National Institute of Standards and Technology Construction Grant Program [Docket No.: 090306286-9288-01] received July 1, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Science and Technology.

2775. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Section 1274.—-Determination of Issue Price in the Case of Certain Debt Instruments Issued for Property [Rev. Rul. 2009-22] received July 20, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

2776. A letter from the Director, Office of Insular Affairs, Department of the Interior, transmitting the Department's report on the Impact of the Compacts of Free Association on Guam for fiscal years 2004 through 2008, pursuant to Public Law 108-188, section 104(E)(8); jointly to the Committees on Natural Resources and Foreign Affairs.

2777. A letter from the Administrator, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1840-DR for the State of Florida, pursuant to Public Law 110-329, section 539; jointly to the Committees on Homeland Security, Transportation and Infrastructure, and Appropriations.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. OLVER: Committee on Appropriations. H.R. 3288. A bill making appropriations for the Departments of Transportation, and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2010, and for other purposes (Rept. 111–218). Referred to the Committee of the Whole House on the State of the Union.

Mr. ARCURI: Committee on Rules. House Resolution 669. Resolution providing for consideration of the bill (H.R. 3288) making appropriations for the Departments of Transportation, and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2010, and for other purposes (Rept. 111–219). Referred to the House Calendar.

Mr. OBEY: Committee on Appropriations. H.R. 3293. A bill making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2010, and for other purposes (Rept. 111–220). Referred to the Committee of the Whole House on the State of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. MARKEY of Massachusetts (for himself, Mr. SMITH of New Jersey, Mr. CARNAHAN, Mr. GENE GREEN of Texas, Mr. KIND, Mr. LATOURETTE, Mr. LOBIONDO, Ms. ZOE LOFGREN of California, Mr. MURPHY of Connecticut, Mr. PLATTS, Mr. RAHALL, Mr. RUSH, Ms. SCHAKOWSKY, Ms. SUTTON, Mr. WEXLER, and Mr. YARMUTH):

H.R. 3286. A bill to amend the Public Health Service Act to fund breakthroughs in Alzheimer's disease research while providing more help to caregivers and increasing public education about prevention; to the Committee on Energy and Commerce.

By Ms. MOORE of Wisconsin (for herself, Ms. GRANGER, and Ms. SCHAKOWSKY):

H.R. 3287. A bill to require a criminal background check for a child care staff member of any child care provider in a State that receives funds from the Child Care and Development Block Grant Program, and for other purposes; to the Committee on Education and Labor.

By Mr. HUNTER (for himself, Mr. ROYCE, Mr. RYAN of Ohio, Mr. STUPAK, Mr. MCINTYRE, Mr. BILBRAY, Mr. ROHRABACHER, Mr. SHULER, and Mr. GARY G. MILLER of California):

H.R. 3289. A bill to amend the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 to authorize the Secretary of Homeland Security to construct not less than 350 miles of reinforced fencing along the United States-Mexico border and to gain operational control over such border; to the Committee on Homeland Security.

By Mrs. MALONEY (for herself, Mr. KING of New York, Mr. NADLER of New York, Mr. WEINER, Mr. ACKERMAN, Mr. ENGEL, Mr. ISRAEL, Ms. CLARKE, Mr. SIRES, Mr. HOLT, and Mr. GRIJALVA):

H.R. 3290. A bill to provide the spouses and children of aliens who perished in the September 11 terrorist attacks an opportunity