

Think about that. A young woman, for 20 years, born with a birth defect, just like cystic fibrosis, just like cerebral palsy, all of which are covered under a regular health insurance policy, and this young woman has been struggling with this for 20 years. That's why we have to fix this broken health care system.

Mr. KAGEN. Thank you, Mr. BRALEY.

I will summarize by saying that we are working hard to fix what's broken. We are going to improve what we already have and make sure that it's at a price we can all afford to pay. What kind of nation, what kind of nation would we be if we didn't take this positive step forward?

#### HEALTH CARE

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

Mr. KING of Iowa. Mr. Speaker, it is a privilege to address you on the floor of the House. I have the chance to do so, perhaps, with some people that have expertise in the subject matter that I heard just go through my ears a little bit ago, and that would be where do we save money when it comes to this cost of health care in America?

I listened to the gentleman from Iowa (Mr. BRALEY) talk about 17 to 28 billion in added costs of preventive medicine. Preventive medicine. When I first heard that, I actually misunderstood his point. I thought surely he was talking about defensive medicine, but, I am sorry, it wasn't the case. It was preventive medicine.

This amorphous target of how you save money on health care by watching your diet and being physically fit and getting regular checkups, yes, that's important. But his discussion of \$17 to \$28 billion multiplied across 10 years, actually, when you look at it, it pales in comparison to the overall costs that are included in the lawsuit abuse in the health care in America.

I will submit these numbers, that the lowest number that I find is that the costs of medical malpractice, Mr. Speaker, and the liability insurance and the defensive medicine that definitely takes place so that doctors can protect themselves from lawsuit abuse adds up to a number of something like, a lowest number is 5½ percent of the overall health care costs. The health insurance underwriters put that at 8½ percent of the overall costs. That's \$203 billion a year, and this is still a low number. If we take Mr. BRALEY's analysis and multiply it times 10 for the 10-year life of this bill, that comes in to over \$2 trillion, the costs of the defensive medicine that's taking place and the funding that goes into the pockets of the trial lawyers.

I talked to an orthopedic surgeon who had told me that 95 percent of the tests that he runs are unnecessary, that his diagnosis actually will apply. It will be there, but he has to protect

himself for that 5 percent that he may need to be right. But the 95 percent are there, money that's wasted, he said completely wasted, in order to protect him from lawsuits that come from trial lawyers.

It's interesting that a trial lawyer would come to the floor of the House of Representatives and talk about the value of preventive medicine but not the cost of defensive medicine. That's a subject that I will never hear defended on this side of the aisle. If anybody over there would like to ask me to yield, I would be happy to take this up how many trial lawyers might be in that large caucus that has a 79-vote advantage over Republicans and still wants to blame Republicans for their socialized medicine bill not being passed in the House of Representatives.

Those are the circumstances and the facts, Mr. Speaker. Actually, I believe it's a 78-vote advantage, and it lets the Speaker be able to have 39 votes to take a walk and still have 218 votes to pass a socialized medicine bill.

Now, you would think that if you had roughly 80 people swirling around over there that are extra over the number of Republicans, you might be able to turn your sights on the people in their own caucus, Mr. Speaker, and resolve this issue, instead of coming back here to the floor as the gentleman did, Mr. MURPHY, and point his finger at Republicans and accuse Republicans of not having solutions.

Oh, yes, we have solutions, Mr. Speaker. We have many solutions. In fact, I have in my hand here the health care solutions, not just from the Republicans, just from, oh, a little more than half of us, the conservative Republicans that are members of the Republican Study Committee. This report was produced by the Republican Study Committee, and the chairman, of course, is TOM PRICE of Georgia, a medical doctor himself and a lead thinker and a real national voice on health care, along with many of the doctors that we have in our caucus.

I looked down through the list of legislation that has been offered by Members on the Republican side of the aisle, and I see my name there, yes, but I also see names such as Mr. ISSA of California, Mr. FORTENBERRY of Nebraska, Mr. STEARNS of Florida, Mr. Latta of Ohio, Mr. ROYCE of California, Mr. SCALISE of Louisiana, Dr. GINGREY of Georgia, MARSHA BLACKBURN of Tennessee, KENNY MARCHANT of Texas. It goes on and on, the mountain of legislation that has been introduced by Republicans.

It's quite interesting that another gentleman from Georgia this morning, Mr. DAVID SCOTT, made the allegation that Republicans had no solutions. Well, Mr. PRICE followed him over to the side of the floor and offered to give him this stack of Republican solutions. He smiled nicely, but he refused to take it. Now, we don't always get a nice smile from the other side, but they refused to accept this whole stack

of ideas. This is just a list of ideas. This isn't bills. These are a list of ideas. These are pieces of legislation that Republicans have seen fit to put into language for law and introduce into the CONGRESSIONAL RECORD and seek to get it passed into committee and try to offer these health care solutions as amendments to the overall markup of H.R. 3200, the bill that is the House version of this national takeover of our health care, or at least the framework to do so, Mr. Speaker.

□ 1945

So, it is something the American people need to see through. I can express frustration. I can speak from facts and I can speak from a level of experience being engaged in this debate. The American people, Mr. Speaker, need to focus on what is true and what isn't; what is honest and what is just; and what is, I don't want to describe it as dishonest, I will describe it as political hyperbole designed to reach a conclusion that I don't believe is in the best interests of the American people.

So I come to the floor this night to raise this issue and to enlighten I believe yourself, Mr. Speaker, and in the process the American people. And I will start out again, take us to this Medicare issue that was brought up by the other side.

Now, their argument is that there are billions of dollars to be saved in Medicare. And so they only want to cut Medicare by half a trillion dollars, \$500 billion in cuts to Medicare, and they will argue that Republicans want to raise the fees on payroll in order to fund Medicare if we are not willing to slash Medicare to our seniors by half a trillion dollars.

I recall watching a spokesman for the AARP on television one day arguing that, well, that half a trillion dollars in cuts to Medicare really isn't that much money. It is a small percentage of the overall layouts. Half a trillion dollars. What could they possibly be getting that would offset a half a trillion dollar cut directly to their members?

Here are some of the places that these cuts come from: \$133 billion, and now the most recent number that came out within the last few days is actually \$162 billion, cut from Medicare Advantage. A lot of those people are in my State, Iowa. Of course, they are senior citizens, and they want to have some extra options and they are willing to invest in Medicare Advantage. But since this is the only component of the Medicare program that actually has the private sector engaged in it, which keeps the costs down, the Democrats want to scrap Medicare Advantage.

They seem to despise free enterprise and despise economic competition. So this \$133 billion apparently has grown to a minus \$162 billion right out of the pockets of our seniors, taking away their Medicare Advantage, killing the rest of it after they have already landed a severe blow on this year.

Here is a minus \$128.8 billion from our hospitals. I don't have any hospitals that tell me they are being overpaid in Medicare, and I don't expect if I did have they would tell me that. But I can tell you the national number for Medicare reimbursement rates is only 80 percent of the cost of delivering that service—80 percent of the cost.

Now, some of these doctors and nurses and health care practitioners are actually in business for a profit, Mr. Speaker, and I don't begrudge them that profit. I hope there is competition, and the more profit they make, the more competition it is likely to attract. Some of these hospitals are for-profit hospitals; they all are not. So we can't begrudge them that profit. That is what has driven the United States of America.

In fact, over in my desk at 1131 Longworth there is a stack of flash cards in there that are produced by USCIS, the United States Citizenship Immigration Service. They are laminated glossy cards with a red background and pictures on them, and they are there so, let me say, naturalizing Americans that seek to pass the naturalization test to become American citizens can study on these flash cards the things they need to know.

For example, Who was the father of our country? George Washington. It has the question on the front side, George Washington on the back side. Who saved the Union in the Civil War? Front question. Back side, Abe Lincoln.

Question, What is the economic system of the United States of America? Flip the card over, answer: Free enterprise capitalism, Mr. Speaker. I mean, that is like the simplest no-brainer question for the economy of the United States that we require of anyone that wants to naturalize to become an American citizen in this country; they have to know it is a free enterprise system.

Yet we have people in this Congress that are constantly assaulting the free enterprise system. We have seen the nationalization of one-third of our private sector just in the last one year, one-third, according to *The Wall Street Journal*. And this health care industry, one-sixth of our overall economy, perhaps another 18 percent. If you add those together, we are very close to if not exceeding over half of our economy being nationalized, meaning a Federal Government takeover of management and running the show and calling the shots and freedom disappearing, all of that within, what, a year or a year and a couple of months, Mr. Speaker?

It is appalling to think that we have had an all-out frontal assault on free enterprise while at the same time we are testing our immigrants who want to become Americans to make sure they understand that this Nation is for free enterprise, that that is the basis of our economy. It is appalling. It is ironic.

It is disingenuous to take this attack against the free enterprise system in

America and go against Medicare Advantage, the only free enterprise component of Medicare, to knock all of that out, which is what they propose to do in H.R. 3200, and go after our hospitals and ding them for \$128.8 billion, when many of the hospitals and many of the hospitals that I represent are taking a high percentage of Medicare patients, and every time they take a patient, they know that they are losing money, and it has to be picked up somewhere else or they can't keep their doors open. So it requires cost shifting, and that is where we get the medical costs that seem out of line.

Then you can go on down through the line. Cutting home health care by \$56 billion. Cutting Medicare Commission, \$22.2 billion. Cutting Medicare Improvement Fund by \$22.3 billion. Part D, \$19.8 billion. We will be down to aspirin in no time. Skilled nursing facilities, \$14.6 billion. Cut part B schedules, except for physician services, \$23.1 billion. You go on down, CMS, innovation center, hospices, accountable health care organizations; \$800 million out of the power wheelchairs component of that. That must be McCASKILL out of Missouri. And comparative effectiveness, \$300 million. The list goes on. Medigap \$100 million.

This stack here takes us up there in the neighborhood of \$500 billion cut out of Medicare. And what do we hear from the other side? "Well, we are always going after waste, fraud and abuse." "There will be always be abuse." I heard a gentleman say, "so we are going after the waste and the fraud."

Are we? If they know where the waste and the fraud is, rather than pointing to categories, tell me. Tell me, Mr. Speaker, what is it that is going on in Medicare in my State, in my hospitals and the clinics in my district, that is waste, fraud or abuse, when they are receiving on the national average 80 percent of the cost of delivering that service. I don't have anybody in my district that is making money off of Medicare. But Iowa is the lowest reimbursement State in the Union, and that is the biggest reason why.

So we have the lowest reimbursement rates in the entire United States of America. We rewrote that bill in 2003, and Iowa got a little better off. They climbed a little bit up out of that 50th in the Nation for reimbursement rates for Medicare. They closed the gap a little, but we never got up to 49th.

Who was number one in the Nation at the time in reimbursement rates for their citizens? Louisiana. Who got the most per capita out of the entire 2003 Medicare rewrite legislation and the prescription-drug component of that? Louisiana.

We look across this country, and Democrat after Democrat says "there is waste, fraud and abuse in my Medicare." Well, maybe it is in yours. It is not in mine. But you want to cut mine, not yours. You will defend those reimbursements to your districts. You

won't let us adjust those rates. You have a little package over there which I support, and I have worked with some of the people on that side of the aisle, and I appreciate the effort they put in. They deserve more of the credit than I can certainly take on this, although I did write some language into the 2003 bill that allowed for consideration for cost and quality.

But this is supposedly a component of a negotiation that we will get, and that number is something like \$8 billion that would be rolled back in to help compensate cost and quality. But it is pretty vague. You can't get your fingers on it. The language isn't there. We don't really know whether it is cost and quality or whether it is demography and geography. I mean, that is the question now. If it is going to be demography and geography, that is what Democrats usually want to do.

So I suspect that they want to change the rates so that people that live in their chosen areas that meet their demographics will get a higher reimbursement rate. And I can only conclude that that means that they will target minorities and inner cities. And I think that every American should be considered as one of God's children, regardless of what their ethnicity or national origin is and regardless of where they live.

So, if you take that off the table, and I sure would like to because it pits Americans against Americans and causes some people to focus on skin color instead of the content of our character, but if we could take that off the table, it is still geography, and they will define the demography that gives them the advantage. They will still take away our Medicare Advantage and decrease and gain themselves an advantage to their constituents, without regard to justice and equity.

Now, justice and equity would look at this and conclude that the States with the lowest reimbursement rate should be in a position to get the greatest bump up. But even if that is not the case, what if it would be the States and the locales and the metropolitan service areas that had the best cost and quality ratios in America? Who ranks number one in cost and quality? And shouldn't we reward the people that produce the best product for the best value?

Now, my State will rank in the top five in every broad health care results analysis that comes out. Every objective, broad health care results analysis that comes out, I will be in the top five. Sometimes we are number one in some categories, and sometimes it moves across the spectrum. But they will be in the top five in quality because of the result that they get, because a lot of people that are there put their hearts and their heads and their souls into this and their backs and their hands and all their know-how and resources, and they get a good result.

So that is the quality. But they are rewarded with the lowest reimbursement rate in Medicare in the Nation.

So they get a low cost, because they aren't being paid for the service that they are providing. They produce a high quality anyway. And I am saying that we need to recognize the best cost and quality combination in America and reward those.

If you want to go out and find a half a trillion dollars in savings in Medicare, don't come to my State. Don't come to my district. We are producing the best combination of cost and quality in America. Go to those places then where Medicare reimbursement rates are high and results are low and advise them that they are going to have to get their standards up, but you are going to reduce their reimbursement rate, if that is your determination, to take half a trillion dollars out of this. That is my suggestion.

This is the chart. This is the reality. To cut Medicare and argue that there is waste, fraud and abuse everywhere, slash it across-the-board and starve the people that are doing the best good for the least amount of dollars is unjust, and there is no equity there for anybody involved, not the providers, not the practitioners, not the patients, not the senior citizens in this district that I represent, which I believe is the most senior congressional district in America.

The Fifth District of Iowa and Iowa itself has the highest percentage of the population over the age of 85. And then of 99 counties in Iowa, 32 of them are in my district, and in that 32 county district, we have 10 of the 12 most senior counties in Iowa. So, 10 of the 12 most senior counties in Iowa in the most senior State in the Nation results in, I believe, the most senior congressional district in America. And we are looking at a half-trillion dollar cut across this country because some people have to figure out a way to pay for this \$1 trillion to \$2 trillion bill.

Now, this takes us to this conclusion that was drawn by President Obama while in debate with Hillary Clinton in the presidential primary process last year, in 2008. And I think it was a given that going into this presidential contest on the Democrat side, Hillary Clinton clearly owned the field as far as knowing her health care issues. And here is a point as to why I say that, Mr. Speaker.

She produced this for America, working in conjunction with her husband, Bill Clinton, who, by the way, came to this floor and spoke from this well on September 22, 1993, to plead with and entreat a joint session of Congress, House and Senate Members and the galleries full, to adopt his concepts and write into law a national health care act that would completely take over at that time one-seventh of the U.S. economy. And Hillary Clinton was instrumental in that.

□ 2000

She held the meetings and put together a bill. Some were closed-door meetings. That sounds a bit familiar

these days. I remember my frustration at the door being closed with Hillary Clinton and a big table full of people who were sliding papers around, arguing and hammering out the destiny of America. I have always had an aversion about turning people loose to go make decisions for Americans or Iowans behind closed doors.

I recall a policy that needed to be handled when I was in the Iowa Senate. They appointed six Democrats and six Republicans; the 12 apostles, I called them. They put themselves in a room and closed the door. They all swore an oath that they wouldn't talk about the product they were working on until they all agreed to come to a conclusion and sign off on this document, and then that's what they did. One of my close friends was in that room and would not utter a word of what was going on, what was being negotiated inside that room, and of course I didn't pry very hard because I respected his integrity.

But you know what happens, Mr. Speaker, when they meet behind closed doors, when they meet in secret, when they appoint themselves as the people that are the—how shall I say—the sole repository of wisdom inside the room when they close the door. They come out. And once they reach a consensus inside the room, they produce a document or a philosophy, and they all sign off, either in ink or verbally, and they go out and stand together behind the microphones. Then they say, We have produced the best product possible. We've had the right brains in the room, and I am really optimistic about what we've done. This is the right thing for America or Iowa or whatever group it is that they're seeking to impose this policy on. And invariably they will say, Don't amend this because if you do, this perfectly balanced specimen that we have would be knocked out of balance, and it won't be able to function properly.

It actually reminds me of former Secretary of the Treasury Paulson when last year, on September 19, he came to the Hill and asked this Congress to write him a check for \$700 billion. His response to us and his presentation to us was, I've been looking at this for 13 months. You've only been looking at it for 24 hours. I have thought of everything. Whatever you think of will knock it out of balance. Don't try to amend this. You will destroy the overall product. This is a perfectly balanced vehicle.

Well, it doesn't take much to perfectly balance a vehicle when it happens to be not a blank check but a check for \$700 billion, signed by the American taxpayers and borrowed from the Chinese to be paid with interest and principal by grandchildren yet to be born. Those were about all the details that were in there, and I had to write some in myself as I speak about it; not in the language itself. That's what came out with the \$700 billion TARP piece.

By the way, the Wall Street Journal came out today with some regret that

they supported that \$700 billion. Now they would like to see the plug pulled and the money paid back to the American taxpayer and no more doled out in the fashion that it was. That's an inside-the-closed-doors rush to judgment. And right now we've got behind-the-closed-doors negotiations taking place in the House of Representatives, in the United States Senate; people frantically negotiating at different stages with doors closed. Maybe three Senators over on the Senate side right down that hall, Mr. Speaker. A few more House Members maybe.

I've talked about some of these things that are ironic, but here is the irony: As President Obama was campaigning—and I will have to circle back to the Hillary issue in a moment. But as President Obama was campaigning, he said that he would open up unconditional negotiations with Iran. That meant to a lot of us, Mr. Speaker, that we envisioned Barack Obama sitting down across the table with Ahmadinejad or the Mullahs and maybe asking them if they would just be nice people and shut down their nuclear weapons operations.

Now aside from how that makes the United States look and how it rewards people for threatening Israel and the United States, aside from that, Mr. Speaker, it seems ironic to me that the President is meeting with people like HARRY REID, NANCY PELOSI, a handful of Democrats, and they're crafting legislation behind closed doors, yet he's not willing to sit down with people like MITCH MCCONNELL, JOHN BOEHNER and ERIC CANTOR. What is it about that, Mr. Speaker, that the President of the United States would announce that he's willing to do unconditional bilateral negotiations with Iran, Ahmadinejad, because he is the boss there. If you will remember, he won an election, an election supported by the White House—or the result, at least, supported by the White House. To sit down with Ahmadinejad potentially or the Mullahs but not the leaders in the Republican Party or the leaders on the health care issue—and we have many on our side—is a real irony. I was about to make the case that during the campaign, Hillary Clinton made the argument that her version of health care—now it wasn't exactly this. She had some alterations because 14 years have gone by, and we know that the shape of this body isn't the same that it will be after 14 years of wear and tear. But this is the 14-year-old, now 15-year-old flow chart of HillaryCare.

I believe that her background in this is what drove President Obama into taking positions on health care that now he is seeking to sustain in the same way that he's seeking to sustain his Executive Order that closes Gitmo, Guantanamo Bay, on January 22 of next year. The difficulty of accomplishing such a thing looms now over the Justice Department in an imposing dark cloud, a hasty Executive Order, a

policy in health care that was hammered out in the face of, I'll say, persistent, skillful debate on the part of Hillary Clinton. But this is her plan. This is from the New York Times back in '93-'94, shortly before Senator Phil Gramm stood down that hallway on the floor of the United States Senate and said, This plan passes "over my cold, dead political body." A lot of people thought that Phil Gramm was wrong, that this health care bill couldn't be killed. Phil Gramm wasn't the only one lined up to kill it, Mr. Speaker. There were many of us that did, but he was a man that was in the lead. He was one of the generals fighting this war to fold this scary flow chart and end the effort to take over what was at that time one-seventh of our economy. He inspired people in the House, people in the Senate and people all across America with his belief and conviction that this could be killed.

So this scary flow chart, this thing that I've said a number of times scared the living daylights out of me when it showed up in the paper, and I ended up with a laminated chart. And I do think it's someplace in my archives. But I hung it on the wall in my construction office in that '93-'94 era, and it stayed there all the way through the nineties. When I got to wondering about government and how I was going to keep a construction business operating in the middle of the tax increases and the changes in regulation and the burden that I had of government, I would look at that chart, and I would see that it had been buried by the leadership of Phil Gramm and others and by the American people, it gave me great heart that the common sense at the core and the heart, soul and conviction of the American people prevailed over this scary flow chart, which is a complete takeover of the health care system, and almost every one of these boxes would have become and our future would have been these proposed organizations, proposed agencies.

Now we have a new flow chart, not the 1993-94 version. Fifteen years later, we have the 2009 version. Mr. Speaker, if you observe this, the white boxes are existing entities out there. Here is the private sector entity, private insurers. Here are the traditional health insurance plans that they produce. You can go on around and see what exists along here. The Office of Civil Rights is there. The Office of Minority Health is there. But there are at least 31 new agencies and now, on a more careful inspection, it grows this up to more than 50 new agencies created by H.R. 3200.

This is a scary proposition. HillaryCare, scary in black and white, was scary enough to scare some of us into public life. It didn't scare me out of the private sector because this was killed. It was killed by the American people; but it helped motivate me to come into public life. I wonder if that had not been proposed to the American people whether I would be standing here opposing this or even in the

United States Congress today. This takeover now of one-sixth of the American economy is a scary proposition. This takeover of a good share of our freedom, the freedom to buy the health insurance policy of our choice, the freedom to move to another State if we don't like the accommodations and the regulations that we have, the freedom to go without health insurance if we chose choose to do so, the freedom to take our risk and then be able to accept the profits that come from that, and pay the price if we take the risk.

Here are the few premises that President Obama has hung his hat on as a means of counteracting the very active and informed health care approach in the primary that Hillary Clinton mounted. He was forced to take a position on health care, so here are the two conclusions that he drew. One is, we spend too much money on health care. We have to fix that. The other one was, we have too many uninsured. We have to fix that. So somehow they've morphed along and have gotten away from the idea that, you know, there are rights and there are responsibilities. It seems to be that the point that they would like to make is a point that you're more likely to hear of in Western Europe than you are in the United States of America, and that is an argument that people have a right to a health insurance policy. The policy. I mean, everybody has access to health care. It may not be the best. They may go into a public health clinic. I know some awfully good practitioners there that have committed themselves to working in that environment, and I see high-quality care when I walk into those in my district. So maybe they go into a public health clinic. Maybe they walk into the emergency room, and it does run up some costs. But everybody has access to health care in America. Whether they have a dime, whether they have \$1 billion or whether they're in the hole and they have a negative net worth, they have access to health care. That is not the issue.

So they make a new issue which is too many uninsured. I will go to that chart in a moment. But I want to make the other point and it's easier to make, and that is President Obama's premise that we spend too much money on health care in America. You can argue that, and you can debate it. We're at around 14.5 percent on up to maybe more than 16 percent of our GDP is spent on health care in America. They'll point to numbers that show that about 9.5 percent of the GDP of the other industrialized world is spent on health care, some above, some below that number. Well, you know, this is all in the eye of the beholder. Those that are receiving this health care that need it, the lifesaving procedures, they will tell you that it is worth the price. But I won't labor that because we get into anecdotes to no end. I will just say this, if President Obama is right—and I am not conceding that point. But if he is right, for the sake of conjec-

ture, I would make this point. His solution for spending too much money on health care is, spend more. Spend \$1 trillion to \$2 trillion more on health care, and then somehow it magically fixes the problem of spending too much.

You heard the words from one of the gentlemen that spoke in the previous hour. It's counterintuitive. It's kind of hard to rationalize. Well, it is. It's not just counterintuitive. Mr. Speaker, it's completely illogical to make a point and take a drive for the presidency and seek to impose upon the American people through the leverage and the majorities in the Congress, the Pelosi majority here, the Harry Reid majority down that hallway, a \$1 trillion to \$2 trillion health care plan. Because we spend too much money, now we'll spend \$1 trillion to \$2 trillion more.

And now one of the President's moving targets—I feel like a cat chasing a ball of string here—but one of the President's moving targets now is, Well, it's got to be under \$1 trillion, in the \$900 billion range. So write me a bill that does that because we can't take the political hit of something that's over \$1 trillion. So they brought the doctors fix to the floor of the Senate the other day, and the doctors fix was \$247 billion to try to fix the adjustment rates for our doctors that are underpaid in some of these cases. It failed on the floor of the Senate, and 13 Democrats voted with Republicans. How can this be? That was a way to take that \$247 billion out of this government health care bill so that the bill didn't go over \$1 trillion. If they would have passed that, the doctors fix wouldn't be a part of it, they wouldn't have to put it in there, and they could keep it all under the \$1 trillion category. We're really here with AARP making a public statement that \$500 billion is a very small percentage of the overall outlays, and they can take a hit and have their reimbursements reduced in the category I showed in this chart earlier, by \$500 billion, and still their hearts are cold.

How can they do that? I have a chart here that shows me a little bit about why AARP might do that. A couple of points here. One of them is that there is a section in H.R. 3200 that would exempt Medigap policies from new limits on preexisting condition restrictions.

□ 2015

Well, AARP's Medigap insurance, which they sell and which they collect a good deal of premiums on—and it's the lion's share of the profits that AARP makes—continues to deny Medigap claims to individuals with serious health conditions. There is a preexisting condition clause written into Medigap policies, and H.R. 3200 would preserve the preexisting condition component for AARP. So I presume that is one of the reasons AARP can watch \$500 billion be cut out of Medicare as long as they preserve their preexisting condition component of their

Medigap insurance, which is so they can stay in that business.

There are several others on the list, but that's the easiest one to understand.

The President wants to solve a problem with spending too much money by spending more—\$1 trillion to \$2 trillion more. The Democrats in the Senate, HARRY REID, sought to blur that and sought to exempt the doctors fix so that they could keep their, I'll call it, socialized medicine bill down below \$1 trillion. The \$247 billion piece of legislation that dealt with the doctors fix independently was shot down in the Senate, and it could not receive a majority vote.

So let me get that other part of the President's position illustrated, Mr. Speaker.

This is the other position of the President's. The first, remember, is that we spend too much money. Therefore, we'll spend more. It's not logical because it's not logical. Here is the other one. We have 47 million uninsured in America—too many uninsured. Thus, we must insure them all because people on this side of the aisle believe that having your own health insurance policy is somehow intuitively withdrawn from the Constitution as a right that comes down from God, that flows through the Declaration of Independence, that shows up somewhere in the Constitution and maybe in the Bill of Rights, and that now they can divine that and hand that over to everybody in America, legal and illegal, no matter who you are.

I know that there are a good number of Democrats who have actually endorsed legislation that says that every human being in America—every person in America, would be the language—has a right to one's own health care, to receive it for free and that health care practitioners will be salaried employees who are working for the government. That would be a 1981 bill that I happened to read the other day, introduced by Ron Dellums and JOHN CONYERS. JOHN CONYERS is still here, and he's still pushing the same kind of issues.

This is the 47 million, Mr. Speaker, the 47 million who are uninsured. Now, that's the highest number that anybody defends. We could take this on down to, maybe, 39 million, but here is how you do the math:

These two categories right here are illegal aliens and immigrants. Add those both together, and it comes to 10.2 million. They're not part of the 47 million. They're not part of the people who, I think, we ought to impose upon taxpayers to fund their insurance.

I want to take illegal aliens and immigrants out of this equation of those who would be handed gift-wrapped health insurance policies. I want to subtract from that list the Americans who have the means to provide their own insurance. Those Americans making over \$75,000 a year can find ways to write checks for their health insurance

premiums. They don't. Nine million of them who are making over \$75,000 a year don't.

Here, this is 9.7 million who are those eligible for a government program but who are not enrolled—mostly Medicaid. They don't bother to sign up. Why would they sign up for another program if we hand them silver-plattered health insurance policies? All they have to do is walk in and sign up, but they don't—9.7 million.

Here are those who are eligible for employer-sponsored insurance but who are not enrolled—6 million. Hmm. They told their employers "I don't want it" or they don't bother to sign up.

Now, all of these people who I've described are the people who, I don't believe, the American people want to hand silver-plattered, gift-wrapped health insurance policies. For the ones who are left, we do have some compassion. Those are the Americans without affordable options. That's 12.1 million people. They are the Americans without affordable options.

Right before I yield to the gentleman from Texas, I want to show you what it looks like when you look at all of America. This is 47 million. This is 47 million in America's population. Here we are. Eighty-four percent are with health insurance. This is 306 million Americans in this circle.

These folks in these categories here are the ones who I say I don't want to insure and that the Americans don't want to insure—illegals and those with the money and those who are already qualified, et cetera.

Yet, as to this red sliver here, this tiny, little piece of the pie, that's 12.1 million people. That's less than 4 percent of the overall U.S. population—Americans without affordable options. Now, it would be nice to help these people. I'm open to doing some of those things, and we've got some proposals here on the RSC's list to do that.

Yet the real bottom line is that Democrats and the President, behind closed doors, are putting together a policy that they want to ram down our throats which will maybe reduce this 4 percent number down to 2, but the price would be to transform completely 100 percent of the health insurance industry in America and to start down the path of a complete transformation of 100 percent of the health care delivery system in America. It's the best health insurance system in the world. It's the best health care delivery system in the world.

We have a whole list of fixes, some of which we've passed out of this House but which were blocked by the trial lawyers and the Senate in the last few years. It's the Republicans who preserve your free enterprise; it's the Republicans who preserve our freedom, Mr. Speaker, and it's the Republicans who will reduce these costs in our health care and who will reduce this number of 4 percent slightly, not by a big amount, maybe by a percent or so or two. That's about half. All of this is

coming out of the lists here of the Republican Study Committee and of the list of the 10 things that I carry around in my pocket which are the solutions that I propose.

So, Mr. Speaker, I recognize that the most tenacious, resilient and, perhaps, entertaining Member of the United States Congress, who is from East Texas, is here tonight. Whenever I see Congressman LOUIE GOHMERT on the floor, I want to hear what's on LOUIE'S mind.

I'd be so happy to yield as much time as he may consume to the gentleman from East Texas, Mr. LOUIE GOHMERT, the judge.

Mr. GOHMERT. Thank you, and I appreciate the gentleman, my dear friend from Iowa, for yielding.

It is interesting when we talk about people who do not have coverage. As my friend from Iowa knows, earlier today, there were a great many 1-minute speeches given by Republicans and numerous 1-minute speeches given by Democrats.

A Democrat, whom I happen to like a great deal—he has always been most gracious to me—gave a 1-minute in which he pointed out that he had a friend who had called a doctor's office, seeking help with a medical problem.

The doctor's office asked the question, Do you have health insurance? He responded that he did not.

They said, Well, we will see you, but you'll need to bring \$250 to pay for the visit and treatment, to which he responded, as I recall, Look, I'm not from this country. I don't have \$250.

The doctor's office responded, Well, then you'll need to go to the emergency room.

So this individual is going to get health care, is going to have it provided. Obviously, somehow this person got into this country, and we don't know if he was legally here or illegally here. My friend across the aisle, my Democratic friend, said that's why we've got to have this universal health care bill. That's why we've got to pass this so that people like his friend could have health insurance and could be covered and would not have to go to the ER to get, apparently, his free care.

Well, that, I think, really points out a distinct difference between the approaches of the two parties. That is why, even though the Democrats have about 40 votes more than they need to pass any bill they want to, they still haven't got the votes they need, because our Democratic friends have indicated they can't support the bill that has been presented to them. Yet they take the opportunity to blame Republicans. We're not on board.

When you have someone come into this country—and let's give him the benefit of the doubt—who's here legally, he comes into this country and immediately demands free health care? I mean, that's incredible that somebody would have that kind of demand.

I know that, in China just recently, someone from the United States was

over there, and required a test. He was required to pay the money up front before he could get his testing. That goes on. China, for example, and Europe have been chastising the United States for squandering money—imagine that.

Here you have the Democratic position that somebody from another country who is visiting here, who is not a citizen, who is maybe here legally or illegally should be able to call up and demand that any doctor in the country he wants to see should be forced to see him even though he can't pay for it. It is amazing to me because, you know, I thought the Civil War was fought and won to show, among other things, that the Constitution did not allow people to become or to be made slaves. That's what would happen to the health care profession if you were to allow that kind of thing. By golly, the heavy-handed government is going to demand that you, Doctor—you who went through so many years of training and education and through all those sleepless nights while working as an intern and as a resident—will be required to provide free health care to someone who just comes into this country.

I was recently with a group that went over to the Middle East. We flew on a commercial airline—that is a long flight—and one of our congressional friends said that the lady next to him seemed well-to-do and that she had commented during the long flight that her husband worked with Hamas. Well, we recognize Hamas as being a terrorist organization, and here she's very cavalier about it. Well, he works for Hamas. During the course of the trip, she also volunteered that her son-in-law is with Hamas. Eventually, she said they were about to have their second grandchild, and with this grandchild, they were going to do as was done with the first: This daughter who was pregnant was going to fly over to the United States right before the baby was due, at the end of August, and have the baby. She pointed out that their family liked the option of having American citizens in their family. That's why they call them "anchor babies." That would allow them—her husband with Hamas and her son-in-law with Hamas—to come into the United States as an excuse because they're raising an American citizen. So they get visas. They come over here. They have babies. As she pointed out to a fellow Member of Congress, not knowing who he was: Do you know what the best thing about it is? She'll fly home with her new grandbaby, and she won't have to pay a dime.

That's what's going on, and that's what our friend across the aisle was pointing out earlier today that he thinks should go on, that people should be able to come into this country and demand free health care from whomever. Most of the people I know on our side of the aisle take the position that this country is such a blessing and that, through this country, we've been the most philanthropic country in the

history of the world. We've been able to help people around the world in times of crisis, and we're willing to do so in times of crisis; but if we take on the health care expense of the whole world as much as we're doing with pharmaceutical costs—and we seem to be subsidizing the pharmaceutical costs. If we do that with all of the health care costs for anybody who wants to just come in and get free health care—anybody who wants to at any time anybody wants to—we will bankrupt this Nation. This blessing that we've been handed will not be around to be passed on to our descendants.

You know, we've heard over and over—and I get so tired of hearing it because it's so untrue—that Republicans have no solutions. This is a bill that I've filed. It's a health care solution that, I think, trumps anything that I've heard any of the Democrats point out since we now know from Secretary Sebelius that the President, even though he keeps talking about "my bill" and "my plan" actually doesn't have any bill. He's talking about a set of principles. That was quite a revelation.

Anyway, in my bill, section 301 reads that, notwithstanding any other provision of law, a consular officer defined in section 101(a) of the Immigration and Nationality Act, 8 U.S.C. 1101(a), may not issue or renew an immigrant visa to an alien unless the alien presents evidence, which may be in the form of an attestation, by a sponsoring employer or individual in the United States in whose household the alien intends to reside who will be responsible for providing the requisite coverage, that the alien and the alien's spouse and children who are accompanying or following to join the alien will be covered by a high-deductible health care plan as defined in section 223 and will be an account beneficiary of a health savings account under such section after the alien's admission to the United States as an immigrant for the duration of the alien's residence in the United States or be subject to removal.

In other words, the long and short of this is, under my bill, we welcome immigrants coming into this country. We welcome them. It has made this country strong. Yet, since it's a matter of national security that we not let non-American citizens bankrupt this country, then in the future, if they allow my bill to come to the floor for a vote, anyone wanting to come in will have to prove that they will be covered, that their health insurance needs will be covered. They'll be met before they get visas. If their health insurance expires before their visas do, they will be subject to removal from the country. That would help provide some sanity.

□ 2030

And I know my dear friend from Iowa was with me when we journeyed to the United Kingdom, over to England, to talk about immigration over there, and we had one conversation with some

people with the British Government. And it was a bipartisan trip. There were people from both parties who were there. But a lady, she may have been on their type of Social Security, but she pointed out that before you can receive Social Security in the United Kingdom, they require, as I understood, that you be there paying into their system for at least 5 years before you could get a dime. And one of our friends from the other party was outraged: But that's discrimination based on national origin. You shouldn't be forcing them to pay in before they can receive. That doesn't seem fair. And she very calmly, and with that beautiful English accent, pointed out that, Well, in this country we happen to think it's fair that before you receive benefits from everyone else in the country, you help pay into the benefits pool.

Mr. KING of Iowa. Reclaiming my time, I thank the gentleman from Texas.

I recall that conversation. And just to give a balanced view of this, the lady was with the British Embassy and had a Ph.D. in Africa studies and a delightful intellect.

And I remember in part of that discussion and debate that I engaged with her, she made the statement that she believed that there was more freedom in China than there is in the United States.

"Why would you come to that conclusion?" was my question. And her answer was, "Well, because they have access to health care, free health care, in China."

I don't know that it is free in China, but that's the difference in a British viewpoint and an American viewpoint. We know what our rights are. We established those rights in the matter of wresting our freedom out of the British Crown. They're still under the Crown, so theirs have evolved in a different way. But we received a lot of the underlying principles of freedom. And they are delineated in our Constitution and in our Bill of Rights, and the foundation for them is in the Declaration, the rights that come from God.

So we see rights differently in America than anyplace else in the world, and it's awfully hard to talk about freedom with people who speak English that have a different definition of the word "freedom." So if there is more freedom in China because they don't have to earn their own health insurance policy, I'd say there is less freedom in China because they don't have to. We get to struggle here. We get to try. The people that excel and take personal responsibility need to have an opportunity.

Jimmy Carter would be the person I would quote on this. I don't know if he ever lived by it, but Jimmy Carter once said, and I think it was when he was in Iowa campaigning for the Presidency and establishing the first-in-the-Nation caucus. He said, I believe the people that work should live better than those

that don't. That's Jimmy Carter. And I don't know that he lived by it, but I believe those words made a lot of sense. That's why I remembered them.

I yield to the gentleman from Texas.

Mr. GOHMBERT. I appreciate the gentleman's yielding.

And I note interesting headlines in the news this evening. For example, one article says, the headline, "Reid Targets Government Takeover of Health Insurance." Another says, "Snowe," talking, I'm sure, about Senator SNOWE, "Rejects Reid Public Option Plan." Another says, "Democratic Senator Lincoln, Public Option a Non-starter." Another headline, "Lieberman Backs GOP Filibuster of the Public Option." Another Gallup poll: "Conservatives Outnumber Moderates."

So these can't be too good of news. This article from Monday says that in an appearance at a Florida senior center during the day, Speaker NANCY PELOSI suggested a new name for the same approach to ease the opposition, talking about the public option. She suggested, "the consumer option." Representative DEBBIE WASSERMAN SCHULTZ, a friend from across the aisle, Democrat from Florida, appearing at PELOSI's side, used the term "competitive option."

The article says, "Critics say that by any name, the approach amounts to a government takeover of the insurance industry," with which I would tend to agree. This article quotes Senator OLYMPIA SNOWE of Maine, the only Republican to vote with Democrats on health care so far this year, issued a statement saying she was "deeply disappointed" in the approach the Democratic leader had chosen.

But, anyway, it can't be too good of news for ramming this bill down America's throat and forcing us to take care of people who come into this country and immediately demand free health care.

We just have a difference of opinion across the aisle as to how that should be handled, but I also do know that we have friends across the aisle that simply do not believe that that will restore our country's ability to avoid bankruptcy by ensuring and providing health care to the world.

Mr. KING of Iowa. I thank the gentleman.

Reclaiming my time, I know that we are very near the end of this. But, Madam Speaker, the point that I would like to leave you with tonight is this: There was a time just 3 years ago when the American people rose up. They rejected a policy that was being driven through the House and the Senate, a bipartisan policy driven by the President and Democrats and Republicans that was called "comprehensive immigration reform." I called it "comprehensive amnesty." They rose up. They jammed the telephone lines, and they killed that bill.

This bill, this bad bill, affects more Americans. It does not have bipartisan

support. It has only Democrat support, and they're behind closed doors. The American people can rise up, Madam Speaker, and they can jam the telephone lines and they can stall the United States Senate and they can do so in the House of Representatives as well. They can convey this message to kill this bad bill so we can start all over with some real solutions, real solutions, among them the list that I have: tort reform, buy insurance across State lines, portability, full deductibility, association health care plans, health savings accounts, transparency in billing, electronic medical records, preserve catastrophic insurance, extend COBRA. That's just the top 10 on my list.

And here's what I'd reject. I would say that if we are going to be able to opt out, as HARRY REID said yesterday, well, I'm going to opt out of this: I'll opt out of abortions. I'll opt out of funding illegal aliens. I'll opt out of the lawsuit abuses that are costing us billions every year. I'll opt out of the tax increases and the Medicaid cuts.

Madam Speaker, I want to kill this bill, and I appreciate your indulgence.

#### HEALTH CARE REFORM

The SPEAKER pro tempore (Ms. PINGREE of Maine). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 60 minutes.

Ms. JACKSON-LEE of Texas. Madam Speaker, let me express my appreciation for having the opportunity to share with my colleagues.

Listening to my good friends who have spent the last hour giving us the reason why, and usually in that question there is a sense of hopelessness and frustration, I rise today to speak of the answer, why not? After some 60 or so years since the 1930s, 1940s, 1950s, and 1960s when America has attempted to travel on the journey of health care reform, why not in 2009?

Frankly, I believe that we can. And as I listened to my good friend Congressman GRAYSON some few days ago on this very floor and he asked individuals who tragically had lost loved ones because of the tragedy, the inequality of lack of health coverage, health care insurance, I join him, and I ask that those who are sick today in America and want to be heard, that they are sick and getting sicker because of no health care insurance, I would like you to write in on my Web site, United States Congress, Congresswoman SHEILA JACKSON-LEE. Let us hear from you. For as we have lost, tragically, those who have passed, those countless families responding to a call for them to express their sadness and to provide us with this information, I know that there are those who are now suffering with their sickness alone because they have no health insurance.

So, today, I rise to the floor to give sort of a summary of a hearing that

was held today in Judiciary that allowed individuals to come to that room and for members to listen to them on their stories about those family members that are sick. Yes, some did die, but they spoke of their sickness. And I am delighted but saddened that those stories had to be told. The room had doctors, patients coming together around the question of why not? And if not now, then when? The Congresspersons came from States as far away as Ohio and Texas. They came from Washington, D.C. They came from Michigan and Arizona and New York to listen to these various Americans coming from faraway places, as far away as California, to talk about the tragedy of sickness and being alone.

Let me, first of all, start with the obvious question of what happens when America becomes sick? Well, right now we're in the midst of a pandemic of H1N1. It has risen to the level of national headlines. The President has declared a national emergency. In fact, newspaper articles are being written that one in five children will become infected with influenza-type ailments. So we know that our children are being impacted negatively.

On this past Monday in my own congressional district, I held a hearing with leaders from the public health sector, the private health sector, Ben Taub Hospital, Harris County Hospital District, Harris County Health Department, the City of Houston Health Department, our school districts, community citizens and leaders, who indicated that, as we work with our government, the Federal Government, here's how you can do better.

But as I was listening to their testimony, I could just think of sick people, in this instance sick with H1N1. And what will my colleagues say if this turned into the raging pandemic where lines and lines of people wrapped around buildings, where people were languishing in their apartments and home because they were sick and could not access doctors?

As a member of the Homeland Security Committee, we were founded and created after 9/11, the tragedy of unpreparedness in some circles. It was defined as people and this Nation not being prepared. So, for example, our first responders who addressed this question, our public health workers, our Public Health Corps here in the United States Federal Government, FEMA, and others were doing what they could do, but they were overcome by the fact that so many people did not have access to medical care.

□ 2045

There were those who might have been able to be cared for who were hesitant to go to a doctor. One, they could not access one, and, two, they didn't have the resources. Maybe they didn't have enough community federally qualified clinics, which is in H.R. 3200. Or maybe they had been denied insurance because they had a preexisting