rates, which we hope we'll return to, at least for the top 2 percent. The top 2 percent were doing great during Clinton's time. And yet the Republicans say that unless we give rich people more money, the economy is not going to be good. Well, it's not good now, and they have been in charge for a long time.

So the bottom line is the Ryan budget proposal is bad for America, cutting basic criteria for seniors and not investing in jobs. The Budget for All invests in America and puts Americans as the top priority, not just winning some election.

With that, I yield back the balance of my time.

BROKEN PROMISES IN OBAMACARE

The SPEAKER pro tempore (Mr. HULTGREN). Under the Speaker's announced policy of January 5, 2011, the Chair recognizes the gentleman from Louisiana (Mr. FLEMING) for 30 minutes.

Mr. FLEMING. Thank you, Mr. Speaker. It is indeed a pleasure to come to the floor today to speak to this Chamber about a subject that I think is very important on the minds of the American people, and that is the 2-year anniversary of the Patient Protection and Affordable Care Act, also known as PPACA, and certainly more commonly known as ObamaCare.

I want to give you a little context, Mr. Speaker, of where I come from. I'm a Congressman from Louisiana in the 4th District, centered in Shreveport Bossier. I have been a family physician for 36 years. I still see patients when I have the opportunity. I also have businesses on the side that are not related to health care.

So in my world for many years, and in raising a family, the responsibilities of meeting payrolls have included not only running a small medical practice but also a growing business dealing with all of the regulations, the taxation, and the many different issues—personnel problems, human resource problems—that we must deal with. And certainly providing health care has been a great challenge over the years. And there's no question that the system has not been what it should be prior to this time.

In fact, one of the reasons why I ran for Congress—and many other of my colleagues who were physicians—we have 15 just in the Republican section alone, and I think we'll have more next year—the reason why we've become so activated, if you will, when it comes to Federal policy on health care is because of all the failures that we've seen over the years and the problems with government trying to micromanage health care.

So what I want to talk about today is broken promises with regard to ObamaCare. You may recall that Candidate Obama, Senator Obama, says you will not have to change your health care plan if his health care plan is brought into law. For those of you, he said, who have insurance now, nothing will change under the Obama plan except that you will simply pay less.

Another quote from him is this. This is President Obama in June of 2009:

> And that means that no matter how we reform health care, we will keep this promise to the American people. If you like your doctor, you will be able to keep your doctor. If you like your health care plan, you will be able to keep your health care plan.

Well, what is the truth of this? By the administration's own estimates, new health care regulations will force most firms and up to 80 percent of small businesses to give up their current plans by 2013. Grandfather plans would be subject to the costly new mandates and increased premiums under the President's health care plan.

Again, my own business is back home. We still cover our employees, and we would fall under the grandfather. But here's what we're up against. If we change just one dotted ''i,'' one crossed ''t,'' that totally nullifies the grandfather rule that applies to our plan. So what that means is if we change anything—the cost structure, anything—then simply we will fall into the government-mandated plan in which we have to choose among the three specified, certified government plans that would be chosen for us.

Now you could say, Well, we could keep exactly what we have without changing one scintilla of it. The problem is, what if the cost continues to go up—and it will—and we say maybe let's raise the deductible, raise copayments, cut some coverage someplace, change the way we cover pharmaceuticals, do something to lower that cost so we can afford it as a company and our patients can afford it. No. It then nullifies the grandfather clause and then it activates, of course, ObamaCare, and we will be required to be in it.

Let's go to broken promise number two. I have many broken promises but I'm going to focus on six today.

Broken promise number two. President Obama in September of 2009 says:

> First, I will not sign a plan that adds one dime to our deficits either now or in the future. I will not sign it if it adds one dime to the deficit now or in the future.

Well, is that true? An honest accounting of the health care plan finds that it will increase the deficit by hundreds of billions in the first 10 years alone. For instance, the law double-counts the Medicare savings.

It's interesting the way we have something in Washington, in Congress, called the CBO, the Congressional Budget Office. It uses a scoring mechanism. It works out of a 10-year budget window. So whatever we do, it either costs more or costs less, based on what happens for it in the next 10 years.

And so this was a big challenge for the Obama administration to get this bill passed because they saw what we saw, and that is it will add billions of dollars to the deficit. So what did they do? They manipulated the budget window to make it look like it paid for itself. And how did they do that? Well, for one thing, the way the bill is set in motion and the way it's implemented is that for the first 4 years—you've noticed that even though it passed in March of 2010, it hasn't been implemented. Why? A very good reason. Because the costs don't begin until it's implemented. However, the revenues already began soon after the bill passed. So the way it was scored is we have 10 years of revenue—that's income—and 6 years of costs.

Well, Mr. Speaker, I could run any business profitably that way if I have 10 years of revenue and only 6 years of cost. That's precisely what happened here. However, the law has been rescored and in fact what was supposed to be a $900-some billion bill over 10 years is now rescored at $1.75 trillion. And next year, which will then stretch it out the full 10 years, it will be well over $2 trillion.

Former CBO Director Douglas Holz-Eakin has written that:

> Under a realistic set of assumptions, the law will increase the deficit by at least $500 billion in the first 10 years and more than $1.5 trillion in the second decade.

Mr. Speaker, let's go back to where we are with government health care pre-ObamaCare. Back in the nineties, the last time that we balanced a budget was under President Clinton and after, of course, a Republican-controlled House and Congress in general sent a balanced budget three times in a row. He vetoed it twice and finally signed it the third time.

□ 1520

How did they do it and we can't do it today? Well, one reason is very important, and that is that at that time 30 percent of the budget was made up of mandatory spending, that's entitlement spending, which would be Medicare, Medicaid, Social Security, and other forms of mandatory spending such as welfare, section 8 and so forth. So that meant that 70 percent was discretionary spending, which means that you could cut budgets out of certain departments and agencies and you could begin to balance a budget once again.

Well, today it is 60 percent of the budget that's mandatory or entitlement spending—and growing—which means that we have certainly much less to work with in order to balance the budget, and it continues to grow. The largest piece of that is Medicare itself.

Mr. Speaker, I guarantee you that most Americans do not realize that today Medicare is very much a subsidized and entitlement program. Even though its recipients and those of us who are in the workforce paying into it, even though we pay premiums into it, the return on those premiums are threefold; that is to say, for every dollar you put into Medicare, you get $3

back in benefit. And that applies no matter what your income. Warren Buffett is old enough to be on Medicare, and as a result of that, Warren Buffett, with his $40 billion, gets the same subsidies as the little lady who barely gets by each month.

So it's important for us to understand that we already have a government-run health care system—that is, Medicare—that actuaries, the CBO and everyone says becomes insolvent, runs out of money in 4 to 8 years; it just depends upon which estimate you believe in. And to be honest with you, with each year that estimate comes closer and closer rather than farther and farther away.

So, I hate to say it, but promise number one was broken. The President promised that there would be nothing to change about your health care plan or your doctor. We know that not to be true.

Broken promise number two is it would not add one dime to the deficit. And we know now that it's going to be at least $500 billion, perhaps as much as $1.5 trillion over the coming decade.

So let's move to broken promise number three. President Barack Obama said in September 2009:

And one more misunderstanding I want to clear up. Under our plan, no Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place.

Well, is that true? There was a whole lot of drama around here during the debate, the original ObamaCare bill—and, by the way, I want to point out something about the term ''ObamaCare.''

I'm often asked in my town halls, Why do you call it ObamaCare? Isn't that being derogatory or in some way denigrating to the bill itself or to the President? Of course the rhetorical response I have is, Well, if it's a law or a bill that you can be proud of, then why are you ashamed to name it after President Obama? If it were a bill I was proud of, a law I was proud of, I would love it if it were called FlemingCare.

But, quite honestly, I don't think even the President is proud of this bill. And how do I know that? Because on the 2-year anniversary, where are the cakes and the candles? Where's the celebration? Remember that Speaker PELOSI, when she was Speaker right here in this Chamber, said that we have to pass it to know what's in it.

Well, Mr. Speaker, we now know what's in it, and we're not happy about it. Fifty-seven percent of the American people say we want it repealed, and only 38 percent—and these are consistent numbers since the passage of the law. In fact, they've actually gotten a little worse over time. The vast majority of Americans do want it repealed.

But back to this. What about the funding of abortions?

When the bill first passed this House, we had protections and guarantees. We had a few pro-life Members from the Democrat side, we had a vast number of pro-life Members on the Republican side, and we came together and said, okay, they're not going to vote for this bill. No Republican voted for it. But the Democrats who were pro-life said, We're not going to support this bill unless it has protections not to prevent abortions but to prevent taxpayer funding of abortions.

Today we're in a divided Nation when it comes to the question of abortions. About half of Americans, 51 percent, are pro-life. They do not believe that we should take innocent life. Something near that say, Well, we think it's a woman's right to choose. But by a margin of around 75 percent, Americans say we do not want to pay for—through our taxpayer money, we do not want to pay for abortions.

And so we were given certain guarantees that that wouldn't happen. However, when the bill came back to us from the Senate, all the protections, conscience clause protections, protections against taxpayer funding of abortions, all of that was stripped away.

Now, the President would say, even today, and many Democrats would say, there's not any taxpayer funding of abortions. Well, again, is that true?

Just recently, the Department of Health and Human Services, under Secretary Sebelius, issued a final rule on the State health care exchanges providing for taxpayer funding of insurance coverage that includes elective abortion. The rule confirms that abortions on demand will be included in publicly funded insurance plans. This means that it is absolutely required that insurance companies provide abortion services.

Now, even among the pro-choice Americans, they would suggest to you and admit to you that while they think a woman should have the right to choose, they also would agree we need to reduce the number of abortions whenever possible. But while making abortions more and more convenient, more and more available and cheaper and cheaper, that's not going to be the case. Even though abortions have been coming down year after year because young ladies have been deciding for life instead of against life, we're going to be seeing those numbers go back up again because of the wholesale subsidy of the industry.

What do I mean by that?

To comply with the accounting requirement of ObamaCare, plans will collect a $1 abortion surcharge for each premium payer. The enrollee will make two payments, $1 per month for abortion and another payment for the rest of the services. As described in the rule, the surcharge can only be disclosed to the enrollee at the time of enrollment. Furthermore, insurance plans may only advertise the total cost of the premiums without disclosing that enrollees will be charged a $1 per month fee to pay and directly subsidize abortions.

Now, that's kind of technical jargon. What does it mean?

It basically means that in the most technical sense, the premium dollars will not be used to fund abortions. What will happen is that you, as Americans, will be charged an extra fee, a surcharge, if you will. It will be booked separately, but it still flows directly to abortion services. You'll be required to do that.

Under ObamaCare, all insurance plans must cover, at no charge—to the patient, that is; charged to the taxpayer, but not to the patient—abortion-inducing drugs, contraceptives, sterilization, and patient education and counseling for women of reproductive age. Religious employers such as Catholic hospitals, Christian schools, and faith-based pregnancy care centers will have to provide and pay for such coverage for their employees regardless of their religious beliefs.

Now, Mr. Speaker, that is a direct violation of the First Amendment to the Constitution. The First Amendment to the Constitution provides that government shall establish no religion and that you should have the freedom to practice religion in any way you see fit. And we've seen this played out over the many years of this country.

For instance, the Amish are against war. It's against their conscience to fight in a war. And if, indeed, an Amish person is asked to join the military, to pick up a rifle and go fight, if he declares that it's against his religious conscience, then he is not forced to fight. And that is a well-respected and a well-observed tradition, and it's certainly right down to the very beginning of the core of the Constitution.

But for some reason we're suspending that constitutional right. That is to say that a hospital owner, an insurance company owner, a physician, even, or nurse who may choose not to provide abortion-inducing pills, certainly provide abortions themselves, or perhaps for whatever fundamental religious reasons, such as in Catholicism it's against their religion to practice sterilization or even provide birth control pills, that they cannot refuse to provide those. Now the question, of course, comes from Democrats on this, well, that means that those services will be cut off from Americans.

Well, today these institutions are not required to produce that. And does anybody have a problem finding these services and in an affordable way?

Every State has a program—it's funded both by the State and federally—to get free services with regard to obstetrical, gynecological care and prevention of pregnancy. So it already exists today. It's completely available. There's no reason that we have to force health care providers to participate in something that is against their religious or moral convictions.

□ 1530

Now, we recently had a mandate, a rule provided by the President that said, look, doesn't matter who you are or where you are or what kind of religion you practice, you're going to have

to provide the abortion or abortion-related services that we dictate to you. Then, as a result of the pushback of the Catholic Church, they said, well, we'll make an accommodation. But, Mr. Speaker, that accommodation never occurred. That was only a statement made by the President. The actual rule that was propagated is still the rule today and, in fact, it's now been finalized. Nothing was changed. It was certainly just spin put on the entire discussion of the rule.

Let's move along to broken promise number four.

President Barack Obama, September 2009, in an address to a Joint Session of Congress—and I was here—says: ''I will protect Medicare.''

Now, did he protect Medicare? Well, the first thing that ObamaCare does is it cuts $500 billion—a half a trillion dollars—from Medicare itself. I repeat, ObamaCare, the first thing it does to finance the services that it provides, it cuts $500 billion from Medicare. Part of that is taken out of the so-called Medicare Advantage program, which is a private part of Medicare where private plans like Humana Gold are provided funds. But half or more of that is simply taken out of direct services, such as home health, hospice services, many other kinds of services. So I don't see how you can remove $500 billion from Medicare and begin to say that you're going to protect it.

In fact, we Republicans have been criticized in the last year that for some reason we want to end Medicare. Nothing could be further from the truth. Republicans want to save Medicare. But because Medicare—you heard me say Medicare will become insolvent in 4 to 8 years, the experts tell us. Don't take my word for it. Go to the experts, the actuaries and the CBO. They tell us that the system runs out of money, the checks start bouncing in 4 to 8 years.

So what have our Democratic colleagues done to save Medicare? Whenever you ask them, all you hear is crickets. What is the Republican's answer to that? Well, we submitted in 2011 a budget that would not only protect Medicare, but sustain it indefinitely by the use of premium support, means testing, and many other things, and opening up Medicare to market forces so it would drive costs down and increase services. So whether you like the Republican solution or not, we do have a solution. Our Democrat friends offer no solution.

So their plan is no plan. Their plan is sticking your head in the sand. And, therefore, their plan is the one that would end Medicare.

On to broken promise number five. Senator Barack Obama, Candidate Obama, said: ''Under my plan, no family making less than $250,000 a year will see any form of tax increase.''

Well, is that true? Well, let me go down the list and you decide for yourself, Mr. Speaker:

$52 billion in fines on employers who do not provide government-approved coverage;

$32 billion in taxes on health insurance plans—not a penalty, just, simply straightforward, an excise tax which adds up to $32 billion. Mr. Speaker, if you think that your premiums are going to go down when the taxes on those companies go up, then we need to sit down and talk about it;

$5 billion in taxes from limits on over-the-counter medication;

$15 billion in taxes from limiting the deduction on itemized medical expenses—and that's to everybody, not just people who make over $200,000, $250,000 a year;

$13 billion in taxes from new limits on flexible spending accounts;

$60 billion in taxes on health insurance plans;

$27 billion in taxes on pharmaceutical companies;

$20 billion in taxes on medical device companies. We already hear of medical device companies either going out of business or moving their business overseas;

$3 billion in taxes on tanning services;

$3 billion in taxes on self-insured health plans; and

$1 billion in new penalties on health savings account distributions.

Remember that one of the most useful tools in limiting cost that has been well received by beneficiaries of private insurance has been health savings accounts, which allows you to keep your own money and spend your own money and save the first dollar expenses to insurance companies, which ultimately lowers your premiums. I know that because we instituted that about 7 years ago in our companies; and instead of having 15 percent increase year over year in our premiums, they flattened out and have never been above 3 percent per year. That means more money we can pay our employees and more benefits that they can enjoy.

But here's a couple of really important ones I think everyone needs to understand, Mr. Speaker.

In 2013, the payroll tax will increase .9 percent going to Medicare for those making $200,000 to $250,000 a year—that is to say, single filers, $200,000; a couple, $250,000.

Now, Mr. Speaker, most people hearing this might say, Well, that doesn't apply to me because I don't make $200,000 a year. But this is not indexed, which means that in a few years, through inflation, Mr. Speaker, everyone will be included in this, virtually; certainly the middle class would be.

Already today we have a similar problem called AMT, alternative minimum tax. It was designed years ago to hit the wealthy, the high-income earners. Who is it hitting today? It's hitting the middle class because it hasn't been indexed.

But that isn't the worst of it when it comes to taxes. There is a 3.8 percent tax on the sale of your assets—again, for people who make $200,000 for singles, $250,000 for a couple. Again, the question is, Well, what do I care? I sell my house, I make some money on it, but I don't make $200,000 a year. I sell my stocks, maybe I sell a business, I sell some other sort of asset. Should I worry about that? Well, maybe today you don't. The average American doesn't make $200,000, $250,000 a year. But in a few years, through inflation—and the way we're printing money these days, that should be very soon—average Americans will easily be making $200,000, $250,000. As a result, they will be captured in that. The middle class will be hurt the most by this tax.

The law also forces people to buy insurance. Then the Federal Government taxes employer-provided plans at a 40 percent rate. This tax will hit middle-income families especially hard.

So, you see, Mr. Speaker, we have a bevy of taxes, at least 10 or more that I've listed here. The vast majority of them hit the middle class and even lower than that. There's no way that this promise was ever kept, and, in my opinion, it was ever intended to be kept.

Broken promise number six, Senator Barack Obama, February 2008—again, Candidate Obama—said in Columbus, Ohio: ''If you've got health insurance, we're going to work with you to lower your premiums by $2,500 per family per year.'' I think this is perhaps the cruelest promise of all.

What has actually happened?

The annual Kaiser Family Foundation survey of employer-provided insurance found that average family premiums totaled $12,860 in 2008, $13,375 in 2009, $13,770 in 2010, and $15,073 in 2011. Premiums have already risen by $2,213 since President Obama took office, and much of that increase was as a direct result from ObamaCare. Why? Because the mandates create more cost.

Oftentimes, Mr. Speaker, folks will say to me, Well, look, if you Republicans want to repeal ObamaCare, will you keep coverage for preexisting illness? Will you keep coverage for folks who are up to 26 years old and living in their household? My answer is this: We certainly can, and, in fact, we could have been doing that all along.

□ 1540

But if, Mr. Speaker, we add more mandates, we take caps off, all that does is raise the premium. The marketplace has to deal with that one way or another. So you have to decide for yourselves, as consumers, do you want more benefits, less caps, or do you want less benefits, more caps? You're going to have to pay for it either way.

So I would say, Mr. Speaker, yes, we would love to keep those. But what we'd rather do, more than that, is to make it a choice for the American citizens. They can choose whichever one they want. If you want a plan that, for instance, has no lifetime caps, fine. But you are going to have to pay incrementally more in your premiums in order to receive that benefit.

The CBO projects that the law's new benefit mandates will raise premiums

in the individual market by $2,100 per family. The increase is because people will be forced to buy richer coverage, which will encourage them to consume even more health care.

So, you see, Mr. Speaker, the President, when he was a candidate, promised that the cost of premiums would go down by $2,500 per year per family. It has already gone up that much, so that's a spread of about $5,000 per year, and it's expected to go up even another $2,100 as ObamaCare fully kicks in.

Mr. Speaker, these are the main six points that I wanted to bring out today. In closing, I would just like to say that we'll be posting, Mr. Speaker, on our Web site these promises and the others that have been broken. And I pledge, with many of my colleagues here in the House, that we will, hopefully, the beginning of next year fully repeal ObamaCare and replace it with something that's common sense, that's market-driven, that re-establishes the doctor-patient relationship and puts the choice back into the hands of the American citizen.

PRESERVING OUR RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, a couple of issues I want to address. I appreciate so much my friend, Dr. FLEMING, who has the adjoining district to mine, across the Sabine River over in Louisiana. He makes great points. We need to get the Federal Government out of the business of controlling people's health care. We need to get them back in the business of being a referee, making sure insurance companies and health care providers do the right thing, butt out of the business of dictating and controlling health care.

Very clear from ObamaCare, the IPAB, we got a board of 15 people going to dictate people's medical decisions for them, and, of course, all of the pandering back during the debate on ObamaCare how you can, as my friend Dr. FLEMING pointed out, the President, all those who mirror his comments, all those that read from the same teleprompter and say, oh no, you like your health care, you can keep it. You like your doctor, you can keep it. Well, we knew they were wrong. They were wrong.

So most people have already lost their health care exactly as they had it before if they liked it, and if they haven't yet, they will. That's why it was a good idea, not only to repeal the provision on that board that will dictate people's lives, what health care they can have, what they can't have. That was a good idea.

We need to repeal the whole bill. It is unconstitutional, and of course the President did us a wonderful favor by showing what many of us knew, that if ObamaCare is considered constitutional—it's not, but if the courts considered it that way—then it is very clear, the President believes, and I think, under the bill, he has the authority to step on, suppress, override people's individual liberties and freedoms.

We were assured by our Founders that we were endowed by our Creator with certain unalienable rights, among those, life, liberty, and the pursuit of happiness. Well, ObamaCare modifies that to the extent that you can have life, liberty, and pursuit of happiness only if it meets with the approval of the administration in power and the people they've put on IPAB, and what they have to say about whether you're too old to have a treatment, whether, or, like the President said in one of his town halls to a lady that said, will you at least consider the quality of life on people like my mother and whether she could get a pacemaker since she'd lived for 10 years with the pacemaker. And he said, ultimately, you know, maybe we're just better off telling your mother just take a pain pill. The part that he didn't say is take the pain pill and die. Don't live 10 years, because that's what ObamaCare will do for us.

So, hopefully, the Supreme Court Justices that will take this up and consider it will also realize that since ObamaCare gives the President the power to override the Constitution and prohibit the free exercise of religion—I'm Baptist, but, obviously, it does clearly restrict the free exercise of individual Catholics, of Catholic institutions, and that's because the President says so, because ObamaCare gives him the power to do that.

I hope that the Supreme Court Justices will take note of that. They could take judicial notice of what has been publicly done and by order, and take note of the fact that since our freedom of religion is clearly expressed in the first part of the First Amendment, and it's there in black and white, the government's not to prohibit the free exercise of religion.

And since the ''privacy rights,'' as the Supreme Court has come to call them, are not written in the Constitution, they were somehow found in the shadow of a penumbra somewhere and, gee, if ObamaCare gives the President the power to override people's constitutional rights, for rights that are put in stated words in the Constitution, then it's certainly going to give some redneck President down the road the right to just say, you know what, the privacy rights aren't even there, and so we're setting those aside too. Just like I set aside Catholics and other religious beliefs, now we have the power to set aside a right that's not even mentioned in the Constitution.

And it ought to scare every thinking liberal—we won't get the ones that don't think—but every thinking liberal ought to have that go to their core and give them goose bumps.

Oh, my goodness. I didn't think about some redneck person possibly getting—becoming—President because at some point the American people are going to get so fed up with having Washington dictate all of their individual decisions that they may just elect the biggest redneck they can get.

And because the Supreme Court, if it were to do the unthinkable and rule ObamaCare as constitutional, then the administration will have not only a right, they will have a duty to dictate to people how they can live, because if the Federal Government has the right, under the Constitution, to control all our health care, putting some providers out of business, picking winners and losers, telling who gets a pain pill, who gets a pacemaker, if they have the right to do that, the government has a duty to tell every person how they can live.

We're told that the Federal Government, if it wanted to, could look at every debit purchase, every credit card purchase. I mean, I got in this discussion with some government attorneys back before I ever got to Congress; and they were saying, look, if banks have the right to review all of your banking records, why shouldn't the government? I explained because the government can put us in jail and a bank can't. That's why there are protections against the government.

But ObamaCare will give the government control of our health care; and, therefore, at some point it will only make sense that they live up to their duty to say, you know what? Of course, under ObamaCare the Federal Government will have every person's health care records. It becomes the repository for everyone's most private information about their lives.

□ 1550

There's nothing in mine I'm worried about, but it is quite bothersome to think that there is nothing that can be private from the Federal Government once they have all of everybody's health care records.

Well, if they've got everybody's health care records, wouldn't it make sense at some point down the road to say: You know what? You're costing us too much money. You're not living properly. And we noted that in your health care records, you've got a 280 cholesterol level, and then we noticed you went to the grocery store and bought a pound of bacon this weekend, so we're going to have to change your health care, change the charges.

Folks, that is a reasonable conclusion of where ObamaCare has to take us if it's ruled constitutional. It's got to stop.

One other thing I want to mention, Mr. Speaker. It's been reported today in a couple of places, one in my friend Breitbart's online news blurb from A.W.R. Hawkins; another is from The Washington Post. Two different ends of the spectrum, perhaps. They're both reporting the same thing: that this administration, through Secretary Hillary Clinton, is going to announce that