not in my district, but it is very close by. Anita says, ''I work for a public school and my husband stayed home with our daughter. We started paying family health insurance in 2002 at $10,000 out of pocket. This year, we are paying over $12,000 out of pocket, and our copays are $40 and $50 per visit. Our daughter is school-aged now, but my husband started looking for work when the economy took its downturn last summer and still does not have a job. Health insurance costs severely limit our quality of life by using up our disposable income.''

Let me talk about Priscilla from Minnesota. Priscilla says this: ''I got on my husband's insurance after the job I had discontinued coverage for me. We paid over $500 a month for this coverage. I had health issues that came on suddenly with breathing problems. It took several hospitalizations and ICU care before they finally figured out what the problem was. My husband's insurance refused to pay for any of it, calling it a ''preexisting condition.'''

And by the way, these would be banned under the plan offered by Democrats.

''And we were left with a medical bill over $25,000 to pay ourselves. This was at the same time we were spending $500 per month on premiums. The provider sent our bill to collections. It has been a nightmare. My husband is now disabled, and we have no coverage, yet his condition requires regular CAT scans and nine different medications to make sure his condition is stable.''

I urge my colleagues who stand in the way of reform to listen to these good, decent people. They deserve better. They deserve better. Let's not worry about what the Chamber of Commerce and what PhRMA want. Let's worry about our constituents and the patients of America.

I'm going to just read one more story from Doug, Mr. Speaker. And then after that I will make some closing comments.

''I recently refilled my mail-order prescriptions. I get as many generics as possible. However, I am a diabetic, and both types of my insulin are not generic, neither are blood pressure medication nor a cholesterol medication and glucose test strips. My insurance company in a bid to force generic drugs have made them 'free' for mail-order while nongenerics doubled in price. So I had to choose which ones I didn't need. I chose the glucose test strips because I can buy them over the counter for the same price and 'ration' them by testing less than I should. I'm still spending more money than I can afford, and I am afraid that my bank account will be overdrawn. If that happens, I will not be able to afford food or gas for myself and my son. I could borrow from my elderly mother, but it looks like they will be losing their insurance coverage from a failing car company. I have a good job with good benefits.'' That is what Doug said.

His last line was: ''I have a good job with 'good' benefits.''

Mr. Speaker, I have a lot more stories, and I hope none of the constituents will be disappointed because I wasn't able to get to every story. But we got a bunch of stories on our Web site and stories people submitted to us, Mary from Minneapolis, Denise from Minneapolis, Janice from Golden Valley, Anita from Roseville, Minnesota, Verona from Mora, Minnesota, Mary from Minnesota, Priscilla from Minnesota, Maria from Minnesota, Cynthia from Minnesota, Doug from Minnesota all calling in, sharing very courageously their health care nightmare that they need to be relieved of.

They need reform, Mr. Speaker. And the time for change is now. They need reform, Mr. Speaker, and the time for change is now.

Let me wrap up my comments by just saying that it is wrong that in the first 3 months of 2009 that the U.S. Chamber of Commerce and PhRMA paid lobbyists to combine $22.5 million to promote their interests which is to thwart reform of health care. And it is also very disturbing that The Washington Post had to report recently that the Nation's largest insurers have hired more than 350 former government staffers and retired Members of Congress in hopes of influencing us to thwart reform. And it is actually disgusting that the health care industry is spending more than $1.4 million a day lobbying to thwart health care reform.

Mr. Speaker, as a member of the Progressive Caucus who has a vision of an America where people who are sick can go to the doctor, Mr. Speaker, as a member of the Progressive Caucus that has a vision that we all can have decent, affordable health care, I urge my colleagues, Mr. Speaker, to think about these decent people, Anita, Janice, Priscilla and others, because surely in their districts they have people just like these good people who need change.

Let's say ''yes'' to the American people, Mr. Speaker.

It has been an hour appearing here on the House floor with the progressive message and with the Progressive Caucus message. Mr. Speaker, people can communicate by going to this Web site, cpc.grijalva.house.gov to let us know how they really feel.

□ 2250

SOCIALIZED MEDICINE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for half of the remaining time until midnight.

Mr. KING of Iowa. Mr. Speaker I appreciate the honor and privilege of addressing you here on the floor of the House of Representatives. As I gather here in my preparation for this discussion, I understood the remarks made by the gentleman from Minnesota that he would be glad if I would, perhaps, address the health insurance and the health care issue here in the country, and I would be glad to do that. And I believe also my friend from Texas would be glad to do that.

What stands out in my mind is this: That the President of the United States campaigned on a promise that he wanted to deliver. It looks to me like a national health care act. It's what I would call socialized medicine. That's what we called it when it was Hillary Care, and I think that's what we will call it if it becomes Obama Care.

But the American people are for the most part very satisfied with their health insurance program, and they are almost completely satisfied with the health care that they get when they do, when they do require that kind of care. The kind of care they get in clinics, the kind of care they get in hospitals, the kind of care that's provided by our doctors and our nurses and our various practitioners is number one in the world.

And, for example, the Canadian people that have an Obama Care plan come to the United States when they really need medical care. And I happen to notice that the people that have a socialized medicine program in the European Union, where sometimes their queue is longer in France than it is in Italy, longer in Germany than it is in Spain. And people that need care might have to move all around the European Union and get in the shorter queue to try to get in to get their hip replacement or their surgery or whatever it might be.

It's not the kind of care that I want to see in the United States of America. We don't have people waiting in line. We don't have people sitting outside the emergency room in a long queue, and we don't have people that are coming to the emergency room for care because it's more convenient to them—unless, of course, somebody else is paying the bill.

Because we have at least the incentive and a component of the free market system. Even though the Federal Government pays for a large share of health care, the reason our health care system in the United States is so good, and the biggest reason that our pharmaceuticals have raced so far ahead in their research and development of the rest of the world, and the reason that we have so much technology, and such high-quality health care, one of those reasons is because of the altruism of the practitioners that are there, they are in the business for the right reason. They want to help people. They want to provide good health care services.

But on top of that, there is at least an incentive for profit. And if you dial that out, if you take it away, it discourages people from going off to med school and discourages them from developing their skills and education, and it discourages the entrepreneurs and the innovators from producing more and more innovation when it comes to health care.

And so the rest of the world's opportunity to benefit from the innovativeness of the United States would be diminished if we adopted socialized medicine here in the United States.

And what are we trying to go fix. I would suggest this: The argument is that there are 44 to 47 million people in America that don't have health insurance. Now, no one should be very alarmed at that when they understand that everyone in America has access to health care. And, yes, it might be in the emergency room and it might not, and it's more often than not covered by somebody else's contribution, or there would be, through their workplace sometimes, or through some kind of government program or Medicare or Medicaid. But they all have access to health care. And a large percentage of us have health insurance.

And the number of 44 to 47 million that are uninsured, according to those who, on this side of the aisle who never come down here to ask me to yield and rebut my arguments, they just simply, apparently, are bewildered by the truth—so I would be happy to yield if any of you have an argument that you would like to make that would add some substance to this argument, but you don't—44 to 47 million uninsured by your numbers. But when you start carving out of that those who are illegally in the United States, if ICE, the Immigration and Customs Enforcement, were to deliver a voucher that were to provide for about half of these uninsured, pay for their insurance premium, they will be compelled by law to deport them rather than hand them the voucher check.

So you can cut that number down substantially, you know that to be true. Then if you take out of these 44 million, the numbers of people who are in transition from one health insurance policy to another, and if you take out of that also the young people that just haven't gotten into a program yet because partly because they don't want to pay the premiums for people who have higher health care costs, that 20-to-30, early 30s area, you are down to this number. They are chronically uninsured; according to a recent study, totals about 4 percent of the population.

Now, if we establish socialized medicine, we are going to maybe get covered 99 percent of the population, and we are at this point now where the chronically uninsured are only 4 percent of the population. So why would we upset and completely transform the best health care system in the world to try to narrow down the 4 percent chronically uninsured and maybe, if they would just sign up or participate, we could get them down to 1 percent.

For that 3 percent, we would upset the entire system. It does not make sense to me, and you cannot, you cannot save money in this health care program by turning it all into government unless you ration.

And what's happening now is Medicare is driving down the costs and pushing the costs over on the private carriers. That's the real circumstance.

And I want to also say, Mr. Speaker, to you, I want to make sure the American people hear this.

When President Obama says, don't worry if you like your health insurance program that you have, you get to keep it, he is only the President of the United States. He doesn't get to promise Americans they get to keep their policy. He is setting up and wants to set up a national health care act, a socialized medicine program, an insurance program that competes directly with the private sector.

And when you use taxpayer dollars to subsidize funding directly against the private sector, you necessarily will shrink and outcompete the private sector because it's going to be subsidized from—without the public—the government insurance program, will be subsidized by taxpayers.

And if it is, it can outcompete that of the private sector. It's just a matter of the formula.

And so if you are an insurance company that has to have your costs all added in, your administrative costs added, a margin for the profit, always competing for the best kind of bargain that is out there, which adds to the efficiencies, I will add. And the government comes in, and they say we are going to take you head to head, but we are going to pump in 25 percent of our costs out of the taxpayers here to funnel this in. That means they will be able to lower the premiums down and take these private health insurers out.

I can tell you what happened in Germany. Otto von Bismarck established a national health care plan there more than 100 years ago, sometime in the late 1800s. And today 90 percent of Germans are covered by the public plan, the government plan, the taxpayer subsidized plan. Everybody is required to have a plan, about 99 percent do have a plan. But about 10 percent of them are covered by private insurance. That's all that's left.

They pushed out all of the private carriers except for about 10 percent. That 10 percent are for people who are self-employed who can opt into that, who want a little bit better health care program. That's what's kept that little 10 percent margin there. I don't think 10 percent is a legitimate competition.

And when the government owns and runs everything in the United States, what do you think happens to your prices and your efficiencies and your service? Price goes up, service goes down. Health care gets rationed. President Obama cannot promise the American people that you get to keep your health insurance plan because they are going to drive the health insurance companies out of business.

And even if they don't, the employers who control those policies and the employee providers of health insurance will be making that decision on whether they want to opt into the government plan or whether they want to maintain the same or a different private plan for their employees. Yes, you can weigh in with your employer, you can make a request with your employer, but your employer will have to make a decision on the bottom line. The bottom line will be, is it cheaper to use taxpayer-subsidized health insurance for the employees, or cheaper to provide for the unsubsidized health insurance premiums from the private insurance companies?

That decision will be made on a dollar-per-dollar basis in what looks like it's the best thing for the mid term, short term and long term. And it won't be a decision made by President Obama; it will be a decision made by the employer.

So if the government offers a government plan, and the government plan saves the employer money, and you are an employee that is covered by your employer-provided plan, you can kiss it goodbye. It will be a government plan. It will be a national health care plan. It will be socialized medicine, and you will have one-size-fits-all medicine in the United States of America eventually under President Obama's proposal.

That's a fact. It really is logically irrefutable. No matter how many times they repeat the same mantra over and over again, it comes back to the same conclusion, which is: The American people won't get to decide that they keep their own plan. Employers, if they provide that insurance, will decide. And the government will subsidize the competition to the point where it drives out the private sector providers, and then it's all one-size-fits-all, all one government plan, all socialized medicine, all Canadian model, all United Kingdom model, all European Union model.

And what a cruel thing to do to the Canadians, Mr. Speaker, what a cruel thing.

□ 2300

A good Canadian company today will hire people and promise them this: you have to accept the Canadian one-size-fits-all plan with its rationing and its long lines and its inefficiencies and people waiting in line, dying in line. You have to accept that because it is against the law in Canada to treat somebody without an order of processing. You have to get in the queue. They enforce it differently province to province, but the law exists.

So let's say you need a hip replacement. You get in line with the people who need hip replacements and there is written criteria on what the priorities are. So you are standing in line. No matter how badly you need the hip replacement, you can't cut in front of the line; you are just stuck in that line. So employers, they want to offer a good package to their employees, will package up with this a health insurance plan that flies them out of Canada into the United States so they can get American health care. Now that is a nice plum. Let's say you have two people of such tremendous skill that you

want to hire them because that is what it takes to keep your company. That is what the President thought about Tim Geithner, by the way, who will be before our committee tomorrow, that he was such a valuable person, the fact that he had not paid his taxes was not a large enough factor to weigh against him. If you have those kind of people that you can hire in Canada, you offer them this nice package, which when it is convenient for you, use the Canadian plan. But when you need the health care, we will fly you to Houston and give you heart surgery. Your heart gives you trouble today, we will operate on you tomorrow. Maybe even today if it is early enough in the morning.

That is what happens in Canada: people are flown to the United States of America for their health care because it is rationed in Canada.

Now that is not enough, Mr. Speaker. Would anybody go out and go through the Web sites and the Yellow Pages in Canada and look at the travel companies that package up health care trips to the United States?

Hip replacement is easy to figure out. Let's say you live in British Columbia. No, how about Calgary in Alberta. You have a bad hip, and you finally get into the government doctor and he looks at you and says your socket is burned out, you have to have a hip replacement.

Yes, I stood in hours or days to have you tell me that. I want it fixed.

Well, we have a line over here. Let's say it is 400 long; we do a couple a week. So 52 weeks in a year, about 4 years or so. And I don't know that these are real numbers or hypothetical. But you understand you are in a long queue in Canada. So you understand you can go on the Internet, do a little search and come up with a nice little travel health care company, and there are a number of them in Canada who are in the business of packaging up the health care services.

They will say, you don't want to drive because we will do this surgery in Seattle. We will set this up. We will set up your transportation, fly you down to Seattle, and then here is your transportation.

You can get to the airport?

Yes, I will drive my car.

Park your car here; get on this plane. We will fly you from Calgary down to Seattle, and you can pick up the shuttle to the hotel, the hotel is next to the hospital, check into the hotel, go over to the clinic, the doctor will look you over and schedule you for surgery, which will be the following morning at 8 a.m. You go under the knife. You get your new hip socket. They give you a day and a half of therapy. We will bring you back to the hotel, and from the hotel they will shuttle you back to the airport and you can fly back to Calgary and you can go back home.

All of that for what, turn key. They will cut you a deal turn key so you know what it will cost you to pack it all up from transportation, hotel room, doctors' visits, surgery costs, all of things that you get, including the therapy, the physical therapy on the tail end, and get you back home again, write one check or put it on your credit card. There is a company for you. They are the entrepreneurs that have survived in Canada in the face of socialized medicine because it created a demand for people to come to the United States.

Do we shut that all off? Would we destroy the opportunities for the entrepreneurs in Canada that have so adeptly found and met a market demand? I say, no, we should not do that in this Congress. And I don't know if there is anybody in this Congress who knows that better than Judge, the gentleman from Texas (Mr. GOHMERT). I would be very happy to yield to my friend from Texas.

Mr. GOHMERT. I thank my friend from Iowa, and I appreciate the chance to participate here.

The prior Republican hour, we discussed health care and this socialized medicine that is coming and supposedly is going to be jammed down America's throat next week, at least as far as the House is concerned.

And then I got back to my office and listened to my friend from across the aisle talk about his socialized—well, he called it progressive, but you look at the history of the progressive movement. It is a nationalization of things; it is a socialization of things. That is where it is all headed.

I was intrigued as I listened to my friend from Iowa talk about these horror stories from Canada and we keep hearing horror stories from England and other places that have socialized medicine, and I was struck by our friend on the other side of the aisle saying this isn't Canada, this isn't England, this is America, we are going to do it right. We are going to do it better.

I was struck, and if it weren't so tragic and if it didn't mean that going to socialized medicine as they want, we are going to have people I love dying unnecessarily, it would be a joke. But it is no joke; it is tragic. Because for years, for years we have listened to people say we need to have nationalized health care like Canada. We need to have nationalized health care like England where everybody has all the care they need. That's what we have heard for years.

So some of us, like my friend from Iowa, have gone to the trouble to find out more about this socialized medicine, this nationalized care, this public care in Canada, in England, in Europe and in other places.

What we find is this isn't something we want. So now we are no longer hearing we need to be like Canada and England and just have public health care, whatever the term is they want to use that particular day, because now we know more of the truth.

I talked to a man from Canada last week who was visiting with me. He was telling me about his father who died a year or so ago from a heart attack. And his father knew he needed a bypass surgery and he had to go on the list to get a doctor's appointment. When he finally got the appointment and finally got the diagnostic care, he found out he needed a bypass. So then he went on the list to get bypass surgery. And he was on it for nearly 2 years.

I said I knew the lines were long, and my friend from Iowa pointed out there are people in Canada that will just fly you down to Houston if you are with a company that makes enough money that they can do that, but rank-and-file Canadians can't do that. Rank-and-file Americans have no place to go. They can't do that. They would stay in the line and they would die, like his father did.

I asked, How was it he stayed in the line so long?

Well, he said, bureaucrats moved people in front of him. For over a year, they kept moving people.

I said, Wait a minute, I know enough about Canadian care, and I know this bureaucratic, socialized piece of crap they have up there, it gives them a generalized standard of care. And I know they are very caring doctors. In fact, back 30-some years ago, my mother after a brain tumor was found had checked with one who was revolutionizing some areas of brain surgery. Not any more. You come here for that.

But anyway, my mother got the best care that medicine could provide because there are very caring doctors in this country and because there were no lines.

But with his father, I said as I understand, anywhere you have socialized medicine, you have to have people waiting in line because if you don't, the system goes broke.

□ 2310

You can't give people all the care they need when they need it or you go broke because the government can't collect enough tax to pay everything like that. The government can't do that because the government has no money of its own, it has to rely on taxes until it goes socialist completely—as the Soviet Union did, and then they were able to last 70 years because they would kill people and put them in prison if they didn't do exactly what they said. So they set a record, 70 years of socialism. We won't last that long once we get there, if we don't get it turned around.

But anyway, you have to put people in line, let them die waiting for treatment and care. But I also know you have to make it a crime for people to move themselves up the list or pay somebody to move them up the list. And so how was it that people kept moving in front of your father, they kept bumping him down the list to get the bypass? And he said, Well, you're right, it is a crime to do something to get yourself moved up. But bureaucrats are allowed to sit in their little cubicle

or office somewhere and at their whim decide whoever they may guess ought to be moved up; this guy may need bypass surgery worse than he does, and they kept moving people in front of him. Well, the bureaucrat guessed wrong. The man that needed the bypass surgery the worst died because some bureaucrat wouldn't let him move up the list in a timely manner. That stuff is coming to America.

And so when we were promised about this great, nationalized or public—you know, people have figured out socialized care is not something they want, and so now we're hearing it's public, it's a public care thing. Well, I heard my friend across the aisle say, well, an hour before me they talked about a bureaucrat being between you and your doctor. And he said what they talked about an hour ago was fantasy. Well, if we go to the program they're proposing, it may end up seeming like it's fantasy, but it will be a nightmare, and there will be no waking up and walking away from it. You get stuck in that system until it breaks your country because none that I know of have ever been able to successfully come out of it.

I was an exchange student to the Soviet Union back in 1973. I visited their medical schools. I visited with doctors. I met with doctors. I met families of doctors. People were embarrassed to tell me one of their parents was a doctor because they didn't pay them much. Now, if you were an assistant to the factory manager, you got a couple of weeks on the Niobrara River and you got some benefits, and that was a good thing, but people were embarrassed because doctors didn't get paid much. Folks, that's where this goes.

And I know we've even got some doctors that have said we ought to go to this thing—you know, insurance companies, we hate them, they delay payments, and things need to be done; maybe we need a public health care insurance. The problem is, they may reimburse for a little bit, but eventually you'll get to the salary, eventually the salary does not cover the education it takes to have the level of care we get now and so you have to dumb down the education. Your best and brightest don't apply. I like the top people in my class being the ones that go to medical school. I was encouraged to do that. I had one doctor saying, Lou, you would be such a good doctor, please don't throw your life away and go to law school, but I did.

But nonetheless, we're talking about a nightmare for the American people. And when I hear the sob stories about, you know, if we just had public health care, if we had socialized medicine, then these people would be able to get the mammograms, and they would get the care and they would find out about their breast cancer, and they would get treatment. Well, I've got some hard news for you. The fact is that in this country, for localized tumors we have a 98 percent survival rate at 5 years. That is incredible the progress that's been made. Things like the Komen efforts for the cure, I mean, just done great work.

Ninety-eight percent survival at 5 years for a localized tumor. Well, if you go to the socialized medicine countries, you find about 20 percent worse results. You get it? One in five people have to die because they went to socialized medicine. Now, I've got three daughters and a wife, I would hate to think that among five women, one of them is going to die because we go to socialized care and we have to have these long lists to get a mammogram, once you find it, to get treatment. It is insane.

Now, I agree with my friends, we need change. And I have been to the emergency room, and I've been with my kids, and I've been with my in-laws, and it is not a fun place to be sitting there in long lines. But what you realize is the lines are long because we are having to provide free health care to people that don't pay. And many are undocumented, illegal aliens—whatever you want to call it, and that's why the plan that I proposed is one in which you have to deal with that because that is causing unnecessary pain and suffering in the health care being provided to people that need it, who pay their way, who have health insurance, who have Medicare and Medicaid and SCHIP, they shouldn't have to wait and pay for people who are here to get free care.

Now, the plan I have starts with the fact that if, because we know that we are moving to, as one of my friends, Jim Frogue, just pointed out in some research he has done, we're moving toward a $22 trillion a year Medicare/Medicaid system, $22 trillion—we got about $2.5 trillion in income tax last year, you cannot sustain a Nation at a $22 trillion socialized medicine or Medicare/Medicaid system. We have got to do something. We can make it better and cheaper, but we can't have the government bureaucracy handling it.

So the proposal says, first of all, this is a matter of national security. Our health care is a matter of national security. We saw what happened in the Soviet Union; when you can't pay your bills, you go broke and you cease to exist.

So if we're going to continue to attract people from around the world, then we need to have a country that is not going broke. So under my proposed plan that we're trying to get into a bill—there have been other more pressing things, you know; we had to get a resolution for Michael Jackson, other more pressing things—but under this plan it makes clear that we have to deal with this issue.

So if you're going to ask for a visa into our country so that we will continue to have a country that you will want to come to, then you have to show proof that you will have a health savings account which you will be part of when you get here, and you will have catastrophic coverage to cover everything over that. And if you don't have proof of that, then you don't get a visa and get to come into this country.

Now, we've been told by the Supreme Court that the law of the land is that if you're here in this country, even if you're here illegally, then we have to provide you health care. So that is what we'll do, we'll follow the law. If you're here illegally, you have no health savings account, you have no insurance, then, yes, we will treat you, we will get you well enough to transport, and then you will be deported. And then because this is a matter of national security and our country is entirely at risk here of going broke and ceasing to exist, if you come back into the country after we've given you free health care and you present for further health care or you're caught here, then you're a risk to our national security to break the country and you will be put in jail. It will be a felony offense if you have taken free health care, been deported, and come back. It's too serious not to make it a Federal felony.

Mr. KING of Iowa. Will the gentleman briefly yield?

Mr. GOHMERT. Yes, I will certainly yield.

Mr. KING of Iowa. I thank the gentleman from Texas. And I would point out that, yes, Federal law is that a health care provider can't deny health care to illegals in their locale, and because of that there are no trauma centers in southern Arizona south of Tucson. They have all gone broke providing free health care for illegals that are flowing across our border. But it goes beyond that. We are even providing free health care for people who get injured in Mexico and are brought into the United States for free health care services.

And I point this out, it's not something that you see in any of the data that we have here in Congress, you find these things out by doing things like dropping in on a surprise visit down at Sasabe, Arizona, at the point of entry where I stopped a couple of years ago. I went in and I thought I would introduce myself, it was a surprise visit, but I said, I'm Congressman STEVE KING from Iowa. And the first officer said, I can't talk to you. So I went to the next officer and said, I'm Congressman STEVE KING from Iowa, just dropped in to see how things are going. Can't talk to you. Talk to Mike over there; he's the shift supervisor, and he's ready to retire and he has terminal cancer. He'll talk to you.

□ 2320

Okay. That much fear in place about simply divulging what's going on.

So I was standing there talking to Mike, whom I pray is still alive and doing well, but I'm not very confident that he is, and as he began to tell me what was going on at Sasabe at the port of entry, some of that discussion about how many illegal ports there are

east and west of their crossing the border, he got a phone call and he said, Excuse me a moment. He went away for a minute or so and he came back and he said, Well, I got a call. There's been an emergency that has been created on the Mexican side of the border in this town where they stage illegals, and it looks like there was a fight there. He didn't know if it was a drug fight or a booze fight or both, but there was an individual that was knifed. So he said they'd be bringing him across the border pretty soon in a Mexican ambulance, and I have called the helicopter to come down from Tucson and U.S. ambulances to come in with oxygen because we can't really stabilize the patient with what's on a Mexican ambulance.

I happened to have a paramedic with me, so I asked him, Mike, will you take a look at this man when he comes? I want you to get in there and help save his life if you can, and I also want to know what's going on.

He went in and went to work. And actually the Mexican ambulance came over the border, and the paramedic with me jumped right to work to try to save the fellow who had been stabbed right underneath the ribcage, into his liver it turned out. There was no oxygen. There was nothing in the Mexican ambulance except a little bit of gauze and some surgical gloves. That was it. Nothing else. No other medical supplies. So it was an ambulance that looked like an ambulance, but on the inside it was just simply an empty chamber.

So he did what he could to stabilize him until the two U.S. ambulances showed up. Then they put him on oxygen. Then they stabilized him. Then we loaded him into the helicopter, and he flew off to Tucson University Hospital. Stabbed in the liver in Mexico, brought into Mexico in a Mexican ambulance, transferred out of that onto the care of two U.S. ambulances, and then put on a Life Flight to go up to Tucson where the next morning I stopped to visit to see how our guy was doing. And, by the way, he was covered with tattoos and all kinds of signs of being a bad hombre, and he'd been in a nasty fight and stabbed with something that looked like it was a knife about 3½ inches wide, apparently, was the blade and deep enough to go into his liver.

I went to the hospital and asked to visit him. And as I went up there, I found out, and here's a short version of it, the net cost to the American taxpayers was $30,000, roughly, for the helicopter, for the medical care that he got. He was on parole into the United States to get health care, and he would be escorted back to the border when he was stabilized. All of that paid for by American people, American taxpayers, or American health care, health insurance premium payers, out of those pockets.

So I sat down while I was there with the chief financial officer of Tucson University Hospital. And there they rolled out some numbers where their annual cost was, and this is my recollection, around $14.5 million of health care that they provided to illegals. They told of a circumstance where there had been a bus full of illegals that had been in a wreck and about 25 in there that were injured, and 15 of them were so badly injured that they were brought into the intensive care unit. ICU was packed full of 15 illegals. No room for any people in Tucson who had been paying their health insurance premium to provide for that kind of emergency care. So they were Life Flighting the residents of Tucson up to Phoenix to go into the ICU in Phoenix, and then their families had to drive there to visit because the ICU in Tucson was full. And that is the only and the most southerly trauma center in Arizona.

Another situation where there was a mother that was pregnant with multiple babies, five of them. So in order to avoid the high cost of multiple births in Tucson, and she was from Mexico, lived in Mexico, but they found out about this. They had been sending people down there to train the health care providers in Mexico. They trained them on how to deal with a multiple birth, set it all up so they didn't have this high cost of these anchor babies coming into the United States. Five new American citizens created to go on the rolls of the burden to the taxpayers.

The SPEAKER pro tempore (Mr. HIMES). The time of the gentleman has expired.

Mr. KING of Iowa. Mr. Speaker, I ask unanimous consent to extend the time for the duration.

The SPEAKER pro tempore. The gentleman is recognized for an additional 25 minutes.

Mr. KING of Iowa. Mr. Speaker, the multiple births that were to take place in the home country of Mexico where they had sent American health care workers down to train Mexican health care workers, in spite of all of that investment to prevent the extra costs and five new anchor babies, as soon as she got ready to go into labor, she sneaked into the United States and they had her there anyway. That was $125,000 for that little turn.

This is a thing that's going on because of this law, and I wanted to inject that in. We aren't just providing health care for everybody in the United States, legal or illegal. We are also providing it occasionally for people who are injured in other countries and brought into the United States because we have such a good health care system here. And our taxpayers pay for it, our rate payers pay for it, and the people in the communities pay for it.

I yield back to the gentleman from Texas and ask him to carry on with the thought process that I interrupted.

Mr. GOHMERT. I appreciate so much my friend from Iowa and those wonderful illustrations of exactly what we are talking about.

I know that there are some people in America have concern and I have heard people say, well, I'm afraid, you know, there are so many immigrants coming in, especially from south of the border, that we are going to lose our American culture. And my own personal feeling is that really I think America was blessed with three really central things. One is a faith in God throughout our history, another was a love and devotion to family, and the other was a very good, hard work ethic. So when I see most of the people I know that have come from south of the border up here that have faith in God, that have got a love and devotion to family, and they've got a strong work ethic, I'm actually hopeful that that will strengthen our American social scene here where people have lost faith in God, where they have lost devotion to family, where they don't want to work.

But the problem is we have to be unified. Out of many, one means we speak one language. And that means you don't teach kids in some foreign language. You teach them in a language so they have got a chance to be president of a company, not the manual laborer for the company. So I'm still hopeful that when people come legally and assimilate, it is going to make this country stronger and better. But it has to be legal. We cannot ignore the rule of law. That is what has allowed us to be maybe the greatest economy in the world or maybe in history.

And the country just south of us should be one of the top 10 economies in the world, but it's not because they pay no mind at all to the rule of law. There is graft and corruption. I appreciate the efforts of the President across the border trying to clean things up, and I hope and pray he has some success.

But I wanted to also respond to my friend from across the aisle who said it's time for change now. It seems like I heard a Presidential candidate saying that last fall. And then what we have gotten is about 10 to 20 times more deficit spending than we had when he took office and is about to break the country. So I agree it's time for a change, and let's quit having so much deficit spending. I agree it's time for a change in health care. We cannot allow our government, our country to be brought down because of runaway health care costs. And there's a way to fix this, and it's an American system.

I mean, for somebody to come in here and say before God and America and everybody, we are not talking Canada or England here. We are talking about a uniquely American, basically, socialism.

My friend from Iowa knows I was a history major. I'm a student of history. And sometimes I am just amazed by the thinking in this body that somehow we are so smart and so much better than all of those who have gone on before us that we can do the same thing that's been done throughout history and get a different result. But if

you're smart enough to learn from history, you know, and everybody in this body is smart enough to learn from history, if they just will. And you learn that if you do the same things that historically over and over and over have been tried and gotten the same result, you're going to get the same result too, and you should try something different.

□ 2330

So that's why we've got to fix Medicare, we've got to fix Medicaid, and we can't keep on this course of SCHIP getting bigger and bigger and bigger. So what I came up with, after consulting with experts in all these different areas, is, you know what, for 2007 the latest numbers we've got—we've spent $9,215, with the best Census Bureau estimate of how many households are in America—$9,200 roughly for every one of the 112 million households in America between Medicare and Medicaid. So you look at it, and you put your pencil to it, and you realize that, at most, there were 93 million Americans who either got Medicare, Medicaid or some form of SCHIP or some form of combination. We're better off saying, Folks, we want you to have the best care possible. I want my mother-in-law, who's still grieving over the loss of her husband last August, I want her to have the best care. If you're in America and you are an American legally here, then we want you to have $3,500 in your health savings account that you will control with a debit card, and we'll put that $3,500 cash from the government in your health savings account. You control it with your own debit card, and then we'll pay for catastrophic insurance to cover everything above that. Now that's health care that people can believe in and deserve and look at the cost. Less than a third of Americans would need that or be entitled to that. Those who are on Medicare, Medicaid, that are below the poverty level that we really need to help because they can't help themselves, we're better off doing that. Then not only will it cost less than $9,200, as it is now, but you're doing it for less than a third of the American people. So we should be able to save hundreds of billions of dollars, not this $100 million like the President. We will eventually get to that. Man, we're saving hundreds of billions of dollars. We'll get the country on track. We'll get people the health care they deserve. But of course one of the problems is, you can't keep allowing people to immigrate into this country legally or illegally and give free health care because it's not free. It costs everybody.

So that's something I came up with. Hopefully there are not too many other resolutions being drafted by Leg Counsel so that they can get around to putting ours in the form of a bill, where we can get a CBO score on it because you can't get a CBO score unless you have it done by Leg Counsel and get a real bill. So we're trying to get that done, and I hope we can get that done.

Then one other thing, if I might. You've got to have complete transparency on health care costs because we don't have them now. You get a notice from the hospital, the doctor, you know, $10,000, $20,000, whatever the cost was. ''Wow, thank goodness I had insurance or Medicare. I would have been bankrupt.'' That's not what it costs. It costs a fraction of that. So under this proposal, every health care provider will have to give the exact cost that they charge different entities. They don't have to give the names but the descriptions and how much they charge so that you know what it's going to cost you when you go up there before you give them your debit card to swipe. The card would be coded for health care only. If you try to pay something that's not health care, it wouldn't accept it, and people will get back to controlling their futures. We'll save this runaway health care cost, as it is, and I think save the country as a result.

My friend from Iowa has been so very patient and lenient, but this is something that is so passionate to me. I've known too many people who need good health care, and I am sick of insurance companies or government being between me and my doctor. I want patients to be able to get with their doctor, and I don't want socialized medicine. I've seen that. I've seen the results. You can look at the numbers. My friend from Iowa has all these wonderful examples that just break your heart. I don't want my American friends and our kids and their kids to suffer on our watch in this body because we didn't have the nerve to stand up and call it like it was. So I appreciate my friend for yielding, and I yield back to him.

Mr. KING of Iowa. Reclaiming my time, and looking at the list of housekeeping that I have to do, I'd like to conclude this discussion on health care. I would just point out that Judge GOHMERT from Texas anticipated the item that was on my mind and flowed into the transparency of the costs of health care. As far as I know, we're the only two people in this Congress that are talking about transparency on health care costs. How this works is this: If Medicare doesn't pay the costs of providing the services, if other providers don't pay or if other insurance companies, like the largest ones, they will drive that down, they'll track Medicare reimbursement rates down. That means that somebody else has to pay the difference. It's like pushing on a balloon one way or the other, and that's the transparency that's necessary.

I keep going back to the hip replacement because that's a simple one to understand. If a hip replacement costs somebody on Medicare—let's put a number on it just to pull it out of the air. Let's say it costs somebody on Medicare $7,500, and it costs somebody that's going to write a check out of their billfold $10,000, and somebody who is covered by a good private health insurance company maybe is going to cost them $9,000. Why is that? It's because the government has pushed down the reimbursement rates under Medicare; and because of that, the losses have to be made up somewhere else.

I will go another step beyond the complete transparency that Mr. GOHMERT calls for, and I will say this: If Bill Gates pulls into a gas station and the sign says $2.49 a gallon, Bill Gates, Warren Buffett and the other rich people in the world buy their gas at $2.49 a gallon. The poorest person in the world has a rattle-trap old car, and they went out and scraped together enough money to go buy 10 gallons of gas to put in their rattle-trap car. They are going to pay $2.49 a gallon, sitting at the pump right there with Bill Gates in his Lexus or Mercedes or whatever it might be and Warren Buffett, who probably doesn't drive that nice of a car, actually. Well, why would a gallon of gas be the same price for the poor and the rich but have a hip replacement be different prices for people, depending on whether it's paid for by the taxpayers under Medicare or a private payer who is, let's say, self-insured who has a nice big checkbook and decides not to pay that premium or somebody who has a private health insurance premium? Why three or more different prices? The reason is because the government has pushed down those costs, and they get averaged out through balanced billing and cost shifting from the health care providers. That is one of the root causes of the problems we have with our health providers today. It's kind of like the elephant in the room. Nobody wants to talk about it because it's too hard to fix.

I yield to the gentleman from Texas.

Mr. GOHMERT. I appreciate that. And just on a follow-up on what he's pointing out about transparency, a personal situation, a person I know—I had permission to know about—got hit by another driver. It was totally the other driver's fault. She had 2 days of hospitalization, had all the diagnostic tests, the ambulance, the doctors that she saw. And when all the bills were gathered from all those sources to deal with the car insurance company, it was right about $10,000 in health care. You say, Well, that's kind of consistent with the kind of bills I've seen, people that have been in a hospital 2 days, all the tests and doctors they see. That's about normal. Yet when it came down to the conclusion and the determination had to be made as to how much was actually paid and by whom, all of those health care provider bills that added up to $10,000 said they had been paid in full, consistent with their contract with the health insurance company. So then in checking with the health insurance company as to how much they were actually out of pocket in paying those $10,000 in claims in full,

it was $800. Now, if we get to the transparency that my friend from Iowa is talking about, then everybody in America gets the same deal that health insurance company did at $800. So you could have 2 days of hospitalization, and it doesn't even take but a fraction of your health savings account up.

The other thing I wanted to point out that kind of segues into a topic that I think my friend wanted to get into before he concluded, that is this business of the same costs. And what we saw in the last 2 weeks over the crap-and-trade bill that got shoved down America's throat through the House, at least—and I am hoping and praying that it won't get through the Senate—we're talking about skyrocketing electric bills, as the President promised a year ago back when he was a Senator running for President.

□ 2340

We are talking about skyrocketing gasoline prices. What is so very tragic about what my friend from Iowa pointed out is that with gasoline, it is the same price whether you're rich or poor. Those high electric rates, those high gasoline rates and the high propane rates are going to be inconvenient for Bill Gates. But they are going to devastate the people I know in east Texas and the people I have met in Iowa. They are going to devastate rank-and-file Americans.

We really need America to respond and say we can't handle that. Inconvenience for the rich is one thing, but devastation to rank-and-file Americans is something we should not have Congress do.

I yield back to my friend.

Mr. KING of Iowa. Reclaiming my time, and I thank the gentleman from Texas. I say, but, Mr. Speaker, we have a stimulus plan. We have a $787 billion stimulus plan that is going to jumpstart this economy and get us out of the doldrums and solve this problem with unemployment and put Americans back to work and get the Dow Jones back up above 8,200 or somewhere and make America feel good again and give confidence in the venture capitalists that are out there and in the markets and in the Dow and in the entrepreneurs.

Well, all of that was part of a stimulus plan. I came down on this floor while that was being debated, and I put up a poster that looks a lot like this. Only it didn't have $16.1 million on it. It had $32 million on it. And it had the quote from President Obama here rather than the quote from Speaker PELOSI. And the quote from President Obama was: ''We are not going to do earmarks. We are not going to do Member-sponsored initiatives. And I'm not going to sign any bill that has earmarks in it.'' Well, it depended on how you counted it. It seems to me that the number of earmarks in that bill came to around 9,000, maybe a little less, 8,500, depending on how you defined the earmarks.

This is a picture of this cute little guy. I don't know if it is a girl or a guy. Do you see how cute he is? He is a pet project. This is Speaker PELOSI's pet project, her pet mouse project. This is the not quite yet infamous—and here is what he is. He is the salt water marsh harvest mouse. Now that is SWMHM for short. This little mouse lives out there in the marsh near San Francisco. And he has been a special project of the Speaker. For years, she has tried to get earmarks for this mouse.

Now, take a close look there. You don't see it, but there is an earmark there. Even though I said that this stimulus plan had an earmark in it for the salt water marsh harvest mouse, everybody that spoke for the Speaker and the people on this side of the aisle said, oh, no, that is radical reactionism. There aren't any earmarks in this bill. And, furthermore, the salt water marsh harvest mouse is not going to be one of those earmarks, because that would be a pet project—a pet project—for the Speaker, and that would be inappropriate given that the President has ordered that there will not be pet projects.

Well, this is what the Speaker said on January 25, 2009. After the beginning of this 111th Congress, she said, I don't want to have legislation that is used as an engine for people to put on things that are not going to do what we are setting out to do, which is to turn this economy around. I have the most to prove with this package. The most to prove. The choices we are making are those that will work, that must work. Our economy requires it. America's families need it. This is urgent.

Well, the mouse family may need it. Maybe it is a good thing, $16.1 million for this little old mouse that couldn't quite rise high enough in the priority scale in any previous process of the United States Congress. But here in the desperate straits of 14½ million unemployed and another 5.8 or 9 million looking for a job, 20 million people out there who would like to have an opportunity to fend for themselves, we are going to drop not $32 million any longer, it has been carved down, we are going to put $16.1 million into the salt water marsh harvest mouse earmarked in this little pet project. This little pet project is earmarked now for $16.1 million.

All the people over there that said, oh, STEVE KING is a reactionary and a radical. He is making up things that aren't in the bill. It isn't going to happen. We wouldn't do a thing like that, including the Speaker who has defined that she won't do a thing like that now has $16.1 million going into the marsh for the salt water marsh harvest mouse. His viability—I presume he is doing okay without this earmark. If we need jobs and an economy that works, we don't need to be dumping money into the salt water marsh harvest mouse.

By the way, that is an earmark. It is a pet project. His ears are notched. That is what we do. And that is where the name came from.

I wanted to point that out, Mr. Speaker, while this microphone is still alive here on this day, that this is the day that there was confirmation that the people who pointed this out back then in about this period in time in January or early February were right, and those who defended the Speaker and said it will never happen were wrong; $16.1 million was dropped in to the salt water marsh harvest mouse.

And that should give a person a little bit of pause.

Now I want to put something else into the RECORD here this evening, and that is you have had a couple of votes this week, one today and one the night before last, that I think are important. On the night before last, we had a vote on a resolution that would place a stone in the Capitol Visitor Center that honors the slaves that contributed to the construction of this Capitol Building. They did do that. They contributed to the construction. We ought to acknowledge that. But, you know, we had the huge room over in the Capitol Visitor Center that was designated as the Great Hall. Now the Great Hall brings to mind the Great Hall in Ellis Island. It would honor all of the immigrants that came to America, those that came voluntarily and those that came involuntarily. And it is an image that is very, very moving when you walk through the Great Hall in Ellis Island. I was very happy to name the room over in the visitor center the Great Hall.

But it had to be changed because of the objections of the Congressional Black Caucus that wanted a higher acknowledgment for slavery in this country. So the Great Hall's name was changed to Emancipation Hall.

Okay. No objection here. Emancipation was a big thing for the world when we put an end to slavery here in the United States. At great cost, however. A resolution to do so was traded off in a quid pro quo, and for those people who didn't go to law school like myself, I have to tell you, there was a deal made. The deal that was made was this: the Architect of the Capitol who has been trying to scrub every reference to faith from anything that's developed from this point forward around this Capitol complex and even refusing to allow when a flag is flown over this Capitol, the certificate that certifies that it was flown, if you want to say, July 10 in the year of our Lord, 2009, he wants to scrub ''the year of our Lord'' out of there because that's a reference to religion. Never mind above the Speaker's seat: it says, In God We Trust. It's been there for a long time, that is our national motto, and the Architect of the Capitol sought to block our national motto from being displayed in the Congressional Visitor Center along with the Pledge of Allegiance.

So in order to require the Architect to recognize our national motto In God We Trust and ''one nation under God'' in our Pledge of Allegiance, there had

to be a quid pro quo, a deal made, that in addition to Emancipation Hall, there would be an extra monument put up to recognize slavery.

All right. I'm fine with recognizing slavery. I would have been an abolitionist if I had been born back in those years prior to the Civil War. It's an article of faith, it's an article of Christian fundamentalism that slavery is a sin against God. And a good thing that happened when this country put an end to it, at great cost in blood. But if it's going to be the kind of devil's bargain that if you're going to have a reference to God in the Congressional Visitor Center you first have to pass another way to recognize slavery, in order to pacify the Congressional Black Caucus, a separatist organization in this Congress, in order to get a reference to God, the quid pro quo was, pass this resolution first and then we'll bring up the resolution that lets you vote on whether there's going to be In God We Trust in our visitor center. That took place today. The vote 2 days ago was 399–1. I voted ''no'' on the slavery marker because it was making a deal with requiring that to pass before the word God could go up in the Congressional Visitor Center, even though it's a direct replica of what's right behind me above the Speaker's chair right now. That resolution passed tonight with eight Members of Congress voting against putting our national motto up in the visitor center and against putting up the Pledge of Allegiance in the visitor center because there's a reference to God in each one. Eight voted no. Two voted present. Ten couldn't bring themselves to acknowledge that God's a great big part of what formed this country and those words will stand no matter who stands against it.

Mr. Speaker, I thank you for being recognized, and I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MURPHY of New York (at the request of Mr. HOYER) for today on account of official business in district.

Mr. HELLER (at the request of Mr. BOEHNER) for today after 5 p.m. and the balance of the week on account of his eldest daughter's wedding.

SPECIAL ORDERS GRANTED

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

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

Ms. WOOLSEY, for 5 minutes, today.

Mr. DELAHUNT, for 5 minutes, today.

Mr. SARBANES, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. QUIGLEY, for 5 minutes, today.

Mrs. MALONEY, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, July 16.

Mr. JONES, for 5 minutes, July 16.

Mr. PRICE of Georgia, for 5 minutes, today.

Ms. FOXX, for 5 minutes, today.

Mr. INGLIS, for 5 minutes, today.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 11 o'clock and 50 minutes p.m.), the House adjourned until tomorrow, Friday, July 10, 2009, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

2546. A letter from the Executive Director, Commodity Futures Trading Commission, transmitting the Commission's final rule — Significant Price Discovery Contracts on Exempt Commercial Markets (RIN: 3038-AC76) received June 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2547. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — 2-Butenedioic acid (2Z)—, monobutyl ester, Polymer with methoxyethene, sodium salt; Tolerance Exemption [EPA-HQ-OPP-2008-0851; FRL-8418-7] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2548. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — 2-Propenoic acid, butyl ester, polymer with ethyl 2-propenoate and N-(hydroxymethyl)-2-propenamide; Tolerance Exemption [EPA-HQ-OPP-2009-0047; FRL-8418-4] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2549. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Acetochlor; Pesticide Tolerances [EPA-HQ-OPP-2008-0384; FRL-8417-8] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2550. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Data Requirements for Antimicrobial Pesticides; Technical Amendment [EPA-HQ-OPP-2004-0387; FRL-8418-5] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2551. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Glyphosate; Pesticide Tolerances [EPA-HQ-OPP-2009-0007; FRL-8417-5] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2552. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Oxirane, 2-methyl-, Polymer with Oxirane; Tolerance Exemption [EPA-HQ-OPP-2008-0861; FRL-8420-9] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2553. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Starch, oxidized, polymers with Bu acrylate, tert-Bu acrylate and styrene; Tolerance Exemption [EPA-HQ-OPP-2008-0856; FRL-8418-8] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2554. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans and Designation of Areas for Air Quality Planning Purposes; Michigan; Redesignation of the Detroit-Ann Arbor Area to Attainment for Ozone [EPA-R05-OAR-2009-0219; FRL-8921-2] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2555. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Primary Drinking Water Regulations: Minor Correction to Stage 2 Disinfectants and Disinfection Byproducts Rule and Changes in References to Analytical Methods [EPA-HQ-OW-2008-0644; FRL-8920-8] (RIN: 2040-AF00) received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2556. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Volatile Organic Compound Emission Standards for Aerosol Coatings [EPA-HQ-OAR-2006-0971; FRL-8920-7] (RIN: 2060-AP33) received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2557. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Revision of Source Category List for Standards Under Section 112(k) of the Clean Air Act; National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Aluminum, Copper, and Other Nonferrous Foundries [EPA-HQ-OAR-2008-0236; FRL-8920-9] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2558. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Significant New Use Rules on Certain Chemical Substances [EPA-HQ-OPPT-2008-0252; FRL-8417-6] (RIN: 2070-AB27) received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

2559. A letter from the District of Columbia Auditor, Office of the District of Columbia Auditor, transmitting a report entitled, ''Letter Report: Sufficiency Review of the Water and Sewer Authority's Fiscal Year 2009 Revenue Estimate In Support of the Issuance of $300,000,000 in Public Utility Senior Lien Revenue Bonds (Series 2009A)'', pursuant to D.C. Code section 47-117(d); to the Committee on Oversight and Government Reform.

2560. A letter from the Chairman, Federal Accounting Standards Advisory Board, transmitting the Board's Statement of Federal Financial Accounting Standard 35 entitled, ''Estimating the Historical Cost of General Property, Plant, and Equipment: Amending Statements of Federal Financial Accounting Standards 6 and 23'', pursuant to Section 307 of the Chief Financial Officers