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 Minnesota, Doug from Minnesota, Gail from Montana, Anita from Roseville, Minnesota, Verona from Mora, Minnesota, Mary from Minnesota, Priscilla from Minnesota, Maria from Minnesota, Cynthia from Minnesota, Doug from Minnesota, and the list could go on. We've been 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. 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 disturbing 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.gr妖怪va.house.gov to let us know how they really feel.

SOCIALIZED MEDICINE

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 6, 2009, 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 more 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 and 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 they 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 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 the world.

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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 observe to members from all over the country that 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 some 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 is referred 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 carve-out of that those who are illegitimately 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 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 or so, those million 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 a coverage 99 percent of the population, 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.

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

When President Obama says, don’t worry, your 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 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 a 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 best of the funnel this. 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, but 90 percent of them 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 kept that little 10 percent margin there. I don’t think 10 percent is a legitimate competition. And when someone 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. It will be a decision made 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.

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 there’s it. 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.
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, go 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 Yellow Pages and the Web sites and the Yellow Pages and the Web sites 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 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 when you get to Seattle, you hit the hotel, the hotel is next to the hospital, check into the hotel, get 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 by 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 entrepreneur to sell his product? Was it found 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. GOMHERT). I would be very happy to yield to my friend from Texas.

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

The other day, in the American 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 No. 1, once people realize what they are very good at doing their 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 so-called public ownership 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 you could go to the top of the list to get surgery. 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 show them 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 think they are very good at doing that. In fact, back 30-some years ago, my mother had 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 that is coming and superseding 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.
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 worse was younger because the 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 care—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 lines up and waiting 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.

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 payment, little things need to be done up; 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 doesn’t 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 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 treated, and they would have gotten 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, 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 to the port of entry, 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 documented, and come back to the country. That’s where this goes.

Mr. KING of Iowa. If 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.

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 about that, and 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

98 percent survival rate at 5 years.
east and west of their crossing the bor-
der, 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 cre-
ated on the Mexican side of the border
in the city of Nogales, 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 oxy-
gen 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 ac-
tually 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 beneath the ribcage, into his
liver it turned out. There was no oxy-
gen. 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 sup-
plies. The ambulance looked like an
ambulance except a little bit of gauze
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 oxy-
gen. 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 hom-
brs, 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 was hospitalized 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 tax-
payers was $30,000, roughly, for the heli-
copter, 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 insur-
ance 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 recol-
lection, 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 the back of the bus. 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 person in Tucson who
had been paying their health insurance
premiums 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
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 mul-
tiple babies, five of them. So in order
to take care of multiple births, five of
them, she got ready to go into labor, 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 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
rolls of the burden to the taxpay-
ers.

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 gen-
tleman is recognized for an additional
25 minutes.

Mr. KING of Iowa. Mr. Speaker, the
multiple births that were to take place
in the United States were a result of
Mexico wives sending American health care
workers down to train Mexican health
care workers, in spite of all of that in-
vestment to prevent the extra costs
and five new anchor babies, as soon as
she got ready to go into labor, she
snaked into the United States and
they had her there anywhere. That was
$125,000 for that little turn.

This is a thing that’s going on be-
cause of this law, and I wanted to in-
ject that in. We aren’t just providing
health care for everybody in the United
States, legal or illegal. We are also pro-
viding it occasionally for people who
are injured in other countries and
brought into the United States because
we have such a good health care sys-
tem here. And our taxpayers pay for it,
our rate payers pay for it, and the peo-
ples 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 and much
my friend from Iowa and those wonder-
ful 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 through-
out our history, another was a love and
devotion to family, and the other was a
very good, hard work ethic. So when I
think about things that could 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 uni-
ified. Out of many, one means we speak
one language. And you can’t do it if
you don’t teach kids in some foreign lan-
guage. You teach them in a language
so they have got a chance to be presi-
dent of a company, not the manual la-
borer 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, 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 appre-
ciate the efforts of the President across
the border trying to clean things up,
and I hope and pray he has some suc-
ess.

But I wanted to also respond to my
friend from across the aisle who said
once again that America was a nation of
people who aren’t legal. I heard a Presidential candidate saying
that last fall. And then what we have
gotten is about 10 to 20 times more def-
cit spending than we had when he took
office and is about to break the coun-
try. 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 plan that means we
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, social-
ism.

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 some-
thing that’s been done throughout his-
tory than all of those who have gone on
before us that we can do the same
thing that’s been done throughout his-
tory 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 proven to be wrong. The same things, you’re going to get the same result too, and you should try something different.

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 happened, 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 had 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, to have the best care possible. I want my friend from Iowa to have the best care possible. 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 line, they already have to 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 the 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 what’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 really is. You’ve 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 for it. 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 budget, the 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 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, when you put a hit in 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 today. I yield to my friend from Iowa, who has all these wonderful examples.

Mr. GOHMERT. I appreciate that. And just on a follow-up on what he’s pointing out about transparency, a personal situation, a personal situation that 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 concern 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 $32 million on it. And it had the
while that was being debated, and I put
ulus plan. I came down on this floor
preneurs.
that are out there and in the markets
confidence in the venture capitalists
make America feel good again and give
back up above 8,200 or somewhere and
stimulus plan that is going to jump-
We have a $787 billion
Texas. I say, but, Mr. Speaker, we have
gress do.
left—and I am hoping and praying that
We are talking about skyrocketing
gasoline prices. What is so very tragic
about what my friend from Iowa pointed
e out is that with gasoline, it is the
same when you're rich or poor. Those
e 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 dev-
astate the people I know in east Texas
They are going to devastate rank-and-
file Americans.
We really need America to respond
and say we can't handle that. Incon-
veniences for the rich is one thing, but
devastation for rank-and-file Americans
is something we should not have Con-
gress 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 jump-
start this economy and get us out of the
crisis. We have this problem with
unemployment and put Americas
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 entre-
preneurs.
Well, all of that was part of a stim-
ulus plan. I came down on this floor
while that was being debated, and I put
up a lot of bills out of that. But, it is
true. It only didn't have $16.1 million on it.
It had $32 million on it. And it had the
quote from President Obama here rath-
er 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-spon-
sored 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. I believe a little less, $8,900, depend-
ing 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 tells the Speaker that the
people on this side of the aisle said,
no, no, that is radical reactionism. There
aren't any earmarks in this bill. And, furthermore,
the salt water marsh harvest mouse is
scale in any previous process of the
United States Congress. But here in
the desperate straits of 14.5 million un-
employed, 5.8 or 9 million looking for a job, 20 million people out
there who would like to have an opportu-
nity— I presume we are going to drop not $32 million any
longer, it has been carved down, we are
going to drop not $32 million any
longer, it has been carved down, we are
going to drop not $32 million any
longer, it has been carved down, we are
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longer, it has been carved down, we are
going to drop not $32 million...
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 ester, 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 the District of Columbia.
- 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:

(These 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.

(These 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 Director, Commodity Futures Trading Commission, transmitting the Commission’s final rule — Significant Price Discovery Contracts on Exempt Commercial Markets (RIN: 3069-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-Butenolide acid (22)—monobutyl ester, with methoxethane, sodium salt; Tolerance Exemption [EPA-HQ-OPP-2008-0851; FRL-8414-7] 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-Propanoic acid, butyl ester, polymer with ethyl 2-propenoate and N-(hydroxymethyl)-2-propenamide; Tolerance Exemption [EPA-HQ-OPP-2009-0017; FRL-8414-4] 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-2008-0534; FRL-8414-7] 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 — Technical 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.
- 2553. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency’s final rule — Starch, oxidized, polymers with Bu acrylic, tert-Bu acrylic, and styrene; Tolerance Exemption —Glyphosate-Petition [EPA-HQ-OPP-2008-0856; FRL-8414-8] 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-8922-1] received June 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

The next item of business being the consideration of the agend—