

refrain from referring to persons in the gallery.

### CONGRATULATIONS ANNIE LEE BOGGS LATIMER ON HER 100TH BIRTHDAY

(Mr. PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. PRICE of Georgia. Mr. Speaker, Annie Lee Boggs Latimer was born in Milton County, now a portion of Fulton County in north Georgia on January 10, 1907, to Elizabeth and Ben Boggs 100 years ago today. She grew up on a farm on Boggs Road with eight siblings, Glenn, Mary, Frank, Frances, Walter A., Nettie, Ruth and Dorothy, off what is now I-85 in Gwinnett County, Georgia.

She attended Duluth High School, Young Harris College and the University of Georgia and went on to become a beloved teacher in Gwinnett and Cobb counties for over 30 years. On June 12, 1937, she married William B. Latimer, and for over 50 years, they lived in what all knew as the "Rock House" in Duluth, Georgia. Anne and Bill were married for a wonderful 61 years until his passing in 1998.

She is the proud mother of Ben W. Latimer and the mother-in-law of Rachel H. Latimer. She is an inspiration for her two grandsons and their wives, Bill and Lynn and Mike and Laura, and adored by her five great grandchildren Brian, Sara, Claire, Gabrielle and Andrew. She is known affectionately by her family as "Mama Anne" and by her friends at church as "Miss Anne."

She has imparted wisdom and positive values to all the many students who were in her classes and benefitted from her teaching. Mama Anne is a guiding light for all her family and always brings love, direction, caring and support.

Mr. Speaker, I know the U.S. House of Representatives joins me in sending our very best on the occasion of her 100th birthday to Anne B. Latimer and recognizing her life as a role model to all for achieving independence, longevity and success, by living the American dream of spirituality, community, hard work, and accomplishment.

I am very privileged, Mr. Speaker, to have had the opportunity to recognize one of America's greatest citizens.

### THE OFFICIAL TRUTH SQUAD

The SPEAKER pro tempore. The gentleman from Georgia (Mr. PRICE) is recognized for 60 minutes.

Mr. PRICE of Georgia. Mr. Speaker, I am going to shift gears a little bit right now and just recount a bit of this past week. This has been a remarkable week, first week of a new majority.

For the record, the first 100 hours of this new majority, and for the record, Mr. Speaker, you ought to know that the Speaker's Office officially states that we have been in session dealing with the issues of importance to the

American people for 12 hours and 28 minutes. That is over 4 days. That turns out to be about 3 hours and 7 minutes a day.

Now, if you count the actual time that we have been in session, which I think is important, because if you are going to promise that you are going to do things in 100 hours, then you dog-gone well better do it, and actually, we have been in session now at 6:18 p.m., 38 hours and 21 minutes, 38 hours and 21 minutes.

We are keeping track of the right clock. So for all those folks out there, we want you to know that The Official Truth Squad is keeping an eye on the majority party and making certain that they live up to their promises.

We have dealt with some remarkable issues during the first 38 hours that we have been in session. We have dealt with the minimum wage today in a way that left a lot to be desired in terms of bringing about that wonderful bipartisan spirit that has been promised but not seen yet by the majority party. We have dealt with the 9/11 recommendations. As you recall, Mr. Speaker, before the election, the new majority party, the leaders of that party, promised that they would enact every single recommendation of the 9/11 Commission.

Well, that bill has come and gone without any input from the minority party. As you know, you know very, very well what happened was not the enactment of every single 9/11 recommendation, because promises made on the campaign trail don't appear to be promises that will be kept in the majority.

These are important issues. We have got two more issues to go this week. They are extremely important issues to the American people.

The issue of stem cell research, embryonic stem cell research, which is an incredibly important issue, a complex issue, a scientific issue and one, again, that I am very distressed and concerned is not being dealt with in an open and honest way that has been promised, nor is it being dealt with, certainly, in a bipartisan way.

We also have this week the issue of Medicare part D prescription drug program that is in place for Medicare recipients, and that, too, is being dealt with in a way that doesn't allow for any input from the minority party, doesn't allow for any amendments, isn't being heard in committee.

The gentleman before me mentioned that there were a number of freshmen Members of this body, and there are, there are 54 Members of this body who are now here for the very first time, freshmen Members. They haven't dealt with any of these issues.

Mr. Speaker, a majority of this House is not being allowed to deal with the issues that are coming to the floor right now, because they are being done in secret. These bills are being written in secret without input from anybody on the minority side and certainly

without any input from any of the new Members of Congress.

So the Official Truth Squad is here to make certain that we hold accountable for the majority party, for the promises that they made and make certain that the American people understand and appreciate what is occurring in Washington under this new martial law rule that we have for bringing issues to the floor.

The Official Truth Squad has one of our favorite quotes, we have a lot of favorite quotes. One of them is from the late Senator Daniel Patrick Moynihan, who had one of the most wonderful and appropriate quotes for this building that I know of, and that is that everyone is entitled to their own opinion but not their own facts.

So what we would like to do this evening, Mr. Speaker, is to talk a little bit about some facts, some facts as they relate to the two issues, Medicare part D prescription drug program and stem cell research, embryonic stem cell research.

Now decisions made regarding Medicare part D and the discussion that we are having, many people will think, well, it is just about a narrow prescription drug program for Medicare. In fact, Mr. Speaker, it is about a whole lot more than that.

If you back up from the specific debate about prescription drugs and you look at what is really being done, what is happening is that we have a difference of opinion, a philosophical difference of opinion about who ought to be making very personal health care decisions for the American people.

On the other side of the aisle, on the majority side of the aisle, we apparently have a majority of those individuals who believe that the government ought to be making those decisions, personal health care decisions. On the minority, on the Republican side of the aisle, we are proud to say that we support health care decisions, medical decisions being made between physicians and patients. That is where those decisions ought to be made.

In fact, when you look at this whole issue right now, it is important to ask exactly what it is that the Democratic majority is attempting to solve.

When you look at this program that has been in place now just a few short years, the costs are down. In fact, the costs are down for the last year, \$13 billion, \$13 billion. Actual costs of benefits in 2006 are 30 percent or \$13 billion less than was projected.

The projected costs over 10 years are down 21.3 percent, which is \$197 billion. That is a fact. That is a fact. Premiums are down 40 percent over projections, again a fact. If we would listen to the Democrats on this issue, when the bill was enacted, they attempted to put into law that premiums ought to be for every Medicare recipient, \$35 a month. They wanted to make certain that they were \$35 a month.

So what are the premiums now? They are about \$22, \$23 a month on average.

If we had listened to them when this was enacted a couple of years ago, every single senior would be paying on average \$12 a month more for their prescription medication.

I would suggest that if the past is prologue, that we ought to be very careful about what is coming to the floor this week as it relates to Medicare part D. Beneficiaries, those who are using the plan and benefitting from the plan, over 80 percent of them, are supportive and satisfied with the program. That is with nearly 90 percent of those eligible being supportive.

Again, people are entitled to their own opinion, but they are not entitled to their own facts. The costs are down. Access is expansive. Medications are being covered across the whole spectrum of disease. And seniors are happy.

I ask, Mr. Speaker, what is it that the Democratic majority is attempting to fix? What problem are they trying to solve?

I am pleased to be joined tonight by a number of colleagues to talk about both of these issues. As we talk about Medicare part D, I am pleased to welcome my good friend, Congressman PATRICK MCHENRY, from the great state of North Carolina who has great experience in representing individuals and understanding and appreciating the importance of bringing truth to debate.

I welcome you, Congressman MCHENRY.

Mr. MCHENRY. Thank you, Congressman PRICE, thank you, Dr. PRICE. As an expert on medical subjects and as someone who has treated thousands of patients over his career and saved hundreds of lives as well, a humble doctor would not say that; that is why I must say that for you here tonight, TOM, because you have done a fantastic job of leading our agenda as someone who is very engaged in these medical issues that are so important to all Americans, these large health care issues that affect every American.

Today we have had a lot of debate here on the floor about minimum wage, about raising the minimum wage. But what is omitted from the Democrat's 100-hour agenda and from this debate about raising the minimum wage is a matter of access to health care.

It was a Republican Congress that instituted Medicare part D, and which provided a prescription drug benefit for the first time for seniors. There was a lot of debate before Congressman PRICE and I came to Congress about the structure of that and how it is going to work. We were not a part of that debate because we were not here yet, but we were affected by it as Americans and as policymakers here in Washington D.C.

But looking back at that record, Congressman PRICE brought up a very, very strong point. As they are going through the committee process, now close to 4 years ago, 3 to 4 years ago, the Democrats wanted to guarantee that all Americans would pay \$35 per

month for their insurance premium to get the Medicare part D prescription plan.

Well, they wanted a guarantee of \$35, and they said that the Republican plan was going to be too costly, too expensive. The Republicans said, you know, what if we actually put this out into the free market and provide this plan through market-based forces; in essence saying you can compete between different plans, different companies can offer this prescription drug benefit, and so they go out and they compete for seniors' business? That means a couple of different things.

Instead of waiting in line at the Social Security office for the government, because there is no competition because we are government, waiting for hours, or waiting on hold for hours with a government agency, you have these individual plans. These businesses want to keep the business of seniors so they provide better customer service.

But the additional thing, rather than some government bureaucrat sitting here in Washington, D.C., saying you can take Lipitor but not Crestor to reduce your cholesterol numbers.

Well, as a nonmedical expert, I don't know the details of how these medications work, but those are the types of people, without a medical background, making the decisions on who has access to those types of medicine. But the plan we put in place is a little different. The plan we put in place said, we are going to have competition in the marketplace.

These plans say to seniors, we will give you choices, choices. Do you want to pay \$35 a month and have a choice of any medication you want, period, or do you want to have a more limited plan with fewer choices but you will pay less per month?

But seniors get to make that choice, not some bureaucrat sitting here in Washington, D.C., and not your Congressman. Because, unlike Dr. PRICE, there are very few medical experts here in Congress that can make those decisions.

As my colleague would say, it is not even a good idea for a doctor in the House of Representatives to dictate what an individual patient could receive in a certain part of Georgia or a certain part of North Carolina; much less, it doesn't work. One-size-fits-all doesn't work.

But what the Democrats put out here on the floor or what they are putting out, I should say, later this week, is they want to institute price controls, what they call negotiating for Medicare part D.

□ 1830

Mr. PRICE of Georgia. I appreciate your earlier comment. And I want to get to what the Democrat plan is, but I want to make certain that people appreciate and, Mr. Speaker, it is important that the Members of Congress appreciate that what we are talking about here is who is making decisions.

And I appreciate you mentioning that not even a physician in the House ought to be making the decisions, because the collective wisdom here isn't as great in the area of health care in all 435 Members of this body than the wisdom that is between a physician and a patient. That collective wisdom is greater than the 435 individuals here. And when you talk about plans offering programs to seniors to have certain medications and there is this big push to have the government negotiate, isn't it true that those plans are negotiating already with pharmaceutical companies and with pharmacists?

Mr. MCHENRY. It is an excellent point. We are talking about negotiating. Who is better at negotiating, somebody sitting at a desk in Washington, D.C., employed by the government, or those health care experts employed by the companies offering the plans?

I would submit that the free market will always negotiate better prices than some government bureaucrat can ever do. And the fact is what the Democrats are going to push will raise premiums for individual members or individual constituents.

So, market forces. The Democrats want to say \$35 a month, everyone has to pay that for their Medicare part D benefit. Well, you know the market forces have created a premium average which you said that gets lower and lower. The earlier numbers from a few months ago, the average is \$24, and here now we are hearing that it is closer to \$22 on average nationally.

So we have a couple things, by the way, that free market conservatives insisted on this plan being written. It says we will have a choice, meaning individuals. Our individual constituents, our individual seniors that we represent will have that choice with their plans and thereby have a choice over the medications that they can access.

The second thing is lower prices, meaning that taxpayers don't have to pay extra money and seniors don't have to pay extra money. It is a wonderful bargain, it is a great idea, and this is something that we need to talk about, not some sham or idea that is a political red herring. We need to talk about the choices that seniors are given and the price savings that they receive.

Mr. PRICE of Georgia. Choice is so very important. And when our colleagues on the other side of the aisle talk about negotiation and the government negotiating, I just almost chuckle. If it weren't that they were serious about doing this, it would be humorous. It really would.

Because if you think about negotiating with the Federal Government, I don't know, Mr. Speaker, how many times you have had an opportunity to negotiate with the Federal Government, but when I think about negotiating with the Federal Government, whether it is the IRS or the Post Office, when you think about negotiating

with the Post Office those aren't folks that one would think are going to be warm and fuzzy and interested in your best interests, Mr. Speaker, or the American people's best interests.

Mr. McHENRY. The fact that you said just strikes me as so funny. Think about negotiating with the Post Office and the IRS. As an average taxpayer, think about the IRS. They say you are going to do this or we are going to send you to jail. Talk about compelling individuals to submit.

Now, here is what I think is interesting about this is like negotiating with the IRS: You will pay the price no matter what, and there is only one consequence, you going to jail or you paying. But with this plan, the market forces will have a ripple effect on long-term cures and long-term medical technologies coming on the market, and I think that is the devastating impact. It is not just a jail sentence. It is actually a sentence for all Americans to have less access, less choice, and less long-term cures and benefits from the wonderful cures that the pharmaceutical industries have created over the last two generations.

Mr. PRICE of Georgia. And when you mention the decrease in quality of care and the decrease in access to care, people say, well, that is just smoke and mirrors. That is just conjecture. But if you look at programs that have had the effect of price fixing, and we can look at programs in our own Nation. You can look at them around the world and give grand examples for how you decrease access and decrease quality of care to individuals in health care, again, those very personal decisions.

But if you want to look at something in this Nation where the government has stepped in and said, okay, we are going to fix prices, all you have to do is look a few short years back to the Vaccine for Children's program, something incredibly important to the American people, something incredibly important to the health of our Nation. In the early 1990s, there were about 30 or so pharmaceutical companies that were making vaccines, and they were aggressive and active in their research and development. The vaccines had a varying price depending on the disease that they were attempting to cover or to prevent, and the government came in and said, oh, those prices are too high. Those prices are too high. In fact, in order to provide vaccines for every single child and individual in this Nation we are only going to allow you to charge this much. That was in 1993 or 1994.

Well, 12, 13 years later, remember, Mr. Speaker, there were about 30 or so pharmaceutical companies making vaccines. Do you know how many there are now? Three. Three.

Mr. Speaker, men and women and children all across this Nation know the difficulties that they have had oftentimes in getting their vaccines, and that is due to a lot of things but not the least of which is the intervention

of the Federal Government and price fixing which always, always decreases the quality and decreases the access.

Mr. McHENRY. I have got a question, Congressman PRICE, from a medical perspective. Could you give an example? Because we are talking about not just price but choice and the opportunity for patients to make a decision with their medical experts, their doctor, their own doctor about what is the best pharmaceutical for them to take. Could you give us some examples?

Mr. PRICE of Georgia. I appreciate that. And it is such an important question, because of the premise of all of this from a policy side. You take away the politics, but from a policy side the premise of all of this presumes that every single patient is just like every single other patient and they are just kind of little blocks that move along, and all you have to do is recognize what disease they have or what problem they have and you just determine exactly by algorithm what they need and so that a bureaucrat can determine that.

In fact, that is not the way health care works. That is not the way medicine works. That is not the way patients work. Mr. Speaker, you know as well as anybody that patients are different. Each and every individual patient is different, and what may work in one patient doesn't necessarily work in another.

I can give you a real-life example from working in the VA, which is touted as being a wonderful program, as an example for what the other side, what the majority party is trying to do to Medicare part D.

When I worked in the VA, and I had an opportunity to do that for a number of years, we were given a list of medications that were available for use in patients. And if you as a treating physician determined that the patient wasn't responding to the medication that was on that list; I am an orthopedic surgeon and treated hundreds of patients if not thousands of patients through the VA, and whether it was a pain medication or whether it was an anti-inflammatory medication or an antibiotic, something that can truly be life and death, and it wasn't working and you needed to use something that wasn't on that list, it was virtually impossible to get the right medication. And that is how you decrease the quality of health care, decrease access to quality of health care for patients, and that is precisely what will happen for 43 million, at least, seniors; and the ripple effect will occur throughout the entire Nation.

Mr. McHENRY. I have another question. So we are going through this whole process of debate, and let's just hope that this is not an empty promise or empty rhetoric for the campaign, this idea of negotiating price controls, which certain of us have this hunch that maybe it is just empty rhetoric. But to confirm that it is not empty rhetoric, Congressman PRICE, I know

you are very much in tune with the fiscal issues of this House and this Nation. Certainly there is going to be some benefit to the taxpayers and to consumers if the Democrats pass their plan. Do you have any facts on that?

Mr. PRICE of Georgia. I appreciate the gentleman bringing that up. Because if you ask the individuals who are objective experts in this area and you go either to CMS, the Center for Medicare and Medicaid Services, or in Congress we go to CBO, Congressional Budget Office, there are some very interesting findings. And these are folks that really don't have a dog in this hunt from a policy side. They are charged with giving us objective information.

And the CMS actuary, the individuals who are charged with determining what a program is going to cost, said, regarding having the government "negotiate" on this, "Price negotiations between plan sponsors and drug manufacturers would achieve comparable or better savings than direct price negotiation. This expectation reflects the strong incentives to obtain low prices and pass on savings to beneficiaries resulting from competition."

And CBO, the Congressional Budget Office, which is charged with providing accurate information, Mr. Speaker, to both Democrats and Republicans, both sides of the aisle, they provide the same kind of information. They attempt to provide objective and accurate information, and what they said was, "We expect that risk-bearing private plans will have strong incentives to negotiate price discounts for such drugs and that the Secretary would not be able to negotiate prices that further reduce Federal spending to a significant degree."

So those are the two main folks that we look at to determine what the costs of this program will be that is being proposed by the other side of the aisle, and in fact what they say is that it will not be as inexpensive as that currently in place.

Mr. McHENRY. The gentleman has a wonderful point, because we had this meeting which I was happy to attend with you just the other day with Secretary Leavitt, who, as those listening and watching tonight, Mr. Speaker, very well know, he is the Secretary of the Health and Human Service Department here in Washington, D.C. He would be in charge of negotiating these price controls.

Now, what is interesting is you are talking about giving more power to someone in government. They normally like that. They normally seek that out. As we all well know, it is human nature. And his answer is pretty simple: I know we will not be able to get any benefit out of this and I know that it will have a harmful effect on the program and access to consumers' choices and access to the medical pharmacology that they need.

So he said he does not want this. It is not necessary. And he concurs with the

CBO, the Congressional Budget Office, analysis of this; and the fact is that CBO says the government could not negotiate a lower price than what the free market is already doing.

So the facts are out there. And I am led to believe with the facts you just discussed, Dr. Price, that this is pretty much a sham. It is a political issue used by a select few here in Washington, D.C., for political purposes.

Look, I know, I know, you know, politics in Washington, oh, what a shock. But the emptiness of this rhetoric from the majority side is quite glaring, and in fact I am led to believe that it is really a red herring. Let's make this the big evil issue. When in fact going back to the Clinton administration they had the very same language on how to get the best price from government purchasing pharmaceuticals. And so they are going to a different direction in order to win a political issue and they are going back on what they advocated just a few years ago in the Clinton administration and even what they supported in committee here in this House just less than 4 years ago.

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Mr. PRICE of Georgia. Mr. Speaker, reclaiming my time, politics is replete in the discussions that we have here in this building. There is no doubt about it. And as I mentioned before, it would be humorous if it weren't so serious. This is a remarkably serious issue.

And when you hear the other side of the aisle talk about how they determined that this would be in their first blitz of legislation, again, that it is not open to discussion that could result in any change at all, no amendments being offered, hasn't gone through the committee process, no input from anybody on the minority side, and no input from any one of the freshmen legislators, when questions are asked regarding how did you decide what you would include in this first blitz, the other side of the aisle is proud to say these are issues that 80 percent plus of the American people support.

That is where, Mr. Speaker, it is incredibly important to remember what Senator Daniel Patrick Moynihan said, and that is that everyone is entitled to their own opinions but not their own facts. And it is our responsibility as leaders in this Nation to remember that we enact policies that have consequences, and the consequences of not enacting appropriate policy when it comes to health care is not just that somebody loses a little more money or has to pay a few more taxes or is inconvenienced to a certain degree. The consequences of legislation that relates to health care, when it is the wrong policy, results in decreasing quality of health care and harming individuals and even, Mr. Speaker, resulting in shortening the lives of individuals in this Nation. The consequences of this kind of decision are huge, are significant.

And when the majority party says, well, we are just doing it because 80

percent of the American people think it is the right thing to do, leadership, Mr. Speaker, means that you investigate the situation and you lead. You lead with information that is factual information.

And it distresses me greatly that we find ourselves in this first week of this new 110th Congress with a new majority who is all excited about the prospects of leading and, in fact, what they are doing is putting forward an issue that will result in a lower quality of health care for American citizens and will result in harming, truly harming, many of our constituents.

I am pleased to be joined now by my good friend and physician colleague in Congress, a good friend from Georgia, Dr. GINGREY, Congressman PHIL GINGREY, and I know Congressman GINGREY would like to make a few comments about the part D proposal that has come to the floor.

Mr. GINGREY. Mr. Speaker, I appreciate very much Dr. PRICE's giving me an opportunity to be here once again, once again, with a great team, the Truth Squad, and taking up where they left off in the 109th, Mr. MCHENRY and Ms. FOXX and others, led by Dr. PRICE.

And, of course, there are a couple of pretty darned important issues on the floor in this 100-hour rush to pass with no amendments, as you pointed out, Dr. PRICE, no opportunity to even present amendments to get rejected. And we are talking, of course, about the two bills, one tomorrow, and that is the stem cell issue, and then, on Friday, Medicare part D. I would be glad, happy, thankful for the opportunity to talk a little bit about part D and maybe later in the hour touch on just for a few minutes the issue of the stem cell bill that is coming up.

Medicare part D is working. You have heard that old expression "If it ain't broke, don't try to fix it." I think that applies to this issue, my colleagues, Mr. Speaker, more than any I have seen in a long, long time.

Because I know the majority party particularly loves to look at polls, loves to look at numbers, and I don't blame them. I understand that, too. But this is an 80 percent issue of satisfaction, is it not? And we are talking in 1 year, our seniors, 38 million of them, 80 percent of them are very, very happy with Medicare part D. They have finally gotten it.

We delivered it, we the Republican majority at the time in November of 2003, and we gave them something that they have literally been waiting for not the entire 40 years of Medicare, but I would say certainly for the last 25 years, and that the previous and now new majority could not deliver on.

So I could understand their wanting to get on the bandwagon at this point and take credit for something. But I think, Mr. Speaker, that we are looking at a situation where they are about to gum up something that is working fine, and we need to let it continue to work. And I say that not just because

it is an opinion that I hold as a physician or based on what people in my district, the 11th of Georgia, are telling me, but I base it on the fact that originally we predicted that the premium for Medicare part D would be about \$37 a month. At that time, the Democratic minority both in the House and the Senate introduced amendments and/or legislation saying, let's fix the premium, the monthly premium, at \$35 a month. Let's fix it. Well, if they had prevailed in doing that, Mr. Speaker, then today they would not be enjoying an average monthly premium of \$24 a month. So let the market continue to work.

Mr. PRICE of Georgia. Mr. Speaker, I thank the gentleman. I know that you are very familiar with medical issues, being a physician in your former life, and I appreciate your comments as it relates to part D.

And I just want to spend just a few more moments on the prescription drug plan and then move on to another issue and would be happy to yield to my good friend again from North Carolina, Congressman MCHENRY, for some closing remarks about part D that is going to come to the floor later this week.

Mr. MCHENRY. Thank you so much again, Congressman PRICE. Again, it is an honor and a privilege to be on the floor with two physicians who have this hands-on knowledge of how a very complicated government program works in terms of people. And I think that is what we need to be concerned about as policymakers, is the impact that we have on citizens and the choices and options they are able to have, the cost out of their pocket both through tax dollars and through their premium payments every month through the Medicare part D premium.

What we have to do in this House as a minority party now is to make sure that what the Democrat majority does is honest and has integrity, and I believe that this issue is a red herring used for political purposes. It is a sham. It will have little to no effect, and any effect that it does have will be negative for seniors, and it will be negative for our taxpayer dollars, and it will have a long-term negative effect on our pharmaceutical industry in this Nation where we have developed wonderful cures for such complex ailments that have perplexed generations of Americans and citizens in this world.

So what we have to do is make sure that we focus on the price to consumers, the price to taxpayers, and the choice and options that consumers are able to have in the free market. So let us not get off on tangents here. That is what this issue is all about, price and choice. So let us stand on the side that provides our constituents with the best options available, the most options available, at the lowest price possible.

So, Congressman PRICE, I thank you for your leadership with the Official Truth Squad. It is a great, great day when you are able to take the House

floor and I am able to watch you in action making the points that need to be articulated to the American people.

Mr. Speaker, it is a privilege to serve in this House and be able to carry out those agenda items that are going to help Americans and also stop the bad things that will hurt Americans that some in this Chamber offer, some more frequently than others.

Thank you, Congressman PRICE, for your leadership not just on the prescription drug benefit issue and medical issues but your overall leadership of holding this majority party, the Democrat majority party, accountable for their words, their rhetoric, and their actions. Thank you, Congressman PRICE.

Mr. PRICE of Georgia. I thank you for your participation.

Let me just close with some final comments about a Medicare prescription drug plan that is on the agenda this week to be dealt with by the majority party.

In the program, the costs are down. The access is expansive to medications. All medications in the panoply or the array of plans that are available are available to patients. Seniors are happy. We are negotiating now. There are negotiations going on now between plans and pharmaceutical companies and plans and pharmacists that have decreased costs much below what was projected.

The big question in the end, Mr. Speaker, is who is going to be making health care decisions? Is it going to be government bureaucrats and majority parties, or is it going to be patients and doctors? That is the real question. And I am hopeful that my colleagues on the other side of the aisle will appreciate the gravity of this issue that they are bringing forward and the importance of making certain that there is input from all Members of Congress as it relates to this issue. And hopefully, hopefully, if we cannot get some sanity in this Chamber, we will get some sanity in the Senate and make sure that we don't do something that would truly harm the health of the American people.

Mr. Speaker, we are going to continue now and talk about another issue that is of incredible importance and incredible gravity to the American people and certainly to some very specific individuals, and that is the issue of stem cell research. It is an extremely complex issue. It is a scientific issue. It is an issue, Mr. Speaker, that demands the highest quality debate and input here in the U.S. House of Representatives. And, once again, what we are seeing from the majority party is not that kind of involvement.

Nobody, nobody on the minority side of the aisle has been involved specifically in bringing forward the legislation, with the exception of the few individuals who are supportive of what the majority party is doing. Nobody who has a contrary view has been involved in the process. There have been

no committee hearings this session on this bill. The Republicans by and large have been shut out and certainly all of the freshmen have been shut out of this issue. An issue that truly, Mr. Speaker, you talk about a life-and-death issue. This is a life-and-death issue.

I am so pleased to be joined by many of my colleagues this evening to talk specifically about the issue of embryonic stem cell research and stem cell research in general. I would remind folks again of kind of the hallmark quote of the Official Truth Squad, and that is that everyone is entitled to their own opinion but not their own facts. And if you look at the scientific facts on this issue, Mr. Speaker, you will arrive at the right conclusion.

So I am pleased to ask to join us this evening my good colleague from North Carolina, Congresswoman VIRGINIA FOXX, who has been passionate in her desire to make certain that we as a Nation have an appropriate and correct policy when it relates to embryonic stem cell research.

So I yield to my good friend from North Carolina, Congresswoman VIRGINIA FOXX.

Ms. FOXX. Thank you, Congressman PRICE, for yielding. And, again, thank you for keeping our Truth Squad together and making sure that we are here on a regular basis presenting the facts to people. That is what I think we have to do on this very, very important issue of stem cell research.

The people who are pushing for embryonic stem cell research and the media, I think, have very much misled the American public on this. They have not done a good job of educating people on this issue.

I had a chance last year to speak on this issue for quite a long time on the floor and got a lot of positive feedback from people saying this is the first time I ever had anybody really explain the difference in embryonic stem cell research and stem cell research. So I want to talk a little bit about that tonight, because I think that is one of the critical issues, and then I want to talk about the facts again. It really is important that we understand what the facts are as they relate to the difference between adult stem cell research and embryonic stem cell research, and I am going to probably repeat this several times because I think it is so important.

I have something that is not as good as the charts, but stem cell research treatments, adult stem cell research treatments, if you can see this, it says: "Adult, 72; embryonic, 0." That is the score. There have been 72 efficacious treatments that have come out of the research on adult stem cells, zero out of embryonic stem cells. In fact, all the research that has been done using embryonic stem cells have produced tumors and rejection, and no embryonic stem cell research has been allowed to be done on humans because of the very bad results that have come out of the research using embryonic stem cells.

Now, the other thing that people have been misled on is whether there is any embryonic stem cell research going on. There is embryonic stem cell research going on, but many people, including myself, object to the use of Federal funding when it involves the destruction of human life.

In 2006, NIH spent \$38 million on embryonic stem cell research. You will never hear that coming out of the voices of the people who are pushing for embryonic stem cell research. They want the American people to believe that nothing is being done and that people who have debilitating diseases are being denied the opportunity for quick cures.

□ 1900

Nothing could be further from the truth. Approximately \$200 million is being spent on human nonembryonic stem cell research: adult stem cells, cord blood, et cetera.

I am proud to be able to say that Wake Forest Baptist Medical Center, Dr. Tony Atala and his team of researchers have been able to show strong results in their work with amniotic fluid stem cells. That has come out this week and I have talked about it on the floor and we are going to continue to talk about it. I spoke to Dr. Atala just before I came over here tonight, and he wanted me to remind people of the real problems with embryonic stem cells and the fact that every time they have been used they create tumors, and they are rejected by the animals into which they are injected.

That does not happen when you are using a person's own cells or when you are using amniotic stem cells. That just is not happening with people.

So we need to make sure that people understand the difference because it is so easy for folks to talk about stem cell research, and they make folks like me look like we are mean and hateful people because we don't want to do this research that kills human life because they are saying that it is worth it to improve the lives of people with diseases.

But pro-life people support stem cell research. There is only one exception, we don't want that research to kill other human life. We don't think that is appropriate. Never in the history of this country have we allowed research to do that. We very strongly control research to make sure that human beings are not damaged by the research that is done.

In a former life I was a social scientist, and so I understand about the ethical way to do research. We have never done that in any other area, and yet it seems so easy for people to talk about doing embryonic stem cell research and destroying the embryos.

The national media and others have really ignored the scientific realities, and they fail to report that embryonic stem cell research is the less promising course of action that, in fact, ends life.

This negligence allows people who are suffering from diseases to develop false hope about possible breakthroughs by embryonic stem cell research. Again, just the opposite is true. Nothing positive has come out of embryonic stem cell research. Nothing. Zero.

But out of adult stem cell research, cord blood research, amniotic fluid research, we have, again, 72 good treatments that have come, and we will be expecting more of those. Every day we have breakthroughs in that area, and we will continue to have breakthroughs. But if we get distracted by taking money away from this very promising research and put it into this unethical research that destroys human life and holds very little promise, then that is where the real crime is, I think, that we are trying to take the money away from what is producing good results and put it into something that is not producing good results.

As I said before, no embryonic research has been done in humans because it is too dangerous. When it has been done in laboratory animals, there is no control over what happens. The stem cells develop in ways that can't be controlled. They create tumors. They are rejected, and it is all negative; and yet with the other, it is all positive.

I think when we have the vote on this issue this week, people have to keep this in mind. I hope that the citizens who in the past have not understood the difference in these issues, they have not understood the ethical issues or the scientific issues, will say to your Member of Congress, I now understand this better, and I want you to take the ethical route, the efficacious route, not the route that will create death to the embryos and not positive kinds of results.

I yield back to the gentleman from Georgia (Mr. PRICE) who is the official leader of our Truth Squad and helps us inform the American people at every one of these events.

Mr. PRICE of Georgia. I thank Congresswoman FOXX for participating and for bringing up the incredible importance of the ethical issues that are real. Regardless of where you come down on this issue, there is no doubt, it cannot be denied there are significant ethical challenges and questions surrounding this entire debate. If we ignore those as a Nation in our debate and discussion about it, it will result in a disservice to the entire Nation.

I am pleased to call again on my physician colleague, the gentleman from Georgia (Mr. GINGREY), an obstetrician-gynecologist who practiced for almost 30 years and has incredible knowledge and passion and perspective on this most important issue of stem cell research.

Mr. GINGREY. If we start talking about the number of years we have been in practice, the folks back home and in the Chamber will figure out how old we are, so we better stay away from

that. Suffice it to say, we have both been at it for a long time, you in the field of orthopedics and me as an OB-GYN. Again, I appreciate what you are doing with respect to the Truth Squad.

The gentlewoman from North Carolina (Ms. FOXX) made some great points. First, anybody who suggests that this President is not for stem cell research just absolutely is ignoring the facts. The fact is, before 2001, when the President said we could start to use Federal dollars, your dollars, my dollars, our constituents' dollars, to fund stem cell research, indeed embryonic stem cell research on those existing lines that were indeed obtained from embryos from IVF clinics, because that destruction of life had already occurred and these stem cell lines existed, since that time in 2001, Mr. Speaker, we have spent I think the figure is \$163 million on stem cell research. Representative FOXX mentioned that. We want that to continue. We want to be able to continue to fund that through the NIH.

But she also addresses the issue of truth in advertising. I know the majority party is thinking this is an issue that polls 80 percent. Sure, if you show a public service announcement with Michael J. Fox, unfortunately, with wild movements all over the screen or you show Christopher Reeve and he is on a respirator and is a quadriplegic, and you say to them: Would you, Mr. and Mrs. America, would you be in favor of embryonic stem cell research that could cure these diseases, you are going to get an answer 80 percent of the time, a resounding "yes."

But on the other hand, if you held up two precious twin toddlers, as I have seen, who are part of the snowflake baby population that were adopted embryos, and said: Would you be in favor of destroying these embryos so these lives never existed in the hopes that we could help Michael J. Fox or Christopher Reeve or your mama or my grand mama, the answer would be a resounding "no." That is where we get into this issue.

I want to remind my colleagues on the other side of the aisle, that is why we want an opportunity, which we are not getting, to go to the Rules Committee with amendments. Maybe they would get rejected. Maybe we would have an opportunity to bring them up on the floor, and talk about alternative ways of getting these stem cells, adult stem cells or embryonic stem cells from this amniotic fluid study that just came forward, or to get embryonic stem cells by biopsying an embryo without destroying it or even harming it, or taking one of these frozen embryos, thawing it out and you can tell microscopically that it has no chance of developing into a life, and taking those embryonic stem cells. That is all we are asking, Mr. Speaker.

I am very appreciative in the limited time that Dr. PRICE has left for allowing me to say a few words, and I want to turn the time back over to him for his concluding remarks.

Mr. PRICE of Georgia. I thank the gentleman for joining us this evening and truly the recognition that this is a life-and-death issue.

As I mentioned, regardless where anybody is, Mr. Speaker, on this issue, whether or not you believe that an embryo is indeed life or not, nobody can deny that there are ethical questions and an ethical dilemma that surrounds all of this.

As a physician, I was trained in what is called the scientific model which means you try to collect as much information as possible and determine from that information what course of action you ought to take, and then step back and evaluate what has occurred in treating a patient or in whatever course of action you might have taken, and then make decisions based upon that information.

The information we have available to us now, the information, specific information, the facts, not opinions but facts, the facts of the situation right now are that, in the area of stem cell research, which all of us support, all of us support stem cell research, in the area of stem cell research, the work that is being done for patients right now is overwhelming in its benefit now from adult and cord stem cell research and stem cell treatments in the area of adult and cord stem cell as opposed to embryonic stem cell.

Mr. Speaker, as you know, there has been no opportunity to amend or bring light in this Congress to that issue.

I know that this won't show up very well, but this is a sheet that has 77 different diseases on it for which there are currently either clinical treatments or clinical trials for patients. Seventy-seven different diseases.

I think it is important for you, Mr. Speaker, and anybody listening, to appreciate that there are individuals who are being cured of diseases right now from the use of adult and cord stem cells, stem cells that are not derived from situations where there is, indeed, this ethical question or challenge.

In fact, there are at least nine patients who have been cured of their sickle cell disease. That is patients who no longer have sickle cell disease utilizing cord stem cells.

Mr. Speaker, that is incredible. It is a wonderful thing that has occurred. It is something that all of us ought to embrace, and that is factual. That is factual.

If you look, however, Mr. Speaker, at the number of diseases for which there are clinical trials or clinical treatments in the area of embryonic stem cells, and those are the ones where there is that ethical dilemma or challenge, this is the answer to that: None. None. Zero.

So you have 77 different diseases that are being either treated in the clinical setting with actual patients, real patients, or there are trials that are going on or there is active study going; 77 with adult and cord stem cells. And then embryonic stem cells, none. Zero, Mr. Speaker.



Now, it is wholly possible that something at some point in the future may result in the ability to use embryonic stem cells for the treatment of disease, but I would suggest to you, Mr. Speaker, and my colleagues here and to anybody who truly is interested in the factual nature of this scientific question, a very complex question, and that is that the scientists are way ahead of the politicians on this.

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Congresswoman FOXX mentioned one of the wonderful breakthroughs that was just announced from Wake Forest earlier this week, and that is the use of amniotic fluid to find and recover, capture, if you will, embryonic stem cells that have none of the ethical dilemma of whether or not life is being destroyed in order to advance science. None. None of that ethical dilemma.

So, Mr. Speaker, I would ask my colleagues on both sides of the aisle to recognize that science ought to be listened to in this, and we ought to pay attention to facts. There is no reason to move forward with a bill that will not necessarily result in significant cures for diseases and that will only, only, result in the demagoguing of an issue and hold out a false hope for individuals for whom they believe that if we just pass this bill that their disease will be cured tomorrow.

Mr. Speaker, that simply is not the case. The biggest bang for the buck in terms of utilizing taxpayer money, Federal taxpayer money, which is hard-earned taxpayer money, for appropriate research is in the area of adult and cord stem cells and possibly embryonic stem cells that are recovered in a way that has none of the ethical dilemma or challenge.

Mr. Speaker, I was honored to be with you this evening.

### 30-SOMETHING WORKING GROUP

The SPEAKER pro tempore (Mr. SIREs). The gentleman from Florida (Mr. MEEK) is recognized for 60 minutes.

Mr. MEEK of Florida. Mr. Speaker, I am honored to come before the House again.

The 30-Something Working Group, as you know, has been coming to the floor now in the 108th and 109th Congresses and now in the 110th Congress to share with the Members of the House and the American people information about what is happening here under the Capitol dome, and I am very excited to report that there is an awful lot that is happening. More work has been done as it relates to assisting the American people over the last couple of days or the last hours, which is historic in many ways, than happened in the entire 109th Congress. It was talked about, it was promised, but it never happened. So I am glad to come to the floor with my colleagues who will be joining me shortly.

I think it is very important, Mr. Speaker, to not only commend those

that have been consistent on message, not only message, but action. I can tell you that hearing my colleagues on the other side of the aisle, you would think that they have been in the minority for the last 14 or 16 years, because they sound like all of a sudden they are ready to do something about the problems that are facing this country.

I can tell you also, Mr. Speaker, that the fact is that we moved in the right direction in securing this country and passing the 9/11 Commission recommendations, and, like we promised, Mr. Speaker, in the 109th Congress, the last Congress, we worked in a bipartisan way. When we passed that piece of legislation, we had not only overwhelming, full support from the Democratic side of the aisle but a high number of Republican Members joined Democratic Members in voting for those recommendations to be placed into law pass this House.

Today is a very historic, very emotional time for those of us that fought on behalf of Americans that punch in and punch out every day to be able to receive a hike in the minimum wage to \$7.25. Again, we said we would work in a bipartisan way along with our Republican colleagues, and over 300 individuals voted for, including a number of Republicans, I think 80 or 81 Republicans, joined the entire Democratic Caucus who voted in the affirmative for an increase in the minimum wage to give the American worker a well-overdue raise. That will move on to the Senate and hopefully to the President's desk.

I think it is important, Mr. Speaker, to look at the way we have moved in the right direction on ethics, saying we are willing to hold this House to standards that the American people would like for us to be held to and to also have a committee that will review any question of conduct as it relates to any Member of the House and that will consider that in a bipartisan way and report back to the appropriate overseers of the House here so that people know that we have checks and balances.

Just mentioning those three items, Mr. Speaker, and looking at how Republicans have voted with Democrats because we have taken the lead to bring these issues to the floor, it is a perfect example of what we talked about for 3 years here on this floor. The good thing that I like about what we talk about and then what we do is the fact that we follow through, Mr. Speaker, on what we have shared, not only with the Members on the majority and the minority side, now the Democratic majority side, but what we would do if given the opportunity. I think the Members should pay very close attention, because the American people responded in a very positive way.

It has been said there will be mistakes made, and it will be painful in some instances when we look at PAYGO regulations that we have imposed on ourselves. That is another ini-

tiative that passed this floor, that we will not start a program or send money out of the door of the U.S. House of Representatives unless we can show how we can pay for it.

We know there are some war issues there and some other issues, but as it relates to what we call here on the floor, Mr. Speaker, regular order, where a Member files a bill and says I want to do X, Y and Z, and don't worry about it, we will borrow it from a number of the countries I have identified in the past that own a piece of the American apple pie. As we continue to move on, Mr. DELAHUNT, we want to start peeling these numbers off, showing how America is now starting to make itself whole as we start to pass policy.

I think it is also very, very important, Mr. Speaker, to note that there will be a lot of things said on this floor. That has been the case since the beginning of the country. That is a good part of our democracy. Members can come to the floor and say what they wish to say. They are representing their constituents back home, and their constituents every 2 years have an opportunity to vote if they want them to return back.

Mr. DELAHUNT, before I yield to you, I guess I would just like to put a word of caution out there. To those who feel they can come to this floor of the People's House and share information, to make an argument or an action or inaction sound appropriate, now, I know many of my friends on the other side, and I do call them friends, because we all are friends, we see each other, but we weren't elected to come up here and pat each other on the back and say "I am more dedicated to you than I am to the folks back home or the American people." I will say this. We are all in the spirit of doing the right thing.

But I just want to caution, because I think what got the Republican majority in the 109th Congress and the Congresses before that in trouble was the fact that there was more allegiance to the Republican leadership.

When we start talking about these bipartisan bills, Mr. DELAHUNT, which I would like to do, I stood here at this podium, this mike on this floor a similar night several months ago, starting a couple of years ago, and said bipartisanship is only allowed if the majority allows it.

I didn't have a problem with the frontline or the everyday Republican Member of this Congress. I had a problem with the Republican leadership that led their caucus in the direction of special interests and in the direction opposite of what the American people said they wanted.

So what we are doing now is we are moving in the direction the American people wanted. They said they wanted ethics. We voted for it on the floor. We received Republican votes on those issues.

The American people said they wanted to raise the minimum wage. We voted here on this floor, and 80 or 81