

Morgenthau's Story," which documented his experiences while in Turkey, including his vivid views of the Armenian genocide.

Morgenthau wrote, "When the Turkish authorities gave the orders for these deportations, they were merely giving the death warrant to the whole race; they understood this well, and, in their conversations with me, they made no particular attempt to conceal the fact. I am confident that the whole history of the human race contains no terrible episode as this."

In one of his addresses, Morgenthau commented on the U.S. efforts during the Armenian genocide. "If America is to condone these offenses, if she is going to permit to continue conditions that threaten and permit their repetition, she is party to the crime. These people must be freed from the agony and danger of such horrors. They must not only be saved for the present but they must be given assurance that they will be free in peace and that no harm can come to them."

At great personal risk and sacrifice, Ambassador Morgenthau chose to intervene on behalf of the Armenians and even managed to help rescue an unknown number of Armenians. Of course, in the end, his efforts were unsuccessful. Drained by his efforts to avert this disaster, Morgenthau returned to the United States in 1916 and, for the remainder of World War I, dedicated himself to raising funds for the surviving Armenians. He is considered a hero in Armenia and an American man of courage and character.

Mr. Speaker, if America is going to live up to the standards we have set for ourselves and continue to lead the world in affirming human rights everywhere, we need to follow Ambassador Morgenthau's example. We must stand up and recognize the tragic events that began in 1915 for what they were, the systematic elimination of a people. By recognizing these actions as genocide, we can renew our commitment to prevent such atrocities from occurring again.

I'm here this evening because I want to give a firsthand account that the Armenian genocide occurred. I wish to express my support for swift passage of H. Res. 106, which reaffirms the Armenian genocide. We now have a majority of the House of Representatives, both Democrats and Republicans, as cosponsors of this bill. It's time that it was brought to floor. As the first genocide of the 20th century, it is morally imperative that we remember this atrocity and collectively demand reaffirmation of this crime against humanity.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from California (Ms. WATSON) is recognized for 5 minutes.

(Ms. WATSON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

APPOINTMENT OF MEMBERS TO BRITISH-AMERICAN INTER- PARLIAMENTARY GROUP

The SPEAKER pro tempore. Pursuant to 22 U.S.C. 2761, clause 10 of rule I, and the order of the House of January 4, 2007, the Chair announces the Speaker's appointment of the following Members of the House to the British-American Interparliamentary Group, in addition to Mr. CHANDLER of Kentucky, Chairman, appointed on March 30, 2007:

Mr. WU, Oregon, Vice Chairman
Mr. POMEROY, North Dakota
Mr. CLYBURN, South Carolina
Mr. ETHERIDGE, North Carolina
Mrs. DAVIS, California
Mr. BISHOP, New York
Mr. PETRI, Wisconsin
Mr. BOOZMAN, Arkansas
Mr. BOUSTANY, Louisiana
Mr. CRENSHAW, Florida
Mr. WILSON, South Carolina

□ 2145

THE OFFICIAL TRUTH SQUAD

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Georgia (Mr. PRICE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PRICE of Georgia. Mr. Speaker, I want to thank the leadership for allowing me to come to the floor of the House this evening and spend another hour of The Official Truth Squad, a group of individuals who come to the floor at least once a week, we try to, at least, to try to shed a little light, a little correct view on the situations that occur here in our Nation's Capital and especially here on the House floor.

This group grew out of some frustration by Members on the Republican side of the aisle who felt that there was less light and less truthfulness being spoken here on the floor of the House, and that so often, because of the constrained rules on the floor of the House, we and others were prevented from bringing those instances to light. So we started what we call The Official Truth Squad, and the leadership has been very kind in allowing us to shed that light, bring that truth to the Members of the House and hopefully set the record straight so often.

We have many favorite sayings. One of them that I enjoy most is one from Senator Daniel Patrick Moynihan, who said that everyone is entitled to their own opinion, but they are not entitled to their own facts.

When you think about it, it's so very true here that if we were to deal more in fact that we would have a much better debate, a much better discussion, a discussion that would be much more

appropriate for the American people, and live up to the charge that we have all been given, that is, to represent our constituents to the best ability that we have.

But facts oftentimes don't hold the day here. But, hopefully, during this hour we will be able to bring some light to some very interesting matters that have been brought before the House and some that are yet to come in the days and the weeks ahead.

It has been a curious time here in Washington since the beginning of the year. It's a time of what I have called and dubbed Orwellian democracy, Orwellian democracy, because so often what we see is the party in charge, the majority party, says one thing and then does something completely different. So it harkens back to the author, George Orwell, and the double speak that he highlighted.

It's, sadly, distressing that the leadership on the other side of the aisle seems to be all politics all the time. It's a shame, because we both have just gotten back in town from a week of district work period, and I know that you likely heard what I heard at home, and that is that folks are frustrated and oftentimes disgusted with the kind of activity that goes on here in Washington, the kind of lack of debate, the lack of open and honest discussion. The all politics all the time is very frustrating to my constituents, and, I suspect, to those of yours as well.

Tomorrow is one of those days that will be a classic example of all politics all the time. The majority party has seen fit to bring forth, and you have heard a lot of folks talk about the issue this evening on the other side of the aisle, but they have seen fit to bring forth another resolution on the war in Iraq. It's curious that it comes literally just hours after the Speaker of the House had an individual stand up, who is known to folks far and wide across this Nation, and say that she was going to challenge the Speaker in the next election. So it appears that the timeliness of this resolution may be, again, all politics all the time in response to an electoral challenge that may be coming upon the Speaker of the House.

But the sad part about all of this, as it relates to the war in Iraq, and we are going to talk about a number of issues tonight, but the sad part about the resolution that's coming up tomorrow is that it is all just politics. It's not anything about real policy debates for the American people; it's not about real action. This Congress, this House and the Senate, said relatively recently that we were going to allow the reinforcements to run their course in Iraq, that we are going to allow General David Petraeus, who is on the ground there, along with credible fortitude and gallantry on the part of the American men and women, that we were going to allow the increase in the reinforcements of the American troops to run their course and see whether or not there was progress being made.

Now, just a few short weeks after the number of individuals have increased in Iraq, the majority party says, oh, no, we really didn't mean that, we need a new bumper sticker, we need a new headline, so they are going to bring a resolution on Iraq tomorrow. It is really a shame and very sad, because it, again, doesn't add anything to the debate, doesn't do anything other than highlight the politics of this majority party and the fact that they are having extreme difficulty getting any real accomplishments. So they bring another very politically motivated resolution on the war in Iraq, Orwellian democracy, saying one thing and doing another.

We have been told this is going to be the most open and honest Congress, most open and honest Congress ever. Well, the facts of the matter, the facts of the matter are that this is one of the most closed and clandestine Congresses ever to grace the American public. It is really a shame, again, really a shame, because issues aren't being debated the way that they should. We will talk very specifically about one of those issues tonight.

I want to highlight a couple areas where Orwellian democracy is holding forth and living and surviving well with this new majority. As you know well, this new majority came to power, and they said we are going to cut spending, we are going to decrease spending; we are going to be more responsible with spending hard-earned taxpayer money out there.

What does this new majority do? They increase spending. They couldn't wait to criticize all the spending that went on under the charge of the Republican Party when we were in the majority. So what they said, in essence, you spent so much, and it was so awful, that we are going to spend more. That's what they have done. They have increased spending by over \$25 billion, \$25 billion in the appropriations bills so far, and we are barely halfway through, if that, of the appropriations bills.

I would suggest to the American people that it's time to put your hands squarely on your wallet, because the true tax-and-spend majority is back in charge, and it's of great concern, I know, to my constituents and, I suspect, if you talk to yours as well.

When they adopted their budget, they adopted a budget that includes the largest tax increase in the history of our Nation, nearly \$400 billion tax increase. Again, not what they said they were going to do, and not what they said they have done, as a matter of fact. That's why it's Orwellian democracy, because they won't even fess up and own up to the fact, the fact that they have passed a budget that includes the largest tax increase in the history of our Nation.

Then they go on and they talk about fiscal responsibility. In fact, many Members have posters outside their offices up here in Washington. Some constituents may have come by the Halls

of Congress and seen the posters. The posters look wonderful. They talk about the need for fiscal responsibility, and the amount of the debt, the amount of the deficit. But, in fact, when given the opportunity to decrease the debt, and to decrease the deficit, what happens is that they continually say no. Orwellian democracy is alive and well.

Just today, just today we passed a bill that was the reauthorization of the higher education act for our Nation. But it didn't just reauthorize the act and provide more money for students of low-income, and "low" means to be able to attend colleges and universities. No, it didn't just do that. What it did in addition to that was to create nine new entitlement programs, nine new entitlement programs.

Now, entitlement programs are really a misnomer. They are programs that are on automatic pilot here. They are mandatory spending. They are programs that get started, and they never, ever end, because they are not able to be touched by the kind of discretionary spending that Congress has more control over. They just spend on and on and on, year after year.

Yes, this majority created nine new entitlement programs that will spend upwards of \$18 billion in just a few short years, a new \$18 billion. So there are nine new entitlements, no reform, no reform listed for the entitlement programs, which brings me to this issue of mandatory spending growth that we have seen in our Nation.

It's comprised of all sorts of mandatory spending programs, entitlement programs; but there are three that kind of highlight the major problem that we have. Of the nine new ones that they passed today, however, they may grow into being as important as these three, but the three are Social Security, Medicare and Medicaid. Those three programs, in and of themselves, comprise about 54 percent of our Federal budget right now, about 54 percent of our Federal budget. Our mandatory programs are mainly Social Security, Medicare and Medicaid.

The reason that's important is because these programs are mandatory, because they are on kind of automatic pilot, the amount of money, hard-earned American taxpayer money that comes to Washington that is spent on those programs increases gradually every single year.

So what this chart here shows, these pie charts here show is that in 1995, those three programs comprised about 48.7 percent of the Federal budget, about half of the Federal budget just 12 short years ago. Now, as I mentioned, about 54, 55 percent of the Federal budget is comprised of these mandatory, automatic-spending programs.

In a few short years, 2017, it will be about 62, 63 percent of the Federal budget. That's important because one would think that if you looked at that slope of increase in spending, slope of increase in total spending of the man-

datory programs, as it relates to the Federal budget, in a relatively short period of time, it's true, as you know, that those three programs will comprise the entire Federal budget, the entire Federal budget, about 2030, 2035, somewhere in that range, which is within the lifetime of most of us here in this Chamber and certainly the vast majority of the citizens in our districts.

That's important because something has got to change. You can't have these programs continue as they are without appropriate and responsible reform.

So one would think that the party in charge would say, well, we have got to look at these, and we have got to make certain that we reform these programs, otherwise we are going to have all of the Federal money going to these three programs.

When our party, my party, was in charge, what we attempted to do was to appropriately reform these programs and work diligently to make that happen.

So in 1997, with the Balanced Budget Act, we passed entitlement reform. We decreased the slope of that line. Now, we didn't end it, because of the difficulty in doing that, there are ways to do that, but it's extremely difficult both politically and financially to do that.

But in the Balanced Budget Act of 1997, we increased by about \$137 billion the entitlement mandatory spending over a period of time. In fact, in the Deficit Reduction Act of 2 years ago, of 2005, it was about \$40 billion in reform, reform spending in those entitlement programs. It makes it so that the hard-earned taxpayer money is more responsibly spent, that it makes it so that we work diligently to decrease the deficit and to decrease the debt.

One would again believe that looking at the previous charts, and realizing that these programs are expanding exponentially, and that they are very, very soon to comprise a much greater portion of the Federal budget, one would say, well, the party in charge probably, when they adopted a budget, they would bring about some appropriate reform to mandatory programs. That's what I expected. It's what my constituents expected.

Frankly, I think it's what the American people expected when they went to the polls and voted last November. They expected a more bold process for reform of automatic mandatory spending. Many of us on our side of the aisle would have been in support of that.

But what happened? You see over on the far right of this chart, it shows the amount of entitlement reform under this new leadership. Do you remember Orwellian democracy, the talk about fiscal responsibility, the talk about importance for entitlement reform, the talk about reforming the Federal Government, making it run more efficiently?

Well, what happened is that the budget was adopted by this new majority that had no entitlement reform, none. In fact, as I mentioned earlier today, nine new entitlement programs adopted, put into place, one could make an argument that that not ought to be zero, that ought to be minus, that this new majority is going in the wrong direction. When they talk about a new direction for America, there is a new direction for America, but it's the wrong direction. It's the direction of greater debt and greater deficit and greater fiscal irresponsibility.

□ 2200

That is not what the American people bargained for. I have no doubt about it. Which brings us to the issue that I would like to spend a fair amount of time on this evening.

There is a proposal coming forward later this month, within maybe just a few short days, that will address the SCHIP program, the State Children's Health Insurance program. This is a program that is near and dear to my heart. Mr. Speaker, as you may remember, before I came to Congress, I was a physician. I was an orthopedic surgeon. I spent over 20 years practicing orthopedic surgery in Atlanta. And one of the things that drove me in to politics, to stand up and say, I would like to serve my constituents in the public in this way, was a belief that there were individuals both in my State capital and in Washington that thought they had a better idea, about almost anything, but especially a better idea about health care; that they thought that they could make better decisions about health care than the people involved; that is, patients.

So the SCHIP program, the State Children's Health Insurance Program, is one of those that I think highlights one of the fundamental differences, one of the fundamental flaws in this Orwellian Democratic leadership, which is that they say one thing and then do something completely different. Because what they will say is that they are interested in reforming the system and bringing greater health care, more health care for more children across our Nation, and, Mr. Speaker, what they will do and what they will propose is in fact a program that will move us one step closer, one step further down the road to a nationalized health insurance program and also one step closer to a program that will make it so that patients, parents, doctors are unable to make health care decisions. It is not what the American people bargained for, there is no doubt about it.

This new majority is obviously driven by the left in our Nation, driven by, I think, a small minority of individuals who firmly believe, again, that the government knows best; that the government knows best how to make all sorts of decisions. But in this instance it is personal. It is personal for every single American. Certainly it is personal for the children in these programs; because

what this program is saying and what is being proposed is that the government, that Washington knows better what kind of health care you need, and we make better decisions. We, politicians, bureaucrats here in Washington, make better decisions than individuals, than individuals, than children and their parents together.

I think it is helpful that we are having this debate because I think it provides that great contrast, that wonderful contrast between the party of individual responsibility, and the party that believes that patients and parents and their doctors ought to be able to make medical decisions, and the party that believes that the government ought to be making those decisions.

So I am looking forward to the debate. It is a difficult issue because the consequences are so great and the consequences are so personal to each and every American. I don't know anybody that believes truly that the government can make better health care decisions for themselves. I don't know anybody that believes the government can do that. So I am looking forward to the debate as we move forward on the SCHIP program, the State Children's Health Insurance Program.

I am going to talk a little bit more about that as we go on, but I am pleased to be joined by my good friend from Tennessee, Congresswoman MARSHA BLACKBURN, who is a leader in so many areas, but especially in the area of health care, and serves on the Energy and Commerce Committee. I am so pleased to have you join us this evening and share your concerns and your knowledge and information about the State Children's Health Insurance Program.

Mrs. BLACKBURN. It is a pleasure to join you. And I appreciate the opportunity to come and talk with our constituents about this program.

It is amazing to me as we are looking at this and looking at the reauthorization of it and looking at what has been a very successful program when it has worked as a block grant program, and then look at the problems that would arise as it moves to being an entitlement program. And this is something, though, that, unfortunately, it seems to be more or less the method that the Democrat majority is using as they move forward.

This is the "Hold on to Your Wallet" Congress, and they are expanding programs. Today we have done the college cost of savings. It sounds good, but, my goodness, nine new entitlement programs that they have voted to establish today, nine. And it is not going to have an effect with making certain that people have the ability to get into college and then stay in college. You have got all these different programs that appeal to special interest groups but not to the average family that is sitting down at the table and taking out a pencil and a piece of paper and saying, How do we make all of this fit?

I have just been amazed listening to the debate today as it pertained to edu-

cation. And, of course, we are seeing this as we are working through our appropriations bills. They are spending more money. They are spending above the President's request. They are proving Ronald Reagan right at every turn. He has said, "There is nothing so close to eternal life on earth as a Federal Government program." And certainly we see that. They are given the opportunity, and what are they doing? They are starting new programs. They are starting the bureaucracy; certainly not the kind of change that the American people thought that they were going to get. And we see that as we look at the SCHIP program.

Now, those of us who have watched health care and worked on health care issues at both the State and the Federal level know the value of having this program and having it work and States having the flexibility that is there. But what we are seeing is the SCHIP program being hijacked to help the liberal left move their agenda of socialized medicine a little bit further toward the finish line. And when they talk about Medicare for everybody, when they talk about expanding Medicaid, and when they talk about moving SCHIP from a block grant to an entitlement and then expanding the reach of that program, that is what they are doing.

SCHIP is to be for children. We have States that are using it to pay for adult health care. SCHIP was originally capped at \$40 billion over a 10-year period of time for block grants, for children's care. What has happened, Congress has granted an additional \$676 million in new Federal spending for State bailouts through 2026. So, there again, we hear accountability and we hear our constituents talk to us about accountability and the importance of accountability, but what we see is our colleagues on the left who will say, "Well, if somebody gets in trouble, let's pay for it. Let's pay for it. Let's let the Federal Government pay for it." But the problem here is we forget, this is not Congress's money. It is not the bureaucracy's money. It is not SCHIP's money. It is not CMS's money. It is the hardworking family that goes to work every day, that earns that money, that sends it to the Federal Government. This is taxpayer money.

Mr. PRICE of Georgia. If the gentelady will yield. I appreciate your comments. And I appreciate especially concentrating in that last statement about whose money this is, because so often we lose sight here with the incredible number of zeroes that we deal with here in Washington, billions and billions of dollars, truly. And all of those dollars take hardworking Americans waking up every single day, making certain that they have cared for themselves and their family, and getting to work and being generous enough to entrust to us their hardearned money, and it is incumbent upon us to spend that money wisely. And the challenge that I see with every government program, but especially

this State Children's Health Insurance Program; it is a noble cause. It is a noble cause without a doubt. Who can object to providing health care for needy children? So it is a noble cause, but it is a government program that is clearly being morphed into something else. And I think that is what you were alluding to.

Mrs. BLACKBURN. And I thank the gentleman for yielding. Today we have 6 million children that are covered in SCHIP. We also have 600,000 adults that are covered in SCHIP.

Mr. PRICE of Georgia. Let me get this straight. In the Children's Health Insurance Program, there are hundreds of thousands of adults who are being covered? How is that possible?

Mrs. BLACKBURN. I thank the gentleman for yielding. That is happening because States are deciding that they are going to take the money and then use it for some things other than the children. Maybe they don't have enough children that fall below that poverty level or the 100, 200, 300 percent of poverty, wherever those levels may be for those specific State programs, so you have part of that money being used for adults.

Now, the problem that has come before us is SCHIP has to be reauthorized before September 30th, and the funding will expire. Now, this is a program we don't want to expire. We would like to see it continue as it was originally set up to continue. We do not want it to morph into other things and be a program that also covers adults, be a program that covers those that are not falling into the category of being needy children. We want to make certain that it remains a block grant, that States are given flexibility, and that the money is used to cover the children, the population for which it is intended. That is how accountabilities should work with these programs.

Now, our colleagues across the aisle want to make it permanent. They are not interested in addressing how the money is being spent or whether a less costly, more efficient system could end up serving children better and meeting the needs of those children in the appropriate way.

One of the things that they are also wanting to do is to change the income levels and include those that are at 400 percent of poverty. So what we would have is families that are making \$60,000 to \$84,000 a year would end up being eligible for SCHIP for their children. So what we would have is the IRS looking at a family's tax return and saying, "You are rich. You are going to pay the AMT." And then the SCHIP program looking and saying, "Well, you fall within the guidelines of 400 percent above poverty, and you qualify for this wonderful entitlement called SCHIP." So that is the kind of frustration that we see in the bureaucracy that causes frustration and a lot of questions from our constituents and causes them to say, "Wait a minute. How is this money being used?"

Now, we also hear from our constituents that they don't want more of this control centered with the bureaucrat. They want to be able to preserve the doctor-patient relationship. They want to be able to make choices for themselves. And they sure don't want socialized medicine and government-run health care.

We have heard one of our colleagues say, do you really want the bureaucracy that can't seem to straighten out Katrina, that can't seem to handle homeland security, that can't seem to get their hands around passports, to then manage health care from cradle to grave? And those are the right questions for our constituents to ask. And as they bring those questions forward, we say: And one of the ways that we need to address this is through making certain that SCHIP stays as it was intended to be, a block grant program that was put in place to assist the States in providing health care for children at low-income levels, those needy children.

And I yield to the gentleman from Georgia.

Mr. PRICE of Georgia. I thank the gentlelady again for that perspective. And I just want to highlight something that you mentioned, and that is that there are proposals here in the House and in Congress to make this program mandatory, part of that entitlement mentality that exists on the other side of the aisle, and to increase the eligibility for this mandatory program up to 400 percent of the poverty level; you mentioned that is about \$82,000 for a family of four.

This chart demonstrates that the percent of children who would be covered up to 200 percent, which is what has been the original guidelines for the SCHIP program and what we believe ought to be appropriate at this point, is 50 percent of the kids will be covered in a Federal-State program.

□ 2215

If you go up to 300 percent, then it gets to 77 percent of the children. If you go up to 400 percent of the poverty level, you get nearly 90 percent of children in a Federal health care program. And that's what sheds light on the real issue here, the real issue being who ought to be in charge of health care for our Nation's children and for our Nation's families, and for individual people all across this Nation. We believe it ought not be the Federal Government, I think that that's fair to say. And the other side clearly believes that this is the next step, to allow them to have the Federal Government control health care. And I'm happy to yield.

Mrs. BLACKBURN. I thank the gentleman. And yes indeed. You know, one of the things that one of my constituents is fond of saying when they come to town hall meetings and gatherings is, Marsha, whatever the government giveth, the government sure can take away. And we need to keep our attention to as we talk about this health

care. Do we really want to put a bureaucrat behind a desk making a decision for the type health care that our child is going to receive? Or do we want to make certain that we, as parents, and as patients, with a physician, have the opportunity to make those decisions about health care, and do we want to make certain that we are moving toward a market-driven health care system? Or do we want to move toward socialized medicine system? And those are questions that the American people are certainly asking.

You know, one of the things, as we've looked at this, and you hear the discussion about what it's going to cost, and generally, as with so many programs that come from the left, they will say, oh, but it's only going to cost this amount. And it's not going to be that much more expensive to pick up those extra 45 percent of the children to move us to 95 percent. It's not going to cost us that much. And it's going to pay dividends in the long run.

Well, you know, the interesting thing about that is the way government structures its budget. We're not looking at the 10-year, 20-year, 30-year cost. We're looking at a 5-year snapshot. Many of our States, when they construct their budgets, they're doing cost accounting, which is a 1-year view into what is taking place.

And even at this, you know, CBO has scored this bill at \$50 billion, and we're finding out that the cost is more like a \$108 billion to cover the cost between adding an additional 1 to 2 million extra children. And that doesn't even get into considering some of the income requirements for recipients. And this is going to be an interesting issue of debate.

And I yield to the gentleman.

Mr. PRICE of Georgia. I appreciate that because you triggered in my mind something about cost-of-government programs. And I'm reminded of the fact that when Medicaid itself was instituted in the mid-1960s that there was a wonderful estimate that said that Medicaid, at the turn of the century, when 2000 rolled around, would only cost about \$8 billion. In fact, it cost about \$80 billion.

So the Federal Government is always off by a significant factor, and so when you hear an estimate that this will only cost \$108 billion, in fact, we can say with relative certainty that that is a lesser amount than it would actually cost, and it would be much greater burden on the American taxpayer.

And I'm pleased to yield back.

Mrs. BLACKBURN. Yes. And one of the points that I would make in this debate is that in fiscal year 2007 alone, SCHIP will cost the American taxpayer \$11.5 billion. Now, under the plan that the Democrat leadership is pushing forward for expansion of this program, that cost would increase fivefold. That would increase fivefold. This is what it would cost turning it from a block grant with flexibility to the State and moving it to an entitlement where you're going to put it on auto pilot.

And people say, what are entitlements? What's the difference here? When you're talking about Medicare, when you're talking about Medicaid, when you're talking about some of our Social Service programs that are entitlements that every year they just grow right along. There's not a check and balance. You're not working on outcomes. You're not working on making certain that you're achieving efficiencies. You've got it on auto pilot.

Now we've established nine new today, nine new entitlement programs in education. That is what the Democrat leadership wanted. It's not what the American people wanted. That's what they wanted, entitlement programs. And what we know is they would increase the cost fivefold on this plan.

Another thing we need to keep in mind is that the SCHIP expansion would generate a real shift away from private health insurance and that private health insurance market for children. And for every 100 children who get public coverage as a result of SCHIP, there is a corresponding reduction in private coverage of between 25 and 50 children. So you change the way that market is going to work. And it is of concern to us. We know that this is something that will cause a lot of questions.

We are very concerned with what we hear they are pushing to do to try to make this palatable so that they can pull in votes to pass this SCHIP program. We know that our physicians have a problem with the payment system for Medicare reimbursement, and certainly, the gentleman from Georgia, being a physician, understands this so very well. And we've seen reductions in payments for Medicare payments to those physicians. And so they're going to include this in the SCHIP bill.

Well, the Medicare payments don't have anything to do with the SCHIP block grant. But in order to try to pull together those votes and pull together something that they think the Republicans can't afford to block, they're going to put that in there.

Now, if I were a practicing physician dealing with the SGR and with Medicare reimbursement, I would be highly offended that I'm going to be used as a bargaining chip in the Children's Health Care Insurance Program.

Now, they're also going to look for ways to improve programs that provide financial assistance to low income Medicare beneficiaries for premiums, cost sharing and prescription drugs. So they're going to set up a generational battle and say, well, we'll do this on SCHIP, but we're going to take away some of the benefits from the Medicare part D and the Medicare Advantage. So they're going to take away a little bit from the seniors and then try to put that into the children's health care.

Now, if I were a senior citizen, there again, if I liked my part D and my Medicare Advantage, I wouldn't like the fact that they're going to use me as a bargaining chip.

And then we find that they're going to provide a special focus on addressing the health care needs of those living in rural areas. Well, if I lived in a rural area, and if I had a community health center in my area, and of course, in my seventh District of Tennessee, I have plenty of rural areas and plenty of rural health centers. I wouldn't like the fact that I'm going to be a bargaining chip.

And it is unfortunate that this seems to be the path that they are going to choose to travel. Rather than addressing the issue straight up, rather than addressing the needs of the States, rather than addressing how do we best meet the needs of children, they're going to pull all these different things and pull them into one bill and try to make something they think that there are plenty of people that they can't vote against it.

So I find that, indeed, unfortunate and something that, when we talk about health care, preserving access to health care for all of our constituents, it is, indeed, unfortunate that that bargaining chip-type mentality, that let's make a deal with the hold on to your wallet Congress, is the way they want to operate and do business.

And I yield to the gentleman from Georgia.

Mr. PRICE of Georgia. I thank you so much for your comments. And I think the issues that you point out most recently there on the bargaining chips really speaks to the cynicism with which this leadership leads this Congress because it is, it's purchasing votes. It's purchasing numbers of votes in order to pass a bill. And then to have the, again, the all politics all the time, the bumper sticker politics that goes on by this leadership. And it is, frankly, what the American people are tired of. It's not what they voted for in November. And they are clearly telling each other and telling any individual who will ask that that has decreased their opinion of Congress.

And I'm pleased to yield.

Mrs. BLACKBURN. You know, as you were saying that, I'm reminded of what we in Tennessee went through in 1994 and 1995 as we saw the advent of TenCare in our State, which was the test case for Hillary Clinton health care. And we know what has happened in our State of Tennessee, and the fact that TenCare now is consuming about two-thirds of our State's budgets. It is a very, very difficult program.

And somebody always is going to pay. Somebody always has to pay the bill. And what we are seeing with the American public is, they know that it is the taxpayer that is going to pay; that there are not things that are free. Someone pays for that, and they, the taxpayer, going to work every day, American families holding American jobs, earning a pay check that, unfortunately, the Federal Government has first right of refusal on that pay check, they take their share before you get your share. And it happens every single pay period.

And so many people are tired of it. They're tired of government not being accountable, and they are tired of Congress having an insatiable appetite for their hard-earned money. And it's what causes them to contact us when they hear about how these appropriations bills are being handled, when they hear about the increase in Federal programs, when they hear about the increase in spending. And, yes, indeed, as I've told my constituents this weekend, I'm not surprised that the numbers for Congress are as low as they are. People wanted things done differently. And this is not the kind of change they wanted. What they're saying, this is exactly what we didn't want. It's exactly what we didn't want.

I yield to the gentleman from Georgia.

Mr. PRICE of Georgia. I thank you so much. I appreciate your perspective this evening so much on the program about which you know a lot and your perspective from the committee, and especially your perspective about representing constituents, real Americans, real Americans who are working just as hard as they can to make ends meet and being so very, very frustrated with a Federal Government and a leadership now in Congress that appears absolutely more interested in dividing and conquering, as opposed to putting in place appropriate policies. So I appreciate your comments.

I just want to make a few more comments about the specifics of the State Children's Health Insurance Program, because I think that there are a number of issues that need to be pointed out as we move forward with this debate. The current program, as we've talked about, was meant to cover, was scheduled and meant to cover children up to 200 percent of the poverty level. And as we've heard, many of the States covered to a higher degree than that. Some 235, some 250, some went up to 350 percent of the poverty level. And although that is, I think, a move in a direction that's not consistent, certainly with the intent of Congress, it probably is a move away from where the American people thought that program was going, without a doubt.

But, Mr. Speaker, it definitely is a move away from the intent when you look at the programs and realize that even those States that went up to 300 and 350 percent of the poverty level, some even up to 250 percent of the poverty level weren't even covering all of the children under 200 percent of the poverty level. And they were covering adults.

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So it just was a flawed program.

And it is so often what happens here in Washington: Federal programs are enacted. Noble cause is outlined. Wonderful banner headlines provided. Great speeches given about how this will save this, that or the other thing. And then the implementation is so terribly and woefully flawed. And that has indeed happened in this case.

This reauthorization, as has been mentioned, is up because the program is about to be 10 years old. It expires on September 30 of this year. As a physician, I joined many of my colleagues before I came to Congress and before I was in the State legislature early in the 1990s, and many of us believed we were at a crossroads at that time as it related to health care. There were many on the other side of the aisle, on the Democrat side of the aisle, who believed that the government ought to take over health care at that point in the early 1990s. And, Mr. Speaker, as you will remember and as many folks will remember, if they think back to that time, there was a huge battle and a lot of expose about what the consequences of that would be. And thank goodness we didn't march down that road.

But we are now back at that crossroads. We backed up. We went down another road a little bit, and some of the direction was correct. Some of the direction was putting us further toward government-run health care. But we are now at that crossroads where we have a group of individuals in charge in the United States House of Representatives now, with a Democrat leadership, who believe that a Washington-controlled bureaucratic health care model is what America wants.

I don't believe that is what America wants. It certainly isn't what my constituents want. It wasn't what my patients wanted when I was practicing medicine.

I think it is important, as we look at this program, the State Children's Health Insurance Program, and as we look at the fact that it is up for reauthorization, that we ought to ask some questions. What have the consequences of the program been to date? Indeed, we have covered a number of children who would not possibly have had health insurance. One of the consequences of raising the Federal poverty level eligibility for the Children's Health Insurance Program is that we crowd out children who might otherwise be obtaining insurance through a private plan where their mom or their dad work. But there are other consequences, and some of those consequences are grave. One of them is, I believe, an increased dependence on government for the provision of health care. There is no doubt about that. I believe also that it undermines parental responsibility. And there is no doubt that it increases the burden on the hard-working American taxpayer.

I would like to touch on a few specifics on each of those. Increasing dependency on government, where does that come from? Well, when you look at the year 1998 and the percent of American children who were on either Medicaid or the State Children's Health Insurance Program, in 1998 it was about 28 percent. Twenty-eight percent of American children were enrolled in 1998 in either Medicaid or the State Children's Health Insurance Pro-

gram, SCHIP. In 2005, that number had jumped to 45 percent or 6.2 million children. So it went in 1998 from 28 percent to 45 percent in 2005. So there is no doubt that there is an increased dependency on the government for the provision of health care. Again, I don't think that is what the American people had in mind.

State policies also have increased and encouraged the trend of adult enrollees. A couple of examples which just boggle my mind, Mr. Speaker, in Minnesota, for example, 87 percent of those enrolled in the State Children's Health Insurance Program in 2005 were adults. Eighty-seven percent were adults. That is not what Congress voted on in 1997. That is not what the American people thought was going to be the program to provide health insurance, health access, health care for the neediest children in our Nation. In Wisconsin, the number was 66 percent. So, in Wisconsin, 66 percent, and in Minnesota, 87 percent in 2005 were adults on the Children's Health Insurance Program. That is not what this program was to be about. And State officials, as we have mentioned, didn't stick to the 200 percent. So in New Jersey, for example, the amount went up to 350 percent of the poverty level. Mr. Speaker, that is an income of about \$72,000. Now, that may or may not seem to be a lot of money to some folks, but the problem that we get in this doublespeak in Washington, in this Orwellian democracy model that we have by the leadership right now is that, as Congresswoman BLACKBURN mentioned, on the one hand, \$72,000 is deemed to be "rich" by the other side of the aisle when it comes to the alternative minimum tax, but \$72,000 for a given State under this program is deemed to be needy so that the State has to cover children in their health insurance program. Clearly it is doublespeak. Clearly it is Orwellian democracy. It has become increasingly clear that there are many Members of Congress who believe that expansion into higher income levels for families is exactly what they want because they at their core desire government health insurance over private health insurance. They desire a Washington-controlled bureaucratic model for the provision of health care and medicine in our Nation. So it is clear that the program has increased dependency on the government for the provision of health care.

How about transferring family responsibilities, taking the place of parents, transferring family responsibilities to the government? There is no doubt that that has occurred and in a variety of ways. In many cases, for example, the SCHIP program means that children's health coverage will be totally separate than their parents. So they go to different offices. They go to different office locations. There are different office hours. There are different doctors that care for them, different paperwork, all of which makes life more difficult. It makes the Federal

Government and the State government the determiners. It makes them making the decisions for parents and for families.

I believe that the goal should be to help unite families, to help unite their coverage under one private plan that they select, that they own, not to spread the coverage out through a hodgepodge that increases dependency on the government.

Some in Congress suggest that private coverage is unattainable for lower-income families or working families. But the facts tell a different story. Remember, Mr. Speaker, facts are stubborn things and everyone is entitled to their own opinion, but they are not entitled to their own facts? Well, the facts tell a different story. According to the Congressional Budget Office, 50 percent of children whose families earn between 100 and 200 percent of the Federal poverty level have private health insurance coverage. Remember the other 50 percent covered by this program, 50 percent are covered by private health insurance. That number skyrocketed to 77 percent for those families that earn 200 to 300 percent of the Federal poverty level. In fact, 60 percent of people covered by SCHIP expansions already had private coverage available to them. Let me repeat that, Mr. Speaker, because that is a startling statement. It is a startling fact, and it is something that we ought to pay attention to. Sixty percent of the people covered by SCHIP expansions were already covered by private insurance before the program was instituted.

Mr. Speaker, what that means is that we are making decisions here in Washington that are providing financial incentives for individuals and businesses and people to move their health care coverage to government, and when we do that, it is incumbent upon us to ask the question, should we be doing that? What are the consequences of doing that? What are the unintended consequences of doing that? In 2012, if we continue down this road, 71 percent of the American children will be in a government-run health care system.

Now, what does that mean? What are the consequences of that? As a physician, I am here to tell you, Mr. Speaker, the consequences of that are that more health care decisions are made by bureaucrats and are made by individuals here in Washington than are made by doctors and their patients and children's parents. That is what it means. It means that more personal health care decisions move away from being made by patients and their doctors. That is not what we ought to be about. That is not increasing choice for individuals in the health care system. That is not increasing freedom for individuals in the health care system. That is creating a system that is Washington-controlled bureaucratic health care, and I don't believe that that is what the American people desire.

This program definitely has burdened the taxpayer. There is no doubt about

that. You couldn't reach any other conclusion regardless of where you come down on the program. As was mentioned, this will cost hundreds of billions of dollars. And if it is made into an automatic or mandatory or entitlement program, it will increase even greater than that.

Now, Mr. Speaker, I have just a few short minutes, but I do want to touch on what we believe, what I believe we ought to do because there are positive solutions. There are positive answers to how we ought to move in a direction that provides patient-centered health care, patient-centered health care, something that I believe is wanted by the American people. It is something that I have termed American values and American vision. And one of those American values and one of those American visions is to have a health care system that is patient centered, that allows patients and their doctors to make decisions, not government officials. Not government officials. That is not where the American people want us to be. So if we are going to have a Children's Health Insurance Program, then we ought to live up to the premise for which it was brought about, and that is to target it to low-income families, low-income, uninsured families. And there is an easy way to do that. There is an easy way to do that.

You can empower families to make health care decisions that directly affect their own children. The way that you do that is through a robust system of premium assistance. You can provide and allow parents to utilize the SCHIP funds to be able to purchase private health care coverage without government micromanagement. It is a system that results, in essence, in a defined contribution program so that the Federal Government would, when needed for low-income uninsured children, provide assistance that would allow for the purchase of a private health insurance policy so that the family owns the policy. And when that happens, what that means is that it becomes patient-centered because the individuals, the parents, will select the best program for their child. And that is all that anybody is truly wanting. They want a system that responds to the health care needs of their family and their children; not a system where the Federal Government is making those decisions.

It is easy to also provide for a program that would expand the options for individuals and families beyond the narrow confines of the SCHIP program. It is important that the perceived need is for a system that provides appropriate health care, indeed, but the appropriate need is for one that is responsive to patients.

I have a few other items that I just want to point out, Mr. Speaker, before I close. And that is, again, that if we move toward the system that is being proposed by the folks who are interested in Washington-controlled bureaucratic health care, 71 percent of Amer-

ica's children will be on Medicaid or SCHIP in the year 2012. Over the next 4 years, if nothing has changed with this program and others, we will move from \$11,000 per year, per household, Federal money, \$11,000 per household to \$13,000 per household spent on health care.

And there is a wonderful article that I would like to point out to my colleagues, Mr. Speaker, that was published on June 28 by Robert Novak called, "Socialized Medicine for 'Kids.'" And I will include that in the RECORD. I urge my colleagues to avail themselves of this article. This talks about removing the ability of parents to make personal health care decisions for their children.

SOCIALIZED MEDICINE FOR "KIDS"

(By Robert D. Novak)

WASHINGTON—There is no need to wait until a new president is elected next year for the great national health care debate. It is underway right now, disguised as a routine extension of an immensely popular, non-controversial 10-year-old program of providing coverage to poor children. In fact, this proposal is the thin edge of the wedge to achieve the longtime goal of government-supplied universal health insurance and the suffocation of the private system.

The Senate Finance Committee was scheduled to mark up this portentous legislation expanding the State Children's Health Insurance Program (SCHIP) today [Thursday], but disagreement over the size of the program and how to pay for it forced postponement. Democratic Sen. Jay Rockefeller's version would triple SCHIP's current five-year cost of \$25 billion to a level of \$75 billion. That would grant federal largesse to more than just poor "kids" (as politicians endearingly call children). An estimated 71 percent of all American children in families of four making as much as \$82,000 a year would become eligible, with states also continuing present coverage of adults under SCHIP.

But where to find money to cover the massive cost? Senators of both parties want to raise tobacco taxes, but that well is not bottomless, as existing taxes have reduced cigarette smoking. Instead, House Democrats want to take money from private elements of Medicare instituted by the Bush administration. The overall effect would make three out of four American children accustomed to relying on government care no matter what course their parents take. In sum, SCHIP turns out to be socialized medicine for "kids" (and many adults).

A principal sponsor of the \$75 billion program is Sen. Hillary Rodham Clinton, whose hand is detected in health care struggles the past 15 years. After the Clinton administration's sweeping "Hillarycare" failed in 1994 and contributed to that year's Republican takeover of Congress, the first lady miniaturized her goals by limiting coverage to poor children. Republicans, led by Sen. Orrin Hatch in one of his several collaborations with Sen. Edward M. Kennedy, had lost their revolutionary zeal after the government shutdown of 1995 and accepted SCHIP as a fallback position at a beginning outlay of \$4 billion a year. It was the bargaining chip given President Bill Clinton in return for him signing the Deficit Reduction Act of 1997.

SCHIP over the past decade has been a beloved "kids" program whose faults were overlooked, much like the Head Start school program. The federal government has consistently granted waivers to permit 14 states to cover adults under SCHIP, which now cost \$5 billion a year. Minnesota led the way,

with 92 percent of money spent under the program going to adults.

The massive expansion was proposed by Sen. Clinton this year, furthering her promise of "step by step" advancement toward universal health care. Her proposal extends SCHIP to families at 400 percent of poverty (or \$82,000 annually). Hatch after 10 years is back again supporting a Democratic program along with Sen. Chuck Grassley, the Finance Committee's ranking Republican. But they want a mere \$55 billion (a \$30 billion increase), compared with Rockefeller's \$75 billion, causing the postponement of today's markup.

The Democratic congressional majority now faces the consequence of its "paygo" mandate to account for higher spending. The Senate's preference for tobacco taxes runs into present overall cigarette taxes of more than one dollar a pack, lower legal cigarette purchases and reduced smoking typified by a 19 percent decline in New York City. More creative funding comes with Rep. Pete Stark's scheme in the House Ways and Means Committee for slashing the popular private Medicare program. That not only would fund an expanded SCHIP but move toward government monopoly over all health insurance.

An indirect but pervasive impact of Sen. Clinton's grand design would be the impact in the same family of children who are insured by the government while their parents are covered privately. Would the children become accustomed to Washington taking care of them? Would the adults drop private insurance? The future is now for universal health care coverage, and President George W. Bush may soon face the decision of whether or not to veto it going into the election year.

Mr. Speaker, in closing, I just want to urge my colleagues to make certain that we remember why we were elected. We were elected to represent honestly and hopefully and responsibly our constituents, especially in the area of health care, an area that I knew very well as a physician and about which I became very frustrated because of governmental intervention. We are responsible to make certain that we set in place programs and policies that allow for the most personal decisions of our lives and of our children's lives to be made by individuals and their parents and their families, not by government.

So I urge my colleagues to make certain that as we move forward with this debate and with this discussion that we act responsibly and allow patients, their parents, and physicians to make health care decisions.

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30-SOMETHING WORKING GROUP

The SPEAKER pro tempore (Mr. ALTMIRE). Under the Speaker's announced policy of January 18, 2007, the gentleman from Florida (Mr. MEEK) is recognized for 60 minutes as the designee of the majority leader.

Mr. MEEK of Florida. Mr. Speaker, it's an honor to address the House. And I hope the Members of the House had a great 4th of July break as we celebrate another birthday of this great country. And the great thing about it is you're allowed to say what you want to say