

a whole lot of attention to what goes on here on the floor, and it's probably better, but hopefully they're paying attention now because it's a sad day, and they need to take note.

Mr. Speaker, I would suggest that what has happened today on this floor has been an abrogation of duty, an abrogation of our duty as representatives of the people, the finest Nation on the face of the Earth. But given what we've done today, we may not be there long.

Mr. Speaker, there are individuals who have as their stated goal the destruction of the West. You can call them what you will, radical jihadists, terrorists. Their threats are real and they are continuing. And this House, under this liberal Democrat leadership, is ignoring their words.

You don't have to take my word for the fact that these threats are real. Benazir Bhutto was assassinated on December 27, allegedly on orders from al Qaeda. And one might say, well, that's 6 weeks ago. Well, just in the past 48 hours we have seen threats from other radical jihadists. In Denmark, three jihadists were arrested in a plot to murder a cartoonist for drawing an editorial cartoon years ago that they found objectionable. Mr. Speaker, I know that some on the majority side view this as comic relief, I guess, but the three jihadists who were arrested to plot the murder of a cartoonist in Denmark within the past 48 hours didn't view it as comedy. And this Democrat majority and leadership says, oh, that's okay, don't worry about it. Mr. Speaker, I hope the American people are paying attention.

In the last 48 hours, in the Philippines, jihadists with two terrorist groups associated with al Qaeda are said to be plotting to assassinate the Filipino President and bomb western embassies. And this Democrat majority leadership says, oh, that's okay, don't worry.

Mr. Speaker, in the last 48 hours in Iraq, the reputed leader of al Qaeda in Iraq posted on a jihadi Web site a call for war with Israel and for jihadists to use Iraq as a launching pad to seize Jerusalem. And this Democrat majority leadership says, oh, that's okay, don't worry about it.

And just this morning, Hezbollah chief Hassan Nasrallah raised the prospect of war with Israel declaring, "Zionists, if you want this kind of open war, let the whole world listen: Let this war be open." And the Democrat majority leadership in this House said, that's okay, don't worry about it.

Mr. Speaker, I am astounded that the House of Representatives will leave town today and go home when Saturday of this week the opportunity and the ability of our intelligence community to protect us and other freedom-loving people around the world will expire. I'm astounded.

Most of what we do on this floor my constituents think doesn't make a whole lot of difference in their lives. Mr. Speaker, this makes a whole lot of

difference in the lives of my constituents, in the lives of your constituents, in the lives of every single American. And not to have acted today on this bill to allow our intelligence community to keep us safe and protect us, I would suggest, Mr. Speaker, is an abrogation of duty.

I call on the Democrat leadership and the Speaker of the House to bring us back into session as soon as possible and, on behalf of the American people, act responsibly, live up to your oath, and pass this bill, the Protect America Act.

SUNSET MEMORIAL

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

Mr. FRANKS of Arizona. Mr. Speaker, I stand once again before this body with another sunset memorial.

It is February 14, 2008, Valentine's Day, in the land of the free and the home of the brave. And before the sunset today in America, almost 4,000 more defenseless unborn children were killed by abortion on demand. That's just today, Mr. Speaker. That is more than the number of innocent lives that America lost on September 11, only it happens every day.

It has now been exactly 12,806 days since the tragic judicial fiat of *Roe v. Wade* was handed down. Since then, the very foundation of this Nation has been stained by the blood of almost 50 million of America's own children. Some of them, Mr. Speaker, cried and screamed as they died, but because it was amniotic fluid passing over the vocal cords instead of air, we couldn't hear them.

And all of them had at least four things in common. They were each just little babies who had done nothing wrong to anyone, and each one of them died a nameless and lonely death. And each of their other mothers, whether she realizes it or not, will never quite be the same. And all the gifts that these children might have brought to humanity are now lost forever. Yet, even in the full glare of such tragedy, this generation clings to blindness and invincible ignorance while history repeats itself and our own silent genocide mercilessly annihilates the most helpless of all victims to date, those yet unborn.

Mr. Speaker, perhaps it's more important for those of us in this Chamber to remind ourselves again of why we are really all here. Thomas Jefferson said, "The care of human life and happiness and not its destruction is the chief and only object of good government."

Mr. Speaker, protecting the lives of our innocent citizens and their constitutional rights is why we are all here. It is our sworn oath. The phrase in the 14th amendment capsulizes our entire Constitution. It says, "No person shall be deprived of life, liberty, or property without due process of law."

The bedrock foundation of this Republic is the declaration, not the casual notion, but the declaration of the self-evident truth that all human beings are created equal and endowed by their creator with the unalienable rights of life, liberty, and the pursuit of happiness. And every conflict our Nation has ever faced can be traced to our commitment to this core self-evident truth. It has made us the beacon of hope for the whole world. It is who we are. And yet, Mr. Speaker, another day has passed, and we in this body have failed again to honor that commitment. We failed our sworn oath and our God-given responsibility as we broke faith with nearly 4,000 more innocent American babies who died without the protection that we should have given them.

But perhaps tonight, Mr. Speaker, maybe just one someone new who has heard this sunset memorial will finally realize that abortion really does kill a baby, that it hurts mothers in ways that we could never express, and that 12,806 days spent killing nearly 50 million children in America is enough, and that this Nation is great enough to find a better way than abortion on demand.

So, Mr. Speaker, may we each remind ourselves that our own days in this sunshine of life are numbered, and that all too soon each of us will walk from these Chambers for the very last time. And if it should be that this Congress is allowed to convene on yet other day to come, may that be the day when we hear, when we finally hear the cries of the unborn. May that be the day when we find the humanity, the courage, and the will to embrace together our human and our constitutional duty to protect the least of these, our tiny American brothers and sisters from this murderous scourge upon our Nation called abortion on demand.

Mr. Speaker, it is February 14, 2008, 12,806 days since *Roe v. Wade* first stained the foundation of this Nation with the blood of its own children. This, on Valentine's Day, in the land of the free and the home of the brave.

HEALTH CARE

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

Mr. KAGEN. Mr. Speaker, joining me this evening is Congressman ALTMIRE from Pennsylvania.

I think it's only fitting that on this Valentine's Day we begin to have a discussion about health care in America. It's a heartwarming day. It's a day of friendship, a day of conversation between one's loved ones.

When I was sent here by the people of northeast Wisconsin, I was sent here to listen to their concerns. In my previous existence, I was a physician caring for many thousands of people across northeast Wisconsin. And I continue to listen to them while I'm here in the halls

of Congress, and I want to share in the first few minutes of this hour some of their conversations with me.

Tom and Sue Wright from New London, when I asked them what was important to them, 50 million people without health insurance is a disgrace. Tom and Sue are right, but they're not alone. Bob from Green Bay writes, "If taxpayers can't get the same health insurance as Congress, at least get drug costs down so we can afford our pills."

What about from Casco, Russ writes, "I'm 60 years old, and I have a \$5,000 deductible on my health insurance per family member; all of my health expenses out of pocket. We need help desperately." That's Russ in Casco.

In Greenville, it's the same story. This is from Al and Linda. "As we near retirement, we know we can't afford health insurance premiums or drugs on our own. Please help. We're getting towards retirement. We don't have the money."

From De Pere, it's Kathleen. "It's time for all Americans to have the same health care benefits as their Representatives in Washington."

And finally, from Crivitz, Al writes, "Without a job that pays a fair wage, I won't have money to pay for health care, gas, a war, Social Security, or anything else."

My friends, my colleagues, it's time for us to have an open and honest discussion about what's important in America. And if it's not your health, I don't know what it is. Because if you don't have your health, you don't have anything.

I yield to my colleague from Pennsylvania (Mr. ALTMIRE).

Mr. ALTMIRE. And I want to commend Dr. KAGEN for his leadership on this issue. As all of our colleagues know, Dr. KAGEN, right from the very start, has made health care his priority here in Congress using his expertise.

I have a health care background as well, health care policy is my professional background, and the gentleman and I have spoken numerous times about the importance of health care. And I wanted to come down today to talk about the need for health care reform as we are currently discussing, but also just to commend the gentleman for his continued leadership on this at a time when clearly the political system is in uncharted waters, with a Presidential election that is going on around us, divided governments, we have a Congress with the House and the Senate that are having issues with other things going on.

But we continue to see the health care system get worse and worse. And I think the gentleman and I agree on many things, but most importantly on the need to do something about the health care issue right now. It would be very easy to say let's kick the can down the road another year. We'll come back here in March of 2009 and everything will be different and we'll take up health care then. That's great. You know what? When next year comes

along, we are going to take up health care. And there is a variety of differences of opinion on what the approach should be for health care reform, how expansive do you want it to be.

But there are things that we can do now, this year, in this political environment, that are realistic. And that's what the gentleman and I have been discussing. We want to do things this year that would be considered, if not low-hanging fruit, at least issues that we can all agree on or most can agree on that we can pass and set the table for a further discussion next year on health care reform.

□ 1645

We have a country where there is over \$2 trillion that gets spent every single year; 17 percent of our GDP goes to health care. And I don't think in my district there's an issue that I hear about more often than health care reform when I go around and visit my constituents, and the reason is this is an issue that affects everybody. It's not just your wallet. Obviously, a \$5,000 premium, as Dr. KAGEN was describing, something that we can all relate to, the exponential increases in health care costs. Small businesses every day in this country by the thousands have to make decisions on what to do about their health care costs for their employees. Do they shift the cost to an unmanageable level? Do they stop offering health care? But they know they can't afford it and it affects everything that we do.

\$1,500 of the price of your car, if you buy an American-made car, is due to the health insurance costs of the automaker. Your State taxes are higher because of exploding Medicaid costs. Health care is the last remaining item on the table in every labor dispute in the country. That's why those issues come up. And we have a system that in many ways is better than any other system in the world. It's why people from all over the world come here for their transplants and for their high-end, high-tech care. We have medical innovation and technology advances that far surpass anything happening anywhere in the world. That's if you can get in, if you can afford our system.

The problem is when we are compared to other countries as a nation in life expectancy and infant mortality, we're not just in the middle of the pack; we're at the bottom of the pack when compared to other nations. We have tremendous issues. We're talking about 47 to 50 million Americans that lack access to health care. They don't have insurance. There are tens of millions more that live in fear of losing their coverage. They are one accident or illness away from losing everything. So we have major issues to discuss.

Most important, and I know the gentleman is going to deal with this issue at some length tonight, is the fact that if you're an individual or you're a

small business owner and one of your employees gets sick or injured, you get a call from the insurance company, and they say guess what, we have to drop you because you've had this incident. And I think everyone can agree that your individual health status shouldn't be a factor in your health insurance rates.

And something that the gentleman has taken a leadership role on, which I'm going to leave him with because I'm on a limited schedule myself, and I appreciate his giving me the time, is talking about ways that we can incentivize the 47 million Americans and others who have insurance to join large risk pools, community-rated risk pools, whether it be the 180 million people in the country that are privately insured, that would be everybody, or metropolitan statistical areas, regional groups, whatever we can agree on. And I realize that there are differences of opinion on how big the group should be. But we can all agree that your individual health status should not be a factor in setting your individual health rates. It should be a larger pool's health status, which would lower the costs for almost everybody.

So at this point I am going to thank the gentleman for allowing me to say a few words and commend Dr. KAGEN for his work.

Mr. KAGEN. I appreciate your being here tonight, Mr. ALTMIRE. Your contributions to Congress have already been exemplary, and I look forward to working with you in the future on health care issues. And it's not just you and I, it's not just the Members of the class of 2006, a group I call America's hope for a real change and a positive change in the direction of our country, it's not just the people that call us up, not just the people who send us postcards, not just my patients back home; but it's the most trusted person in Washington, DC that understands the importance of health care costs today. And who is that person? That's our Comptroller General, David Walker, who, on January 28 before the Senate Budget Committee, had these words to say: "Under any plausible scenario, the Federal budget is on an imprudent and unsustainable path. Rapidly rising health care costs are not simply a Federal budget problem; they are our Nation's number one fiscal challenge. The growth in health-related spending is the primary driver of the fiscal challenges facing the State and local governments. Unsustainable growth in health care spending is a system-wide challenge that also threatens to erode the ability of employers to provide coverage for their workers and undercuts our ability to compete in a global marketplace."

And he went on to say that the key points in his presentation are: "Although recently declines in our annual budget deficit are good news, our longer-term fiscal outlook is worse, and absent meaningful action, we will

face spiraling levels of debt. Our long-term fiscal challenge is primarily a health care challenge."

Well, I think the Comptroller General has it right. It's our health care challenge. And people every day in Wisconsin and across the country are challenged when they receive in the mail a solicitation from an insurance company, one such as this: with happy smiling faces on the front, they invite you to call an 800 number to see if you qualify. But here's the list, and it reads: "Important information about preexisting conditions. Although we make every effort to extend coverage to all applicants, not everyone will qualify. If you have had treatment for any of the following conditions, you may not qualify for coverage." And it lists a long list of conditions that many millions of people have. And at the very end there is a real teaser, and it says: "This list is not all-inclusive. Other conditions may apply."

My friends and my fellow Americans, I believe it's time on this Valentine's Day, February 14 of 2008, to bring an end to the discriminatory actions that insurance companies now enjoy. We have to bring an end to the discrimination against any citizen in this country based on their preexisting medical conditions.

Before I highlight the bill that I am putting in for submission today called No Discrimination in Health Insurance Act, I'd like to review with you what we have today in our health care system, and it's here to my right.

Our health care system is simply unsustainable. There are three tiers to health care. In tier one, in red and orange, we have Medicaid, which is 61 million Americans; and Medicare, 43 million. These people, in general, don't pay for the bill. They don't feel the economic costs because government is providing for their needs in most cases.

So in tier one, you have a group of people that aren't paying the bill. In tier two you will pay a portion of your bill, and this has to do with the 149 million Americans that have health insurance. But increasingly today, the health insurance premium is skyrocketing, and the cost for care averages \$14,000 each year for a household of four. This price and this cost is beyond what the normal hardworking family in Wisconsin and elsewhere in the country can afford to pay.

In tier three, this is the 47 million American citizens who have no health care coverage at all, and I am one of them as the only Member of Congress who has not signed on for health care benefits. For I didn't come here for a benefit; I came here to guarantee access to affordable care for everyone. But 47 million Americans who choose not to purchase insurance either because they don't have the money in their pocket or they can't afford it. So our system, as it exists today, is unsustainable, unbalanced, and is tipping over rapidly.

That is why I submitted for passage a bill called the No Discrimination in

Health Insurance Act. This bill seeks to do three things: first, it guarantees that if you're a citizen, you're in because no insurance company in group or individual health should be allowed to sell you a policy that excludes you from the community. We have to begin again to ensure communities rather than individuals because what's happening amongst the insurance world today is you will be cherry-picked away from your mate. A husband will qualify but not his wife. A mother may be separated from her family. And what's worse, your neighbor may have a completely different health care coverage only because we're being cherry-picked and divided.

I believe we have to get back to community ratings. It's not just my opinion. Many millions of Americans agree with me. The SEIU agrees with this idea, families USA as well. And our Constitution, in fact, guarantees any citizen and every citizen has protections against discrimination. This is the result of very long and hard-won gains by ordinary people who for decades showed extraordinary courage fighting for positive change and the rule of law to protect each and every citizen. Now I believe is the time to apply this fundamental principle of anti-discrimination to our health care system, because my patients, quite frankly, cannot hold their breath any longer. And that's why I have introduced this bill, the No Discrimination in Health Insurance Act. This essential piece of legislation will guarantee access to affordable care for every citizen in America by bringing an end to the discriminatory practices employed by insurance companies today who deny lifesaving coverage to millions of Americans only because of a preexisting medical condition.

Look, the grim reality is that our Constitution protects us from discrimination unless and until we become sick. I believe our legislation here that I am putting forward will put discrimination where it belongs: in the past.

Ending all forms of discrimination is essential, I believe; but it's also time we pull back the veil of secrecy because today the real price of health insurance, the real price of a pill, the real price of a hospital service is hidden. And that's why the second thing that this bill will do is to show us the price, openly disclose the price, and then allow every citizen to purchase that product, that health insurance policy at that same lowest price within the region. Ending all forms of discrimination is paramount and tantamount to why we are here as a Congress.

If you go to your favorite restaurant, you'll find the solution to our health care crisis right in front of you. They'll hand you a menu, and when you open the menu and see that your ice cream for dessert might cost \$5 for you, what's the price that the person sitting next to you or across the table will pay? \$5. Show us the price, and everyone gets to pay the same price.

If you go today to a pharmacy anywhere in the country and you're standing in line with five people to buy the same prescription drug, you may all pay five different prices for the same product because the price is not openly disclosed and there isn't a free and open medical marketplace.

As a physician for the past 30 years and now as a Congressman for the past 13 months, I understand how difficult it is for families to pay not just their health care bills but their insurance premiums. People today all across the country are choosing between taking their next pill and skipping a meal or vice versa.

But you don't have to be a doctor to know our system is broken because ordinary people cannot afford to pay for their health insurance. These skyrocketing costs are excessive. They're simply out of reach for small businesses. They're out of reach for families across America.

We need to do more. We need to do more now. We need to pass legislation that contains the essential elements of openly disclosing the price, guaranteeing if you're a citizen, you're in and you will not be discriminated against, and that everyone in your region, every citizen or legal resident can pay the lowest price possible.

The reality is our Nation's insurance industry has been successful. It has been successful beyond all measure. And it's been successful by dividing and conquering. Dividing you by your neighbor, dividing up families, and individually insuring people based upon their preexisting condition. We have to put the letters "unity" back into community and restore community-based ratings. We can begin to heal our Nation by doing this, by becoming a community once again.

My No Discrimination in Health Insurance Act requires companies to openly disclose their price, to charge every citizen the same fee for the same service within the region, and allows all citizens to find a benefit by paying the lowest available price. It will end discrimination in health insurance. It's the right thing to do, and it will reduce the cost for everyone across the country for health care. Simply put, if you're a citizen, you're in, without any discrimination against you due to a previous medical condition.

I ask all of you to join me in this effort because it will be a big battle. There are some very strong forces in the insurance industry that don't want to compete for our business. This legislation is essential not just for you and your family; it is essential for small business to survive.

The greatest expense everywhere in Wisconsin, as I went around the district to listen to different employers, whether you're in agriculture and a family farmer or a small businessman trying to run a photography shop, the greatest expense in their overhead is their health care cost. We can and we must do better. And we can do better

by forming an openly disclosed marketplace where people begin to compete once again for each other's business. This is important. It is essential not because I say so, but because the people that I represent say so and, as I mentioned earlier, the Comptroller General agrees.

Everyone in this House, every Member of Congress in the Senate and the House has a health care story to tell. I can share that with you nonconfidentially because they come up to me on the floor and ask me about their health.

□ 1700

They ask me about the pills they are taking. And I am here, I am available, and I can't bill them because, well, I have taken an oath. I only get paid by the people I represent.

The fact is everybody has a health care story to tell. We have to make certain that we don't discriminate against people based on their political affiliation, be they independent, Democrat, or Republican, but by the condition that they are a citizen and they ought to be involved in the risk pool.

Mr. Speaker, I will close my remarks on health care by suggesting very strongly that every Member of Congress consider this. Either you are for discrimination and on the side of the insurance industry or you are against it and you are on the side of the consumer, the patients, and the millions and millions of Americans who need health insurance at prices they can afford to pay.

It was said first in the White House several years ago, either you are with us or you are against us. But this bill allows everybody in the House to decide whose side are you on. Whose side are you on? Are you sitting in the boardroom with the CEOs of the insurance company or are you sitting at home at the kitchen table with mothers and fathers who are struggling to pay their bills every month?

In my State of Wisconsin, and it is true across the United States, the most common reason that people go bankrupt today is they go bankrupt because they cannot afford their health care bills. They cannot afford this. In Shawano County several months ago when I stopped into the county courthouse, I was told that 19 out of 20 families who had come through an education policy after going bankrupt did so only because they couldn't afford their health care bills. We can and we must do better in America. And it starts by reforming our health care system. When we drive down the cost of health care, we are going to cut taxes for everyone. Now this sounds like it is voodoo economics, but if I lower the cost of doing business for every city, every county, every town, every State in the country by lowering health care costs, I can reduce your taxes. This is not just a health care issue. It is a business issue. It is a tax issue.

And, Mr. Speaker, I would like to share with you some words I was privileged to listen to in a small town in the northern part of Wisconsin, a district I have the honor and privilege of representing. It is a city called Niagara, Wisconsin. And as Niagara goes, so goes our Nation. Niagara is a small town of 1,880 people. And the major employer there is a paper mill, which was recently purchased and then closed. Three hundred twenty jobs in this small town are about to disappear in April. And I went to Niagara to interview some people and listen to their concerns to see what government can do to help them. I spoke with George. George is nearly 80 years old. I would like to share with you his words for our country. They will be available, if not today, then tomorrow at my congressional Web site, Kagan.house.gov, as a video clip.

I asked George, "Are you still working?" And George responded, "Nope, I'm retired 19 years. Put 41-plus years in there. But what I want to say is that Congress should have been aware of this happening because it has been in all the union papers." And he is referring to the closing of the mill, the one major employer in town. "People been talking about it. They put one or two paper machines out of there. They pulled the machines out. And what do they do? They ship the machine to India. That machine was 100 years old, and now it is operating in India. So why was Congress so lax? All these jobs been deteriorating right along."

And I asked him, "How long have you lived here?" He responded, "All my life."

"You were born right here?"

"Yup. I will be 80 years in April. And I have five brothers who worked in the paper mill also, 41, 42, 45, they all worked there that long. And my children during the summer months worked in that mill."

I asked him, "What did you do in the mill?"

"I worked on the paper machines."

"Which one?"

"I worked on them all, all machines. Started off in the old mill, number one, went to number two, and then went to number three, and then to number four"

"And do they have any retirements," I asked him, "at the mill?"

"I have very good benefits, and I am thankful for that. That is what I am worried about now, though. I was told that at the end of 2008, things are going to change. I am going to have to get something else. I don't know that. Nobody told me that. But that is just the rumor. So we have to start looking into something else." He is referring to health care benefits and the prescription pills.

"What makes me mad is that we found out we can get medication in Minnesota and in Canada. And what happens? They tell me I can't do it no more because we would get sued, the company would get sued. They would

save the mill about \$300 every 3 months, and we would save ourselves \$250 every 3 months. And they said, 'No, we can't do it,' so now we have to buy them at Wal-Mart."

And I asked him, "So you think there is a better way of doing things?"

"You better believe it." I asked him then at the end of my conversation if there is anything else he would like Congress to hear? If he were talking then with Congress and with President Bush, what would he have to say, what would you ask him to do.

And George responded, "Get on the ball. Take care of the United States, not foreign countries. They always said foreign countries are going to take us from within. They don't have to fight a war with us. Well, that is what is happening right now. They are buying up all the United States."

George had it right. We have to be able to take care of our own people. I represent people in Wisconsin, not foreign nations. And taking care of people in Wisconsin means, first of all, guarantying them access to health care that they can afford, high-quality care that is delivered right close to home. And how can we do that? How can we afford to continue to pay for those costs when our jobs are being shipped overseas?

So, Mr. Speaker, as a close this evening, I would like everyone to begin to think differently in America. Health care is intimately tied up with our employment opportunities, with our jobs. We need higher wage jobs that will sustain America and provide living wages, a living wage that can afford health care. Health care is intimately involved with our jobs and also with our environment and the education of our children. You can't unwrap all of these problems. They are all stuck together. But the single greatest problem we face today is our health care crisis. And by submitting this bill for passage today, the No Discrimination Health in Insurance Act, I hope to lay the first brick in the new wall for the foundation of the House of Health Care. We have to begin to think differently in America, and hopefully that starts today.

BIPARTISAN EARMARK REFORM

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

Mr. WOLF. Mr. Speaker, the need for earmark reform should be an issue that we can all agree upon, a bipartisan agreement. As reported last week, Congress' approval rating fell to just 22 percent. Will the House sit idly by patting each other on the back as this issue continues to grow and be one that the American people care deeply about?

Quite frankly, the effort in the House to bring a level of transparency in the earmark process, as good as it may appear, has yet to satisfy the American