

Mr. BISHOP of Utah. Yesterday I came on the floor, and I introduced this body to the Mackay family, a doctor of 30 years, a certified orthopedic surgeon in our community. Dr. Mackay, as has been alleged by the Drug Enforcement Administration, has been giving improper prescriptions to patients in a way that has caused addiction within our community.

Now, the investigation had taken apparently about a year, starting in 2007; but I wanted to pick up the story of this family on June 6 of 2008.

It was on that day that a hard knock came on the door of Dr. Mackay's home. He said it was so loud he thought that had he not answered the door quickly they would have broken the door in, but he did answer the door.

In a rush, 20 agents in full riot gear and armed, they handcuffed Dr. Mackay, took him to the front room, sat him on a chair, and then stuck a gun in his stomach. His wife was also escorted into the front room and held at gunpoint for 4 hours. DEA did not have a search warrant at this time. They said one was coming as they were going through his office at the same time. And sure enough, after the 4-hour ransacking of his home, they finally did show Dr. Mackay and his wife the one-page search warrant.

I suppose he could have objected earlier to that, but usually when a gun is pointed at your stomach, you have a tendency not to be too talkative in those situations.

What they did in his office is take almost two-thirds of his files, hundreds of patients' files. In his personal home, they confiscated all of his personal records, his tax records, his children's personal records. They downloaded his computer, his cell phones; they took his textbooks and medical journals. They also confiscated his savings and checking account and put a hold on his retirement fund. They also took both his car and his truck.

They did not at any of this time charge him with any crime. They didn't arrest him for anything. In fact, if the issue is prescribing improperly prescription drugs, they did not take away his license to be a doctor. He could still function as a doctor, I suppose, if he could walk to work. And he did. The State of Utah never did go after his particular license.

However, with all of his money confiscated, he is relegated to a position of no money for food, which is okay because he has no vehicles to drive to the store if he needed to. For several months his family survived on the food storage that they had put away as a family for an emergency situation. And during this time, once again, there have been no charges, no arrests; but his property has been confiscated.

He was finally able to get enough money together to hire an attorney; and in November of 2008, 5 months after the initial raid, he went to court. And the courts did demand that some of his property be returned to him. He was

given his pension fund back. He was allowed his car but not his truck, nor was he allowed access to his personal savings account or to his personal checking account. Nor was he allowed access to his files or to his textbooks. I have a hard time wondering why DEA, the Drug Enforcement Administration, wants his textbooks and his truck; but they kept them.

Everything he has done up until this time is in trying to meagerly pay off defense bills that he is now accumulating to try and clear his name.

Now, I don't want to give an opinion as to the element of what may or may not have been the legal situation here. I can say from my understanding of this family and the situation that is involved that I do not find Dr. Mackay or his family to be a threat to our community. In fact, if one looks at the sworn statements from almost all of the physicians in our area, they do not find Dr. Mackay a threat to our community. If I read the letters to the editor in our local paper, the constituents' mail that I have read, no one still considers his family a threat to the community.

Nevertheless, this family, since June of 2008, has been terrorized, a profession has been destroyed, a reputation has been besmirched, property has been confiscated; and still there are no charges, there are no arrests.

Justice, as I always understood it, is supposed to work in a way in which the bad guys are accused and charged and then go before a judge and a jury of their peers. That has not been the situation.

And with that, Madam Speaker, I appreciate the time here. And what I would like to do is once again come in for installment number three, because this story of the Mackay story is not over, and tell you what has still continued to happen to this family in contradiction of what could be or should be the rule of law.

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

(Mr. GARRETT of New Jersey 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 gentleman from Georgia (Mr. BROWN) is recognized for 5 minutes.

(Mr. BROWN of Georgia 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 gentleman from Texas (Mr. GOHMERT) is recognized for 5 minutes.

(Mr. GOHMERT 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 gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

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

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Madam Speaker, thank you for this opportunity to once again take a look at some of the very significant questions that face our country this evening in this 1-hour. We're going to be taking a look at the subject of health care in America, something that has absorbed the attention of citizens and political leaders now for a number of months. Something that is, of course, important to every single one of us.

We each have to live inside the bodies that we have, and how health care is run in this country is not only very important from a financial and economic and policy point of view; it's very personal because it's our bodies, after all.

So what we're going to take a look at this evening once again is the question as to what are the reforms that should be made in American health care.

Now, sometimes people when we deal with this want to say that everything is wrong; we need to just burn the entire barn down and start completely over. But of course people from foreign countries that have millions and millions of dollars come to America all the time as their choice for the best health care that they can buy anywhere in this planet.

So, certainly, there are many good aspects to our health system even though it may need some reforms in some areas.

What is being proposed here is not minor. In fact, that's one of the problems with the fact that legislation has not moved in months on the health care subject and that's because what was being attempted is to do a great, great deal. What's being attempted is the government, essentially over time, is going to take over 18 percent of the entire U.S. economy, that is, the government is going to run the health care system.

Now, this is a rather bold proposal. When Lyndon Johnson discovered hunger as an issue, he didn't propose that the government was going to take over all of the grocery stores and farms and all of the trucking in between, but rather that he would propose food stamps. This, instead, is the idea the government is going to take over everything in medicine over a period of time.

So the question is, is this a good thing. Does it really meet the problems, and what are the potential dangers of it.

When the government does too much, we have seen a pattern in the past of things that happen. We have examples of England and Canada where the government is running their health care systems but also examples in our own country of government getting involved in things that it's not very well positioned to do. And we see some inefficient allocation of resources, excessive expenses, degraded quality, and bureaucratic rationing. All of these are part of what can happen if the government does too much.

In fact, it led someone to quip, If you think health care is too expensive now, just wait until it's free.

One of the things that happens when the government does too much is they tend to make things very complicated. This is a chart that we have that tries on one chart to summarize a 1,000-plus-page bill. All of these different groups—the heart, of course, is not really a czar, but it might as well be a czar. It's either a commi-czar—we're very, very fond of czars lately. And commi-czars are I guess a sort of a form of a czar, but it's telling everybody what they're going to do in health care.

But this is an organization chart, and I've often thought we can almost turn this into a maze. And we can put the patients here and the doctors over there, and we can see and give people a crayon and do it as a doily, and they could see if they could get their patient over to the doctor. I am not sure whether it's possible to do that or not, but it would make a good maze.

This is a good chart that we have trying to depict what happens when the government takes over 18 percent of our economy.

Another aspect of that is an objection that the President has tried to respond to.

He says, Here's what you need to know. First, I will not sign a plan that adds one dime to our deficits either now or in the future. Period. Boy, that's reassuring to have the President tell us that he's not going to sign a plan that adds one dime to our deficit either now or in the future. That's reassuring, if it were true.

Well, this is what we've got going so far this year. We've got the Wall Street bailout, that's \$350 billion; economic stimulus—I don't think it's really stimulus—but whatever it was, it was mostly just increasing government programs, \$787 billion; SCHIP at \$6.6 billion. Then there's the appropriations bills at \$410 billion; and IMF bailout. And then you've got some taxes, also.

So when you put it all together, we're talking about a total of \$3.6 trillion. I don't have a lot of confidence with this level of spending that this idea about one dime, he's not going to add one dime to the deficit when we've got \$3.6 trillion that we've already done this year. Somehow this is not reassuring, this promise that he made.

Most of this plan can be paid for by finding savings within the existing

health care system, a system that is currently full of waste and abuse. Of course, our health care system—I don't know of anything in our budgets that say waste and abuse. So you can just delete a line that says waste and abuse all through it.

But he says this will be paid for by savings within the existing health care system. Well, what is he talking about?

Of course, what he's talking about is taking \$500 billion out of Medicare. I don't know if that makes the older people in my district very happy to know that we're going to take all of this money out of Medicare to try to pay for the thing. In fact, what's the track records of these great big socialized programs? You've got Social Security, Medicare, and Medicaid; and if you take a look at the projected trend in these things, by the time you get up here to about 18 or 20 percent, you just can't raise taxes enough to pay for them.

What this chart is saying is when you see the growth of Medicare, Medicaid, and Social Security, they will eventually absorb the entire Federal budget.

So we've got Medicare and Medicaid, government-run socialized-type programs, and they're out of control economically.

And so the President says, Well, don't worry, but this one is not even a dime. I don't know that that really helps a lot.

I am joined by several good friends of mine, one I just found out is a Ph.D., and I didn't realize that we had a Ph.D. joining us.

But I would yield the floor to the good doctor.

Ms. FOXX. Well, I want to thank my colleague from Missouri. It's not important what credentials we have. I think it's important how we feel about serving the people that we serve, and so—if I have any accolades for myself, it's that I want to be known as a Member of Congress who cared for her constituents and worked hard to serve them. But thank you for your recognition.

I just heard tonight on the news about a study that evidently came out last week that somehow or another I missed it. And it fits into what you're talking about there. I am not sure if you've heard about it.

There's a GAO report that came out, I think September 29, and there was an article about it in USA Today: "Millions in fraud and drug abuse clogs Medicaid."

Now, I know the President has said that he expects to fund a lot of the health care bill, the government takeover of health care with weeding out waste, fraud, and abuse; but that's never happened in any kind of government plan, as you say. We don't have a line item in the budget that says we're going to reclaim X amount of money from waste, fraud, and abuse and plug that into the system. Perhaps we should do that.

□ 1930

But if we have waste, fraud and abuse now, wouldn't it make sense for us to just go ahead and go after that?

Let me tell you about that. It is a staggering study with staggering results. An audit of the government program Medicaid in five large States found 65,000 instances of beneficiaries improperly obtaining potentially addictive drugs at a cost of about \$65 million during 2006 and 2007, including thousands of prescriptions written for dead patients or by people posing as doctors.

You know, we could save millions of dollars and we should be doing that whether there is any health care plan out there or not.

Mr. AKIN. Congresswoman FOXX, how is it that dead people could be eating all of those narcotic drugs? That is kind of an interesting equation, isn't it?

Ms. FOXX. Well, I think what is happening is you have people who are addicted to drugs, and they figure out ways to get prescriptions written. What they did, the GAO looked—well, the program for low income and disabled Americans, run jointly by States and the Federal Government, underwrote, get this figure, more than \$23 billion in drug costs last year.

Mr. AKIN. \$23 billion in drug costs?

Ms. FOXX. For drugs alone in the Medicaid program.

Mr. AKIN. Drugs in the Medicaid program.

Now, just sort of seeing where you are going, if you allow me, what this makes me think is that the government is running this program now. If the government is so efficient in running this program, what confidence does that give us that the government should take care of your personal and my personal health? Is that the direction you are going in?

Ms. FOXX. Exactly. Here is a program that has been around since 1965, I believe I am right, and yet we have millions, potentially billions of dollars of fraud, and the government hasn't been able to figure out a way to collect that money or to stop it from happening. That is my concern. And it deals only with a rather small segment of our population. Here the government wants to run health care for everybody in this country. Imagine the kind of fraud that we are going to have, because there is no incentive when you have a government-run program to knock out fraud, waste, and abuse.

People in the private sector, people either are punished or rewarded, depending on what direction they go in. That doesn't happen with a government-run program. This is just the tip of the iceberg.

Mr. AKIN. If that happens in a short period of time, what happens when the program gets older and older and gets more encrusted with bureaucracy?

We are joined here by Congressman BISHOP who has shared with us some very good insights in the past.

Mr. BISHOP of Utah. I thank the gentleman from Missouri very much.

The gentledady from North Carolina may be by her degree and education a good doctor. I at least directed and starred in the play a couple of times, if that helps. That is as close to "The Good Doctor" as I can get. And the way I did Neil Simon's play is not a pretty sight.

Mr. AKIN, I just want to add a couple of elements to this. I had a constituent who came into my office today talking about how the Senate intends to pay for this new health care plan to try to reduce it: by adding a fee on medical devices to try and raise \$4 billion.

Now I hate to say this, we all know that companies don't pay taxes. They pass on the fees. And I find this somewhat incredible that we are in a situation here, to pay for the Senate health care plan, we are going to add to the cost of those who will be using the Senate health care plan and somehow say that is not an additional cost to anybody.

I find it difficult to figure out how this system has evolved into the way it is, but it seems very clear that we do not have a handle on what this will cost. We now are stretching and scratching and clinging for any kind of straw to try and give some reason to say this can work, when in reality we don't have a system involved that makes it work.

Part of the reason it doesn't work is I think we have missed the focus of the problem and the issue. The issue is not insurance. The issue is the cost of health care. What we should be looking at, which is not allowed to be debated on this floor or in the Senate committees, is how to bring down cost of health care as opposed to how to make sure everyone has some kind of health care coverage.

If you have insurance, the cost is still too much. We should be looking at a different approach than what we are doing, because we are playing game after game after game on this issue.

Mr. AKIN. It strikes me, not dealing with tort reform, you can talk to any physician, that builds a lot of cost into medicine. Although the President made sort of a passing reference to it, there is no genuine interest in dealing with tort reform, which is something that Republicans do support.

We are blessed with a couple of doctors here tonight. Dr. PRICE is also joining us. Let's talk a little bit about the cost of all of these things.

Mr. PRICE of Georgia. Mr. AKIN, I appreciate your leadership on this and always bringing truth to these issues on the floor of the House.

As you mentioned, before I came to Congress, I practiced medicine. I was an orthopedic surgeon and took care of patients for over 20 years. One of the things that I recognize and certainly my patients recognize is that when the government gets involved in the practice of medicine, which is what they do when they stick their fingers in the pot, it confounds things.

You had a chart up earlier on the machinations, the diagram of the plan. There it is. This chart is astounding to me. I have shared this with my town halls back home, any number of them, and what I ask folks to look for on that chart is not whether they can figure out all of the lines and boxes and squares and triangles, but I ask them to concentrate on the colors on the chart, because every single configuration on the chart is a new bureaucrat or new bureaucratic program.

When they recognize that they say, Oh, my goodness, that is not what I want for my health care, because they know that already in place, either through the government or through the insurance companies, the bureaucrats make it incredibly difficult to get the kind of care that they desire.

The good news is we don't have to move in that direction, and I know that we are going to talk about that some tonight, the solutions. There are positive solutions that put patients in charge. I appreciate you bringing that chart because it points out the increase in bureaucracy which will increase cost and decrease the quality of care, just that diagram right there.

Mr. AKIN. Just thinking for a minute, you've grown up in the medical profession. I actually came out of engineering. I used to work for IBM and some businesses, but I have also been a legislator for some number of years. One thing that we all experience as legislators, we have our constituents call us up and they have a problem and they want us to help them fix it.

Now I am picturing to myself, on top of everything else we have got, now we have people calling us and saying, you know, my dad needs a hip replacement and he went to the government bureaucrat and the bureaucrat told him he is too old and he can't get his hip replacement. Also, my mother needs a heart bypass. And, Congressman, won't you go to bat with this bureaucracy and get them to give medical care to my relatives? And we are supposed to take a look at this mess and say somehow we are going to get past all of the rationing for health care and bureaucracy and are supposed to get people the medical care that they need. It is asking too much of people's Congressman. Anybody who sets this system up is just creating a complete disaster.

Mr. PRICE of Georgia. I appreciate that point because we do. We get calls from our constituents all the time to help people work through the morass of government bureaucracy in whatever arena. I get calls about the passport office or the post office or the IRS when they have a challenge with them. We may talk about that in a moment. If you think about just the calls that you get on Medicare and Medicaid and the VA health system itself, and some of our colleagues on the Indian Health Services, it is astounding the challenges people have just to get through, the ability to be able to be seen by a doctor and get the kind of care that they want.

What this administration apparently wants and the Speaker wants is to turn all of us over to a bureaucracy that would increase certainly the number of folks calling our offices and trying to work through that bureaucracy because they will never figure it out because that is not the role of government to help them figure that out.

Mr. AKIN. The thing that scares me to death is my first experience as a State legislator was trying to get a left-turn signal put into a traffic light. Now, there was a lane marked in the pavement. They had a left arrow, but they didn't have a light that had a left arrow. That took me about 4 years and probably over 150 phone calls to the highway department to get them to put that little lens in there with a light that says left turn.

I am thinking, if I have trouble with that, how in the world are we going to make something like this work. This is just bizarre. Then I start to think who in the world would have the faith to want to put this system together. Let's take a look at how well our current different departments are doing.

You have the post office department known for its efficiency.

Then you have an energy department. It was created with the purpose of making sure that we weren't dependent on foreign oil. Oh, that is helpful to know that.

Then you have the people who took care of Hurricane Katrina and our emergency management services there.

Then you have the education department. They set some records, too, because a study was done of the U.S. Education Department and the conclusion was, if a foreign power had done to America what the Department of Education had done, it would be considered an act of war.

Then you have the CIA. Now, there is an interesting operation. In Gulf War I they tell us, well, Iraq is probably 10 years away from making a bomb. We get in there, they are 1 year away. Gulf War II they say they are 1 year away from making a bomb. We get in there and they are not doing it at all.

So we have all of these agencies with a great track record, and now we are saying, yeah, so let's turn our health over to the Federal Government. I mean, this takes a lot more faith.

I would yield to my good friend, Congresswoman FOXX.

Ms. FOXX. Well, I think all of these issues that you and Dr. PRICE, and he is a real doctor, he is an orthopedic surgeon and we are really glad he is around, but all of these things that you have brought up are extraordinarily important. But we might need to bring up another one that is very important, and that is that the American people have become awakened as a result of this issue of health care. I think it is the best thing that has happened to our country perhaps since the founding. People are saying we want to know what is going on and we are voicing our concern. They want to read the bills,

and they are incensed that the bills are not being put online and out there for them to read and for us to read.

Mr. AKIN. Reclaiming my time, there may be some people here that have forgotten, but we took a vote saying that at least you should have a couple of days, especially on a thousand-page bill.

We have heard all kinds of promises about transparency from Speaker PELOSI, and yet the bottom line is it is not transparent at all. We do not have a chance to read bills. The spectacular one was the 300 pages of amendments passed at 3 in the morning and brought out here, and we are debating and voting on a bill on the floor and there wasn't even a copy of the thing here in the Chamber. It is almost laughable it was so silly. And the American public was going, we don't have to be very sophisticated, but we would at least like you to read the bills.

Ms. FOXX. Obviously the majority party hasn't learned any lessons because right now they have no bill in the Senate. They have been dealing with concepts.

Mr. PRICE of Georgia. Wait a minute. Are you telling me that the Senate is about to vote on a health care bill and they don't even have a bill?

Ms. FOXX. That's exactly right. They have no bill, and they are about to vote on it. They have even asked the CBO to score it, and the CBO has scored against an outline of what the Senate says it is dealing with.

Mr. PRICE of Georgia. So the Congressional Budget Office is trying to figure out how much this is going to cost, and they don't even have the text of the bill before them to figure it out; is that correct?

Ms. FOXX. That's exactly right. The American people should be up in arms.

Mr. AKIN. Jumping in here, I didn't realize that the economists who can score outlines are so smart.

□ 1945

I don't even know how I'd start scoring an outline of a bill when you don't have anything that says—that's really an amazing—I wonder if the American public is going to be impressed with the fact that we're scoring an outline of a bill?

Ms. FOXX. Well, I think the attitude of the people in the Senate is, we're smarter than the American public. We know better than the American public. That's really been the attitude of this entire Congress, and this administration, and that is, the American public doesn't need to read these bills. And, in fact, some Senators have said they're not smart enough to read them and understand them. I think even some House Members have said that. They don't expect them to read them and understand them.

But what we need is the transparency that the American people were promised. In the elections in '06 and '08, they were promised by the people in charge

of this Congress, and by the administration, that we wouldn't have these kinds of shenanigans anymore, that the bills would be out there, they'd be out there for 72 hours, even 5 days before they'd be voted on. I believe the President promised 5 days after a bill was passed—he wouldn't sign it until 5 days had passed. That's not happened on any significant legislation, maybe no legislation that's passed in this entire House. We have a real need to hold people accountable in this body.

Mr. AKIN. Just reclaiming my time for a minute. You know, what has really encouraged me in the last 3 or 4 months is the American public is really engaged. They're starting to pay attention, and they're starting to make comparisons between claims and what the bill actually says, if they can get copies of it. Here's one. This is kind of an interesting deal. Again our President says, There are also those who claim that our reform effort will insure illegal immigrants. This too is false. The reforms I'm proposing would not apply to those who are here illegally.

So I mean, this is what's being said by the President, and yet the public is starting to say, wait just a minute.

Ms. FOXX. Would the gentleman yield for just a moment?

Mr. AKIN. I do yield, lady.

Ms. FOXX. I see you have a wonderful chart here, and I want to say, isn't it true that the Republicans have put up on the Internet a section-by-section breakdown of H.R. 3200, so the public doesn't have to wonder are we telling the truth, is the President telling the truth? Are the Democrats telling the truth? They can go to the Internet or, in my case, I made these available to the libraries in my district. They can go read for themselves. Isn't that true?

Mr. AKIN. That is correct. People are starting to cross-check Congress, and they know the bills better than some of the Congressmen that are proposing them. And that's exactly what's happened. One of the things, and I don't know if it's quite as easy to catch on the Internet, lady, would be also these amendments. This is the Heller amendment, which was on that very subject of illegal immigrants. What this says: In order to utilize the public health insurance option, an individual must have his or her eligibility determined and approved under the income and eligibility verification system. In other words, what this is saying is, before you come and can get this socialized medicine and everything and tap into that you, first of all, have to prove that you're a citizen.

So this amendment was offered in committee and the amendment failed, which doesn't give us a whole lot of room for confidence that we're really serious about cracking down on illegals who are illegally taking money out of the health care system.

Mr. PRICE of Georgia. Will the gentleman yield?

Mr. AKIN. I do yield.

Mr. PRICE of Georgia. Now, this is, again, a very interesting point. So the

President is saying that none of the monies in this health care bill will go to cover medical treatment on a non-emergency basis for folks that are here illegally. That's what the President says, right?

Mr. AKIN. That's what he said.

Mr. PRICE of Georgia. And then we have an amendment proposed by Mr. HELLER from Nevada in committee that outlines the process that you'd go through to be able to make certain that that wasn't the case, and the amendment failed. And as I see on your chart there, the vote was taken on July 16. Fifteen Republicans voted in favor of it; 26 Democrats voted no. So 26–15, it failed because the Democrats apparently don't believe that you need to have any process in place to determine whether somebody's here legally. That's the only conclusion I can draw.

Mr. AKIN. That's correct. The bill has something in it that says well, illegals shouldn't access it, but there isn't any protection whatsoever in terms of the mechanics of the bill. So anybody who wants to can just walk right in and help themselves. And this amendment, I don't know if this amendment is available to the American public, but I think this pretty much says, you know, there's a huge difference between the two parties, first of all, and second of all, that this amendment really calls into question what the President is promising. And there's a whole series of other promises that we can talk about as well.

Mr. PRICE of Georgia. If the gentleman will yield, there is a spot where folks can go to look at the amendments that were offered in committee. In fact, I think there were 57 or 58 of them that failed virtually along party lines. It's at the Republican Study Committee Web site if folks were interested in doing that, colleagues were interested in going to the Republican Study Committee Web site and looking up, and there's a document there that has all of the amendments that were offered on the Republican side of the aisle in the three committees of jurisdiction, and the vote that was taken, and in fact what it shows time after time after time, as the gentleman from Missouri so well knows, is that the statements that are made by the President and by Members of the folks in charge here, the Democrat party in charge, so oftentimes are at odds with the policy that they're putting in place.

So they know what they want to tell their constituents, but in fact the policy that they put in place doesn't match what they're saying. And that's why I believe the American people have been so incredibly outraged over the past couple of months, because they don't see Congress doing what they say they're going to do or what they want them to do.

Mr. AKIN. You know, gentleman, that's exactly right. And the thing that I find perhaps encouraging at least, maybe it's a bright side to a dark

cloud, and that is that the public is becoming aware of what's going on, and the mainstream media is putting this out. The President is putting this stuff out. And yet, you take a look at the polling information and the public is starting to pick up on this. And they're realizing that what the media tells them and what the President tells them just isn't true, just isn't true.

And as they start to read it, they start citing sections of the bill. And here's another one. This is perhaps—and I know we have a couple of doctors joining me on the floor here. If there's anything that as a patient is a big deal to me, if you want to boil health care down to one thing, I want the doctor and the patient to be making the decisions. As a Republican, I don't like it when insurance companies stick their big nose into that relationship. The only thing I could think of that's worse than that is some government bureaucrat sticking their big nose in that relationship.

So here's another promise that the President has been saying, and this one too isn't true. First, if you're among the hundreds of millions of Americans who already have health insurance through your job, Medicare, Medicaid or VA, nothing in this plan will require you or your employer to change the coverage or the doctor you have. That's wonderful if it were true. But the trouble is, it ain't necessarily so, one more time.

Here's the first. There's a Congressional Research Service. This is an unbiased—it's very professional people that we use, count on them. Hear what they say, okay: Under this bill, this PELOSI's bill, under H.R. 3200, a health insurance exchange would begin operation in 2013, would offer a private plan alongside a public option. And it goes on to say, it does not contain any restrictions on noncitizens. Well, this is the one about legal or illegal immigrants.

But here's another amendment that's along the same lines. This is Dr. GINGREY. Nothing in this section shall be construed to allow any Federal employee or political appointee, that means bureaucrat, to dictate how a medical provider practices medicine. This is the heart of what we believe in as Republicans, the doctor-patient relationship. This is an amendment offered. It says no bureaucrat's going to get in the way of your health care.

Mr. PRICE of Georgia. Does the gentleman yield?

Mr. AKIN. I do yield.

Mr. PRICE of Georgia. This is a remarkably important amendment that was offered in committee because, as a physician, my patients would literally bristle at the knowledge that somebody was affecting what I could do for and with them. But this amendment, which was offered in committee, this is not conjecture. This actually happened. Was offered in committee. And it said that nothing in the bill would allow any Federal employee or polit-

ical appointee, these are nonmedical people, to dictate, that's the language, to dictate how a medical provider practices medicine. And the vote, as I see there, was 23 Republican and one Democrat supported it, so that was 24. And 32 Democrats voted no, which tells me, the only conclusion I can reach from that is that the Democrats want Federal employees and bureaucrats to dictate to doctors how to practice medicine. That's the only conclusion I can draw.

Mr. AKIN. You know, the thing that's scary to me about that is, the way the Federal Government's going to go about that, they're going to start taking a look at your age and how much it costs and everything, and I'm getting to be kind of old. I mean, I just hit 62, and I'm not too encouraged by the idea of some bureaucrat saying, look you old geezer AKIN, you can't have that hip replacement that you need. I've been talking to you, Doctor, about getting some help with that because I've been limping around. We have Dr. BURGESS here, and I would just really appreciate it, as a medical doctor, if you could shed some light on the situation.

Mr. BURGESS. I thank the gentleman for yielding. I thank him for putting this hour together this evening. I think it's terribly important. Rumor mill out there is that we will have this bill next week or the week after on the floor of the House. People do need to be paying attention to this. I am on one of the committees of jurisdiction, on the committee of Energy and Commerce. We had this bill in our committee for a couple of weeks in July. I thought that it would pass along party lines and the Democrats would vote this favorably out of committee. I thought we would have it on the House floor in the month of July, and I thought that the Democratic leadership would force this bill through passage again on a party line vote in July.

It didn't happen that way. I think it's because they pushed the cap-and-trade bill through at the end of June. Many Members went home and were startled by the reactions of their constituents and said, hey, maybe we'd better study about this a little bit before we just go ahead and pass it. As a consequence, we didn't pass the bill on the floor of the House, passed it out of the three committees, and then we hit August. And what happened in August was, the same sort of anxiety that we encountered in July after cap-and-trade came back big-time in the month of August. And little sleepy town halls that I would normally do in August that might command the attention of a dozen people, maybe 50 people if there's something big going on, 2,000 people would show up. They wanted to look—

Mr. AKIN. 2,000 people?

Mr. BURGESS. On a hot Saturday morning in Denton, Texas, we had to call an audible and change it from inside to a parking lot location and, with

no thought to my personal safety, I took my jacket off and my tie off, grabbed the microphone, stood under the hot sun and answered questions for an hour, 2 hours, about this bill that we had just passed.

Now, I will admit that I had a little bit of an advantage being on the committee. I could hold a copy of the bill up, because I had a copy of the bill, and say that I can truthfully say I'm one of the Members of Congress who's voted no on this bill because we had it in committee, and that I will likely vote no every time it comes back again. And that seemed to be a reasonable approach for the people in my district.

But I've got to tell you, I was astounded, I was stunned, coming back in September, after all this angst and anxiety we encountered during the month of August, and it was like it never happened. It was like the Democratic leadership assumed that the country was in some sort of fugue state in August and they weren't really serious about the opposition to this bill because we came back to committee in September. We had a few more amendments that they said we could consider after the fact and we did. Many of us brought up the fact that boy, August was a game-changer, and really the American people want us to be more serious about and more thoughtful about our approach to this bill.

And the chairman of the committee said, no. We're not paying any attention to August. August didn't happen. It was a mirage, it was a heat-induced hallucination. It wasn't the American people speaking, it was made up.

Mr. PRICE of Georgia. Will the gentleman yield?

Mr. BURGESS. I'll be happy to yield on that point.

Mr. PRICE of Georgia. I appreciate you bringing that up because I was so astounded as well by this incredible outpouring by the American people of their concern and fear about what their government was about to do to them. And then the President seemed to just dismiss it, didn't even recognize that it had happened, and the Members of Congress, including the Speaker of the House and others, seemed to be saying, don't pay any attention to that man behind the curtain. You know, it was like they didn't even acknowledge that, in fact, the American people were concerned, which is—I appreciate you saying that because it's one of the things that has further angered my constituents and the folks that I talk to across this land, who say, is anybody listening there? Is anybody paying attention?

Mr. BURGESS. Reclaiming my time, if the gentleman will continue to yield, the fact is the American people do not trust us to do something this big. They look at this 1,000-page bill, they recognize that it will go to a Federal agency, the interpretation of those thousand pages will lead to 10,000 or 20,000 or 30,000 pages in the Federal Register, years of rulemaking, and years of rules

that will be rained down upon a free society because of the actions taken on the floor of this House within the next couple of weeks.

Mr. AKIN. Well, you know, gentlemen, a number of you have raised the point that there's a whole lot of Americans that are not very thrilled with this approach of government takeover of health care. But let's just think about it for a minute: Why it is that you had that reaction, 2,000 people come out of nowhere, and they're all hotter than hornets about how this is lousy stuff, we don't want some bureaucrat rationing our health care.

Let's talk about who might be against this bill. First of all, if you're an older guy like I am, you're going to be worried, because statistically you're at the point where they're saying it's not worth it for the government to pay for you to get your health care.

□ 2000

So if you're an older person, all they're going to give you is aspirin and some pain pills or something. And so if you're an older person—you're not going to like this—if you're an older person, you're probably also on Medicare. And you want \$500 billion taken out of Medicare? I just don't think that's going to be very popular with some of our older voters.

But let's say that you're a different person. Let's say that you have a small business. This bill is going to tax your small business a whole lot. You're saying, I'm already struggling. I'm barely making ends meet. We've got a lot of unemployment in America. If I had some money, I'd be able to add some new machines, get my small business going, and we could help the unemployment. But now you're going to tax me to death on a bunch of this socialized medicine. So the small businessman is not going to like it, the guy who is pro-life is not going to like this.

I yield.

Mr. BURGESS. I thank the gentleman for yielding, because that's a very good point. I had several roundtables with small business in my district over the summer. An 8 percent payroll tax will be the largest single tax ever levied upon small businesses in this country. Think about that for a minute. We just hit, what, 9.6, 9.7 national unemployment.

Mr. AKIN. We've got unemployment that's just running away. The statistic almost everybody knows is that I think it's pretty close to 79 percent of the jobs in America are with companies with 500 or fewer employees. So small business employs almost 80 percent of Americans. And what are we going to do? We're going to slam them with an 8 percent tax on top of things right now with unemployment already at 8 or 9 percent.

Mr. BURGESS. If the gentleman will further yield, all last month I heard from small business people either at home or who came up to Washington to see me. I heard from a lady who has a

saddle manufacturing plant in Fort Worth; I heard from cardiologists; I heard from air-conditioner compressor remanufacturers in my district. I heard from literally butchers, bakers, and candlestick makers, all concerned, yeah, the economy may be doing a little bit better in north Texas. Yeah, maybe those aren't wild leaves; maybe those are in fact green shoots.

I said, Well, are you looking to expand business or add any jobs? No, I am not, because I don't know what you're doing to me in health care. I'm scared to death about what you're going to do with this energy bill. I haven't a clue what you might do with this financial service deregulation you're going to do, and it is too uncertain.

When I look across the horizon, all I see is the abyss. I cannot possibly add a job in this environment that Congress is doing. Forget the economy; forget the worldwide situation. It is what Congress is doing; the uncertainty that Congress has now injected into the small business climate, small business environment.

They are holding back on adding jobs in a climate where, otherwise, maybe if I could find a banker to loan me some money to do something, I might do it, but not if I'm going to face an 8 percent payroll tax, not if I'm going to have to pay more for my energy or, by the way, pay some sort of premium in a carbon offset somewhere at some point in the future. And, oh yeah, who knows what this financial regulation is going to do to me if I'm a financial planner.

All kinds of businesses in my district, the multiplier effect of perhaps those one or two jobs in every small business spread out across my district, spread out across my State, spread out across the country; and is it any wonder that our unemployment rate is 9.7 percent?

Mr. AKIN. The sad thing is that, to a large degree, we're doing it to ourselves with this kind of overkill legislation. This almost looks like somebody has got a solution looking for a problem to justify it.

I notice that we're joined by my good friend, Congressman FORTENBERRY. I'd like to yield some time to you so you can be part of our discussion.

I have to say that Congressman FORTENBERRY is highly respected. He is one of these level-headed kind of decent guys. Everybody likes him.

You've got to have some people in your district talking to you about this. What are you hearing, Congressman?

Mr. FORTENBERRY. Well, first of all, thank you for your comments, and it's a pleasure to join you this evening. I didn't have the benefit of the conversation in its fullness before joining you just a moment ago, but I would like to try to make a contribution to what you're saying, if you can yield a few minutes to me.

Mr. AKIN. I yield. We're basically enjoying having a conversation here. A little bit like going to dinner with your

Congressman, except the food, you have to provide that for yourself.

Proceed, please

Mr. FORTENBERRY. Thank you. I think, if I could reframe this for just a moment, I think there's a central question we should all be asking ourselves on both sides of the aisle, and including the administration: How do we actually strengthen health care in America? How do we answer a fundamental question as to reducing cost, improving health care for all Americans, and protecting vulnerable people?

If you start to frame how we move forward on appropriate public policies that improve health care, reduce cost, and protect our vulnerable people, you begin to get actually underneath the reasons that we're in a circumstance now where you have a large section of America that is pretty happy with its health care, but generally unhappy with the rising cost. You have another section of America that has real problems with gaps of insurance coverage either because of preexisting conditions or loss of job and an inability to afford a product individually. That's a real problem.

Then you have certain vulnerable populations who, frankly, end up in the emergency room a lot of times; whereas, if there were alternative methods of care, primarily for primary care, that would reduce that cost as well. So how do you begin to answer those questions, I think.

One is—and I think there has been a certain bipartisan focus on this—and that's this positive in this overall debate—but it's the whole issue of health and wellness.

Our total health care bill in this country is about \$2.2 trillion. About 75 percent of that is actually due to the onset of chronic disease. A major portion of that could actually be prevented or better managed with significant cost reductions.

For instance, some estimates suggest that 80 percent of cardiovascular disease could actually be prevented or better managed. Can you imagine the hundreds of billions of dollars that we could be saving if we had a cultural shift in the paradigm of health that looked at incentivizing both prevention and wellness? I will give you a few examples.

In Nebraska, we have a rehabilitation hospital called Madonna Rehab Hospital, and we actually held a committee hearing, a public hearing in the field back home on putting the health back in health care. It was a subcommittee of the Agriculture Committee, which we held back in August.

Madonna Rehabilitation Hospital's principal testified they have a 1.7 percent increase in their annual health care bill over the last 5 years. Incredibly low.

Mr. AKIN. Only 1.7, gentleman? That's not very much increase. Most people's insurance jumps 20 percent a year.

Mr. FORTENBERRY. Exactly right. They have a very aggressive, progressive health and wellness program

where you're actually incentivized to watch your health, to take measures to actually engage in preventative care. The largest employer in Nebraska actually has a 50 percent lower increase—it's still increasing—in their own health care cost because they aggressively incentivize prevention as well.

A manufacturing entity in my hometown of Lincoln has a \$5,000 per employee cost for their health insurance versus \$8,000 dollars in the industry average because, again, a strong focus on health and wellness.

Right now—and, Doc, you might want to add something—we tend to pay the medical establishment, the systems, to fix or cut or prescribe. And if we incentivize wellness for persons who are in insurance plans to actually have incentives to watch their own cost, perhaps through expansion of health savings accounts and other entities that allow for the creative opportunity for families and individuals to better control their own health care as well as companies paying directly for prevention, and then incentivizing the medical establishment to be paid or to be reimbursed basically for that type of care, you'll begin to get to one of the major cost drivers that has left us in this situation. Hundreds of billions of dollars could potentially be saved.

Mr. AKIN. Gentleman, I really appreciate your approach of trying to solve problems. We have focused for some of our discussion this evening on the things that are wrong with basically having the government take the whole thing over and socialize it. But we have also been criticized by the President and others that the Republicans don't have any kind of solutions to health care, which you just showed was a tremendous amount of innovative and very kind of strategic thinking in terms of how do you approach this. I think maybe it would be worthwhile. Doctor, I ask you to join us, please.

Let's just kind of tick off some things that—just think about our Republican colleagues and friends. I'm going to just toss out a few things that I would figure get at least 90 percent, probably 95 percent from our colleagues.

One of them is that the big companies and employees of big companies get to pay for health care with pretax dollars, but the small business guy and the individual has to pay with after-tax dollars. I think most of us would say justice means that people are treated equally before the law, and that if we're going to allow people to buy their medical insurance with pretax dollars, that should be made available to everybody.

Don't you think that we'd get a 95 percent on that, probably?

Mr. FORTENBERRY. If I could speak, Doctor, real quick.

Mr. BURGESS. I think on our side of the aisle, no question, you'd get 95 percent. I can't speak for the whole House.

Mr. AKIN. I'm not speaking for the whole House because they want the

government to take things over, apparently. That's just one idea. I toss out another one.

Mr. FORTENBERRY. You've made a very good point that there is an unequal tax treatment based upon your defined status in the Tax Code. And if you're an individual left out there on your own versus a multistate corporation, you have a different incentive, basically, based on the Tax Code structure. I agree with you, it's unfair.

Mr. BURGESS. Further, a multistate corporation actually has the ability to deliver their health care product over State lines. Individuals in the individual market are prohibited from buying insurance across State lines.

Mr. AKIN. Which therefore, Doctor, suggests?

Mr. BURGESS. It would suggest when the President stands up before us and says there's a place in Alabama where there's only one insurance company—sure, insurance companies tend to form natural monopolies. But if you remove the barriers rather than adding another company for competition, which is a government-run option, why not remove the barriers and open it up to the 1,200 or 1,300 companies that might like to compete for that business in Alabama.

Mr. AKIN. Fleshing that idea out a little bit, in the case of Missouri, where I'm from, you've got Kansas City; half of it's in Missouri and half of it's in Kansas. So if somebody in Missouri kind of goes over the line into Kansas and finds out, Hey, I can get a couple hundred bucks less a month on the same health policy, why can't I buy that policy from an insurance company in Kansas?

So what you're saying is, Yeah, that's okay. Allow people to shop for insurance across lines, which then reduces the monopoly problem in the insurance industry. That's something that don't you think most Republicans would support that idea?

Mr. BURGESS. The real tragedy in this debate is we've never really explored those types of ideas. Maybe it doesn't need to be throughout the entire United States. Maybe there could be regions. Maybe there can be reciprocity between States that make that agreement. But we've never even explored that.

One of the things that really concerns a lot of people when they look at this bill is you get 10 years of taxes and 6 years of benefits. Remember, none of these good things that are going to come people's way and lift the burden of health care off their shoulders, none of them happen until after the next Presidential election.

Part of that is to keep the score low on the Congressional Budget Office; part of that is because, again, it's going to take a long time to set up those programs. We don't even have an administrator at the Centers for Medicare and Medicaid Services right now. And that's the individual who's going to be charged with setting up many of these programs.

So, in the meantime, we do need to do something to cover those individuals with preexisting conditions, those individuals who get a tough medical diagnosis, their insurance is rescinded from them. Nothing is more offensive to Americans than to think that someone has played by the rules, written that check every month, they get a tough diagnosis and the insurance company finds a reason to drop them.

If there's been outright fraud in purchasing the policy, maybe so. But in so many of those cases it is really iffy why those policies are dropped. We could fix that.

Mr. AKIN. Which, again, gets to another Republican proposal for portability. I mean, you know something isn't right with the way insurance is written when somebody does all the right things. They run for a number of years, they buy insurance, and all of a sudden their kid gets sick with juvenile diabetes or something very expensive. Then they changes jobs or something and now they're uninsurable. They fall through the cracks.

That's not the way the system should work. That would be a very admirable thing if the House were to just focus on fixing that problem. That would be very good work. No, we have to scrap everything. We've got a hundred million Americans with insurance policies and doctors and doctor-patient relationships, a hundred million of them, and we're going to scrap the whole thing and have the government take it over. That's irrational.

□ 2015

Mr. BURGESS. But even the President himself said here the other night when he addressed the joint session of Congress, because these programs won't be up and running quickly, maybe we should take the JOHN MCCAIN idea of the high-risk pools, the reinsurance and get people some immediate help now.

I would submit to you that if we would work a little harder on that, it may not be necessary to go the full strength of the government program. Why do we have to fix a program that is arguably working well for 60, 70, 80 percent of the population? Why do we have to change it for everyone to capture those 8 to 10 million people who get caught in that cycle of having a preexisting condition?

I yield to my friend from Nebraska. Mr. FORTENBERRY. This is well stated, doctor, that the injustice of a person who has wrongly had their insurance rescinded has to be addressed by this body, another clear point of bipartisan agreement. Persons who have preexisting conditions through no fault of their own and are caught in a cycle of not being able to find insurance for the type of problem that they're dealing with is another point of real unfairness that I think you could find appropriate solutions for in a bipartisan way and fix.

It leads to my second point that we really ought to focus on creative new

risk pools for insurance affordability and innovation as well as increased access for people out there.

I got a letter from Affiliated Foods in Norfolk, Nebraska, the other day. They are a cooperative. Now in Texas, Missouri and Nebraska we are used to the concept of cooperatives. That's where we leverage our buying power to get agriculture inputs a lot less expensively and sell our grain a lot of times. This is a cooperative grocer who basically uses their group buying power to provide the products for mom-and-pop grocery stores throughout rural Nebraska and other States. They used to be able to buy their insurance through that cooperative, but because of the change of the law a few years ago, they can no longer do so. So it leaves the small business entrepreneur out in the rural community who is struggling to make it, to have to go out on the very expensive individual or small business market instead of using the group buying power.

Now this is a legitimate business. It is a group of people who have bought into a business plan and have ownership in it. They are stakeholders. They're going to be appropriately capitalized. There's no reason that they shouldn't be allowed to use that entity as a creative form of association to leverage group buying power to provide more affordable insurance for themselves.

Mr. AKIN. So what you're talking about now, just to kind of summarize what we have talked about, what you're talking about is what people call in this business associated health plans, the idea that people can create these pools and buy, on a discount rate, their health care. That's a pretty straightforward idea. That's something that Republicans have voted for dozens of times. So we have got associated health plans. We're saying people should have their tax treatment and when they buy health insurance should be the same. We're going to deal with the issue of portability so that when you own a policy you get to keep it and the insurance company can't just dump you.

The other thing we haven't, of course, talked about is tort reform which we have good support for that. That drives health care costs tremendously. And yet we are unwilling to really be serious about it. All of these ideas Republicans are supportive of. So the charge that we're not willing to deal with this debate is not true.

Go ahead, my friend.

Mr. FORTENBERRY. There's another option out there that we should actually have a creative policy discussion about in a bipartisan way which the good doctor just mentioned as well, high-risk pools is another option you have to insure or have the government basically subsidizing a market that does not exist for people who are priced out of because of preexisting conditions or other affordability problems, normal market rates through their business,

through their individual policy. You could look at the expansion of those opportunities. We have a fairly good one in Nebraska. It's argued that it's a bit expensive for folks, but that's another way that the government, again, could use public dollars to ensure that people are adequately covered and pay normal rates or provide a reinsurance mechanism, and then as the doctor was saying, you will have gone a long way toward resolving the real difficult problems that exist for about 10 million Americans in providing affordable, good coverage. You'd probably have a bipartisan winner on your hands.

If I could add one more point, there are certain other options, maybe this is a little more controversial, but I think it's worth exploring, in terms of basic public health expansions like community health centers, where you actually help persons who are in more vulnerable situations avoid ending up in the emergency room for primary care treatment.

A combination of this, a focus on health and wellness incentives, new insurance risk pools for affordable innovative options and protecting those who are, because of preexisting conditions or other problems, priced out of those markets with perhaps other types of high-risk pool entities combined with other public health initiatives like that, you would have answered the question I posed initially: How do we improve the health of all America, reduce costs, particularly for families and small businesses, and protect vulnerable persons? We could all applaud and have a big bipartisan agreement and have accomplished, I think, what the people have sent us here to do.

Mr. AKIN. Except instead what we've had is apparently our Speaker has pulled together various people, ignored the recommendations that we had and decided, well, we just know what's best, that is the government is going to run it all, we want this public option, and we're charging down this aisle.

Basically people are wondering, well, why is this health care thing stalled? Well, the reason it's stalled is you don't just take over 18 percent of the economy, take \$500 billion out of Medicare, basically allow a program which is going to allow public funding for abortion and illegal immigrants getting access to this money and all that stuff without people having something to say about it.

Mr. BURGESS. And if I may, the taxes and fees that are added on top of medical devices and insurance policies in order to pay for these programs are going to drift down to the middle class. There is no way to avoid taxing the middle class or putting a fee schedule on the middle class with the structure that has been proposed by the Senate Finance Committee.

With the gentleman's indulgence, I would just make a point that if people are interested in this debate, healthcaucus.org has documented the

debate that has gone on since January and February of this year. I would just further like to point out, we do hear the complaint that Republicans have not been involved or engaged in this process. I met with the transition team in November and offered my assistance. I was never called back. I met with the chairman of my Committee on Energy and Commerce in January and never received a call back. I submitted 50 amendments to our bill in committee and had several of them accepted toward the end.

Republicans do have ideas. They are reasonable ideas. They deserved a fair hearing and a fair airing in committee. Unfortunately we were denied that opportunity, because as the gentleman correctly points out, as the deputy President has said, "Never let a good crisis go to waste." They were determined to use this economic crisis to expand the reach and grasp of the Federal Government in health care.

Here is the reality: If the President had really wanted to do this, they could have done it in February when the Presidential approval rating was near 80 percent. No one would have been able to stop him. It could have been signed into law before the month was over.

Mr. AKIN. I would like to thank my good friend, Congressman BURGESS and also Congressman FORTENBERRY. Thank you very much.

BREAST CANCER AWARENESS

The SPEAKER pro tempore (Mr. MCMAHON). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of this bipartisan Special Order on the subject of breast cancer awareness.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Florida?

There was no objection.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, tonight, like so many times before, I stand with my friends and colleagues on both sides of the aisle to address an issue that is both personal and universal.

As you may know, October is National Breast Cancer Awareness Month. It is a privilege to be with fellow survivors and advocates celebrating 25 years of breast health awareness education and empowerment.

Breast cancer is the leading cause of cancer deaths in women ages 15 to 49 according to the National Cancer Institute. In 2009 alone, the American National Cancer Society estimates that there will be 194,280 new cases of breast