

have philosophically and about Medicare rates being the prevailing rate in terms of required coverage, which would essentially mean, in our opinion, that we will be on a path to a single-payer system, something that certainly our Members would not want to see.

But I thank the gentleman for sharing, and we look forward to perhaps working on those parts or, if we could, just items that we can agree on, again, if the public option begins to have trouble. So, again, I thank the gentleman.

If I could, Mr. Speaker, turn to the question of foreign policy and where we are in terms of the bill coming from the Foreign Affairs and Financial Services Committees.

Last week, Mr. Speaker, the gentleman had said that the White House was engaging in discussions with China and Russia, that perhaps that was why the bill would not be moving forward. This, again, is the Iran Refined Petroleum Sanctions Act. And to paraphrase the gentleman, Mr. Speaker, I would say that the gentleman indicated that Mr. BERMAN will be talking to the White House about timing.

I yield to find out whether we have any clarity on that and when that bill will be coming to the floor.

Mr. HOYER. I thank the gentleman for yielding.

I have talked to Mr. BERMAN. He is in discussions with the White House. Both you and I are strong supporters of the legislation, as is Mr. BERMAN. My expectation is he has indicated that he wants to consider this bill and bring it to the floor, and I have told him that as soon as it's ready to come to the floor, I will schedule it for the floor.

In addition, I will tell the gentleman that it is possible that we will have the sanctions bill out of the Financial Services Committee. As you know, there are two different bills. The Berman bill is the stronger of the two. But we may well move next week, may move next week, on the Financial Services sanction bill, which deals with, obviously, financial transactions.

□ 1545

My expectation is Mr. BERMAN is looking at this and does hope and expect to bring this bill out either at the very latter part of a couple weeks from now or perhaps the first week in November. But I know he's very much engaged in this, and we very much support moving on this.

Mr. CANTOR. I thank the gentleman for that.

Mr. Speaker, the gentleman has noticed that the Homeland Security appropriations bill is coming to the floor next week. Reports have indicated that perhaps some of the trouble surrounding bringing that bill to the floor deals with the language of dealing with the detainees at Guantanamo Bay and their transfer. And as the gentleman knows, Republican-sponsored language that was adopted by the House is some-

thing that we would very much like to see included in the conference report.

I do know, Mr. Speaker, that the Senate just adopted in the Defense appropriations bill that they are deliberating upon that no funds would be allocated or appropriated for the transfer of those detainees, by an overwhelming vote.

So I would ask the gentleman, should we expect that language, the House-passed language, to be in the conference report that would come to the floor?

Mr. HOYER. Of course, the conference hasn't been held so I don't want to predict what's going to be in there or not. I will tell the gentleman, as the gentleman knows, the authorization bill, the conference report that we just passed does have within it, as you know, a prohibition on the release of Guantanamo detainees in the United States, territories, and possessions. In addition, it restricts detainee transfers to the United States or its territories or possessions until 45 days after the President has submitted a plan to Congress certifying that the detainees will pose little or no threat or risk to the United States if transferred. That language we just passed.

Now, I can't predict whether the appropriations conference will track that language or will have different language such as the language to which you just referred. But I expect there to be language on that issue.

Mr. CANTOR. I thank the gentleman.

I would just note as well that the House-passed language in the Homeland Security bill also had a provision lacking in the bill we just passed which had to do with States' ability to veto a decision to transfer detainees—something very much, I would say to the gentleman, our Members would like to see in the bill that comes to the floor next week on the Homeland Security appropriations bill.

I would just like to lastly turn to the issue of the remainder of the year and the calendar and what Members can expect as far as November is concerned.

Today is October 8. The House is scheduled to adjourn at the end of this month on October 30, and I was hoping that the gentleman could give us a better sense of the session that we will expect in November.

And I yield.

Mr. HOYER. I thank the gentleman for yielding.

As I have said before, my expectation is that Members ought to be planning on at least 4-day weeks in the first week in November and the third week in November. As the gentleman knows, Veterans Day falls in the middle of the second week of November, and my belief is it's going to be very difficult to get Members back for a day and a half—and very impractical and costly—then to have to go back for Veterans Day and then probably not come back doesn't seem to be a very useful use of time.

But I have caveated that with the issue of health care. Health care is, as

I said, the major issue that we're focused on. We think it's critically important for the American people to have access to affordable, quality health care, which is our objective. As a result, that second week we haven't given it away yet, but my expectation is that we probably will not be meeting that week. My expectation is also—and my plan will be—not to meet Thanksgiving week. I think people ought to be home during Thanksgiving week and, again, I make the caveat as to where we may be on health care.

Now of course if we can get unanimous consent to put it on a consent calendar and pass it, maybe we can shorten the time. But absent that, I want to make sure that we all understand that if health care, for instance, was being considered that third week and we had to move into Saturday or Monday to pass it, we might do that.

But again, I reiterate that for November, my expectation is first and third week probably here at least Tuesday through Friday of each week, and with respect to the second week, probably not here and the fourth week probably not here.

Having said that, you asked for the balance of the year.

Again, it will depend upon whether we can complete our work within those 2 months. If we can't, we will clearly be here in December. Again, as someone who has served here a long time and has seen us meet as late as December 23 or 24, I think that's not good for our families, it's not good for the Members, and I certainly am not one that looks forward to that, and I am going to do everything I can to make sure that we get our work done no later than the end of the second week of December.

Mr. CANTOR. Mr. Speaker, I thank the gentleman for his time, and I yield back the balance of my time.

#### HOUR OF MEETING ON TOMORROW

Mr. HOYER. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 10 a.m. tomorrow, and further, when the House adjourns on that day, it adjourn to meet at 12:30 p.m. on Tuesday next for morning-hour debate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maryland?

There was no objection.

#### HONORING CAPTAIN BENJAMIN A. SKLAVER

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. Mr. Speaker, I rise to commemorate the life and mourn together with his family the death of Captain Benjamin A. Sklaver of Hamden, Connecticut, who served his country and the neediest people of the world honorably.

Captain Sklaver was killed in an ambush last Friday while on patrol in Afghanistan. Struck down at the age of

32, he leaves behind a legacy of humanitarian works and honorable deeds that would do any man or woman proud. Before serving in Afghanistan as an Army reservist, Ben had worked for the Centers for Disease Control as an international emergency and refugee health analyst. And he was the cofounder and director of ClearWater Initiative, an organization which aspired to provide clean drinking water to refugees displaced by an international emergency. In the past 2 years, his leadership at ClearWater had managed to provide over 6,500 people in Uganda with clean drinking wells.

To the thousands of lives he changed in Uganda, Ben was known as "Moses Ben." But to his grieving family—his parents, Gary and Laura; his siblings, Anna and Samuel; his fiancée, Beth; her son, Danny; and her parents, Barbara and Jimmy Segaloff—he was simply Ben, a warm, kind, generous, and loving young man with so much life ahead of him taken from all of us too soon.

Connecticut mourns and America mourns this family's loss today.

#### FACTS ABOUT THE DEMOCRATS' HEALTH CARE PLANS

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, here are some facts about the Democrats' health care bills: They reduce benefits for seniors, according to the Congressional Budget Office; young people, and perhaps most others, pay higher premiums for health insurance, according to nonpartisan analysts; just because you like your health care insurance does not mean you can keep it, according to the Congressional Budget Office; if you don't buy the insurance policy the government requires, you pay an excise tax of almost \$2,000, according to legislative language; and the cost of health care increases—not decreases—according to the Congressional Budget Office. And none of the plans contains language, known as "tort reform," to reduce frivolous lawsuits against medical personnel.

Mr. Speaker, let's give the American people the facts about the Democrats' health care proposals. If we do, they will insist that we start over and get it right.

#### IT IS TIME TO REPEAL "DON'T ASK, DON'T TELL"

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

Mr. SESTAK. Mr. Speaker, the President correctly addressed the cratering of our economy at the beginning of his administration. And while it's intense, it's no longer intensifying, and we're on the road to economic recovery.

He then took on health care reform, which was correct, with 14,000 Ameri-

cans losing their health care every day, to provide them affordable, accessible health care in the future.

It's time to address an issue of our ideals, and that is the repeal of "don't ask, don't tell" in the military that discriminates against gays.

I served 31 years in the military and rose to be a three-star admiral. I went to war, and we knew by public survey that those who went with me, a certain percentage, were gay. How could I, or anyone, come home and say they don't now deserve equal rights? It's time, Mr. President and this Congress, to hold up a national mirror and say that's not who we are; we are better than that, and repeal "don't ask, don't tell" this year.

#### THREE DAYS

(Mrs. BACHMANN asked and was given permission to address the House for 1 minute.)

Mrs. BACHMANN. Mr. Speaker, today the majority leader just committed himself and the Speaker of the House to giving the public and Members of Congress 72 hours—or 3 days—to read the bill that will require the government takeover of health care. Three days. How magnanimous of them. A bill that will destroy America's health care system, and doctors, nurses, hospitals, clinics, insurance companies, families, and individuals will have 3 whole days to read this bill and then call their Member of Congress to weigh in. Three months to read this bill would be an abbreviated amount of time.

This bill will soon become Medicare for all. Medicare, as we know, will be bankrupt inside of 8 years, and as the ship is taking on water and sinking, this Congress wants to pour more water into the boat. And they think it's magnanimous to give us 3 days to read the bill? Please. Three months would be a minimum.

#### HEALTH INSURANCE REFORM WILL HELP SENIORS

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, I would like to take a moment to talk about how the health insurance reform will help our Nation's seniors.

We have all heard about the dreaded Medicare part D doughnut hole—the gap in prescription drug coverage that 7,300 seniors a year in my congressional district alone face. Seniors who fall in the doughnut hole must cover the full cost of their prescription drugs, forcing many to cut back on their prescription use.

H.R. 3200 fills in the doughnut hole, shrinking it over several years until there is no interruption in prescription drug coverage for our seniors. Until the doughnut hole is completely filled, H.R. 3200 also offers discounts on

brand-name prescription drugs to seniors who fall into that doughnut hole.

H.R. 3200 also makes great strides in improving the care Medicare patients receive. It includes provisions that encourage doctors to spend more time with their patients and to check up with them more frequently. Accountable care organizations and medical homes in the bill will promote coordination of care amongst the different health care professionals and result in better health care outcomes for Medicare patients.

I am proud to support this bill and encourage my colleagues to do the same

#### FLAWED HEALTH CARE REFORM

(Mr. GINGREY of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GINGREY of Georgia. Mr. Speaker, I appreciate Secretary Sebelius coming to the Capitol yesterday to meet with the Republican Study Committee. And I asked the Secretary if the President intended to keep the promises he made on health care, specifically if he will stick by his pledge not to sign a reform plan that would add a dime to the deficit; ease access to taxpayer funds for illegal immigrants; reduce Medicare benefits to our seniors; or cause anyone who is happy with the coverage they currently have to lose it.

Secretary Sebelius gave no response regarding the first three pledges but on the fourth, she said it is impossible to guarantee Americans can keep the health coverage they now have.

Mr. Speaker, this underscores how flawed this reform plan is. The vast majority of Americans are happy with the health care coverage they currently have. Certainly we need reform for those Americans for whom the system is not working, but we shouldn't force as many as a hundred million persons into a government-run health care plan. H.R. 3200 would do exactly that. We can do better.

□ 1600

#### HEALTH CARE REFORM AND BALANCING THE BUDGET

(Mr. BURTON of Indiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURTON of Indiana. Madam Speaker, I ran into one of my constituents last week, a fellow named Jim Byers, and he said, You know, if you guys could balance the budget, I'll bet you could reach an agreement on health care. And he said, Why don't you talk to your Democrat colleagues about giving a guarantee that they'll balance the budget in a reasonable length of time? And if they'll do that then you'll probably be able to work out the health care differences that you have.