

within our grasp, and if we keep pushing, we're going to deliver this for the American people.

Mr. MURPHY of Connecticut. If this was easy, Mr. SARBANES, it would have been done under President Bush. If it was easy, it would have been done under President Clinton. If it was easy, it would have been done under the first President Bush, President Reagan, President Carter. If this was easy, it would have been done already. It's not easy. This is one of the most complicated, convoluted health care systems in the world, which is part of the source of the problem that we find ourselves in today. And so the solution is not one sound bite, the solution isn't 10 pages; the solution is tough to come to.

I have faith that the American people are going to get what they've been asking for—as we've mentioned here today—for over 100 years, a system of health care which guarantees that they get coverage not just when they're very sick, but throughout their lives, and gives it to them at a price they can afford.

With that, Mr. Speaker, we thank you so much for granting us the time, and we yield back the remaining time.

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. Welcome to this debate that's been going on now for a good number of months, a debate that has caught the attention of Americans everywhere, Members of Congress, Members of the Senate, the question about health care. It's something that's big, it's as big as 18 percent of the entire U.S. economy.

We have seen in the last number of weeks the involvement of the government in new and expanded ways in this economy, not just the 18 percent, but we have seen czars setting the salaries of people in the insurance and banking industry, firing the president of General Motors. So we've seen quite a trend of the government getting involved in the private sector. But this involvement in the area of health care is certainly the biggest of all; this is 18 percent of the entire American economy.

I had the pleasure of being able to sit here and listen to quite a number of the Democrats talking about health care. It was like coming from a different planet. I thought it was interesting that they talked about pet phrases and slogans and things. I guess there have been quite a lot of different words bantering about and different phrases and things, and I think it's important for us to be very precise with our use of words. Otherwise we fall into very serious mistakes.

One of the things that has been talked about is will there be a public

option? That's kind of an interesting choice of words, a public option. What that really means, in political talk, is not a public option, but a government solution. A government solution.

So when you talk about a public option, really the public doesn't have anything to say about who's going to get treated or what price it's going to cost or how it's going to work. The public has no say in that; the government is the one who does that.

And in terms of options, you can talk about how bad health insurance companies are—and certainly they do some things that we don't like—but there is one thing about health insurance companies: If you don't like one, you at least have some option to try and find something else. If the option is the U.S. Government, your only option is to go to another country.

□ 1600

So there's not much option and not much that is public about the public option. Another phrase that sounds just wonderful is "every American has a right to health care." Hmm, that's an interesting phrase. Let's think about that a little bit.

There was once a country that doesn't exist right now that had the idea that everybody had a right to certain basic things. For instance, if it gets really cold outside, you should have a right to housing, because if you don't have a warm place to live, you'll freeze to death. So they said that everybody should have a right to housing. If you don't have food to eat, you'll starve to death. So everybody should have a right to food. They said that everybody should have a right to education, that you should be able to read. So in each of these cases, the government was going to provide housing and food and education. The government said that you also needed to have a right to have a job. So the government was going to provide the job. And the government, of course, said that you had to have a right to health care, so the government was going to provide your health care.

This idea that because it's essential for your survival to have housing or food or education or a job or health care, to say, then, or to assume that, therefore, it's a right is to make the same assumption that was made by the Union of Soviet Socialist Republics. We used to call them commies when I was younger. How well did their system work? It didn't work very well. Lots of people got lousy health care, starved to death, froze to death and were persecuted and killed by their government because they had an assumption that you had a right to all these different things.

But I think that when our Founders started America, they talked about a right to something else, a right to life, a right to liberty, a right to pursue happiness. What's the difference between those things? Well, the right to life, liberty, and the pursuit of happi-

ness is something that is granted by God to each and every individual citizen. Nobody else gives you that. Only God himself.

When you talk about a right to food, does that mean that the farmer has to be your slave and give you food, which is the product of the sweat of his brow? I don't think so. We call that stealing. So we need to be a little careful when we talk about rights a little bit too quickly. Because when you assume you have a right, then it's the government's job to enforce it, and pretty soon you end up with public option or essentially one choice, and that is the government running everything.

So let's take a look at when the government does too much. What happens when the government does too much? Well, one of the things we can see by other departments of the Federal Government is that we have some sense of rationing, inefficient allocation of services, degraded quality, and excessive expense. These are things that are not uncommon in government departments.

You can think about the postal department. The postal department is not known for its efficiency. There are a lot of private operations that are more efficient than the postal department. It was necessary when America first got going. But the government can do too much. That is the point of many of us on this side.

It's not that we want to have people not have health care, but it's also a reality on our side, as a Republican, that there are things called the law of supply and demand. And as much as we might like to repeal those basic laws, like the law of gravity, the laws of physics, the laws of economics and supply and demand, we can't do that. We cannot have the government guarantee everybody to get absolute first-class health care at absolutely no cost. It just doesn't work mathematically. You can't do it.

So the promise is that you're going to get Cadillac-quality health care at no cost, and don't worry because the government's going to take care of it. That's a great proposition. And if you believe that, there's probably some swampland in New Jersey that you could buy.

What happens when the government does too much? Well, we've taken a look at the Democratic health plan and tried to put 1,000 pages—because it's got to be complicated to take over 18 percent of the economy. So we came up with this chart. Every colored box here is a new agency or something created. Now, if you think of yourself as a consumer and you've got the doctors on the other side, you've got to somehow get through this maze to get your health care.

Obviously, the first thing that you note about this chart is—and as you can imagine, a 1,000-page bill, if it's as limited as that—I'm sure it's longer than 1,000 pages—is not going to be simple. Another thing that you know

about it is that the more the government takes over, it's going to be kind of difficult if you don't like the quality of your care to change. What is your option? Where can you go?

Now, one of the things, when Americans start thinking about whether or not they really want to go this distance, whether they really want to fundamentally change all of American health care—you know, the proposition that I heard here in the last hour was pretty much the concept that, hey, American health care is broken, so burn the whole thing down and rebuild it entirely, have the government run it, is essentially where it's going. They're not doing that in one step. They are having the government option, which then takes over everything, and every other insurance plan has to be like the government one. And pretty soon, guess what? Just like student loans started out 15, 20 years ago, the government was just one player, now they're 80 percent and they've absorbed almost everything.

So what's going to happen in this kind of a complex scenario? Well, how do you answer that kind of question? What you have to do is you take a look historically at who else has tried it. One of the people that have tried it has been the Europeans, Eastern and Western Europe.

I have a letter here that was sent to me personally by a lady. She doesn't want me to give her name out because she is involved with some government things and that would be some very sensitive information. She has family that has lived in Western and Eastern Europe and looked for health care. She said, in the different governments where she has been involved with government-regulated health care, which is most of the European countries, she says, The first thing I note about the system of health care is that people who want really good health care travel to the United States if they can. If you're a well-to-do sheikh from Bahrain, and you have got a serious health care problem, guess what happens? You take your millions of bucks and you hike over to the USA to get your health care.

I was just hearing people saying that our health care is just terrible in this country, but an awful lot of people vote with their feet, coming to America to try to get their health care. This is a person who has a family that has had surgeries, transplants, various tests, medical maintenance checkups and facilities in these countries where medicine has long been regulated by the government. This is what was said. My first introduction to this was hearing a national friend express her joy to others by this statement. "God has been so good to my mother. She got in a hospital where the staff mops the floors and changes the sheets." For an American used to even community health clinics that surpass some of the westernized specialty clinics that she saw when she went to Europe, she said this

was a very, very shocking first impression that she got.

Later, as she talks about elderly people, she says, Later, as I became a regular visitor in middle class hospitals, I saw firsthand how very fortunate we are in America. The hospitals and the clinics, to speak of, care for the elderly is almost too sad to describe. But I can tell you that, whereas, once I was incensed by a low-budget nursing home my aunt was placed in, now that I have ministered to elderly people lying on narrow beds in the back corner of dingy two-room apartments because nursing homes or assisted-living programs are beyond the hope of the people who supposedly have free access to their nation's health care plan, I think of my aunt, and I'm grateful she had a comparably luxurious environment.

There are other stories, too. Here is one for women. No woman enjoys her annual gynecological annual checkup. I would ask American women to imagine a scene where, in one of the best clinics, you sit in a stark, icy cold room, naked from the waist up as folks walk in and out until you learn to bring your own cover-up while awaiting a mammogram.

Imagine that one of the best clinics in your city cannot give you more sophisticated testing for a suspicious spot, and after seeking a clinic in a neighboring country, you end up in another stark clinic where attitudes and expectations are demeaning to a woman's dignity. Eventually, you're sent where for reliable testing? To America.

Those are examples of Europe, Western and Eastern Europe. But we have examples that are a lot closer to take a look to see if this is a very good idea. We could look much closer, to Massachusetts and to Tennessee, where similar programs of government takeover of health care was tried in those States, both abysmal failures.

What else did we learn from those States? Well, one of the things that has been going on here in this debate about health care, you're getting a lot of conflicting statements and opinions. What I am going to do here, with a couple of the charts that I have, is to give you some that have come directly from our President, and we're going to take a look at them here in the next few minutes and just see what really seems to be the truth.

Most of this plan can be paid for by finding savings within the existing health care system, a system that's currently full of waste and abuse. It's as though our current health care system has got line items on the various budget tabs that say "waste" and "abuse," and we can just take money out of those accounts. It's not quite as simple as that. He is saying that this plan can be paid for by savings. Well, when you take a look at the fine print, you find out where the savings are coming from. We're taking it out of Medicare. That is one of the places it's going to be subtracted, and in other places there will be major tax in-

creases. So that is going to be part of where this cost is coming from.

Now, you could also take a look at America and say, well, what has our experience been with government-run health care? We have two programs. One is called Medicare and one is called Medicaid. We had the Office of Management and Budget which, in the days that these programs were proposed, made estimates about how much they're going to cost. The only trouble was their estimates were a little bit low. The politicians didn't want those people to say it's really going to cost this much, because if they saw how much it was going to cost, people would have said, Baloney, that's too expensive. We can't afford that. So the estimates on each of these were many, many, many times lower by orders of magnitude—not by percentages, but by orders of magnitude—less than what these programs cost.

Now you take a look at what's going on here with Medicare and Medicaid and the expensive increase going on over time, and what you've got going with these three major entitlements programs—Social Security, which is not as much medicine, but the other two—what you have is basically an economic crash that's going to happen to America.

It's going to happen somewhere, because when you get—these programs have absorbed so much of our budget that you're getting into this near 20 percent line of taxation. At about 20 percent, what happens, if the government raises taxes, they don't take in any more money. Doesn't that sound like a weird thing to say? If the government gets taxes too high, they don't actually get in more money. The way that works is that when you run taxes too high, eventually you just stall the entire economic system in America, so you get less revenue.

Think of it a little bit like this. Let's say that you were king for the day and you had to tax a loaf of bread. So you think to yourself, well, I could charge a penny a loaf and collect some revenue from bread sales. Then you think, well, maybe I could charge \$100 for a loaf of bread. You say, No, no one would buy a loaf of bread for \$100. So somewhere between a penny and \$100 is some optimum tax that you could charge for a loaf of bread if you were the king for the day, and anything above it, if you run the taxes up, you actually get less revenue.

There is a certain height that the government can run taxes, and then it just doesn't work. So these government-run medical programs are increasing in cost to such a degree that they're going to create a crisis economically in out-years.

So, if these programs—which were done very carefully, and we have good people trying to administer them—are making the country go bankrupt, is it so easy for us to take the whole enchilada, to take all 18 percent of medicine in America and have the government

run it? Well, I'm not so sure we can do it by just waste, fraud, and abuse and taking money out of Medicare. It seems like the experiences in Massachusetts, the experiences in Tennessee, even our own experiences with Medicare and Medicaid don't give us a lot of confidence.

Here is another statement by the President. Here is what you need to know: First of all, I will not sign a plan that adds one dime to our deficits, either now or in the future, period. Boy, that made me feel good when I heard him say that. The President is just letting us know that he's not going to get on any plan that's going to spend too much money or put us in any kind of debt, except for the fact I started asking some questions.

Let's see. Well, what's happened since the beginning of the year? Well, at the end of last year, we had half of the Wall Street bailout, and then we spent the other half of the Wall Street bailout. Special deals for Wall Street. Now that's not something that's exactly good for our budget deficit.

Then we've got this economic stimulus bill that was really not a stimulus bill whatsoever, but it was basically a big expansion of welfare. That's \$787 billion. This is a big sucker. We were told if we didn't pass this, by golly, unemployment would get over 8 percent. Well, we passed it, and unemployment is now over 9 percent.

□ 1615

So they're talking about maybe doing another stimulus bill. Then we've got this SCHIP, and we've got the appropriations bill and the IMF. So this amount of spending totals about \$3.6 trillion, and we don't have that money. So, when I'm told that we're not going to spend a dime to do this health care thing, it makes me a little skeptical.

How do you sort this stuff out? With some of it, you can't always believe exactly what you hear or the sound bites.

The assumption that we've seen, particularly in the proposals of the Democrat Party, have been what they call "comprehensive." That means they're going to basically redo the entire system. The Republican Party has suggested quite a number of different changes that could be made without entirely burning down the barn. Those changes are now, I think, 50 some different, separate bills. I could name just a few, and I think it's important to clarify the record because sometimes people come on the floor and say that the Republicans don't have any ideas. That's not true, of course. Let me just list a few different things that Republicans are very comfortable with. They are ideas that will reduce the cost of health care in America, and they will make it so that it's more affordable for many, many citizens.

The first would be that we have a problem with trial attorneys and tort reform. In various States, there has been legislation to reduce what trial

attorneys can do in terms of suing doctors. The result has been that doctors are still accountable for the medical procedures they perform, but you can't come up with outlandish kinds of punitive damages, which really run the cost of health care up. So medical malpractice reform is something that a great number of Republicans support, and in States like Texas, it has resulted in massive decreases in the cost of insurance and health care. So that's one proposal.

I have not seen much as to that in the different proposals from the Democrats in the House or in the Senate. Although the President mentioned it, there is a question as to whether or not he was very serious about doing anything legislatively.

There are other kinds of proposals. Another is the way the Tax Code works. Right now, if you work for a great big company, you get to buy your health insurance with pretax dollars, but if you're self-employed or work for a small company, you can't do that. Republicans believe in justice. We believe that the Tax Code should be applied consistently and uniformly, so we believe that people should be able to buy their medical insurance with pretax dollars all the way across the board whether you work for a big company or whether you are self-employed or whether you work for a small company.

Another proposal that the Republicans would make which makes a lot of sense—and this isn't something the insurance companies necessarily like, but it does make sense, and it prevents some of the monopoly situations that can occur with the insurance industry when they have heavy control in one geographic area. It is the idea that you'd be able to buy medical insurance across State lines.

To give you an example of how that might work, I'm from the State of Missouri, and we have, for instance, in Missouri a city which is Kansas City. We have Kansas City, Missouri, but the other half of the city is in Kansas City, Kansas. They're both sides of the river. So you have one city, and that city has a group of medical providers, but it is in two separate States. This legislation would allow you to do some shopping. If you lived on the Missouri side and if you could get medical insurance less expensively in Kansas, you could buy your insurance across State lines. What this does is it increases the amount of competition. Therefore, it helps to drive down costs.

We are not trying to repeal the law of supply and demand. We are not going to promise that everybody in America can have Cadillac care at no cost. That's just an empty promise, and it's deceiving people to try to create that impression, but there are many things we can do to improve what's going on.

If you stand back at a distance and look at health care in America and ask, Well, what really is the problem? one way to look at it, which I think is

particularly helpful, is to say, look, you've got the provider system—that is the actual medical care that we're giving people in America—and then behind that you have the pay-for system. The pay-for piece is what's broken, not so much the provider side. Certainly, there can always be improvements to the care that we give. Some hospitals give better care. Some doctors do a better job than others, and you can always make improvements, but in general, American health care is pretty good. It's the way that we pay for it which is increasingly problematic. The reason for that is that two-thirds of Americans are paying for another one-third who isn't paying anything, and that just inherently, economically, causes problems. So there are some things that we can do.

Many Republicans support these ideas, again, of lawsuit reform so that we don't have these tremendous punitive damages where doctors have to practice defensive medicine. We like the idea of allowing health insurance to be purchased across State lines, and we think that, when you purchase medical insurance, taxation should be consistent across the board.

There are a lot of other ideas we have. Another one is the problem with the fact that you lose your health insurance if you change jobs or something. That's not a good deal. You're a responsible person; you're working hard for some company; you have medical insurance; you have a wife and some kids; they're covered under your policy. Then if you lose your job, all of a sudden, my goodness, now you have a child or a wife with a preexisting condition, and you're really up a creek without a paddle. That's not the way health insurance should work. We think insurance should be changed so that it's portable and so that you can continue to carry your insurance with you from job to job. So those are just a few ideas.

There are many ideas that Republicans support, but we don't think, when you have 100 million Americans with good health insurance and who like the relationships with their doctors, that you need to scrap that whole thing to try and address—whatever it is—the 10 or 20 million who don't happen to have insurance. We don't think you need to burn down anything in order just to treat the few. These are some concerns.

When you hear, Oh, this isn't going to cost too much, \$3.6 trillion is an awful lot of money in the hole. The Republican President who preceded our current President may have spent too much money, but he is a mere piker by comparison to what has been spent here even in the last 9 months.

Here is another statement. First, if you're among the hundreds of millions of Americans who already has health insurance through your job, Medicare, Medicaid or the VA, nothing in this plan will require you or your employer to change the coverage or the doctor

you have. Well, that sounds pretty good. It sounds pretty darned good. The only trouble is it isn't necessarily so.

First of all, if you happen to have Medicare, we already saw that the plans that are being proposed by the Democrats are going to take, depending on which plan you look at, somewhere in the range of \$100 to \$500 billion out of Medicare. So, obviously, if you're somebody who is having part of that money as part of your Medicare, that's going to change.

There are other changes that will occur with this proposal. These are other opinions as to whether or not you can really keep what you have.

Here is one. Jonathan Gruber. He is an MIT health economist. With or without reform, that won't be true, speaking specifically of this statement. His point is that the government is not going to force you to give up what you have, but that's not to say that other circumstances won't make that happen.

So, in other words, what happens is, if the government does this sort of public option idea and then they say everybody has got to change their insurance to be the same as the public option, well, essentially what has happened is what you had before is going to change underneath you whether you like it or not. It's going to be changed because the government will be getting into this 18 percent of the health care business. So that was his perspective on, "if you like it, you can keep it."

One of the huge things which, perhaps, frightens me the most about this whole health care debate is the problem of rationing. You see, there are really only two ways to control the costs of health care. There are really only two ways. One is that people take money that they earn and pay for it. The second way is that the health care is rationed by somebody, and somebody says you can get it or you can't get it. Guess who makes those decisions when the government runs health care. It's not an insurance company. It's not you. It's not your doctor. You guessed it. It's Big Brother. Big Brother decides who gets the insurance and who gets the health care.

The question then becomes: Well, how do they decide? Well, they've got to come up with some sort of a fair way, so they get their calculators out, and they start calculating: Well, if you're this age, you can get this, but if you're this age, you can't get it. We don't think it's appropriate for someone this young to get this kind of test. You can't get it. So you have the government, essentially, rationing health care.

Now, we can hear the Democrats say, Oh, no, no, no. That's never going to happen. We wouldn't have that happen. So we simply did a little test. We offered this amendment, which was Dr. GINGREY's. It's a simple, little, one-sentence amendment. These are not amendments that happen here on the

floor. These are amendments that happen in committee because they won't let us do these amendments here on the floor. Here is his sentence:

Nothing in this section shall be construed to allow any Federal employee or political appointee to dictate how a medical provider practices medicine.

In other words, this amendment is saying your doctor-patient relationship is sacrosanct. They're the ones who make the decisions. The doctor and patient determine what your health care is going to be. We're not going to let any—what does it say?—Federal employee or political appointee. That means bureaucrat; that means czar; that means commissar. They're not going to tell you. It's going to be you and your doctor making the decisions. That's what this amendment says.

Well, when this amendment was offered in committee, as you can imagine, they took a vote on it. Well, how did the vote go? This is the Gingrey amendment. The Republicans voted for it, the 23 of them who were there, and none of them voted against this amendment. They said, No. As for this doctor-patient relationship, we need to keep that. No matter what we do in health care, keep the doctor-patient relationship. In fact, the Democrats voted 32 against it, with only one voting for it. So guess what happened? This amendment failed.

Does that give you any source of confidence that you're not going to get rationed health care if Big Brother government gets into the act? I think not.

Here is another statement. Again, this is our President: "There are those who claim that our reform effort will insure illegal immigrants. This, too, is false. The reforms I'm promising would not apply to those who are here illegally."

Well, you know, we've got a recession going. There are a lot of people without jobs. You've got an unemployment rate at 9.7 percent. The idea of saddling the American public with having to pay for illegal immigrants to come to this country for health care is a hard sell, and it may be asking an awful lot of the American public to say we're not only going to have to pay for all of our own health care as well as for the people from other countries who want to come here for free health care.

So the President recognizes that this is kind of a hard sell. He said, "Now, there are those who claim that our reform effort will insure illegal immigrants. This, too, is false." Well, is it really false? Let's just check this out. Exactly what does the Pelosi bill say?

This is the Congressional Research Service. It's not Republican. It's not Democrat. Their job is to read the bills and to render an opinion on basic questions. Here is what they say:

Under H.R. 3200—that's the Pelosi health care bill—a health insurance exchange would begin operation in 2013, and it would offer private plans alongside a public option. H.R. 3200—that's PELOSI's bill—does not contain any re-

strictions on noncitizens, whether legally or illegally present or in the United States temporarily or permanently, participating in this exchange.

□ 1630

Now, this is not a Republican, these are staffers that work for the U.S. Congress, and they are saying that this bill here does not, when people go to get insurance or when they go to get health care through this exchange, which is one of those boxes on that chart, there is nothing to say whether you are here legally or illegally, or if you are just simply visiting, anybody can get this. This Congressional Research is saying that the President is just flat wrong.

Well, is there any other way of checking this thing out? Yes, there is, as a matter of fact. It was done with another amendment in committee, a Republican amendment. Here it is. This is the Heller amendment.

In order to utilize the public health insurance option, an individual must have had his or her eligibility determined and approved under the income and eligibility verification system and the systematic alien verification for entitlements. What this is saying essentially is if you are going to get this health care paid for by the public, paid for by the American people, if you are going to get that, you've got to prove that you are a citizen here. So this is an amendment. It's offered in committee. What happened in committee? Well, here it is. Heller amendment.

The Republicans, in this particular committee, 15 voted for it, none of them voted against it. The Democrats, 26 voted against it. So, guess what happened? The amendment failed.

Well, it's pretty hard to believe the President when he says we are not going to have illegal immigrants coming here to get health care, and that that's false when the Democrats vote down an amendment to specifically prohibit that. That's a very, very hard thing to understand. In fact, I don't believe what the President said was true, and neither do other people.

One more misunderstanding I want to clear up, and this is the President: Under our plan—the Pelosi plan—no Federal dollars will be used to fund abortions and Federal conscience laws will remain in place.

That seems like a pretty reasonable thing to me. You know, America is very divided on the abortion issue. Some people think that people should have the right to have an abortion. Other people think it's killing a child. Americans don't agree on that subject. But is it reasonable to force every taxpayer to pay for abortions? That's a different question than whether you approve of abortions or not.

So the President says this is a misunderstanding. No Federal dollars will be used to fund abortions. Well, how do you test something like that? I know. We've got some astute people paying attention here today, and you are going to understand, yes, there is a

way to test whether this is true. The way to test it is, of course, with an amendment in a committee. Was an amendment offered? Yes, it sure was offered. Here's the amendment. This is Stupak. This is a Democrat Congressman who offered this amendment: No funds authorized under this act may be used to pay for any abortion or to cover any part of the costs of any health plan that includes abortion.

Well, that's a pretty good amendment, offered actually by a Democrat this time. Let's see. How did this one come out in terms of how the committee voted? Twenty-two Republicans voted for that amendment and one voted no. Here's the Democrats: five voted for it, the guy probably, and four others; 30 voted against it. What's the total? The total is that this amendment, like the other ones, failed.

What does that mean? Well, it means the bill doesn't say what's going to happen with abortions, and yet you know what will happen. Because if the real intent were to make sure that we don't get in the point where American tax dollars are being used to pay for abortions, if the intent were there, we would simply have language like this in the bill. Language like this is not in the bill, and there is a reason for that. It's because the intention is to be doing taxpayer funded abortions. What the President again says does not stack up with reality.

Now, all of these questions come back to something that for all of us is very, very personal. Health care is the care of our own bodies. We have to live inside these bodies. That's the situation with it. If we are going to be tampering around with 18 percent of our economy, you think, boy, oh boy, we need to be careful and give a little bit of thought to what we are going to do. In fact, one of the things that you would want is you would want as many smart people as possible paying attention and giving input to what the bill should look like. There should be copies of the bill that are available. Before a bill comes to the floor for any kind of vote, it should be out for at least several days so people have some kind of chance to read the legislation. Yet we have seen over the period of the last 9 months that a number of major pieces of legislation have come to this floor without time for the Members to read them. In fact, I recall not so many months ago being right here on this floor, and it was almost comical if it weren't, in fact, true, and that was another Congressman from Texas stood up and inquired of the Speaker and said, is it traditional that when we are debating and voting on a bill that there is a copy of the bill in this Chamber?

The young lady who was Speaker at that time inquired of the Parliamentarian, and he said, Yes, it's customary for there to be a copy of the bill in the Chamber. Pretty soon the same guy stands up again and says, Another point of inquiry. I am having a little trouble finding the bill, and you said

there is supposed to be a bill in the Chamber. If you could direct me to where I might find that bill.

After some talking up at the dais, he was told that you find the bill up behind me on the dais. So a third time he comes to the floor and he says, I still can't find the bill. Well, the bottom line, the fact was that the Clerk was still putting amendments that were passed at 3 o'clock in the morning, 300 pages of different amendments that were being shoved into this 1,000-plus page bill, and there wasn't a copy here on the floor and we were voting on it.

One of the great concerns that we have if we are going to go in and basically tear apart the system that 100 million Americans are using for health care today and re-create that whole thing with this particular government proposal, if we are going to do that, there are an awful lot of people that want to have a chance to take a good look at this proposal and say, is this really something that we want to be doing, and do we really want to go the route of Massachusetts and Tennessee and the European countries that went to a government-run system? Do we really want to go there? Or are there other proposals and alternatives that could be done that would be a little less radical and drastic?

As I mentioned before, the Republicans have got quite a number of ideas and proposals that don't tear the whole system to pieces but at least allow us to make some selective changes which will make health care less expensive and more available to many people.

I have talked about what a few of those were. One of them, of course, is tort reform, so we are not practicing defensive medicine. Another one of those is the idea that you could buy your health insurance with pretax dollars, not just if you work for a big company but if you work for a small company or even self-employed. We have also talked about the idea that you could buy your medical insurance across State lines, creating more competition between insurance companies.

There are other kinds of ideas. One is called associated health plans. That would allow small businesses to get together with other small businesses, pool their employees and buy health care in bulk. In other words, it's a little bit like going to Sam's Club or some place that buys products in large quantities in order to get a discount.

That kind of proposal was passed a number of different years by Republicans, it was blocked by Democrats in the Senate, but that's another possible idea. Certainly we believe that if you lose your job or decide to change jobs, that the insurance that you are paying for should be something that you could take with you. We call that portability.

So when you go from one job, and let's say you are going to be self-employed or a small business, you are going to get in a situation where you are uninsurable. We do not support the

idea of making a raid on Medicare. That's what's being proposed to pay for about half of some of the Democrat proposals, is to take a large portion or a significant amount of dollars out of some of the Medicare proposals and health care. That doesn't seem to make sense.

We have a grave concern because of the tremendously high costs of what we have already tried with Social Security and Medicare, a grave concern that really what's being proposed with this kind of a government-run system is way beyond the limits of what we can economically finance. We don't believe that you have to take the whole thing apart just in order to make some important changes.

There are many other kinds of proposals that are out there in health care. In my home State of Missouri we have a phrase, if it ain't broke don't fix it. We have a very large part of our health care system that ain't broke, and so I am not really sure that we want the government to take it all over, but, rather, that we make selective changes in certain places where there are problems.

Like some of the previous speakers, I have had some experience. My body is getting a little older now, I am 62, and have had a little bit of situation and experience with doctors and hospitals and things. In my case, I came here to Congress just about 9 years ago feeling fit as a fiddle and still felt in my early fifties bullet-proof and everything was fine, I thought. But I had also had some insurance that wasn't very good, provided courtesy of my own State, the State of Missouri, so it had been hard for me to get in to see the, quote, gatekeeper that they had.

We came here to Congress, and it turns out that there is a place where I could get a physical and kind of fit it into my job of going to the different hearings and all, and they gave me the results of my physical. They said, yes, Todd, you are fit as a fiddle except for one little detail: You have cancer. That, of course, sort of gets your attention.

As it turned out, after a series of tests and different things, within the first couple of months I was a Member of Congress, I had a radical prostatectomy, that's prostate cancer, and it's sort of the equivalent in men of breast cancer in women. It's the most common kind of cancer. So I have a particular sensitivity to people who have been diagnosed with cancer and for those who struggle to survive cancer.

You take a look at what happens when you have government-run systems in terms of cancer care. Here's some of the statistics for men and women. Here it is in the United Kingdom and here it is in the United States. Now, these numbers can be calculated in kinds of different ways, but the point of the matter is that when you have a government-run system, one of the effects of that is you have got waiting lines, and waiting lines are not

good deals if you have got cancer. If you've got cancer or you've got heart disease, which are the two leading killers of Americans, you don't want waiting lines. You want to be able to move immediately on your situation.

In England, they have waiting lines. If you've got cancer, they do this test and that test, that waiting is deadly, as these statistics show. Your chances of survival overall in England is maybe 50 percent and these numbers show, well, 10 percent better. Other numbers show even more.

U.S. companies have developed half of all the new major medicines introduced worldwide over the past 20 years. Why do you think that is? Do you think the countries that have the government running all the health care are going to develop new ways of doing things? What's the incentive? Why is anybody going to take the risk? Why would the government develop things?

No, what happens here, because America still has a free system of health care, our companies are developing a great number of worldwide different changes. One out of every three Canadian physicians sends a patient to the United States for treatment each year. The Canadians have a government-run system, but guess where they go when they have to wait too long in line. You go south. You go to America to get our health care.

The bottom line of the matter is that the quality of care in America, when you take a look at things like cancer, is significantly better. I am thankful for it.

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I had another experience which I wish I had not had last summer. My own father is 88-years-old. He was going to a doctor who had developed cancer himself, so the doctor retired and my father had to look for a new cardiologist. So we found the name of one who we had heard was a pretty good doctor. He went to see the cardiologist. The cardiologist took a look at him and said, Let's see, you are on these and these and these medications. What else has been done lately for your heart?

My dad said, well, nothing.

He said, we are going to get you in here tomorrow and get you a chemical stress test.

I had never heard of it. But the bottom line was he didn't do very much walking on the treadmill. The doctor said, Stop, that will be all we need. Thank you. He said, You need to come in for an angioplasty-type thing, which turns out at 88-years-old, you are given anesthetic, they knock you out, and they come in from a vein or artery in your leg and look around inside and see what is going on.

So he survived that okay. And I was there at the meeting on a Monday morning, and the doctor said, Well, the bad news is that there is nothing we can do with stints. Your heart is all clogged up and you are going to have

to have a bypass. Well, at 88-years-old, that gets your attention. So we said, What are the numbers?

The doctor said, Well, you have got about a 10 percent chance of a major complication at 88 from a bypass. But if you don't do it, you'll have a 50 percent chance you will have a major heart attack in the next year.

Well, we took a look at the numbers and the decision was easy. The next day my father was in for a seven-way heart bypass. That was on Tuesday. He was home from the hospital on Friday, and he is home now—this was last July—he is home now and he is doing fine.

That time period in the United States, in St. Louis, took less than three weeks from his seeing a new doctor to being home from a seven-way bypass. That is not waiting lines. That is not government-run. That is not socialized medicine. That is free enterprise. And that is what I have heard people on this floor running down, saying American health care is lousy and it is no good. And I am simply saying, I don't know about other people, but if I were in another country, I would want to come to the good-old-USA to get my health care, and there is a whole lot of people voting with their feet to come to this country.

So the idea of torpedoing our whole system and saying we are going to throw everything upside down and basically turn it over to a government kind of run system doesn't seem to make sense.

Are there changes that should be made? Yes, there are. Have the Republicans proposed a number of those changes? Yes, they have. Are a number of those changes widely perceived by the American public as being necessary, such as tort reform? Yes, they are widely perceived. Are those changes part of the Democrat bills? Many of them are not.

There are things that we can do, but I'm not sure that the government takeover and this kind of system is where we really want to go. I think a lot of Americans are coming to the same kind of conclusions. They are saying, yeah, there are some things we need to do, but let's just wait. We have 100 million people insured and doing reasonably well. Do we want to scrap all of that for another 20 million or 10 million that may not have it?

So, you get to the bottom line, the bill that the Senate has come up with is not dissimilar to ones that we think may come out of the House. Of course, we don't know. We are not part of those backroom, closed-door meetings. I am a Republican. We are not included in the discussion. But we can guess somewhat from what we are hearing in the media and what the Senate has done, and we can say that the proposals that we are seeing are, first of all, going to raise people's premiums.

Who is going to be paying more? Well, first of all, seniors on Medicare are going to have less money in Medi-

care, because the Senate version has got Medicare cuts at \$500 billion. I don't know if the House version is as high as that or not.

There are going to be higher premiums. Who is going to be paying for those? Well, some of the people that are going to have to pay for the higher premiums, aside from the average people on the street, are going to be small business people.

Now, small business people right now are pretty important to us. Small business people, people with 500 or fewer employees, employ 79 percent of the jobs in America. And we have got, whatever it is, close to 10 percent unemployment. So you want those small business people, you want those small businesses to be strong. You want them to have extra liquidity. You want them to be investing in new equipment, in new processes, and you want the innovators and the people who are inventors to be spending money to get new ideas going. And that is what gets the new jobs going.

So, how is it going to help? First of all, if you tax them a whole lot on energy, which we voted to do, but now you are going to tax them some more to raise premiums, and you are going to say, We are going to tax you even more to provide insurance for your employees. That is going to make them want to get rid of some employees, not hire more employees.

The other thing that happens is, when the government jumps into a market it reduces your choices. And eventually, over a period of time, and even the liberal Democrats who propose the government takeover of all health care—the more liberal Democrats want the government to take it all over; the more conservative say no, we don't want that, but we think if the government did a little bit, it is okay—well, the people who are pushing more for the government to take it all, they all say the government option is going to ultimately lead to the government being more and more involved in health care. What that does is it reduces your health care choices. So you don't have options; you have one option.

You know, I can think of something a whole lot worse than some insurance agent or person working for an insurance company getting between the decisions you and your doctor need to make about health care. There is something worse, and that is a bureaucrat. Because with the insurance person, if worse comes to worse, you can move to some other insurance. If it is a bureaucrat, you have no choice in these other foreign countries.

The delays and the slowdowns to health care, of course, are deadly with heart disease and with cancer. So that is a bad thing. And then, of course, the old standard, billions of dollars in new taxes. Is that what we want to do to a struggling economy, to add billions and billions of dollars in additional taxes on an economy that is struggling with

a 10 percent unemployment rate? Is this the time to be doing something like that? I think not.

I think that these kinds of costs say that what we need to do is take the system we have now, selectively look at certain specific problems, and let's put solutions together that address those problems. But let's not try to re-engineer all of civilization and all of society, saying that we now have this fundamental right to health care and the government has got to provide it for everybody. It sounds really good, but when you see the cost, this has led to that kind of amusing phrase: If you think health care is expensive now, just wait until it is free.

This has been the effect. And these effects here are what we would predict and project if we make the mistake of following the Europeans, the Soviet Union before them, and Massachusetts and Tennessee, that have all played with these highly complicated government takeovers of health care. This is not the way that we think we should be going.

It is interesting that the polling data suggests that the American public, when you ask them what you want to do, they say, Yeah, we ought to make some reforms to health care. Everybody agrees to that. But they don't agree they want it all done with a government system. So that is pretty much where we are at this time.

I am joined by a colleague, a friend of mine from Louisiana, if you would like to make a comment or two. I think we are running close on time.

Mr. SCALISE. I want to thank my friend from Missouri for your leadership on this issue. This is an important issue.

As we are discussing health care, I think what is frustrating so many American people is that they are seeing what is happening here in Washington. Right now there is a back-room deal being cut where literally the liberals running Congress are rewriting this government takeover of health care, and the American people deserve and want to know what is actually in the bill.

I think what frustrates the people the most is they look at all this massive spending, \$1 trillion in new spending. How many people really think the \$1 trillion spending with this government takeover of health care is not going to add another dime to the deficit?

People clearly know not only is this going to be a massive spending bill, but it is a massive tax increase, over \$40 billion of new taxes, most of which is going to go on the backs of American families and small businesses. And then the cuts that senior citizens know are coming, \$400 billion in cuts to Medicare, including programs that people like, like Medicare Advantage.

This is not the way to do health care reform. We need to fix what is broken, but we don't need to break what is working in health care. Unfortunately,

their bill is nothing more than a government takeover with taxes and mandates that the American people don't want.

Mr. AKIN. I appreciate your perspective. It seemed to me almost that one of the dangerous things to do legislatively is to have an agenda and then just try to figure out some excuse to give you a chance to do what you wanted to do before you even started. And it almost seems as though, instead of taking a look at the system, selectively saying, Hey, let's take one of the hardest things, say preexisting conditions. That is a tough nut to crack. Let's just focus on that. Let's get everybody, Republicans and Democrats together, to take this one nut, define what we want to do, and see if we can't fix that one problem—instead, it was like, we don't need your opinion at all. Our staffers will write the bill. We will talk about it. We will cut some deals. We have to cut some deals, because we don't have enough votes to pass it. So we are going to have to do something for the insurance companies so that they don't have any liability in certain situations. We got to do a deal.

And you start putting the deals together so you get enough votes to try and pass it, and you cobble something together in the dark of night, bring it to the floor and hope nobody reads it too closely, because if you look at the details you are not going to like it.

Instead, maybe it is a little bit more deliberate, but you define what the problem is. You say, okay, let's put all of our resources on doing this the right way. Any idea is okay, and let's just have a good and open debate. The American public can be part of it and see what that is.

We didn't do that in this big bailout bill, and we didn't do it in this stimulus bill. That is what really made people mad. Then that huge cap-and-tax bill over here, to have a 1,000-page bill with 300 pages of amendments passed at 3 o'clock in the morning, not a copy on the floor and we are voting on this thing, the biggest tax increase in the history of the country the House just passed a number of months ago, that makes people upset. They say, wait a minute. You guys at least could read the bill.

No, we couldn't read the bill.

What do you mean, you couldn't read the bill? It gets them mad.

You say, well, there wasn't a copy on the floor.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3854, SMALL BUSINESS FINANCING AND INVESTMENT ACT OF 2009

Ms. PINGREE of Maine, from the Committee on Rules (during the Special Order of Mr. AKIN), submitted a privileged report (Rept. No. 111-317) on the resolution (H. Res. 875) providing for consideration of the bill (H.R. 3854) to amend the Small Business Act and

the Small Business Investment Act of 1958 to improve programs providing access to capital under such Acts, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF CONFERENCE REPORT ON H.R. 2996, DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

Ms. PINGREE of Maine, from the Committee on Rules (during the Special Order of Mr. AKIN), submitted a privileged report (Rept. No. 111-318) on the resolution (H. Res. 876) providing for consideration of the conference report to accompany the bill (H.R. 2996) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

THE TRUE COST OF NOT HAVING HEALTH INSURANCE

The SPEAKER pro tempore (Mr. POLIS). Under the Speaker's announced policy of January 6, 2009, the gentleman from Florida (Mr. GRAYSON) is recognized for 60 minutes.

Mr. GRAYSON. Mr. Speaker, I reserved some time tonight for myself, but what I am going to do is yield it to America. I am going to yield it to you. I am going to yield it to the people who sent us here.

As Abraham Lincoln said in the Gettysburg Address, "The world will little note nor long remember what we say here." Sometimes I feel the same way. So I think it is time to give somebody else a chance.

What I am going to do tonight is give a chance to the part of America that isn't often heard from, the people that have lost their jobs, the people who have lost their homes, and tonight the people who have lost their lives; the people who lost their lives because they had no health coverage, they had no health insurance, and so they died.

There are 44,789 Americans who die every year for lack of health insurance. There are 122 who die every day. In the course of my speech tonight, there will be five more. I wish we would act quickly to end this national tragedy.

So I am going to yield my time tonight to the people who wrote to us and told us the stories of ones they loved and lost at this Web site, NamesOfTheDead.com. Hundreds and hundreds of people have written since last week when we established this site, and they have told us stories about the people who they loved and lost because they had no health insurance. So let's begin.

Stephen Martin wrote to us as follows concerning Thomas Martin of Santa Cruz, California. Steve wrote: