

Mr. HOYER. I think you sort of asked the question and then I didn't respond to it as to when we may first consider the bill itself; so let me back up from there.

I expect the manager's amendment to be available on Monday, and I expect there to be 72 hours for the body to have notice of that as well as the general public. I would expect, therefore, the earliest votes to be no earlier than Thursday, 72 hours after the manager's amendment is put online. So that may be Thursday at some point in time, but we will meet that 72-hour pledge that we have made.

Mr. CANTOR. I thank the gentleman.

Finally, on the issue of this massive bill on health care that we are about to debate next week, I would ask, Madam Speaker, the gentleman whether we can expect the doctor reimbursement bill to be included in this bill or whether it will be coming as a separate bill to the floor.

I yield.

Mr. HOYER. As the gentleman knows, the so-called sustainable growth rate, which as you referred correctly, as we all sort of refer to it as the doc fix or compensation, as the gentleman knows, the Senate tried to pass a freestanding bill on the sustainable growth rate so that doctors do not receive a 21 percent decrease on January 1 in their Medicare reimbursement rates.

On our side of the aisle, we are strongly in favor of making sure that that cut does not occur. We think that will not serve seniors in particular, because medical personnel will be unable to serve with those compensation levels. As a result, we very much expect to have a sustainable growth rate bill pass this House.

As the gentleman knows, we have done that in years past, not related necessarily to any other health reform bill. It is an issue in and of itself that relates to existing Medicare. The health care reform bill deals with the reform and the creation of a system of affordable, accessible, quality health care for all Americans. The sustainable growth rate deals with the present system. We have got to deal with it, and I will tell the gentleman it's my intention that we make sure that we bring to the floor a sustainable growth rate. We've been discussing it with the Senate because the Senate tried to do it and was not successful in passing that. We want to see success. It is absolutely essential that we do that. Whether we do health care reform or not, we will do that. So I tell my friend that we are going to have that probably, probably, as a freestanding piece of legislation.

Mr. CANTOR. I thank the gentleman.

I know that, as he discussed the Senate's experience with that bill, obviously the question of a deficit is looming large surrounding that issue, and I would note that, Madam Speaker.

But in closing—

Mr. HOYER. Will my friend yield on that point?

Mr. CANTOR. I yield.

Mr. HOYER. I thank my friend for yielding, because I did not mention that. We are and, as the gentleman knows, I am very concerned about the looming deficits that have been caused by the very substantial economic downturn and our necessity to respond to that under the previous administration and under this administration. We need to get a handle on that.

One of the things that we have pledged in our budget to do is to make sure that statutory PAYGO is put in place which will be an extrinsic constraint, if you will, a statutory constraint on the spending, whether it's spending in terms of entitlement spending, whether it's in terms of revenues or in terms of spending. Both have an adverse impact on deficit. So it is my expectation that when we deal with either the sustainable growth rate, the doc fix, or the estate tax or the AMT or middle class income tax reduction, we will include provisions for statutory PAYGO to be sent with that legislation to the Senate, as is consistent with the budget that we passed and that the Senate passed.

Mr. CANTOR. I thank the gentleman.

And I know that he knows the reported agreement on all of this excludes the doc fix as well as those other items from being paid for, which is of concern to him, I know, as well as many of us when we're considering this health bill and then choose to leave out a significant portion of government expense under Medicare in terms of reimbursing providers under the SGR.

Mr. HOYER. Will my friend yield?

Mr. CANTOR. I yield.

Mr. HOYER. Let me ask my friend, just so I know as we move forward, if we do not consider the health reform bill, is the gentleman in favor of moving a reimbursement for doctors provision notwithstanding that?

Mr. CANTOR. I think the gentleman knows that I, as well as most of my colleagues, Madam Speaker, will be supportive of trying to address the inequities that exist in the current SGR formula, and he has my commitment to want to work to try to fix and right those inequities since the payment formulas that have been established are far from matching the realities of practice expense for our physicians.

Mr. HOYER. I thank the gentleman and look forward to his help.

Mr. CANTOR. I thank the gentleman for that.

In closing, Madam Speaker, after we have had this discussion and the colloquy and the gentleman's words as well as mine for some time now, I would just note for the gentleman as well as our colleagues that 41 percent of the American people, according to a recent Gallup Poll, think the economy should be our top priority while only 17 percent think that health care should be Congress's top priority.

In addition to that, Madam Speaker, there was a poll out over the last several weeks by a Democratic pollster,

Jeff Garin, in which was cited that 81 percent of Americans do not think that the majority, do not think the Democrats are doing enough to address the disappearing jobs in our economy.

So, Madam Speaker, I close with that. I thank the gentleman very much for his time.

Mr. HOYER. Before you close, will you yield on that issue?

Mr. CANTOR. I yield.

Mr. HOYER. I thank the gentleman for yielding.

Those were interesting polls. Did the gentleman miss the portion of the poll that reflected which party the American public trusted more to deal with either one of those issues? I didn't hear you say it. I happened to have seen those polls and happened to have seen those numbers, and I just wondered if the gentleman had seen those numbers.

Mr. CANTOR. In closing, Madam Speaker, I would respond to the gentleman just by saying I don't think neither he nor I are proud of what the public views as the performance of this body as a whole.

ADJOURNMENT TO MONDAY, NOVEMBER 2, 2009

Mr. HOYER. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 12:30 p.m. on Monday next for morning-hour debate, and further, that when the House adjourns on that day, it adjourn to meet at 8 a.m. on Tuesday, November 3, 2009, for morning-hour debate and 9 a.m. for legislative business.

The SPEAKER pro tempore (Ms. PIN-GREE of Maine). Is there objection to the request of the gentleman from Maryland?

There was no objection.

AUTHORIZING THE SPEAKER TO DECLARE A RECESS ON TUES- DAY, NOVEMBER 3, 2009, FOR THE PURPOSE OF RECEIVING IN JOINT MEETING HER EXCEL- LENCY ANGELA MERKEL, CHAN- CELLOR OF THE FEDERAL RE- PUBLIC OF GERMANY

Mr. HOYER. Madam Speaker, I ask unanimous consent that it may be in order at any time on Tuesday, November 3, 2009, for the Speaker to declare a recess, subject to the call of the Chair, for the purpose of receiving in joint meeting Her Excellency Angela Merkel, Chancellor of the Federal Republic of Germany.

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

There was no objection.

□ 1900

H1N1 VACCINATIONS

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

Mr. STUPAK. Madam Speaker, I rise today to draw attention to an article I read yesterday in The Miami Herald. The headline is "Pentagon to offer swine flu vaccine to terror suspects."

While much of America waits in line to receive their H1N1 vaccination, the Pentagon is giving priority status to accused terrorists. This does not bode well with me or my constituents. If taxpayers need to wait their turn to be vaccinated, then so should the accused terrorists at Guantanamo Bay.

Next week my subcommittee, the Oversight and Investigations Subcommittee, along with the Health Subcommittee, will hold a hearing into where we are with the manufacturing and distribution of the H1N1 flu vaccine. We will hear from officials from the Department of Health and Human Services as well as from the Centers for Disease Control and Prevention and the manufacturers of the vaccine.

I look forward to our hearing next week, and I urge Pentagon officials to reconsider their decision to vaccinate terrorist detainees ahead of Americans who are waiting for their H1N1 vaccines.

[From The Miami Herald, Oct. 28, 2009]

PENTAGON TO OFFER SWINE FLU VACCINE TO TERROR SUSPECTS

(By Carol Rosenberg)

Even as some Americans await the arrival of their swine flu vaccines, the Pentagon has decided to vaccinate both soldiers and terror suspects at Guantánamo Bay, Cuba.

There was no word Wednesday on when the first vaccines would reach the remote base in southeast Cuba.

But U.S. military there were notified late last week that service members would get their H1N1 virus vaccinations first. Private contractors and sailors' wives and children could get theirs afterward "as the supply permits."

And that means the 221 war on terror captives would also be vaccinated first, said Navy Lt. Cmdr. Brook DeWalt, a Guantánamo spokesman.

"They get all the same quality medical care and treatment options that are provided to service members," he said by telephone. "But they don't have to wait for appointments."

Each detainee would be given the vaccine on a voluntary basis, just like "with our seasonal flu vaccination program," said Army Maj. Diana R. Haynie, a prison camps public affairs officer.

Guantánamo senior staff also had no plans to address the overarching question of whether a vaccine named colloquially for a pig would present particular challenges.

Instead, Haynie said, a detainee could raise any concerns when he is offered it in person.

Haynie added that the detention center's Muslim American "cultural affairs advisor" said "there is no religious reason for detainees not to receive the H1N1 vaccine."

But a former U.S. Army Muslim chaplain predicted there might be some objections among a captive population long characterized by the Pentagon as devotees of a radical fringe of Islam.

"There was huge resistance back in 2003 when just the regular flu shots were administered," said James "Yusef" Yee, who left the Army as a captain after being cleared of wrongdoing during his Guantánamo duty.

"Many prisoners feared they were being experimented on with some sort of truth serum or other drugs," and refused, he said.

Instead, they were tackled and shackled so prison camp staff could "forcefully" administer the shots—something DeWalt said could not happen today.

"Immunizations and all that kind of stuff are always voluntary for them," added DeWalt. "I'm sure there'll be a percentage who will be accepted, and I'm sure there'll be another percentage that declines."

Similar plans are underway to give the vaccine to federal inmates at the Bureau of Prisons, where some Guantánamo detainees may be headed as part of President Barack Obama's Guantánamo closure order.

A spokeswoman said Wednesday that the BOP had ordered enough H1N1 vaccines for all of its prisoners but "we just don't know when we're going to receive it."

U.S. military at Guantánamo have long engaged in an uneasy balancing act between the captives' rights to practice mainstream Islam and security concerns.

During the 2003 showdown over run-of-the-mill flu shots, Yee recalled, the detention center command staff waited until after dark to administer "the shots during Ramadan—as some prisoners believed the injections would break their fasts."

Either way, Yee predicted: "I would anticipate prisoners objecting to the vaccinations" among a captive population that includes 17 men whom federal courts have ordered set free.

HEALTH CARE

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

Mr. BRADY of Texas. Madam Speaker, now we know. Speaker PELOSI has released her final health care bill and scheduled a vote within a week. The Pelosi plan is a 2,000-page, \$1 trillion, unapologetic, full-throated government takeover of America's health care system.

I am devoting every waking hour to stopping this bill, which will interject government into the most intimate health care decisions, drive up costs in the deficit, force millions of people into a government-run plan, raise taxes on professionals and small businesses, open the door to taxpayer-funded abortions, provide care for illegal immigrants, and exempt Members of Congress.

I call on every American who cares about our Nation to engage now in every district and every community in every way. These moments come but once in a lifetime. For our children and their future, the time for freedom, the time for action is now.

HOME HEALTH CARE

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

Mr. MELANCON. Madam Speaker, today I come to the floor to talk about an issue which I think makes a lot of sense: home health care. Being from a rural area in Louisiana, home health aides provide a tremendous benefit to my constituents, many of whom live 25 minutes or more from the nearest hospital. I believe home health care pro-

vides a necessary service to those who need a little extra assistance meeting their health care goals.

A new report by Avalere Health found that home health use saved Medicare \$1.71 billion from 2005 to 2006. That's a real savings while providing good health care.

Here is an example from my district. Jimmy Jordan's life was saved when his mom's home health care nurse, Rochelle Mixon, noticed he was suffering from congestive heart failure. Since being released from the hospital with his own home health care service, he has lost 170 pounds and improved his diabetes. He no longer uses a wheelchair and has improved mobility. Jimmy says he owes his life to the care he has received from his home health care team.

I believe in home health care, and I urge my colleagues to support these providers as we move forward with the debate on health care reform. Home health makes a difference and saves money. There is no better combination than that.

IN DEFENSE OF DISSENT

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

Mr. McCLINTOCK. Madam Speaker, I rise today in defense of dissent.

It is a sad milestone when it becomes necessary to do so, but the ferocity with which this administration is pursuing its critics in business and journalism is becoming alarming.

This isn't the first time Presidents have lashed out at dissenters. But when a government has seized the power to commandeer companies, dictate salaries for private citizens, establish government monopolies covering entire sectors of our economy, threaten companies with official retribution for merely communicating with their customers, and, as of yesterday, to punish thought itself, it evinces a design and an intent that transcends robust debate and becomes deeply threatening to the freedom of expression that our Constitution protects.

If they can intimidate institutions like the U.S. Chamber of Commerce and Fox News, they know that others will fall silently into line. And that, Madam Speaker is a disturbing prospect.

HEALTH CARE

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

Mr. GOHMERT. Madam Speaker, we have heard people on both sides of the aisle talk about the Congressional Budget Office, the CBO, as this unbiased entity, and it has a proud history of being unbiased. But the fact is that after the CBO director got called to the woodshed, to the White House, after CBO delivered a score that the White House did not like, it has become more of a lapdog than a watchdog.