

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.

One example is, we keep hearing people across the aisle. There were 1 minute given over and over last week asking, Where is the Republican bill? We have a number of bills. I have had one filed since the end of July. We have specifically asked CBO to give us a score since August 19. They said show support from your party. Every leader who had an impact—they told us they could help get it scored—has requested it. We have been shut out. We have been shut out. Where is that unbiased body? It is sad they have disappeared.

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HEALTH CARE AND TRANSPARENCY

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

Mr. BURGESS. Madam Speaker, on January 31, 2008, during the Democratic Presidential primary, President Obama said during the campaign, "That's what I will do in bringing all parties together, not negotiating behind closed doors, but bringing all parties together, and broadcasting these negotiations on C-SPAN so that the American people can see what the choices are because part of what we have to do is enlist the American people in this process."

Not negotiating behind closed doors.

It has now been over 5 months since the White House announced numerous deals with major stakeholders in the health care debate. Little to no details of these negotiations have been released by the White House. Despite the assertion of then-candidate Obama's promise to make all health care reform negotiations public, we have very few details on exactly what was agreed to in this highly publicized, yet guardedly secret, negotiations.

How can the United States Congress be diligent in creating the policy before us without these crucial details surrounding these deals? We must learn what the negotiations mean for the millions of concerned Americans.

HOUSE OF REPRESENTATIVES,
Washington, DC, September 30, 2009.

President BARACK OBAMA,
The White House,
Washington, DC

DEAR MR. PRESIDENT. I write you once again on the topic of health care reform. As you know, Democrat leaders in the House of Representatives are currently working to merge the three committee bills. Meanwhile, the two Senate products are waiting to be merged pending completion of the Senate Finance Committee's mark-up.

I have closely followed the health care debate for months, making note of actions by all parties involved, including the House, Senate, White House, advocate groups, and the health care industry. These reforms have wide-reaching implications, and you have stressed the importance of conducting business in public so that the American people are aware and involved in the process.

In fact, during a Democratic Presidential primary debate on January 31, 2008, you said: "That's what I will do in bringing all parties

together, not negotiating behind closed doors, but bringing all parties together, and broadcasting those negotiations on C-SPAN so that the American people can see what the choices are, because part of what we have to do is enlist the American people in this process."

It has now been over four months since the White House announced numerous deals with major stakeholders in the health care debate to save upwards of \$2 trillion in the health care system. Little to no details regarding the negotiations have been released, and recent actions and press reports have reminded me of the importance of openness and transparency throughout the legislative process.

Roll Call reports today that negotiators working in the House to merge the three committee bills plan to trim the cost of the legislation by roughly \$200 billion. I wonder what programs or services are being cut, who will be affected, and how these cuts are being decided.

In the Senate Finance Committee's markup, Senator Bill Nelson (D-Fl) introduced an amendment regarding drug prices in Medicare and Medicaid. During the debate on the amendment, Senator Tom Carper (D-Del), while arguing against the amendment, said "Whether you like PhRMA or not, we have a deal," referring to the deal PhRMA cut with the White House earlier this year.

In addition, within the Senate Finance Committee plan is a commission to slow the growth of Medicare spending, most likely through changes to reimbursement policy. However, hospitals would be exempt from this commission because, according to CongressDaily, "they already negotiated a cost cutting agreement" with the White House.

Despite your promise to make all health care reform negotiations in public, we still have very few details on what exactly was agreed to during these highly publicized negotiations. In fact, even the stakeholders involved have, at times, seemed at odds with what was actually agreed to. But the one thing we all know is that, through press statements, many deals were made. Unfortunately, even where brief descriptions of policy goals are available, details on achieving these goals are absent, a point made by the Congressional Budget Office (CBO).

I am compelled to ask—how could Congress have done its due diligence in creating the policy before us without crucial details surrounding these deals? Were the votes we have seen in the Senate Finance Committee as of late a direct result of these backroom negotiations? Will CBO be able to actually score any of these deals to apply those cost savings to legislation? Were these negotiations in the best interests of patients?

Having little to no information, I cannot judge. However, this begs even more questions. Is Congress enacting the best policy reforms for Americans, or are certain changes being made or not made because of the negotiations orchestrated by the White House? Will smaller stakeholders suffer more from our policy choices because of what larger groups may have negotiated behind closed doors?

Mr. President, I do not write this letter to chide you for engaging in what I consider the most pressing debate before Congress. I applaud you for your leadership in compelling Congress to act. In order to fully understand the policy choices before us, though, we need to know what took place earlier this year during these meetings at the White House. You have made it very clear that you value transparency and have sought to make your Administration stand out in this regard. As a member of the House Energy and Commerce Committee's subcommittee on Oversight and Investigations, so do I. The last

thing I would want to see is a formal investigation of these meetings.

Thus, I formally request full disclosure by the White House in the following areas regarding all meetings with health care stakeholders occurring earlier this year on the topic of securing an agreement on health reform legislation, efforts to pay for any such legislation, and undertakings to bend the out year cost curve:

1. A list of all agreements entered into, in writing or in principle, between any and all individuals associated with the White House and any and all individuals, groups, associations, companies or entities who are stakeholders in health care reform, as well as the nature, sum and substance of the agreements; and,

2. The name of any and all individuals associated with the White House who participated in the decision-making process during these negotiations, and the names, dates and titles of meetings they participated in regarding negotiations with the aforementioned entities in question one; and,

3. The names of any and all individuals, groups, associations, companies or entities who requested a meeting with the White House regarding health care reform who were denied a meeting.

In our efforts to improve access to health care services, the American people expect us to act in their best interests, rather than protecting business interests of those who are interested in currying favor in Washington, DC. If these health related stakeholders have made concessions to Washington politicians without asking anything in exchange for the patients they serve, Congress and, more importantly, the American public deserve to know. Conversely, if they sought out protections for industry-specific policies, we need to know that as well.

We must learn what these negotiations mean for the millions of concerned Americans. How they will be better served, including having affordable health coverage and access to the providers they need? These negotiations may have produced consensus on policy changes that are proper and needed, but Congress will never know for sure that we are acting in our constituents' best interests until all the facts are known.

I look forward to the opportunity to speak with you at your earliest convenience on this matter. Should your staff have any questions about this request please contact me or my Legislative Director J.P. Paluskiewicz at my Washington, D.C. office.

Sincerely,

MICHAEL C. BURGESS, M.D.,
Member of Congress.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2996) "An Act making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2010, and for other purposes."

The message also announced that pursuant to Public Law 106-286, the Chair, on behalf of the President of the Senate, and after consultation with the Republican Leader, appoints the following member to serve on the Congressional-Executive Commission on the People's Republic of China: