

take away my health care. My response would be, We want to guarantee you health care at very little cost, at high quality.

I think it's foolish. You know, why the ranting and not the reasoning? As you know, our President has said not a penny over \$1 trillion. In fact, not a penny over \$900 billion. We are reinventing, innovating the system so that we can guarantee Americans the best, the most affordable, the most accessible quality.

Ms. CHU. Absolutely. My town halls actually showed the opposite of what some might think. It showed people who were very sincerely concerned about their futures, who wanted to have that security and stability and peace of mind and who very much needed this alternative.

But you raise a very good point. Not only will this do so much good for the people of America; it is also fiscally responsible. The Congressional Budget Office has actually said that this will actually reduce the budget deficit over the next 20 years.

Ms. WATSON. JUDY, you bring so much credibility because you were a statewide officer in California, and you dealt with a lot of these fiscal issues. So we're very pleased to have you here. I represent Hollywood, and anything can happen there. We had a rally out in front of the Catholic church on Sunset Boulevard, Blessed Sacrament. Right behind the church was Selma Avenue School, the last school I taught in. We had the Catholic priest who was emceeding; we had a rabbi, female; we had a Muslim priest—Muslim minister; and we had Protestant ministers there; and they were testifying.

One gentleman came up—he had a heavy accent. He said, I am an American citizen. I have worked four jobs. My 2-year-old daughter got sick. I did not make enough money to pay for insurance coverage. My daughter died. There wasn't a dry eye because everyone in the audience could put themselves in that position. There was a real tall gentleman off to my left. He had a placard that he kept pushing up, and it had the face of our President, Barack Obama, with a Hitler kind of moustache. So disrespectful. So when I got to the mic—you know, I'm Catholic. I made the sign of the cross. I spoke to him in Latin and pax Domini. He put that sign down, and a woman in front of him kind of hid it. I found out he was an actor, and someone paid him to come.

I would like to kind of give the viewing public some idea of how the health reform bill will impact on my district. Forty-eight percent of the district has employer-based coverage. These constituents can keep their own insurance if they like. In my public forum, I had the audience raise their hands if they were insured, and most hands went up. How many of you like your insurance? Most of the hands went down. So I said, If you like it, you keep it. If you don't, you have a marketplace to choose the plan that best fits your family's needs.

So the bill that will be in front of us in a few days improves employer-based coverage for over 304,000 residents in the 33rd Congressional District of California. That's Los Angeles, Culver City and Hollywood. It provides credits towards insurance costs for up to 173,000 households. There are 22,200 individuals who have preexisting medical conditions that could prevent them from obtaining health insurance. The bill ensures that they will be able to obtain insurance, where they have been denied in the past. It will improve Medicare for 75,000 beneficiaries, including closing the prescription drug doughnut hole for 6,100 seniors.

It provides a tax credit for 15,100 small businesses in my district that have 25 employees or less and pay an average wage of less than \$40,000. It allows 16,300 small businesses to obtain affordable health care coverage by joining the exchange. It provides coverage to 138,000 uninsured individuals, and that includes 30 percent of the district's residents below the age of 65. It protects 1,100 vulnerable families from bankruptcy due to unaffordable health care costs. It reduces the cost of uncompensated care for hospitals and health care providers by \$29 million. That is the direct impact on my district.

In the State of California, more than 20 percent of the population is uninsured. Workers at private sector businesses of all sizes are experiencing an increased likelihood of being uninsured, although it is most pronounced in businesses with fewer than 10 employees. More than a third of the uninsured have family incomes of more than \$50,000 per year. Of families with incomes between \$25,000 and \$50,000 in the State of California, 27 percent are uninsured. Seventy percent of uninsured children are in families where the head of the household has a year-round full-time job.

Mr. Speaker, we are so pleased that this House can come up with a piece of legislation that will guarantee our children, our working-class families, and our seniors full coverage so families won't have to go bankrupt because they had preexisting conditions, and the poorer the family, the less health care they have had because they simply can't afford it.

So, Mr. Speaker, it's incumbent on us—it should be bipartisan because I don't understand why people would rant and rave over providing all Americans with affordable health insurance.

□ 1830

If we are going to be the strongest country on the globe, then we need to ensure that we have a healthy population. If we choose to go thousands of miles away and fight unnecessary wars, and we want victory, then we have to be sure our military is healthy. We have to be sure that our families can sustain themselves while their loved ones are over fighting for this country. If we want to ensure a victory, then

let's provide the infrastructure on our land that will help Americans be the strongest people on Earth.

It is an embarrassment, and right now the Inter-Parliamentary Union is meeting here in the Capitol Visitor Center. When we went over a few months ago to join them, they said, Why is America not at the table with us? We were embarrassed to say that we're caught up in a health care debate whether to give health insurance to all Americans. How can we pride ourselves of being the strongest leader, and we cannot even provide health care in an affordable fashion to our citizens?

I want everyone to hear this. A robust option, a robust health option, says that you can make a choice. You can look at a marketplace of plans that will address your family's needs. You can buy into that plan. It also says that seniors, when they get to that doughnut hole, when they have spent 24 or \$2,500, they are not going to fall into that hole where they have to make decisions whether to pay their rent, pay their house note, their car note or buy food, because this bill will help you lift that burden. We are going to pull people out of the doughnut hole.

We are going to say to you, if you lose your job, your coverage will continue. We want to say to you Americans, if you fall ill, you don't have to be bankrupt. We want to say to America that we care about your health. We are willing to put our policies on the line for you.

Do not be confused, and do not let the opposition misstate the benefits. You will receive more health benefits under this plan. Just know, we are providing for you the best health care insurance, and we are keeping it within the budget that our President has set.

I do hope that if you come here to the Capitol, or you go to the offices of your Representative, or if you write them, e-mail them or call them, encourage them to vote for a policy that will insure all Americans. We want to be sure we are the strongest, the healthiest and the happiest nation in the world.

Mr. Speaker, I yield back the balance of my time.

#### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment in which the concurrence of the House is requested, a bill of the House of the following titles:

H.R. 3548. An act to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

#### 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. Thank you, Mr. Speaker.

It's a pleasure to be able to once again join my colleagues and others who might be interested in listening in to our discussion on this compelling subject of health care, which has absorbed the attention of people political and the people who work down here at the Capitol, for these many months. We are on the verge of perhaps taking a landmark kind of vote as to the direction that we are going to go in health care.

I was preceded by one of my colleagues, an esteemed colleague, who was asking the question, Why would we do something that would keep us from being a prosperous and happy and a nation reflecting leadership in the world?

The reason that America has been in the past prosperous and happy and has enjoyed world leadership is not because we have rushed headlong into European socialism but because, instead, we have adopted the path of freedom. Freedom has its drawbacks. One of the drawbacks of freedom is that people can fail and that there are responsibilities required of citizens.

When a government tries to insure everybody about everything that can go wrong, unfortunately, it's trying to repeal the basic laws of supply and demand; and we are no more effective in doing that or has any government in history been effective in doing that than repealing the law of gravity.

I was aware that there was an attempt one time—I was told it was in the State of Tennessee—where the teachers unions were frustrated at trying to teach students about pi, that little funny-looking thing with the number 3.1415 after it. They decided that it would be easier in terms of teaching to change pi from 3.1415, to just make it 3, to keep it simpler.

I'm not sure how the wagon wheels in Tennessee went after that legislative change was made. I imagine that mathematics continued to operate under the same set of laws in spite of what the legislature said. Now there are many things that Americans agree to on the subject of health care. It doesn't have to be particularly complicated.

One of the big problems is covering preexisting conditions. This is something that happens when people could be quite responsible, work hard at a job; but all of a sudden after a number of years, something comes up, either a child, a wife or a husband, someone in the family develops a medical condition which you didn't see coming, which is going to break the back financially of the house, and something which occurs in America too frequently. We must deal with that question. I think Americans agree that we need to deal with it.

Stopping the cost shifting and reforming medical liability law. The cost shifting, if you take a look at the problems in American health care today, you could think of American health

care in a sense in two halves. The first half is the front half. That's the provider system. It's the doctors, the nurses, the hospitals, the many staff people and the fancy equipment that continues to provide Americans with the very best health care in the world. If you don't believe that, in spite of people complaining about American health care and talking about all these problems, if you are a multimillion-dollar sheikh from Bahrain or whatever and you are sick, guess where it is that you want to come get your health care? Yes, you've got it right—good old America. People vote with their feet and come to our country. That's the provider system.

The back half of that system is how do you pay for it, and that is the part of the system that is feeling increasing stress. If there is something broken, certainly the back half is the place where there are the most problems. From a macro level, if you take a look and say, well, what really is the problem? The problem is pretty simple; that is, two-thirds of Americans are paying for the system and one-third is not. As the people that are not paying anything for health care increase in number, it puts more pressure on the people that do pay, and that is creating a lot of cost-shifting and problems.

So one of the things we've got to do is stop the cost-shifting, and one of the ways that you can reduce the cost of health care in America is reforming medical liability law. Unfortunately, the bill that's being considered by the Democrat Congress, the Pelosi bill, goes exactly in reverse in liability and says that States that have already on a State-to-State basis passed medical liability reform are not going to be able to have those laws take place. We are going supercede the law of a whole series of States in order to raise the price of health care. This bill is going in the wrong direction if we are trying to save money. More on that later.

Making people sure that they can keep the insurance coverage that they like. Today, there are about 100 million Americans who have insurance coverage. They have relations with doctors, they are reasonably comfortable that they are getting good medical care, and they really don't want to change that. They don't want us, because there may be some problems in the system, to, in a sense, burn down the barn in order to kill a few rats, or, as another person has phrased it, to say, When you've got a leaky sink, you don't remodel your entire kitchen. Many people who have insurance coverage that they like are going to be affected by a plan that's thousands of pages long, trillions of dollars in expense, and essentially tries to remodel an entire kitchen or, if you will, burns down the barn.

And then preserving the doctor-patient relationship. If there's anything that I think is more personal or more important in the health care debate and discussion, it is this very question.

I don't think anybody wants to be sick, but when they do get sick, they try to find a doctor that they trust.

Maybe, after getting a couple of opinions, they decide on some course of action, they and the doctor; the patient and the doctor decide on what is best for their health care. And whenever something gets in the way of that decision-making, it tends to be, by definition, a very bad outcome.

We want to preserve the doctor-patient relationship. There are several things that get in the way of that relationship. One that has been too common would be the fact that some insurance companies will try to second-guess the doctor, claim that they have some medical expertise, that the doctor is being too cautious, that we don't really need to spend this money. Insurance companies do that sometimes. We have found that in the Pelosi bill, there is even a section which preserves, under ERISA, the insurance company's right to second-guess the doctor-patient relationship and then, if something goes wrong, to avoid any financial or legal responsibility for that decision.

There was a press conference earlier today on that very same subject, pointing out the exact pages in the bill and how this section, which is pretty onerous, the fact that a patient can make a decision with a doctor and be second-guessed by an insurance company and when the decision goes wrong, the insurance company skates without any liability. That's part of the Pelosi bill. We don't want insurance companies coming between a patient and a doctor. That press conference was led by Congressman JOHN SHADEGG, who did a very good job and has raised some very serious questions in this regard.

There is something worse, believe it or not, than an insurance company coming between a doctor and a patient, and that is a Federal bureaucrat coming between a doctor and a patient. If the Federal Government decides, just like the auto industry, the insurance industry, the banking industry, the student loan industry and all these other places that it wants to get into the medical business, which the Pelosi bill puts them in that business, then in order to control costs, what's going to happen is you are going to end up with bureaucrats with nice big calculators and they'll figure out whether or not you qualify to get medical care.

Now we need to make a distinction between two very important things. The first thing is medical insurance; the other is medical care. In foreign countries, all of the citizens have medical insurance. That's wonderful. But if the medical insurance doesn't result in medical care, it doesn't do you much good. One of the things that happens in foreign governments, the whole idea of a government-run medical care, they can't provide Cadillac kind of medical care for everybody in their country because they can't break the laws of supply and demand. And so how do they

control costs? Well, they control costs with these bureaucrats with their calculators.

If you're a certain age, and you want to get this particular test, "Sorry, Bub, here's some aspirin. Go home and sleep it off." Now that's called rationing. If you are a more political government and you don't want to get your citizens quite as mad at you, instead of just telling somebody to go home and die, what you can do is you create these waiting lists; so you can say to some woman who's pregnant, You can have your C-section in 14 months. She might start scratching her head saying, I don't think you're doing me any favors with that. But we also see that in the socialized medicines of other countries, these long waiting lists.

The result of that, of course, is that in certain kinds of illnesses, the waiting list is very dangerous. Certainly in heart disease, which is a leading cause of death in America, if you have a long waiting period, that's not a good thing.

□ 1845

Likewise, in cancer, cancer is something that you want to catch early. If you do, you can have some very good outcomes. If you don't, the outcomes are far more gloomy. And so timeliness is very important. And when you are trying to keep your costs low, with the government trying to manage their budget, what they are going to do is create waiting lists which then have bad outcomes. And that is what the record shows of survival rates in cancer, for instance, in the U.K., which is a socialized system as opposed to a more free enterprise system in America.

Now these are things that Americans agree to. The question is what is being proposed, will it help these things and what is the cost?

In fact, when we take a look at the issue in most any department of the Federal Government, when the government does something, or particularly if it does too much, we see some outcomes that are pretty common, regardless of what area of government that it is. We see bureaucratic rationing, which I was just talking about, inefficient allocation of resources, degraded quality, and excessive expense. All of these things come when the government does too much.

Well, would the government takeover be something that would qualify as the government doing too much? I think the old adage that "if you think health care is expensive now, just wait until it is free" might apply here.

Is the government doing too much with the Pelosi health care proposal? The first thing to understand, and this is actually a chart that was drawn up on the earlier Pelosi bill, which I believe was only about a thousand pages, the new version of this plan, which is very similar, is 2,000 pages. So this chart may not be completely accurate. In fact, it may be too simplified.

What you have here, every one of these colored boxes is some new bu-

reaucracy, some new moving part that is created by the Pelosi health care proposal. You can see, trying to take a thousand-page bill and putting it on a chart, it is going to look a little complicated. But if you think about it, we are going to be taking one-sixth of the U.S. economy and then we are going to turn that over to the Federal Government to run with this proposal.

So you have the consumers. It is almost like a maze. Can the consumers get over to the doctors, or not?

So one of the things that you run into when the government does this is tremendous complexity. That is why when the President last July came here to the Congress and said we need to get this done, none of the other Presidents before me could get it done, but I am determined to get it done, so you need to put a bill together and I would like to have it done before the end of July, he was asking for a pretty tall order. In fact, he was asking for the impossible because trying to put this together, even if you buy the assumption that the government should take over health care, is not a simple procedure. This gives just a little bit of the sense of how complicated that is.

Now one of the other things that you have to associate with a high level of complexity is also a high level of cost. We have a number of statements that were made by the President, and certainly he has the bully pulpit. Everyone listens when he speaks, and he makes a number of different statements which I would take a look at those and see how really accurate are they.

This is one of his statements before the Joint Session of Congress that was on August 9 before the summer break. "Most of this plan can be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse."

This sounds pretty good on the surface. We can simply take the health care system that we have, and there are pockets of waste and abuse, we tap into that like unused oil, and we can all of a sudden come up with something that the Federal Government runs which is going to be less expensive because we can pay for this government-run system by using waste and abuse. It is almost as though waste and abuse are a line item in the budget and we simply pull money out of the waste and abuse account and we stick it into health care, and we have everything taken care of financially.

Unfortunately, the government running various entities does produce a tremendous amount of waste and abuse, but it is not so easy to squeeze that fat out of the system. It is not a simple line item. The place where he is looking for this waste and abuse turns out to be an area that is politically highly controversial, particularly taking it out of Medicare.

Let's take a look at this efficiency that he is talking about that he can create by having the government take

the system over. We do have some experience. We have experience of two other government, Big Government entitlement programs in the area of medicine. One is known as Medicaid; the other, of course, is Medicare. The other big entitlement is Social Security.

If we look at Medicare and Medicaid, if we look at the history of those two government-run medical systems, what we find is when the Congressional Budget Office scored those bills when they were passed by Congress some many years ago, it was found that their estimates were extremely optimistic and very low. In fact, in the case of one of them, the estimates were more than four times too low and the other one, as I recall, even many times more than that. So we are not saying a couple of percentages off, not 10, 20, 30 percent off, we are talking about 4, 5, 600 percent, that these things were estimated to be lower in cost than they were going to be. And worst, what we see with this chart, we see that the cost of these programs is rapidly expanding. In fact, they are expanding so fast that people, both conservative and liberal alike, will say that these three entitlements will destroy the financial solvency of the United States in a period of time. This chart shows that being somewhere in the 2052 range.

Why would that be? Well, part of it is that the actual revenues that the Federal Government takes in are to a degree limited. That seems like an odd thing to say because you think, can't we always crank up the taxes? If 24 percent, or 28 or 18 percent tax rate isn't enough, let's kick it up to 50 percent. The problem is that the mechanisms that the Federal Government has to try to increase taxes, what happens is they can increase the tax but the government revenues don't go up. Now that might seem like a really odd thing. Let me stop and explain what I am talking about.

You would say if you raised taxes, you are going to get more money. So aren't you saying that water is running uphill or something to say that raising taxes doesn't generate more money? Well, in fact it does not at a certain point.

Let's use the illustration that you are king for a day. Your job is to put some taxes onto a loaf of bread and you think about Americans buying loaves of bread. You think, well, I can raise a certain amount of tax if I just put 1 penny on a loaf of bread. But then you think to yourself, or I can raise a whole lot more if I put \$100 on a loaf. But nobody would buy a \$100 loaf of bread. So common sense tells you somewhere between a penny and a hundred dollars, there is some optimum point where people will still be buying a lot of bread, but if you raise the tax more, no one will buy bread any more. So there is this sort of optimum taxation.

What this chart in actual Federal revenue shows is what that point is. So what happens is you can raise taxes

above it, but what you do is stall the economy. Therefore, even though you have a high tax rate, you end up getting less money in the government.

Just to give you an example of how that principle worked, when I was first elected in Congress in 2001 and 2002, we were in a recession. If you took a look at the Federal budget, there were a lot of liberals and Democrats complaining about the large tax cut that President Bush and the Republicans passed. They said, that is costing us billions of dollars. Actually, we were following President Kennedy's model, Ronald Reagan's model, and Bush II followed that same pattern, realizing that if you reduce the taxes, you can actually increase the Federal revenues because the economy pulls out of a recession and gets going.

But if you were to add the supposed cost of those tax cuts to the cost of the war in Iraq and Afghanistan, add that all together, it was less money than the cost of the recession. So when the economy gets flat, it not only hammers mom and dad back home, it hammers the States terribly because many of them are balanced budget, and it also affects the budget of the Federal Government.

So as these programs grow out of control, what is going to happen is there is going to come a real financial breaking point.

So we are told that the government taking over all of health care is not going to follow this pattern, this is the government taking over some of health care, but in fact if we take over all of it, my goodness, we are going to have all kinds of savings. Well, if you believe that, I think there are some people that sell swampland in New Jersey.

So this is the track record of government control of health care. Now that is not the only example. There are other examples such as Massachusetts and Tennessee, and they have tried this government takeover and the government providing insurance for health care, and it hasn't worked for them and it has raised their cost of medicine in those States to the point that it has threatened the provision of good medical services.

So you have in response to the Pelosi health care bill, the Democrat Governor of Tennessee calling it "the monster of all unfunded mandates." So in order to keep the cost of the Pelosi plan under \$1 trillion, guess what, they are cost shifting costs to the States and even the Democrat Governor of Tennessee, who has had experience with this type of program, is saying that this is the monster of unfunded mandates. In other words, the Federal Government makes the State do something which is going to cost the State a whole lot of money.

Let's go on here. This is a statement by our President. "Here is what you need to know. First, I won't sign a plan that adds one dime to our deficits, either now or into the future, period."

Boy, do I feel better when I read that. The President is telling me he is not

going to sign a bill that adds one dime to our deficits, either now or into the future, period.

This is one of those things you better make sure that you know what "is" is and what is this really saying because in a technical sense he can make the statement that he is not going to add one dime because it appears that he is going to add over a trillion dollars, and even that doesn't show the accurate cost. So let's be careful when we take this statement. Does he really mean that this is something that is going to be financially solvent and is going to really work well? Or is he just being a little bit cute and saying he isn't going to add a dime, no, he is going to add a trillion dollars.

Well, it turns out that the Pelosi health care plan is going to cost over a trillion dollars.

Well, we have taken a look at how serious is the President since the beginning of the year. How serious is he in worrying about excessive spending in the Federal Government. Well, certainly President Bush was accused for overspending. But it turns out he was merely a piker because this year isn't even over yet, and the total spending from the Obama administration and the Pelosi administration is \$3.6 trillion. Now, the worst year that President Bush had was when the Democrats controlled Congress, and it was about somewhere in that \$400-plus billion of deficit. And here we have \$3.6 trillion in less than a year.

So when he says he is not going to add a dime, we have to say, wait a minute, I am not sure that passes the sniff test. Here we have the Wall Street bailout, half of that was under this administration. That is \$350 billion. Then we have the so-called economic stimulus, I call it "porkulus," it didn't have much stimulus in it at all. That is why unemployment is high.

We were promised if we didn't pass stimulus, why unemployment would get as high as 8 percent. We passed it, and it is 9.7 percent and rising. That was \$787 billion. That is a chunk of change, it really is. In fact, as we went through the year, we had already spent all of the money that the Federal Government was going to collect this year by March or April, as I recall.

SCHIP, another \$66 billion. And here are these appropriations at 410, and then we have these other tax bills that are coming along trying to compensate for this incredible \$3.6 trillion level of spending.

So when the President says I am not going to sign a bill that adds one dime, we say maybe not a dime, but you are talking over a trillion dollars and that is not even talking about what is being shifted to the States.

I would like to take a look at some of the other comments that have been made because I think trying to get a little bit of truth into this debate and kind of balance things out, it is very helpful tonight.

This is a very nice promise. I really like this promise. First, and this is the

President again, "First, if you are among the hundreds of millions of Americans who already have 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."

Whew. That is good news. Do you know there are a hundred million people in America who have health insurance. They have doctors, and they are very pleased with their health care and they are not so sure that they want the Federal Government to come in and stir it all up and change it.

□ 1900

So if we can assure those hundred million Americans that already have insurance that they like that everything is going to be okay, then the idea would be let's just try and fix the—however many, people argue about it—10 to 20 million who do not have insurance that could have insurance that don't, well, then that would be okay.

Well, the question is is this true. We heard the last one the President said, that he's not going to add one dime. Now he's saying that you can keep what you've got. Well, that's a great promise. I wish that one were true because I think that's really nice, a lot of people would like to keep what they have.

Here is an MIT health economist, Jon Gruber. He said, in reference to this claim, With or without reform, that won't be true, said Gruber. His point is—that is, the President's point is—that the government is not going to force you to give up what you have, but that's not to say other circumstances won't make that happen. In other words, what's being said here is, yeah, the plan doesn't specifically say you can't have your current insurance and your current doctor, but it does say that all of these insurance plans have to be just like the Federal Government's insurance plan at some time in the future. And that being the case, the insurance company is going to change the plan that you have or go out of business, or quit offering it, or whatever a whole series of alternatives might be. Therefore, this statement is not true either.

In fact, what's going to happen is, just as we've talked about, this is the government takeover, either slowly or rapidly, of one-sixth of the U.S. economy. And so the idea that you can keep what you have and everything is going to stay the same, you could say that, and maybe it will stay the same—for today and tomorrow and next week and next month, but next year, maybe not; 2 years from now, certainly not; 4 years, very, very different. So, yes, can you keep what you've got and enjoy your insurance and your doctor? Yes. For how long? No promise on how long.

Then we have another promise here. There are those who also claim that our reform effort will insure illegal immigrants. This, too, is false. The reforms I'm proposing would not apply to

those who are here illegally. Well, I think a lot of Americans should think, my golly, you're going to spend another \$1 trillion charging all kinds of Americans a lot more money to have this government-run health care plan, and they're thinking to themselves, I'm not sure I can afford to pay for people who come here illegally over the border to try to get free health care off the back of the American workers.

So there is a legitimate concern, and of course that's already happening around some of our borders. It's very hard to get into emergency rooms in many hospitals because people come here from other countries and just walk straight to the emergency room and get care. And of course all that cost is being shifted to other hard-working Americans.

And so, this is a good promise that the President made. I wish this one were true, too. This would be really good if this were true; like the other ones, it would be nice if they were true.

There are also those who claim that the government will insure illegal immigrants. Well, okay. So what's the truth here? Well, one of the ways to check on whether that's true, we have an organization here in the Congress called the Congressional Research Service. They're a bunch of people who are experts at researching things. They're expert at law. And they're not Republican. They're not Democrat. They're not particularly biased. Their job is just to say just the facts, ma'am, just the facts. Here's what they said about this statement. This is the Pelosi health care bill before it was beefed up by another thousand pages, but the section that's in the bill is the same, relatively speaking, in dealing with this problem.

This 3200 health insurance exchange would begin operation in 2013 and would offer private plans alongside a public option. H.R. 3200 does not contain any restrictions on noncitizens, whether legally or illegally present, or in the United States temporarily or permanently, participating in the exchange. So what this is saying is, well, you know, the President can say the illegals won't get the service, but the fact of the matter is the way the bill is written, people who are here illegally can sign up and get the service on the backs of the hardworking American taxpayers. And so what the President said again is not true.

Now, there are other ways to try to tell whether something is true other than just something like the Congressional Research Service. One of those means of telling if something is true or not is to offer amendments. Now, because of the great transparency that we've been promised, there will not be any amendments here on the floor; if there are, it's going to be one or two.

Members who are concerned about, for instance, illegals, making sure that they have to prove their citizenship before they sign up for free health care, people who are concerned about that

might offer an amendment. The amendment might say, hey, before you get into this exchange and get this insurance, here's the deal. What you have to do is you have to prove your citizenship. And so an amendment such as that was offered in committee. It can't be offered on the floor because of our procedure. The Democrat Party does not want to have a lot of those amendments on the floor. And especially with a 2,000-page bill, it's true, we would be here a long time.

Some of those amendments are kind of important, but they don't want to take those votes. But those votes occur—although the public doesn't see them as much—in committees. That amendment to make sure that illegals didn't get health care was taken in committee. The vote was just about a straight party line—Republicans for it, Democrats against it. And so, with that amendment failing the way it did, it doesn't give people any comfort that what the President has promised is true, or that perhaps it almost seems as though it is disingenuous.

A similar criticism and complaint—there's a lot to talk about in a 2,000-page bill, my goodness. This is another statement that was made by our President, and it is, he says, a misunderstanding. "And one more misunderstanding I want to clear up—under our plan, no Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place."

Well, this is a pretty controversial question. Most people know that America is deeply divided on the abortion issue. There are many good-meaning Americans who believe that abortion is the killing of an innocent child. And there are good-meaning Americans, I suppose, who think that abortion is a choice question and a mother should be able to kill her child. Well, people are going to disagree on that. But this is, in a way, a different question.

And it's interesting that the people who want to have abortion rights say that people should have choice, and yet in this particular question there is no question of choice at all, because when it comes to paying your taxes, you don't have any choice. The tax man comes to your door. If you don't pay your taxes, you go to the free hotel. And so paying taxes is compulsory, there is no choice involved in it. And is it reasonable—at least you have to acknowledge, or some people think it's wrong. Is it reasonable to tax them and have their money go for paying for abortion services for people all over the country? And so this is a very big ethical question. In fact, the National Right to Life and some of those groups would rate this as one of the biggest decisions on the abortion question since *Roe v. Wade* or *Doe v. Bolton*.

So these questions are something that is percolating within this overall health care bill of thousands of pages. And the President's saying, hey, don't worry about it. We're not going to use taxpayer money to fund abortions. The

only trouble is that, like the illegal immigrant question, an amendment was offered in a committee—it would never be allowed on the floor, but it was offered in committee—and that amendment said that we're not going to be using any of these Federal dollars and that we will not be funding abortions with Federal money. Again, that was close to but not entirely a party line vote. That amendment failed.

So as it fails, it leaves you with the irrevocable kind of conclusion that we're not going to have protection. In fact, the bill—or even if the bill doesn't do it, under Federal rules and regulations, you will have people getting abortions using taxpayers' money. This is something that actually quite a number of pro-life Democrats are hung up about, and there is a big argument about this subject. I've never been invited to those meetings. I'm a Republican. But it is interesting to note that again the President says one thing, and yet in fact, when you look at the committee votes and the amendments offered in committee, this is not true.

One of the things that's interesting to look at, you can look at health care from so many different angles. One of the angles that's interesting is what is it that women want, because it turns out in families, many times women are the ones that are involved in the details of the family health insurance, making health insurance decisions for families. And here is a survey that's just been conducted October 19–25, 2009. So this is a very, very recent survey, independent women for a nationwide survey. So they were polling people from all over this country.

Let's see, what did the survey say? Well, first of all, 64 percent of American women would rather have private health insurance than a government-run health insurance plan. You know, it's interesting. In the political world, you can ask questions in several different ways. One thing you could say is, "Would you like the government to buy you a house?" And you think, hey, that sounds pretty good. The government would buy me a house, really? "Hey, Congressman AKIN, I would really like it if the government bought me a house." So if you said, "Would you like the government to buy you a house?" probably a lot of people would say, "Well, yeah." You could ask the same question a different way, "Would you like to live in government housing?" I don't think you would find as many people that want to live in government housing. Well, this is a situation here like that.

They're saying 64 percent of American women, that they would rather have this private health insurance than a government-run health insurance plan. And that's actually kind of common sense, because, for one thing, if you like the idea of having some flexibility and choices, if you don't like your private health insurance, guess what you can do? You can go try and find somebody else. What happens if

your only choice is a government-run plan? Well, that's just like Henry Ford. You can have any color car you want as long as it's black. And the nations that have health plans that are run by the government, when you get some sour and unresponsive and underproductive Federal employee running a hospital and the hospital care is terrible, what are your alternatives? Are you going to call your Congressman and say, hey, they haven't mopped the floor and changed the sheets in X, Y, Z hospital? How much good is that going to do you? So these women here, they weren't born just yesterday. They would rather have private health insurance than government.

Sixty-six percent of them described their insurance as excellent or good. So you have a great number of Americans, that's that 100 million, or at least a good number of them, that are saying their current health insurance is excellent or good. What that means is that, as I was saying as we started our discussion on health care, that that provider network is, in America, still pretty good. You don't find so many Americans going to Canada for health care or to Mexico for health care, but you do find a fairer number of Canadians coming to America for health care or Mexicans coming to America for health care. So it's not surprising that we find two-thirds of these women saying that they think their health care is excellent or good.

Seventy-four percent of them describe their health care as excellent or good. Let's see now, what's the difference here? Health insurance. Oh, health care. This is health insurance; this is their health care. So while they weren't quite as crazy about their insurance, they said their health care, 74 percent of them—again, this is the case of the old sheikh that's sick. He wants to come to the USA to get his health care. These women are saying the same thing. Seventy-four percent of them said that actually their care is excellent or good. It doesn't make too much difference what you think of your health insurance in a way if you're getting good care.

On the other hand, you can have wonderful health insurance, but if you don't get any medical care, it's like paper Monopoly money. It doesn't do you any good.

Then here is 75 percent want few to no changes made to their own health care. So this, again, is where a lot of people are. They would like to keep what they have, they're comfortable with what they have, and they don't want us to remodel the kitchen when the drain in the sink is stopped up. They just want to fix the plumbing, but they don't want to remodel the entire kitchen. That makes a whole lot of sense. And actually, from a legislator's point of view, it also makes a lot of sense.

What you're seeing going on politically right now is an attempt to move a bill, to nationalize one-sixth of the

U.S. economy. That is a very ambitious project. While I think the Democrats are wrong in trying to do that, I will take my hat off to them at least in the fact that they're doing something that is incredibly ambitious and probably more than what the legislative process can handle in a short period of time.

So part of the problem is is that you just have a whole lot of people that like things the way they are, and so trying to change that for everybody is particularly difficult. And this is kind of a women's perspective on what they're seeing and what's going on.

□ 1915

Now, there are a lot of other perspectives on this bill, and that's part of the problem that this bill has, which is that a lot of people don't like it.

One of the groups of people that really doesn't like it is seniors. Seniors have gotten used to and are dependent on Medicare. Of course, Medicare costs are going up a lot, but they don't like the fact that a lot of this bill is going to be paid for through cuts in Medicare. That's something that tends to antagonize older voters, and many of them are very consistent voters. So this is a group of people that doesn't like it.

Another group of people which particularly does not like this government takeover is going to be that of the people who run small businesses or who own small businesses, because what this bill is going to say is: You must insure all of your employees, and you've got to do it in this, that or the other way. Therefore, it's going to raise a whole lot of costs for your employees if the government is going to be taking over health care and is going to be demanding these things of small business.

The result is that what we've been doing to the small businessman is hammering him just like a giant sledgehammer in some kind of circus tent. We're hammering him down into the dirt. First of all, we're going to let the dividend capital gains tax cuts expire, so he's going to get a tax increase from that. Next, we passed a bill here in the House, which is called cap-and-trade, or cap-and-tax, which is the biggest tax increase in the history of the country supposedly to take care of the dangerous gas CO<sub>2</sub> and global warming. That has a very huge tax increase. That is going to also raise the energy costs to small business.

So now they're not only getting the tax increase of the expired capital gains dividends, which is the money they use to invest in new plants and equipment, but also they're going to get hit with an energy tax. Now, on top of that, we're going to try to balance the books of this health care plan on the backs of the small businessman.

The trouble with doing that—and this was tried by FDR in the Great Depression—is that you can drive the small businessman so far into the dirt that you make him close his business

down, and that has some effect on employment. In fact, small businesses in America employ—if you call “small business” 500 or fewer employees, 80 percent or 79 percent of Americans work for these smaller sized companies. So, if you hammer them into the dirt in terms of taxing and taxing and taxing, what is going to happen is you're going to have increased unemployment. It's not a big surprise to see what we've got going.

Hey, we're joined here in the Chamber by a good friend of mine. There is so much going on in health care, I would just encourage you to join in like it's a dinner conversation, my friend, and just share what you're thinking. We're even talking about a vote here within some days.

Mr. LATTA. I thank the gentleman for yielding, and I appreciate your hosting this very special Special Order this evening.

Where I come from in Ohio, we are very, very hard hit. Our unemployment rate is one of the highest in the State in our district. I represent the largest manufacturing district in Ohio. I represent the largest agricultural district in Ohio. At this time last year, we were, according to the National Manufacturers, about the ninth largest in manufacturing.

Mr. AKIN. Well, that's a very important fact. Don't go too fast. What you're saying is your district is the ninth largest manufacturing district in the country?

Mr. LATTA. We were at this time last year, but we've slipped to 15th now.

Mr. AKIN. You've slipped to 15th?

Mr. LATTA. Yes.

Mr. AKIN. So what is your take on manufacturing? Because we were told old people don't like this bill because it's cutting Medicare. Small businesses don't like it because they're getting hammered one more time into the dirt with tax increases. Let's talk about manufacturing because, in a way, that's the backbone of American industry.

Mr. LATTA. Absolutely.

Mr. AKIN. What is your take on this? How does this work?

Mr. LATTA. Well, I'll tell you. You know, when we were all home during the August work period, I went through I don't know how many different factories, and I went through lots of small businesses.

As one example in particular, I had a gentleman walk up to me. He was a factory worker. He said, You know, I'm really not sure what you all are talking about there in Washington. He says, If I can't put a roof over my family's head, if I can't put food on the table, health care is not the top issue for me.

People are all concerned about health care, but as to where it is in the priority ranking, it's at survival right now. We've got a lot of folks out there who need to survive. At the same time, you have a lot of these smaller businesses—you know, when I talk about



smaller, it could be a factory of about 150-170 which is now down to 29-35 people, and they're just hoping they can keep the lights on. When they see and hear that Washington might impose a mandate on them, especially at that 8 percent level, they say, Well, we're not going to survive.

Mr. AKIN. Let's get back and get those numbers. We were just talking about this last night.

We've got small business and even manufacturers that have been hammered so hard now that they're struggling for breath.

Mr. LATTA. Absolutely.

Mr. AKIN. We're going to nail them with another, possibly, 8 percent cost. This is 8 percent.

Also, what's going to happen to the dividends and capital gains? That's going to go up through this bill, too. So, not only do we have additional taxes on top of the other taxes, on top of the ones that are going to expire and go up—you've got all of that coming down the pike. Also, they don't see any end in sight.

So we have created an environment where there are a lot of unknowns. If you don't know what's going to happen the next month, when we get done with this tax, we're going to go to another one. What you're going to do is you're going to try and play it safe and see if you can survive. Am I on the right track?

I need to just thank you. Congressman LATTA is from Ohio, and he is really an upstanding young Member. Your opinion is very important, and Ohio is a very important State, particularly because of the manufacturing base.

Mr. LATTA. Absolutely. You hit the nail on the head.

All of these companies that are out there struggling right now look at everything. Health care is a huge issue to them. Cap-and-trade is an issue out there—the electricity costs to keep the machines running. Then we had the second highest corporate tax rate here in the United States.

If you put these all together, plus you throw in the EPA and the environmental things that have to go on at these companies, and if they're owned by a parent company that has a plant someplace else in the United States, they can say, as in our situation, Well, you know what? Your costs go up too great in Ohio. You're just going to have to move.

There are some companies out there that are multinational and they've said, You know what? We're to the point that, with any more costs, it would be cheaper for us to actually make it on the Pacific Rim and ship it here, and then we won't have to worry about all of these costs, and there's the product.

Yet, you know, health care is one of those things that everybody wants to make sure that we have; but at the same time, we've got to do it in the right manner, and that's what a lot of folks back home are very concerned

about, because I don't care if you're a senior citizen and you're on the Medicare side or if you're a businessowner. Again, these businessowners are the ones who are very frightened because they're the ones who keep people employed on Main Street.

In talking about Main Street, not too long ago, I was out on one of my Main Streets in my district. One of the businessowners asked, Bob, you know, is this thing going to pass? He said, You know what? You're looking at my business right now, and I will not be able to survive, with the numbers that I'm seeing from Washington right now, under this legislation.

Mr. AKIN. You know, a wonderful part of America are these different expressions. There is such a diversity of people in our country, and I guess that's probably why we serve here. We just love this country and love our own constituents and all.

In representing Missouri, we have some kind of rural expressions that are fun. One of them is "hunker down." Sometimes you'll hear people in Missouri say, "Hunker down." Then, if they're really serious about it, they'll add to this. "They're hunkered down like toads in a hailstorm."

It paints a picture, but that is, to a degree, the picture of the small business man and of the manufacturer in America just being hit, not with hailstones but with tax on tax on tax, and we wonder: I can't understand why there would be unemployment.

Do you see?

The thing that's tragic about this is the fact that the government has tried this before. They tried this before, and they created the Great Depression.

You had this little British economist, little Lord Keynes, running around, saying, Hey, I've got a brilliant idea. Why doesn't the government just spend tons of money, and by spending lots of money, it will get the economy going, and we will jump-start—I don't know if he used the word "jump-start." I don't know if they had car batteries back then. I guess they did. We're going to jump-start the economy by the government spending tons of money.

So FDR thought that's a pretty good idea. Plus, it's not bad politics if I can run around like Santa Claus with the paychecks, you know?

So he gets Henry Morgenthau as his Secretary of the Treasury, and they test out this nifty theory. So they go out and spend tons of money year after year after year, hoping to see unemployment come down.

At the end of, I think it was 9 years, Henry Morgenthau came to this body, to the Ways and Means Committee, and he said, Gentlemen, we've tried this idea, and it doesn't work. He says it that simply: It doesn't work. All that has happened is that unemployment is as bad or worse than it was before, and we have a whole lot of debt to boot. Those were his words.

So what we're seeing is this idea of just taxing and taxing these busi-

nesses, and unemployment is just going to kill us because they're not going to be hiring people when they're hunkered down, worrying about what the next tax is going to be or whether it's going to put them out of business. They're going to be playing things very conservatively. Plus, it's hard to get loans for them.

Mr. LATTA. If the gentleman would yield.

Mr. AKIN. I do yield to my good friend.

Mr. LATTA. You hit on a very important point right here. One of the things they're talking about right now is that we've been coming out of this recession into a jobless recovery. When you have these unemployment rates—

Mr. AKIN. Wait a minute now. I've heard this term "jobless recovery." I'd like to pick at these words a little bit. "Jobless recovery." Do you think that's the same thing as a plastic glass or a jumbo shrimp? I mean, how is it a recovery if nobody has a job? I sure hope I don't suffer too much with that kind of recovery.

Mr. LATTA. It's the way they define when you're coming out of a recession.

Back in 1982, when I look at that recession, one of the things that a lot of people point to is that it was very, very tough. We all remember coming out of the Carter administration with double-digit unemployment, with double-digit inflation and with a 21½ percent interest rate. A lot of people also said the same thing: You know what? It's tough, but at the end of the day at some point, that factory down the street is going to reopen, and I'm going to get my job back.

In this case, we've got so many companies out there, especially in my district, that are saying, You know what? We've cut as much as we possibly can. We're going to do as much as we possibly can to make sure we can just keep the doors open, and we find right now that we can survive with what we've got.

When they say "what we've got," it's the employees who are on the floor right now. They say, We're not going to hire anybody else.

That's the scary thing because now, all of a sudden, we're going to have all of these young people coming out of high school, coming out of trade schools, coming out of community college, and coming out of college. Where are they going to go? Because we've got more and more people saying, I can't retire. I've got to keep working because I'm not sure what I'm going to have down the road.

There are all of these things that, I think, have got to really be looked at. That's why, I think, the American people have said to us, especially in my district, We all agree. There's not one person in this body right here who would say we should not do something about health care in this country; but it's how we do it, how we proceed. It's slowing it down. The American people

want it to be the best thing, not something that's rushed through, not something that's in a 1,990-page bill.

Mr. AKIN. Here we go again. It's this tremendously long, complicated bill, a complicated plan, and it almost looks like just another attempt where we already determined when we started that what we really want is the government to run it all.

We've got the government firing the president of General Motors, running General Motors, running the insurance companies, running the banks, deciding what executive salaries are going to be, and that's not good enough to have the government doing that. We want the government to take over student loans, so we passed that this year, still letting private people do the student loans. There's \$1 trillion in extra spending to cover all of these student loans. Now what we want to do is take over all of health care.

I mean, this is kind of ambitious. You know, this is a little overwhelming. My constituents are a combination of scared and angry about what's going on down here. I think it's important for us to offer simple solutions, and we've got a simple solution if you want something immediately that you can do, and that is, tomorrow at noontime, Americans are coming from all over this country to meet on the steps to talk about this whole thing and to express their opinions of whether they really think that a bill that raises premiums, that reduces health choices, that delays and denies care, that costs \$500 billion in Medicare cuts and \$729 billion in new taxes is the solution that they want to this problem.

People who want to say "no"—at least I think a lot of them want to say "no." I don't know what they're going to say because they're coming here tomorrow at noontime to this Capitol to express their opinions. They were invited by a bunch of us who are just plain old Congressmen, not leadership. They were just invited. You all come. Come talk to us about what's going on here. If people kind of get upset, this is the place to express your opinion.

I would yield.

Mr. LATTA. I thank the gentleman for yielding.

Again, that's what happened during the month of August and when we were back home. We were out in our districts, and the people got to see us and talk to us face-to-face, and that's what they really want to do. They want that opportunity to say, I want a piece of my voice to be heard on this.

One of the things, I think, that has been missing in this is that I came from the Ohio legislature, and I chaired a couple of committees in the house and the senate. One of the things that, I think, is very important is that we have people come in, be able to testify and be able to face the members.

Mr. AKIN. Yes.

Mr. LATTA. I think what we ought to have been doing during this whole

period of time here is that we should have taken this back onto the road, and we should have had committee hearings across this country so that Americans could have gone to their States and to wherever it would be that the Members would be holding the hearings for the three different committees here in the House which were hearing this piece of legislation. I think that's what we should have been doing because, again, people feel left out. The most dangerous place for me to go, for my wife to send me, is to the grocery store after church.

Mr. AKIN. After church to the Rotary Club, that's dangerous?

Mr. LATTA. Well, it's the grocery store.

Mr. AKIN. Oh, the grocery store. I'm sorry.

Mr. LATTA. Because what happens is that people come up to me, and they want to talk. I go home every weekend, and I don't care if it's at the grocery store or at the gas pump. You know, it could take 45 minutes to an hour sometimes.

□ 1930

Mr. AKIN. They are saying, BOB, wait just a minute before you walk out with that loaf of bread. The loaf of bread is stale by the time you get out of the store.

Mr. LATTA. The American people want to be heard, and I think that is one of the things they are really saying here is wait a minute, I don't think we are being heard in this discussion.

Mr. AKIN. Well, a lot of us are going to go out on the steps and we are going to listen to what those people have to say. I think you committed to be going out there too and be available. And we are going to talk. There are going to be a lot of interesting people, people doing some singing and all kinds of things, people making some little short talks and discussion. And that is a healthy thing in America, to have that freedom to have free speech, to talk, and to come to the Capitol building and to let people know what you think about this.

Of course, there is a different philosophy than this kind of take everything apart and rebuild it, and that is that there are some specific things that can be done that reduce health care costs that Republicans almost uniformly support.

One of them is tort reform, limiting the punitive damages. We know that in other States where that has been tried it reduces the cost of health care. We also know in other States where the government takes over health care, that the costs go out of sight. We have seen that in Massachusetts and in Tennessee. But we have seen in my own State of Missouri and Texas and other States, there is a distinct reduction in health care costs when you limit some of those punitive damages.

It doesn't mean that doctors don't make mistakes and shouldn't be held accountable. But the other thing is you

don't rape the system and run the costs up so that every doctor is forced to practice defensive medicine.

Mr. LATTA. If the gentleman will yield, when we are talking about punitives, we are not going to say to people limit the economic damages. It is the noneconomic damages. Because it took us quite a few years in the Ohio legislature to finally get a small portion of that passed, but we saw changes almost within a year in what was happening out there.

Mr. AKIN. Did you pass one in Ohio? Did you limit the punitive damages in Ohio?

Mr. LATTA. That is one of the things we had to do on some of the noneconomic damages, and, again, it was only a small portion, because we had to pick certain areas and we picked the one area, and we watched those things come down. Because what happened was as soon as we passed the legislation, as soon as it was signed into law, it was challenged in the Ohio Supreme Court and it was upheld for being constitutional. But those are the things you have to do.

Those are the things when you are talking about doctors not having to practice that defensive medicine, instead of running four, five or six tests, maybe they only have to run the two. But they are going to run the four, five or six tests. Why? Because if it is in your neighborhood and the courts have been saying why haven't you done this, you have got a problem. That is why these doctors say I have to do it, because otherwise I am going to get sued and my malpractice insurance is going to say you didn't do what you should have done, and now you are in trouble.

Mr. AKIN. So there is the problem. That is one place that Republicans have talked about where there is a specific thing that you can do. And there are other things. We talked about the idea of letting people buy their medical insurance across State lines.

The other thing in this 2,000 pages, there are a lot of loopholes and trapdoors. One of the things that is amazing to me is they do the opposite of tort reform and they say any State that has passed any tort reform, that that gets waived in order to get this government insurance. So you are going to be taxed whether you take it or not, but if you want the benefits of your citizens being taxed, you have to basically back off from tort reform. That is kind of a weird trapdoor.

Mr. Speaker, I thank my good friend from Ohio, Congressman LATTA. It has been a treat having you here.

#### THE COST OF NOT HAVING HEALTH CARE

The SPEAKER pro tempore. 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, during the Civil War, Abraham Lincoln, our