

from the White House, the Press Secretary's saying clearly we all have individual responsibility for dealing with this situation, and we should all be practicing good hygiene practices and stay at home. We hear the Secretary of the Department of Homeland Security, Janet Napolitano, telling us, again, the government can't solve this alone. We need everybody in the United States to take some responsibility. If you are sick, stay at home. We hear President Barack Obama in his 100 Days press conference saying that the key now is to make sure that we maintain good vigilance and that everybody responds appropriately and stays at home. If your child is sick, keep them out of school. We hear this over and over and over again.

So in my final words here, I would just ask you, as an attorney, as a member of the Judiciary Committee, what are the implications of knowing that you're ill and showing up at work because you don't have a paid sick day?

Mr. ELLISON. Well, you might end up being charged with negligence. Knowing that you're sick, knowing that you're contagious and still going to work, potentially some smart lawyer might figure out a way to sue you for negligence because you exposed them to an illness. Of course, it could be taken up by workers' compensation, but somebody's going to have to pay something somewhere. And the fact is, clearly, if you've got an on-the-job illness or injury, it would be a workers' comp claim. So the bottom line is it is something that we all need to be concerned about.

I want to thank the gentlewoman from Wisconsin. As she knows, she is one of my very favorite Members of this House of Representatives, and I want to wish the gentlewoman, GWEN MOORE, a Happy Mother's Day, and I also want to thank her for her very important presentation on global health for mothers.

I just want to say that we have a duty and obligation to present a progressive vision for America. Which way forward? Well, the way forward is to be more inclusive, to bring more people into the warm embrace of the American people's generosity. The way forward is peace and dialogue. The way forward is to have a better America, a higher quality of life for everybody because everybody does better when everybody does better, as the late great Senator Paul Wellstone said.

So, with that, it has been another progressive message, and I want to thank the gentlewoman.

ENERGY AND HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, thank you so much for giving me

the opportunity to spend some time on the floor this evening with our colleagues.

I am going to talk about two different issues. We are going to talk about energy, and particularly the scheme of carbon tax or cap-and-trade and renewable energy, renewable quotas, if you will, because that's a hugely important issue that's facing the Nation and the Congress is dealing with at the present time, and particularly through the committee on which I serve, Energy and Commerce, and the other big issue also coming through the Energy and Commerce and a couple of other committees is the issue of health care reform.

Now, President Obama, when he was sworn in and shortly after that when he spoke to a joint session of Congress here in this House Chamber, he talked about the importance, in his opinion, despite the economic downturn and the need for stimulus bills—hundreds of billions of dollars' worth, in fact, of stimulus bills, spending on projects and hopefully will get the economy going again, the TARP money, the money that went to banks, continuing to go to banks, and that's expanded, of course, to include insurance companies and the domestic automobile industry. We have spent literally hundreds of billions, if not trillions, of dollars trying to stimulate the economy. But the President still feels very strongly, as does this majority party, the Democratic Party, Mr. Speaker, of pushing ahead with this idea of solving the global warming issue by limiting the amount of carbon that can be produced and released into the atmosphere as we go through the process, and always have for 100 or more years, of producing electricity mainly from coal. So that is on the front burner, no pun intended, Mr. Speaker, of issues that we are dealing with right now in the House and in the Senate. And then, of course, the other issue is reforming health care.

I would like to start by talking about health care. I feel I have a little bit more expertise in that area. I darn well should, having spent 30 years practicing medicine, but I will allow to you, Mr. Speaker, and to my other colleagues that just practicing medicine, seeing patients and not being in a research environment doesn't necessarily give you all the answers in regard to how we go about funding health care for 300 million people, how we deal with the massive expense of government programs like Medicare and Medicaid and still make sure that everyone in this country has access to health care and that it is affordable, that it is affordable even for those who have more than one serious medical condition that they're dealing with.

So we all, on both sides of the aisle, Mr. Speaker, realize that this is a problem. It's not something that we ought to be burying our heads in the sand and just hoping it will go away. It won't. It will only get worse, just like the Social Security crisis. As we get more and

more of our baby boomers reaching that magic age of 65, we don't have enough people working really to pay into the payroll tax to provide the benefit that has been promised. And I know that scares our seniors and it should, although every reform that we have talked about in regard to Social Security has assured and will continue to assure, I think, no matter who is in the majority up here or what administration—it has been Republican under President Bush. It's now Democratic under President Obama. It was Democratic under President Clinton, and these things go back and forth. But I think that people, seniors, need to be comforted by the fact that if you're over 55, as an example, there are not going to be any changes in Social Security for those of you who are within 10 years of receiving that benefit.

But that doesn't mean that we don't fix the system, that we don't try to fix the system for our sons and daughters and our grandchildren as they come forward, because if we do nothing, then clearly there will be a time when people will not get the benefit that their parents and grandparents have received under this program of Social Security. And the same thing is true of Medicare, and that, of course, is our health care system for our seniors, 65 and older, and for those people who are younger but are disabled, totally disabled, and need that help. So we all recognize that there's a problem, and we have recognized it for a while and agree that something needs to be done.

Now, the timing of that, I think, is in question when you talk to both sides of the aisle. Some, quite honestly, on our side of the aisle feel that we need to get the economy back on its feet before we spend hundreds of billions of dollars trying to reform our health care system while we are still in a deep, deep recession and people can't get loans. Businesses in particular can't get loans. People are still having a very difficult time getting a mortgage on their home. And 401(k)s are down, 401(k)s and IRAs, which are the savings that people have for their retirement, along with Social Security.

I am kind of of the opinion, Mr. Speaker, that we don't need to move too quickly for fear that the economy will worsen and not get better and also for fear that in our haste to do something even if it's wrong, it might well be wrong. So that adage of "do something even if it's wrong" is a wrong-headed adage.

But in any regard, we do agree that if the statistics are correct that 47 million people in the great country of the United States go every day without health insurance, there's something wrong with our system, and we can do better in that regard. We should do better, as I will talk about over the next 45 minutes or so. We can and we will do better.

Now, Mr. Speaker, I would like to make sure that all of our colleagues understand something. I think intuitively they know this, that statistics

can be often misleading. The 47 million uninsured statistic was obtained by the Census Bureau. And what does the Census Bureau do? You're sitting there at home watching television or whatever, reading a book preferably, and you get a call from the Census Bureau and they probably just ask this question: Are you employed? Yes or no? Do you have health insurance? Are you an adult, head of household? End of story. And the response from 47 million is "No, I don't have health insurance."

Now, the question that is not asked is, are you a citizen of the United States? Are you a permanent legal resident though not a citizen, in other words, a green cardholder? Are you here legally on a temporary worker program? Are you an illegal immigrant? I think at that point, Mr. Speaker, you would hear a loud click, because I'm sure if someone were here illegally, they're not likely to give that to anybody, especially a census worker.

□ 1730

But the question that is not asked is how long, if you do not have health insurance, what are the circumstances regarding that? How long have you gone without health insurance? And then you would find that many of these people, maybe just a couple of months.

And they might say, yes, well, actually, I do have insurance. I have this COBRA, this temporary health insurance that's allowed, when you lose your job, that you can continue with that company. If the company were providing the health insurance, then they would let you continue.

But you would have to pay more, because you would be outside the group rate. But you could be covered hopefully, you would be, long before that, reemployed and into another group policy at a reasonable rate. So a lot of these people that say I don't have health insurance, and they add to that, up to that magic number of 47 million, they are going to get insurance when they go back to work and, probably, within a short period of time.

Probably 10 million of the 47 million are the ones that clicked the phone down when they were asked if they were legal immigrants, about 10 million.

So now you are down to 37 million. And it has been estimated that 40 percent of the rest make at least \$50,000 a year. Now, you might say, well, gee, if you make \$50,000 a year, even if you are a family of three, you probably ought to be able to afford health insurance. You are not going to be eligible for Medicaid, or you may probably not be eligible, at least in my State of Georgia. You are not going to be eligible for the SCHIP problem, PeachCare, we call it, for your children. And I am assuming that you are not 65 and you are not disabled, so you are not eligible for that.

So why do these people that are not eligible for anything else, and they

make at least \$50,000 a year, why do they choose not to have health insurance?

I would guess that most of these people are in the workforce, maybe they are single, they are probably between the ages of 21 and 40. Many of them are athletes, not professional athletes—I don't mean to imply that—but athletic, engage in sports, work out and have good genes, grandparents lived to late eighties, maybe even early nineties. They've got the Methuselah gene, where their relatives live into the hundreds.

And they think, golly, why should I take \$250, \$300 a month, whatever it costs, maybe \$400 a month and buy health insurance when I don't even go to the doctor every year. I don't even get a cold. I don't take any prescription medications, I might take a One a Day vitamin. So a lot of people like that would roll the dice and say I don't need it.

And they say, I am a very disciplined person, and I will take that \$350 a month and put it into—not a passbook savings, but invest in a mutual fund. And every month, you know, I put into it, the mutual fund, when it goes up in value, my money doesn't buy as many shares. But when it goes down in value, it buys more shares.

That's what we call dollar-cost-averaging. And, gee, you know, over a 10-year period of time I am going to have a ton of money. And over a 30-year period of time I am going to have a quarter of a million dollars that I will have saved by not taking out a health insurance policy.

I don't recommend it. As a physician Member, I think it's a bad bet. You are rolling the dice, you might get lucky, but you could crap out, in other words, come down with cancer, or, at age 35 have a heart attack, and then, of course, you would be out of luck in today's market in regard to getting it insured. Or, if you had access to insurance, it would be so expensive, because now you are a preferred risk, and it's only appropriate then that the insurance would cost you more. If you look at our Medicare program on part B, the voluntary part A, of course, 65 or disabled, you are automatically in part A, the hospital part, or the part that covers nursing home care.

But for seeing a doctor and paying surgical fees and having outpatient diagnostic tests done, you don't have to take the part B of Medicare, nor do you have to take the part D, the prescription drug part of Medicare. That's optional. You might decide to, because you are still working, to continue to get your health insurance from your company. Or you might decide, well, here again, I'm healthy, and I never bought insurance before I got eligible for Medicare, I'll take the part A, because that's kind of given. I get that free, so to speak. Somebody else is paying for it, and I'm not going to take that part B.

You have that option. Nobody forces anybody to sign up for part A or part

B. And, of course, here again, if you get sick, 2 years later, now you are 67, let's say, and you call up Social Security and you say, oh, I've decided now, I think I want to sign up for Medicare part B and part D because now, I had a heart attack, and I'm on five medications, something to lower my cholesterol, something to make my heart beat stronger, I'm on a water pill, a diuretic, so I don't build up too much fluid. And, oh, by the way, I've come down with the gout.

Well, you can sign up at that point for Medicare part B and part D. But the Federal Government says it's going to cost you more because now you are at much higher risk.

Well, that's the way private insurance works as well. So, I mean, what's good for the goose is good for the gander. It would be inappropriate for us to say to the private market, insurance companies, who are insuring younger people, that if someone decides they don't want health insurance until they get sick then, clearly, they are going to have to pay more.

So those people that make more than \$50,000 a year and elect not to take health insurance that they could afford to pay for, they are taking a chance, they are rolling the dice. But in this country, thank God, you can do that. You are free to do that.

So a lot of the people that are included, when the Census Bureau calls and says, do you have insurance, they are in that group. It is also estimated that as many as 10 million of the 47 million, guess what, are eligible for Medicaid. They didn't know it. They didn't bother to inquire. Or maybe somebody gave them some misinformation. They thought they were making too much money, and their children are eligible for the SCHIP program, the Children's Health Insurance Program, which is very generous on the part of the Federal Government, Federal-State partnership, even more generous than Medicaid.

So you take those people, subtract them from the number, and you probably end up, Mr. Speaker, with, I am going to be generous here and say 15 to 20 million that don't have insurance over an extended period of time.

It is important that all of us listen to what I said about that number not being 47 million. Because statistics, if they are not accurate, can cause us, from a policy perspective, even from a political perspective, to make some huge mistakes. Spending \$2 billion or more, \$3, \$3.5 billion, maybe, because we still have some money left over from the \$6 billion that we put in the Treasury, took out of the Treasury, put in Health and Human Services and the CDC for combating bird flu, which never really occurred in this country.

And now we are probably going to put another \$2 billion in this supplemental bill coming up to treat the influenza type A H1N1, forgive me if I say it at least one time, swine flu. And I hope and pray that I don't have to eat

these words. It's probably going to turn out to be a fairly mild type of flu, not as severe, Mr. Speaker, as your seasonal flu, which on a yearly basis, over many years, we have lost 35,000 people, 35,000 people dying from the regular seasonal flu, even though we have developed a vaccine every year.

We try to anticipate what next year's flu is going to look like. The CDC does a great job on that, by the way. I think the flu vaccine is good and certainly it's good for the elderly and the immune compromised and the very young. I am not opposed to that at all. I commend the CDC.

But, again, we tend to react to the latest crisis. Sometimes it's media driven, this media frenzy, literally creating a pandemic, yes. Not a pandemic of the flu, but a pandemic, a panic.

So what's the President to do? He doesn't want to get Katrina'ed over this thing, so we throw a lot of money at it that may well not be necessary. So as I talk about health care and the need for reform and bring up some of these statistics and peel the layers of the onion back and get to the real facts so that we know what the real problem is, how can you know what the response is if you don't really define the problem? So that's what the loyal opposition, the minority party, in this case the Republican Party, has the responsibility to do. That's what makes our system work, that's what makes it great, unless we don't go through regular order and don't get an opportunity to weigh in.

And maybe the only opportunity we get to weigh in on the minority side is these late afternoon and late evening after-school's-out opportunities to talk on the House floor and inform. And you hope everybody is listening, but maybe not.

So as I stand here this evening and talk about health care reform and also the energy bill, it's not to be partisan or political; it's to take whatever opportunity, Mr. Speaker, that I, as a member of the minority party, can grab onto on behalf of our leadership, JOHN BOEHNER and ERIC CANTOR and other leaders on the Republican side, to put the message out.

And they trust me on certain issues, other Members on other issues because of the background that I have, in this case, a background of 30 years of practicing medicine, as an OB/GYN specialist in northwest Georgia. And I don't have the last word on this. Maybe the last word comes from somebody like Sanjay Gupta for CNN or Isadore Rosenfeld for Fox News.

I commend any one of those great doctors on Sunday morning where they do 30-minute shows and talk about issues like how should we reform health care, how should we respond to this latest flu crisis? What do you do when your child gets a little bit sick and you're worried? Those folks do a great job. But we have a responsibility here to share our knowledge as well.

So as I talk about that 47 million, I wanted to make sure that to the best

of my knowledge, I think I am giving accurate information to say that truly only 15 to 20 million people in this country are falling through the cracks in regard to not having the ability financially and maybe not having the access to health insurance and having no choice but to show up in the emergency room late at night and getting very expensive care and probably substandard care only because the doctors, the health care providers there, don't know them. They don't know their medical history.

And we don't have electronic medical records now, as we should have, as President Bush has called for, as President Obama has called for, as I totally agree with, by 2014, if not even sooner. You ought to be able to, in a situation like that—or even if it's somebody that's well insured and they are just on vacation, and they get this great opportunity to go to Russia or somewhere. And, obviously, most people don't speak the language there, and the doctors don't speak English, and you show up in an emergency room, and they don't know what's wrong with you and what your past history is and what medications you are on.

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But if you had a radio frequency-identified card, a health care card, smaller, maybe, than even an American Express card, that you could just swipe, maybe like one of these Clear cards that some of us use to go through security at the airport, read your iris scan, whatever, and it has got every bit of medical information—every operation that you have ever had, every allergy, every prescription that you're on—and the language is immediately transferred from English to Russian or Russian to English, or whatever, and that's what we call fully-integrated electronic medical records.

And the Federal Government, thank goodness, is working on that, and working very hard on it. In fact, President Obama put \$19 billion in the Recovery Act of 2009. I think that's a good thing. I'm glad he did that. I think we definitely need to do it. We need to give loans and grants to doctors and hospitals, and encourage them. But every system has to be certified because the Federal Government with Medicare and Medicaid and the CHIP program and the VA program and TRICARE and our military health care system accounts for maybe 65 percent—I'd say at least 60 percent—of every health care dollar that's spent every year, Mr. Speaker. We're totaling I think now about \$2.3 trillion. Seventeen percent of our Gross Domestic Product is health care dollars.

So when people say to me, Well, why should the Federal Government have anything to do with what vendor I buy my software and hardware and maintenance program from that's very specific to my specialty—OB/GYN or general surgery or pediatrics or psychiatry, the answer is, Well, you don't just

want to be able to communicate with the other doctors in the neighborhood or the two hospitals in the county, because the world doesn't end at the county line.

That's true in regard to countries as well, as we talk about our borders, north and south, and you think about over in Europe. You have so many small countries and the borders are so porous. People move and travel and vacation. So you want all that connectivity. And I think it's usually important.

So we on this side of the aisle would say to you, Mr. Speaker, and your Democratic colleagues on the other side of the aisle and to the current administration, Hey, we agree with that. We agree that let's spend some money. Let's work toward a fully integrated electronics medical system.

What it would do, the Rand Corporation says, is save \$160 billion a year. I don't know if it would do that. That would be quite a cut in that \$2.3 trillion. But even if it's \$100 billion a year, that is a significant savings.

Maybe more important than saving money with that, though, is it saves lives, because people on Plavix are not going to inadvertently, because they show up with a transient ischemic attack, and it seems that maybe they're on the verge of having a stroke, some emergency room doctor who doesn't know them, who doesn't know that they have been on Plavix for years, and they decide they need some Coumadin right away—Coumadin, a much stronger blood thinner—and while trying to prevent this person from having a stroke, they cause them to have a hemorrhage in the brain. It's kind of like a stroke, but it's different. But the results are the same. They're catastrophic, and they can lead to instant death.

So that's why we need to do this, and I think that it would save lives and save money. I think doctors in fact, Mr. Speaker, would ultimately be reimbursed better. Now they are very reluctant. At least 300,000 physicians in this country don't have much in the way of electronic medical records. They might send their bill electronically. They may even prescribe electronically.

But the records of the patient would literally be secure, very secure, and we have to make sure of that. You don't give that information out to anybody that has no business looking at it. Other physicians, of course, as long as the patient is comfortable with that.

But we will continue to work on it. I think you will have less lawsuits because doctors would be less likely to make an error in prescribing. We would have lower health care costs because a doctor would not automatically order an MRI or a CAT scan, or somebody who presents to the emergency room with a headache, if he or she, the health care provider, knew that a week ago, by looking at those electronic records, the patient just had that done.

They might not do an echocardiogram if that was just done yesterday in the cardiologist's office.

And then, lastly, in regard to electronic medical records, doctors are reimbursed under Medicare based on the amount of time that they spend with a patient. Now, if it's a surgical procedure or the delivery of a baby, these things are fairly easy to have a standardized reimbursement for that degree of service. But when most of the visit is cognitive—it involves the time and thinking and physical exam on the part of the health care provider, then the code that you submit is what determines the reimbursement.

I will submit to you, Mr. Speaker, and to my colleagues, that most doctors are afraid that if they submit a code that is too high and then some inspector general—certainly, Medicare and Social Security has a right to do that if you're seeing Medicare patients, and look at your charts. And if you're over-coding, gaming the system, then not only would you have to give the money back and you may get kicked out of the Medicare program, but you could go to jail. You could go to jail. So doctors have a tendency to code lower rather than higher.

Well, with electronic medical records, it's all done for you. There's no question about how much time you spent with a patient, what you talked about, what you did, what tests you ordered. And then it's just sort of like a neon sign. It pops up there and says this is the evaluation and management code. I think, ultimately, the doctors would be reimbursed more fairly.

I didn't want to spend too much time on electronic medical records, but I will tell you, Mr. Speaker, it is important to talk about that and to understand why it's important and why we should, on both sides of the aisle, come together on this one. If we can't come together on anything else, we ought to come together on this one.

I see that I have been joined by one of my classmates. I always like to see him on the House floor. I see him everyday on the House floor, but to hear him speak on the House floor—and you will too, Mr. Speaker—as I present to you the gentleman from Utah, Representative ROB BISHOP. I don't even know what he is going to talk about. Well, when he talks, it's worth listening. And I yield to my friend from Utah.

Mr. BISHOP of Utah. Congressman GINGREY, I appreciate that introduction. You know there's no way I can possibly live up to that now. But I did want to come down here and talk not about health care specifically, but about some of the things we're doing differently and uniquely with energy.

I realize there is somewhat of a connection because what Dr. GINGREY was talking about is a vision of another approach to try and solve the energy crisis. What we are talking about as Republicans is trying to give options to individuals and choices to individuals.

And when it comes to energy, it is the same kind of concept. We are talking about a vision for America and a road or option that can be taken. It's not just simply one.

So I appreciate very much the concept of health care. In fact, when I leave, I expect Dr. GINGREY will come back again to that area and show once again how these are all the concepts that have to be in there.

But I did want to take just a moment, if I could, because today the Western Caucus as well as the Republican Study Committee did introduce a new bill that deals with energy. And it is, once again, with the same purpose or overall vision that Dr. GINGREY was talking about, because our goal is to say there are two competing visions of where America is ready to go. It's kind of like the Frost poem of two paths in the woods that are diverging. We have to choose which one we want to go.

The Democrats have already offered a proposal of cap-and-tax. And the Republicans are now coming up with a different proposal of trying to take the cap off our energy development so that we have the choice of which of these two paths Americans want to take.

If we go with what the Democrats are already proposing, there will be an increase in the energy costs of every individual. It can be as high as \$3,000, which is a legitimate number. But the problem is it is also disproportionate. There are some parts of the country that will have a bigger hit than others. And it is worse on the poor than any other segment.

If you're rich, this is an inconvenience. If you're poor, this is a decision on whether you can celebrate with Hamburger Helper that evening or not.

The Republican option, on the other hand, the Republican road, is to try and increase and grow our energy supply so we reduce the cost because there is more available. It also recognizes that energy has always been the vehicle for those in the lower classes and poverty to raise themselves up. Their ability to increase our gross domestic product and our wealth has been based on the concept of having affordable energy.

The Democratic approach, once again, will cut jobs. The greatest estimate, most conservative estimate, is at least 3 million jobs will be taken. The Republican one is not to increase jobs, it's not to increase taxes, but rather, instead, to create increased royalties we will get from increasing production, and put that into a trust fund to attack the deficit that this country has and take the cap off of our production so that we can actually succeed as a country.

The Democrats would have us go down the approach where there is no real reward for conservation; only mandates. The Republican option that will be before that is to reward people for their efforts at personal conservation, which is what we should be doing.

The Democrat road would take us down to the approach in which govern-

ment starts telling people how to live their lives. We will harken back to the era of Jimmy Carter, where the government told you how fast to drive, how warm your house could be, and when you could buy gasoline, unless you're like the one family we knew about who had two different license plates—one odd, one even—so he could buy gasoline whenever he wanted to fill up his car.

The Republican approach, though, is different. It is trying to reward innovations, giving prizes for ingenuity. What we realize in this country is there is within Americans the spark of creativity, the ingenuity, the ability to come up with new solutions. We don't need the government to pick winners and losers and tell us how we shall live. Open up the options for individuals and reward them for taking the risk to come up with those options, and we can create a better world.

There are ideas that are out there—new ideas in this particular bill which gives incentives for every kind of energy, from solar to new algae production, and some old ideas that have been around which have never been done. And they are going to be new ideas until we actually do it—and there is no better time to do it.

In fact, the Democrat approach is simply saying: We can't do it, so why try? The Republican option is saying: There is limitless opportunity in this country. We should do it, and we should simply do it now.

It's kind of like the tale of two cities: one city where the lights are off; the Republican city, where the lights can be turned on. Actually, a better one is if you remember the sequel to "Back to Future" where there were two options in which civilization could develop. The Republican one takes you down to where the McFly family is happy; the Democrat option takes us down to where Biff is still ruling the world.

□ 1800

We have a chance of making the choice between those particular options.

The bill is basically about all the energy that we can create. It says that there is, in this country, a better dream and a better vision of what the future can be. The Republicans want to take us down a better road for America's future, a better vision, by creating a bill that, once again, does three things:

It rewards Americans for efforts of conservation. We are talking about a lot of mandates, but not allowing Americans to voluntarily conserve and be rewarded for it. And for every gallon that we can conserve, it is a gallon that we don't have to try to import from a country that basically doesn't like us.

To increase significantly the amount of production we have so there is more energy, it is more affordable, it is more useable, it is more helpful, and, that it can be that type of thing that will allow those in the lower classes economically to rise above their situation right now.

And, third, reward Americans for innovation. Prizes for innovation have always been the way the world has made quantum leaps forward. When the British were trying to become the maritime power, they didn't know how to map the waters, so they offered a 20,000 pound reward for anyone who could solve the problem, and a London clock maker came up with the concept of latitude and longitude we still use today.

When Napoleon needed to have his troops fed, he offered a 14,000 franc award for the first person who could come up and solve his problem, and the result was the concept of vacuum packing that we still use today.

When Lindbergh flew across the Atlantic Ocean, he was responding to a prize offered by a newspaper.

The ability of Americans to solve our problems and come up with creativity and new ideas and new solutions far and beyond what we are thinking about today is something that has never been driven by Washington. It has been driven by giving Americans the opportunity to use their native abilities, expand the horizons, be creative, and then be rewarded for that kind of creativity.

We are talking about two potential roads: one road which leads to more control of government; one road that leads to greater innovation and acceptance, and the ability of Americans to dream new dreams and create new visions.

Dr. GINGREY was talking about that same concept in the field of health care, that what we need is to look at the two roads that we are taking, and perhaps even look at—I think the word in the vernacular in the medical community would be trying to come up with a second opinion of where we should be moving and where we should be going.

I do thank Dr. GINGREY for allowing me to intervene here, because, like I say, there is a new energy bill that has been produced. It is an energy bill that I think is positive. It is one I want Americans to deal with, because what we are trying to say is there is a better path, there is a better future for this country, and we want this out here as an option so people can understand it.

On the issue of health care, I think the good representative from Georgia will also admit there has got to be a better path and a better option that is out here, one that ennobles and empowers Americans. I think he has some great ideas on how you can steer this country down to that correct path.

Mr. GINGREY of Georgia. Reclaiming my time, and if the gentleman from Utah can stay with us and engage me in a colloquy as we continue the time talking about these issues, I really appreciate Representative BISHOP's expertise on energy and our second opinion, the Republican alternative, a second opinion.

Forgive me, my colleagues, if I utilize medical terminology, but it seems

to work for me. And as we developed a caucus on our side of the aisle, as our health care provider membership grows—I think we have 11 medical doctors now on the Republican side and I think there are four or five on the Democratic side. We have psychologists, we have dentists, we have nurses. We have some medical expertise, Mr. Speaker, in this Chamber, and we want to utilize it. But this GOP Doctors Caucus is working very hard to develop a second opinion on health care reform.

ROB BISHOP and JOHN SHIMKUS, who leads the coalition on a second opinion for energy reform, market driven, these are Republican ideas. I get a little weary when people suggest that we are just standing in the way of progress and, what is our plan? Well, these are our plans.

Unfortunately, Mr. Speaker, as I said at the outset of the hour, we don't get many, if any, opportunities under the leadership, I am sad to say, of the first female Speaker of this great body serving in her second Congress in that capacity. It was supposed to be the most open opportunity to get away from these Republicans who all they wanted to do was shut the place down. We were going to open the doors and open the windows and bring in some sunshine and have transparency and give everybody an opportunity to represent their 675,000 constituents, whether they were Republican or Democrat, whether you were in the minority or the majority.

So what has happened? I don't know what happened. Mr. Speaker, I don't know what led the Speaker—you are the designated Speaker, but I don't know what led the Speaker to change her mind, but I, for one, am saddened by it. So we have to convince our colleagues and hopefully the American people that we do have opinions. We just don't get to express them. We are not the party of "no." We are not the party of "no" on health care reform. We are not the party of "no" on having a better comprehensive energy reform bill. These are second opinions.

I yield back to my colleague from Utah.

Mr. BISHOP of Utah. If I could ask to interrupt for just a second with my good friend from Georgia, because I do have to leave in a moment or two, but I think you were talking about something that is very significant. There have been over 950 bills introduced by Republicans so far this session; 59 of them have been allowed to be discussed on the floor, most of them suspensions.

It is not that we are wanting for ideas. It is we are wanting for a vehicle in which they can be debated and discussed and be presented to the American people.

I have one other analogy. I have grayer hair than you do. I am older. But when we were growing up, remember those old records you had to buy? If I wanted a song, I had to buy the entire album or the entire 8-track. We won't even go how far back that has to be. My kids, though, have these little

iPods, which I still don't know how to work. But if they want a song, they don't have to buy the entire album. They can download their song on their iPod. They get to pick and choose.

Every aspect of American life now, we have been given Americans' options. The business world gives Americans options. The American Government, the Federal Government is the only place where we are still talking about one-size-fits-all mandates on people. What we need to be doing is giving Americans choices and allowing Americans to choose for themselves how they wish to live their lives. And that is the message. That is the Republican option that happens to be out there. That is the vision that we are trying to present.

And I appreciate it, as I am going to have to leave the gentleman from Georgia, especially with his expertise in the field of health care, that he recognizes this is the same solution: not telling the Americans how to live, but giving them options and allowing Americans to choose their own future. They get to buy the song they want and put it on their personal iPod.

I appreciate him for allowing me to join him here this evening as part of this hour, and I appreciate Madam Speaker's consideration and toleration in us taking this time to try and give a new vision, another road, another option for Americans. I appreciate the gentleman's time, and I return back what is left to him.

Mr. GINGREY of Georgia. Madam Speaker, I appreciate very much the gentleman from Utah joining us this evening. If he is going to have the opportunity to get to his district in Utah, it is not easy every week. It is pretty easy for me to go home, Madam Speaker, to Atlanta, Georgia, Marietta and Cobb County. It takes about 1 hour, 45 minutes. But our Members west of the Mississippi, I really feel sorry for them in a way, because it is tough. I wish him Godspeed and a safe trip home.

But we are here to make sure that people do understand, and I think our Members do. I think Members on both sides of the aisle. And, look, I am not saying that we are above reproach on the Republican side. When we were in the leadership and controlled this body, maybe we were a little heavy-handed. Maybe we didn't keep everything open and transparent and make amendments in order from the minority.

But when you campaign and say, as we are doing now, please give us another chance and you will see that we have learned our lesson, that is what the current Democratic majority said when they were campaigning in 2006: Give us an opportunity. Let's throw those bums out and we will show you, John Q. Public, what we can do in the people's House and how much better it will be for everybody.

So, yes, I am disappointed, Madam Speaker, that it hasn't turned out that way. But still, we do have an opportunity, as Representative BISHOP and I

take this hour and talk about these two hugely important issues and let people know that we do have a second opinion. I started the hour talking about the physical health of the Nation. We talked about it last night on the swine flu discussion. And then Representative BISHOP came as I yielded time to him, Madam Speaker, and he talked about the fiscal, the economic health of the country. Our country cannot be healthy without both fiscal health and physical health.

So, yes, these are hugely important issues. Don't ignore the brainpower on this side of the aisle just for purely partisan reasons or, well, you did it to us and we are going to stick it to you. That is not what the American people need at the Federal or State level. I hope we can give them better, and I think most of my colleagues feel the same way.

I will stay on the energy side for a few minutes, Madam Speaker. This issue in the energy bill that is coming through the committee, which I am honored to serve on under Chairman WAXMAN and Ranking Member BARTON, Energy and Commerce, this energy bill that has this strong emphasis on a carbon tax, or cap-and-trade you might call it, Representative BISHOP talked about the fact that that ultimately will end up being a hidden tax, a hidden tax on mostly middle class Americans. Lower-income Americans will be, as he pointed out, hit hard. For rich people, it will be an inconvenience. For people with marginal incomes, it will be devastating. And it is up to \$3,000 a family. As these producers of electricity are penalized because they are producing too much carbon or releasing too much carbon dioxide into the atmosphere, then they will pass those costs right on to the consumer, to John Q. Public.

Madam Speaker, I was at a breakfast this morning, and I guess there were maybe 25 House Members in attendance. We were privileged to have a doctor, a Ph.D. doctor from Spain—his name, Gabriel Calzada—talk to us. He is an associate professor of applied economics at the King Juan Carlos University in Madrid, and he talked about how this cap-and-trade, cap-and-tax, following the Kyoto Protocol of 1991 to the fullest extent of the letter, that is what Spain has done. Their current President is determined for Spain to be the poster child for abiding by the Kyoto Protocol, and they do.

This professor, this Ph.D. doctor told us that it is an economic disaster in Spain, that they are losing jobs, that these companies that are trying to produce electricity with alternative sources such as wind and solar and geothermal, they are losing money. Many of them are going out of business. And also, a lot of the factories in Spain that produce things, but they can only produce these things by using electricity to keep the lights on and to keep the turbines or the robotics running, the machines running, the workers working, they are packing up shop

and going to other countries in this global economy.

Now, we have been hearing about all these green jobs that this is going to create. Well, he said in Spain they call those jobs subprime.

□ 1815

I will repeat it. They call them subprime jobs because they are not going to last very long. They are not lasting very long.

We have got a situation where Chairman WAXMAN and Chairman MARKEY want a bill where every part of this country has to abide by these renewable standards so that 25 percent of your electric power generation by the year 2025—think “25 by 25”—25 percent has to be produced by renewables, wind, solar, geothermal. But guess what? In my beloved area of the United States in the southeast, we don't have a constant source of wind. We don't even have a constant source of sun. We have very little geothermal. But do you know what we do have? We have lots of coal. We have lots of water. We have the ability to produce, to turn these turbines and produce electricity by just letting water fall. We pump it back uphill and let it fall again. If that is not renewable, I guess some of it evaporates, but it seems pretty renewable to me.

We are not able to count nuclear power. We haven't had a new nuclear reactor go online, Madam Speaker, since 1976. And it is clean. It is efficient. And it is safe. It is expensive. Yes, it is expensive. But when you have these nations, these “rogue” nations I will call them, or near rogue nations, even if they are not rogue nations, they don't like us very much, charging us \$140 a barrel for petroleum and strangling us with the cost of natural gas. You know, we need to become independent of that. But you can't do that if you are not going to be allowed to burn coal. And in the United States, I think we have something like 240,000 tons, enough coal to last us 150 years. I think these folks are misguided. I know they are smart people, but I think they are misguided. For them to shut all that down just because the Greenpeace folks and the environmentalists run amok, they just don't understand this global economy and how you lose jobs and you have countries like China and India with almost 3 billion people, almost half the world's population, they can do anything they want to. And they are bringing on a coal-fired power plant once a week, a new one every week. And yet we are going to do what we are doing. It just doesn't make sense.

I have talked to the committee, to the powers that be, and explained the situation we have got in the southeast. And sometimes it makes you wonder, Madam Speaker, when you use the word “scheme,” that can be just a plan, but that word also can be interpreted in a pejorative way, a real scheme, like somebody is scheming.

Lots of jobs came to my part of the United States almost 100 years ago. We had textile plants everywhere. Where was the corporate office of those plants? New York City. But they came south for one reason, because of inexpensive labor. And they could make their products, make a profit and pay well. And times were good. My dad was born in Graniteville, South Carolina, built by the Graniteville Company, a company from New York traded on the New York Stock Exchange. And that company built everything in town and employed every worker in town.

Well, those jobs came from the Northeast. Now, if we follow through and pass a bill that penalizes the southeast by raising utility prices, then these factories will say, well, we will just stay up north with all these expensive union workers, because if we go down South, we will get cheaper labor, but we will have to pay out the wazoo for electricity. It is the same thing with California.

So I would say to all my colleagues and everybody listening and men and women across this country, they are connecting the dots. They are figuring this thing out. There is, indeed, in my opinion, Madam Speaker, a scheme going on here. And it makes no sense. It makes no sense at any time, especially in a time of severe economic recession in which we almost are reduced to the point now of hoping and praying that we will come out of it. Bail out this one, bail out that one, stimulate this, stimulate that. But when we go back home, Mr. BISHOP to Utah, I to Georgia, and you start talking to people and they are about to lose their home, and the banks are about to close, small community banks, and they are saying, Congressman GINGREY, why couldn't you get me any of that TARP money? We made loans to builders because we were literally forced to by the Homeowners Reinvestment Act or what Fannie and Freddie forced us to do because of wanting more diversification in homeownership. We knew that you don't lend money to people that can't verify that they have got a job or what the income is and they have no down payment and their annual salary is \$50,000 and they want to get a loan on a \$600,000 house, and it should be no more than one to three. But, we were literally forced to make these loans. And now we are about to go under. All these senior citizens who invested in the bank and the local community, they are about to lose their investment. Where is our help from the Federal Government? No. We forced the big banks to take money, and then won't even let them give the money back. Well, that is what I call “socialization,” “socialism.”

And I don't know how much time we have got, but I'm going to maybe utilize a few more minutes, Madam Speaker, and if you need to gavel me down, you go right ahead, and I will just shut up immediately. But I'm going to switch back a little bit to the health care part now.

As a physician, I don't want to see that socialized. I don't think men and women want the government in the examination room standing between the doctor and the patient.

And it sounds like the good Speaker is letting me know that the magic hour has expired. When you are having fun, time flies. Thank you for your indulgence, my colleagues, and we will continue to talk about the Republican second opinion on many issues.

CELEBRATING ALL OF THE MOTHERS IN OUR NATION

The SPEAKER pro tempore (Ms. TITUS). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Allow me to thank the distinguished gentleman for his kindness.

Madam Speaker, I didn't want to leave and return to my district without acknowledging how humbled America is in honoring the Nation's mothers. I believe it was a great idea to set aside a day to honor our mothers and to honor our fathers. And so this weekend is a nationally declared day to celebrate motherhood.

I rise today to be able to celebrate the mothers all over this Nation who link arms with those around the world who are, in fact, special. For mothers are, in fact, the nurturers and caregivers that prepare our Nation's young for the challenges that life may hold. Their work may be inside or outside of the home or both, and their contributions to this society can never be fully appreciated or valued. Jane Sellman definitely hit the needle on the head when she said, "The phrase 'working mother' is redundant," for obviously a mom, a mommy, a mother works.

In this day and time, we find that mothers come in many shapes and sizes. Today our First Lady spoke eloquently about the challenges of being a working mother. But as we have come to understand, a mom works at home, she works in the workplace, she is a volunteer. She does many things that constitute work but are her daily duties.

Our mothers are our first teachers, and they should be celebrated every day. However, like many things, sometimes we take this whole idea of motherhood for granted. Yes, we sometimes have teenage mothers, or grandmothers as mothers nurturing children of their children. We have ailing mothers. We have mothers who have passed. And there will be many in our Nation who will be celebrating or commemorating Mother's Day without their beloved mom. They will be mourning the loss. Maybe they will be at grave sites. But what I will say to them is that they will have the wonderful memories.

I want the fact that this is Mother's Day to have us remember that being a mom is not easy. Motherhood is not for those who might want to give up. But

many times, it is important that we encircle our moms, give them the strength to be able to carry on, be reminded that in addition to making dinner, they are reading bedtime stories. But maybe there are mothers who don't have the capabilities, don't have the time, are not able to get home before 12 midnight, work the night shift, work around the clock; we should be sympathetic to them.

I'm proud that this Congress has recognized the importance of mothers. One of the first bills that we signed was the equal pay bill. We also provided and signed the SCHIP bill that provided for 11 million more children to have health care. That helps the mothers of America. We also recognize that 47 million Americans are uninsured. Many of them are mothers with young children. Many of them are mothers with ailments who have catastrophic illnesses or chronic illnesses. We want to say to them "thank you" by providing those mothers with full comprehensive health care.

We know that mothers are caring and courageous women who make a difference in the lives they touch. As a Jewish proverb said, "God could not be everywhere, and therefore He made mothers." And so this Mother's Day is a celebration for grandmothers, mothers-in-law, stepmothers, foster mothers, godmothers, mothers who take in children, mothers of all ethnicities, all backgrounds, all economic levels. We are to celebrate them.

Today thousands of mothers in this country have become active and effective participants in public life and public service, promoting change and improving the quality of life for men, women and children throughout the Nation. I cannot find the words to thank all of these mothers who may be legislators, mayors, judges, doctors, lawyers and administrators. And yet I also thank those mothers who are waitresses, as I said, who are nurses aides, who drive buses, who are out on the construction sites, who are poets, who are authors. They are all part of our life.

I want to pay tribute to my own mother, Ivalita Jackson, strong, determined, elderly and frail now; but having raised us, I thank her for the integrity, the determination, the spirit and the love she gave. I'm grateful for my grandmothers, Vany Bennett and Olive Jackson, my Aunt Valrie Bennett and my Aunts Audrey and Vicky. I'm grateful for my Aunt Sarah. I'm grateful for the extended family members. I'm grateful for the future mothers, my daughter Erica Lee.

And so I am thankful today that we know that a mother is the truest friend we have when trials are heavy and sudden and fall upon us, when adversity takes the place of prosperity, when friends who rejoiced with us in our sunshine desert us, when trouble thickens around us, still will she cling to us and endeavor by her precepts and counsels to dissipate the clouds of darkness and

cause peace to return to our hearts. A mother is the truest friend, and we know that through an American author, Washington Irving.

And today as I finish my remarks, I want to particularly say to those mothers who may be listening, to our colleagues who are likewise mothers, to the Asian Pacific mothers, as we celebrate Asian Pacific Month, wherever they might be, we want to give them a helping hand. And through a mother, I want to be able to say, I want no child to ever go to bed hungry. We want no child to ever not have an education. And we want you to have the fullest opportunity to raise children to be healthy and productive.

I close, Madam Speaker, by saying simply this, in the words of Jackie Kennedy Onassis, "If you bungle raising your children, I don't think whatever else you do well matters very much." We want our mothers not to bungle. God bless them and God bless America.

Madam Speaker, I stand before you today in order to recognize and celebrate all of the mothers in our Nation.

They are the nurturers, and caregivers that prepare our Nation's young for the challenges that life may hold. Their work may be inside or outside of the home, or both, and their contributions to this society can never be fully appreciated or valued. Jane Sellman definitely hit the needle on the head when she said, "The phrase 'working mother' is redundant".

Our mothers are our first teachers and they should be celebrated everyday. However, like many things we can take them for granted. This Mothers Day, take a moment to call your mother or to visit with her if you can.

Remember that being a mom is no easy feat. Motherhood is not for the faint of heart. Motherhood is not for women with weak stomachs or strict routines. A mother must be able to juggle three things at once and still manage to make dinner and read bedtime stories. No doctor can take away all the ailments of a sick child or even an adult for that matter, like a mother can. Mothers are caring and courageous women who make a difference in the lives they touch. As the Jewish proverb says, "God could not be everywhere and therefore he made mothers."

Mother's Day is also a celebration for grandmothers, mother-in-laws, stepmothers, foster mothers, godmothers, mothers who take in children, mothers who adopt, those who act as mothers, for those women who have no relations by blood but who give the gift of mothering to children.

Mothers bring a unique and valuable perspective to all aspects of American life. Today, thousands of mothers in this country have become active and effective participants in public life and public service, promoting change and improving the quality of life for men, women and children throughout the Nation. They serve with distinction as legislators, mayors, judges, doctors, lawyers, and administrators, and their impact in these areas has proved to be monumental.

I could not find words descriptive enough to fully express the depth of admiration that I feel for women who fill this important role in our society. They are committed to their families and community not for public acclaim, but for