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House of Representatives

The House met at 10:30 a.m. and was called to order by the Speaker pro tempore (Ms. EDWARDS of Maryland).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
June 9, 2009.

I hereby appoint the Honorable DONNA F. EDWARDS to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

GLOBAL WATER AND H.R. 2030, SENATOR PAUL SIMON WATER FOR THE WORLD ACT OF 2009

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Madam Speaker, as one-fifth of the world's population relies on freshwater that is either polluted or significantly overdrawn, the lack of safe water and sanitation is an ongoing threat to global security and remains the world's greatest health problem, accounting for 2 million deaths a year and half of the illness in the developing world. Before I finish

speaking, 15 more children will die needlessly from waterborne disease.

To address this slow-motion disaster, I worked with the then Chair and ranking member of the House Foreign Affairs Committee, Henry Hyde and Tom Lantos, and the Senate majority and minority leaders, Bill Frist and HARRY REID, to enact the Paul Simon Water for the Poor Act of 2005. This landmark, bipartisan legislation established investment in safe and affordable water for the world's poorest as a major goal of United States foreign assistance. But, sadly, with the last administration, we were slow to implement, and until last year, slow to fund it. We are more than halfway to the 2015 Millennium Development goal with mixed results, and we must redouble our effort.

A special concern is Sub-Saharan Africa that lags so far behind that we will miss our modest goal to cut the people without safe drinking water and sanitation by one-half by 2015, that Sub-Saharan Africa will miss that target date by 25 years for water and sanitation by 61 years. And these are not just numbers; these are millions of people's lives.

Some progress is being made through innovative partnerships between the United States, NGOs, businesses, and local partners. But the stark truth remains: Nearly 900 million people worldwide still lack access to safe drinking water, and two out of five people on the planet lack basic sanitation services. And this is going to become more of a challenge in the future. Because of climate change and rapid population growth, there will be further stress on water resources. By 2025, 2.8 billion people in more than 48 countries will face devastating water shortages.

To help accelerate the progress, on Earth Day I introduced bipartisan legislation, the Paul Simon Water for the World Act of 2009, along with Representatives PAYNE, ROHRBACHER,

JESSE JACKSON JR., ZACH WAMP, WELCH, BOOZMAN, BURTON, GEORGE MILLER, and FORTENBERRY. The purpose of this act is to empower the U.S. Government to respond to the pressing poverty, security, and environmental threats presented by the dire mismanagement and shortage of global freshwater. The goal for the Water for the World Act is for the United States to provide 100 million people of the world's poorest first-time access to safe drinking water and sanitation on a sustainable basis by 2015. To accomplish this goal, the legislation builds on the Water for the Poor framework for investment, expands U.S. foreign assistance capacity, and recognizes sustainable water and sanitation policy as vital to the long-term diplomatic and development efforts of the United States.

I applaud the leadership of Senators DURBIN, CORKER, and MURRAY, who have introduced companion bipartisan legislation in the Senate. This legislation will help the United States focus its efforts and fully implement a smart and efficient global water strategy that meets our commitment to extend safe drinking water and sanitation to over a billion people in need.

I urge every Member of Congress to make water policy and funding a priority, to save the life of a child every 15 seconds who dies needlessly from waterborne disease.

HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Ohio (Mr. BOEHNER).

Mr. BOEHNER. Madam Speaker, Republicans want to work with the President and our Democrat colleagues here in the Congress to make sure that every American has access to high-quality, affordable health coverage. On an issue like this, we need to act, but we also need to get it right.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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Frankly, the record the Democrats have amassed this year so far shows us why we need to take our time. Think about it. On every major issue addressed by Congress and the White House this year, the middle class has taken a big hit. Middle-class Americans are paying for a trillion dollar "stimulus" package that no one read. They're paying for a \$400 billion omnibus appropriation bill with 9,000 earmarks in it. They're paying to bail out those who lied on their mortgage applications. They're paying for a government takeover of General Motors with no exit strategy. And they're paying for a budget that didn't include a tax cut that was promised for, yes, you guessed it, the middle class in America. And if Democrats get their way, they'll be paying for a national energy tax on anyone who has the audacity to drive a car or to flip on a light switch.

Over and over again, the people who follow the rules are being left behind by Washington. Are Democrats going to leave the middle class behind on health care as well?

The forthcoming plan from Democratic leaders will make health care more expensive, limit treatments, ration care, and put bureaucrats in charge of medical decisions rather than patients and doctors. That amounts to a government takeover of health care, and it will hurt, rather than help, middle-class families across our country.

The administration likes to say they can expand health care and lower costs at the same time, but I think that's just simply nonsense. You can't add millions of Americans to the government health care rolls and reduce costs unless government takes control of medical decisions, rations care, and limits treatments, all of which will reduce quality and undermine the care that Americans have come to expect.

Republicans believe there's a better way. Led by ROY BLUNT, the Health Care Solutions Group is crafting a plan that will ensure access to affordable, quality health care for every American, regardless of preexisting conditions. This plan will protect Americans from being forced into a new government-run plan that raises taxes, rations care, and eliminates coverage for more than 100 million Americans who receive their health care coverage from their employer. It will ensure that medical decisions are made by patients and their doctors, not by government bureaucrats. We want to let Americans who like their health care coverage keep it and give all Americans the freedom to choose the plan that best meets their needs. We want to improve Americans' lives through effective prevention, wellness, and disease management programs, while developing new treatments and cures for life-threatening diseases.

I hope Democrats here in Congress and the administration will work with us to make sure that we do this right. The American people, and particularly the middle class who have been left be-

hind, deserve our best effort to put these reforms in place that will meet their needs.

HEALTH CARE REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from Kentucky (Mr. YARMUTH) for 5 minutes.

Mr. YARMUTH. Madam Speaker, the distinguished minority leader has just expressed the desire of his party to engage us in health care reform, and I'm so gratified and happy to hear him say that. Similarly, the distinguished minority leader of the Senate, who is both my Senator and my constituent, has spent the last few days in the Senate talking about that same desire, to help us move forward in addressing what we all know is an unsustainable and dysfunctional health care delivery system.

The Senator spoke last Friday, and he said, "Americans want reform that addresses the high cost of care and gives everyone access to quality care. In America in 2009, doing nothing is simply not an option. We must act and we must act decisively. The question is not whether to reform health care; the question is how best to reform health care."

None of us in either body on either side of the aisle will argue with that statement.

Unfortunately, in the remainder of the distinguished Senate minority leader's statement, there is not the first idea about how to do that. Despite his teasing us that he is going to offer solutions, they're not. In fact, what he does is pretty similar to what the distinguished minority leader of the House just did, which was to echo the themes of a talking point paper provided by Frank Luntz, the Republican message person, which basically said the Republicans cannot afford to allow Democrats to have a victory in health care. They can't allow us to get something done for the American people. And, therefore, they are going to respond by criticizing everything we are doing as a government takeover of health care. In fact, in the distinguished Senate minority leader's statement, some version of government takeover is mentioned 11 times in 1½ half pages. So we know where they're coming from.

But the arguments that are raised are also things that require scrutiny, and as we move forward in this debate, we need to examine all of them.

For instance, the Senator says, "When most companies want to raise money, they have to show they are viable and their products and services are a worthwhile investment."

Again, nobody can argue with that. That means adding value.

"Apply this model to health care, and the government would be able to create the same kind of uneven playing field that would, in all likelihood, eventually wipe out competition, thus

forcing millions of people off the private health plans they already have and which the vast majority of them very much like."

You know, when insurance companies are forced to compete, they do very well. Senator MCCONNELL and I have a common constituent, the Humana Corporation, a great corporation. When they're forced to compete, they figure out how to add value. And they're doing that right now. They are doing it with the Medicare Advantage program.

When insurance companies are forced to compete, they compete well. Right now they're not forced to compete. What many of us are proposing is that we create a public competition for them, make them compete with the public plan. And unlike what Senator MCCONNELL says, if they are unable to compete, it won't be because of an unfair advantage; it will be because they are not providing the kind of coverage at the cost that the American people want. If American people want to stay in their private plans under the proposals that we're advancing, they will be able to do that. We're not forcing anyone out. Right now most Americans don't have a choice, and we are trying to provide that choice through a public plan.

In the Senator's statement, he says: "This is how a government plan would undercut private health care plans, forcing people off the plans they like and replacing those plans with plans they like less."

They're not going to be in plans they like less. They will choose the plan they like more.

□ 1045

"That is when the worst scenario would take shape, with Americans subjected to bureaucratic hassles, hours spent on hold, waiting for a government service representative to take a call, restrictions on care and, yes, lifesaving treatment and lifesaving surgeries denied or delayed."

It's a nice scare tactic. Unfortunately, what he is describing is what often happens right now in the private insurance system with doctors spending endless hours trying to argue with bureaucracies about whether certain treatments or certain procedures will be covered. So what we're trying to do is to end that and to provide competition that will end that.

Finally, the Senator says, "The American people want health care reform, but creating a government bureaucracy that denies, delays and rations health care is not the reform they want." I agree with that. I agree with that.

Then he says, "They don't want the people who brought us the Department of Motor Vehicles making life-and-death decisions for them, their children, their spouses, and their parents." Well, that's a cute line, very clever.

Unfortunately, you know, the Federal Government didn't create the Department of Motor Vehicles, but the