

the public health insurance option unless they opt out in a process established by the Secretary.

So, in talking about the powers of the commissioner, I also worry about the powers of the Secretary, and every doctor in America should worry about that.

I yield back.

Mr. AKIN. I think that, perhaps, may be the Democrats' biggest nightmare—the fact, if we have time to read the bill, that the people will see that what is promised and what the bill says are two different things. That is certainly what we're dealing with here. You have the Blue Dogs. These are Democrats. They're asking their leadership to have this flexibility, and the bill goes the exact opposite of what they're saying.

I would yield to the gentleman from Michigan, Congressman HOEKSTRA.

Mr. HOEKSTRA. What we're really seeing here is a continued erosion of the rights of individuals and the rights of States. Michigan is a donor State in terms of transportation. What does that mean? It means, since the inception of the national highway or the national gas tax, for every dollar that Michigan has sent to Washington, we've received 83 cents back. That hardly seems fair to me, especially when we're now number one in unemployment. Think of it. When we get that money back, the Federal Government tells us how to spend it. The same thing happened with education. We sent money here.

Think about what's going to happen with health care. It's going to come here to Washington, and we're going to apportion it back to the States. Some States are going to do better than others, and it's not going to be based on population or those types of things. It's going to be based on the power of the people in this Chamber and in the Chamber down the hall as to who has got the most influence. There are going to be donor States and—what are they?—donees or beneficiaries, the ones who get more than the rest of us.

Mr. GINGREY of Georgia. Recipients.

Mr. HOEKSTRA. Recipients.

That's no way to run a health care system. We will lose freedom, and this place will become the center of distributing money and of distributing power back to groups around the country. This is what we're fighting for. We're fighting for freedom for individuals and for sovereignty back to the States.

Mr. AKIN. You know, I really appreciate your summary, and we're getting close in time. A number of you have come to this same basic position. What we're really talking about here is freedom, isn't it? It's a subject of freedom.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. AKIN. Okay. I'll finish up and reclaim some time. Go ahead.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3170, FINANCIAL SERVICES AND GENERAL GOVERNMENT APPROPRIATIONS ACT, 2010

Mr. ARCURI (during the Special Order of Mr. AKIN), from the Committee on Rules, submitted a privileged report (Rept. No. 111–208) on the resolution (H. Res. 644) providing for consideration of the bill (H.R. 3170) making appropriations for financial services and general government for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3183, ENERGY AND WATER APPROPRIATIONS ACT, 2010

Mr. ARCURI (during the Special Order of Mr. AKIN), from the Committee on Rules, submitted a privileged report (Rept. No. 111–209) on the resolution (H. Res. 645) providing for consideration of the bill (H.R. 3183) making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. I thank the Speaker for recognizing me to address this.

While we have so many stellar experts here on health care, health insurance and on the destiny of America with regard to this large percentage of our gross domestic product, I'd ask for any of you who are willing to stay here and to continue imparting the knowledge base that you have to continue in this seamless transition over into the second hour of the Special Orders here.

It turns out that the Democrats don't have enough confidence to show up here on the floor to defend their position nor to rebut ours, and so I would point out something that I would add into this equation.

That is that, first, we have the most successful health care system in the world, and it has produced the best results in the world. Even though we have a Secretary of Agriculture who, as the lead person on health care, said that Cuba had the model for the world. No, it's the United States of America. She got the right hemisphere, and she was close to the right continent, but it's the United States of America.

I'd point out also that, by the time you reduce down the numbers of the uninsured, that 44–47 million, which is a number that is arguable, and by the time you take out of that those who are illegal and by the time you take out of that those who are in transition

between health insurance policies and by the time you just boil it down to the chronically uninsured—and this is according to a study done by two professors at Penn State University that was reproduced by the Heritage Foundation—it comes back to about 4 percent of this population that is chronically uninsured. Yet we would upset the entire system of health care in America to try to reduce that 4 percent number down to—what?—3 percent or 2 percent or not even 1 percent in their wildest aspirations.

So, rather than my venting myself completely on the things that I have in my head and heart on this health insurance and health care program, I am looking at a series of established experts.

I would like to yield to the gentleman from Missouri to pick up where he left off before the clock ticked out on that first hour.

Mr. AKIN. Thank you, Congressman KING. I appreciate your love for free enterprise and for your willingness to stand up for freedom.

We've been joined here over the last hour by a number of distinguished doctors, by doctors who have given a large portion of their lives to providing good quality health care—by Dr. ROE from Tennessee, by Dr. GINGREY from Georgia, who just left, and by Dr. BROWN from Georgia. They all, of course, know health care far better than a lot of us because they've lived it for 30 or 40 years of their lives; but there's something that I've lived for about 9 years of my life, and that's what is called cancer.

People in America, when you hear the word “cancer”—they call it “the big C”—you pay attention to it. When I got here as a freshman Congressman, I waltzed down to the doctor's clinic that's provided by the Navy in this Capitol building. I felt bulletproof and fit as a fiddle at barely over 50. They said, Yeah, you're in pretty good shape except for one little detail: you've got prostate cancer. So, when you hear the words “the big C”—cancer—pay attention to it. So, although I'm not a doctor, I've had some experience.

There was one set of numbers that jumped out at me that we really didn't talk about, although it was mentioned by the gentleman from Arizona, Congressman SHADEGG. He talked about prostate cancer and breast cancer, but let's generalize those numbers a little bit more. Let's talk about survival rates. What we're talking about here is that, for the sake of 4 percent of the people who are chronically uninsured, the Democrats want to remake the best health care system in the world even though they were throwing rocks at it an hour and a half ago. Nobody goes from America to get health care somewhere else. They all come here to get their health care. Now what they want to do is turn us into something like Canada or England or Tennessee, which had a bad experience, or like Massachusetts.

Let's take a look at their track records before we jump too fast off this cliff. Let's take a look at the survival rates of cancer among men. In the United States, there is a 62.9 percent survival rate. That says, if you get diagnosed, there is a 62.9 percent survival rate.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. Let me just get to the other one.

Look at this one in the U.K.—that's your socialized medicine: 44.8. You're talking an 18 percent difference in the survival rates between these two systems. We want to move from the U.S. system to be more like Canada or the U.K.?

I will yield, and I have to yield to the gentleman from Iowa.

Mr. KING of Iowa. I will reclaim my time, and will yield to the gentleman, to the doctor from Georgia.

Mr. BROUN of Georgia. Thank you.

I just wanted to clarify this for all of us here in the House tonight, plus for the people who are watching on C-SPAN. This includes all cancers; is that correct?

Mr. AKIN. That's my understanding. These numbers here are the survival rates of all cancers among men and of all cancers among women. Now, as you know, Doctor, prostate is the most common among men and breast cancer for women, but this is the whole deal.

Mr. BROUN of Georgia. That includes lung cancer; it includes stomach cancer or pancreatic cancer or muscle cancers, bone cancers, blood cancers, et cetera. That should be astonishing to the American public to look at those values. Please tell us about—

Mr. KING of Iowa. I am happy to yield, but let me pose a question as you expand upon that thought.

If you are a man, are you better off or, if you are a woman, are you better off if you live in the United Kingdom versus the United States of America when it comes to cancer diagnoses?

Mr. AKIN. It's hard for everybody to be able to see the chart here. Regarding the cancer for women, you're at 66.3 percent survival. You're better off if you are a woman in the United States than if you are a man in the United States; but if you go to the U.K., women are still 14 percent worse in terms of cancer. So, in other words, if you're a man in England, you're really in trouble. That's the worst you can be is a guy in England—okay?—with cancer.

□ 2015

But if you are a woman in England with cancer, you're still at a 14 percent worse condition for survival rates than if you're in the United States. So, in other words, it's 18 percent worse in England for a cancer patient than it is in the United States.

Mr. KING of Iowa. If the gentleman will yield, I pose this question: If you are a woman in the United Kingdom, are you worse off than a man in the

United States? And vice versa. I will yield.

Mr. AKIN. No. If you are a woman in the United Kingdom, you have got a 52 percent. So you are a little better off than a man in the United Kingdom, but not as good as a man in the United States at 62 percent.

Mr. KING of Iowa. It is an inappropriate comparison to compare across gender when it comes to cancer because there are different survival rates because of different types of cancer.

Mr. AKIN. But still the point of these numbers is that this government-run health care system is not producing results. It's doing just what our doctors are telling us is happening, and that is, that you have all of these mandates in the government that are making it so that it can't be effective. Of course the place where most of us, when you get to be my age—there are a few old geezers here, like me. And what do you do when you get a government that can't afford to pay for the health care? Well, they start to ration care. And who are they going to ration it to? It's the older people. They are going to say, Yes, it's fine, but you don't qualify for this kind of care. You're not enough of a benefit to society. We're going to cut you off.

Mr. KING of Iowa. Reclaiming my time, I happen to have had a World War II survivor and veteran hand me a whole stack of Collier's magazines that came from 1948 and 1949. It was a fascinating thing to read through the yellowing pages of those magazines where they had gone in and written these—I want to call them cameo articles on the emerging National Health Care Act of the United Kingdom, 1948 and 1949. I remember in the same magazines there was a picture of a GI sitting at the square in Berlin by Otto von Bismarck's victory statue, which was in the background of Obama's speech there when he was in the campaign. He was sitting there among the shattered trees with his helmet off, eating some K rations in that same magazine. So we're back to just post-World War II when the United Kingdom decided that because of the insecurities—and they didn't know if their economy was going to collapse. It had been so burdened because of World War II—that they would provide this National Health Care Act to supposedly fix their economy with the same psychology that President Obama has today. We're in this economic crisis, and magically the crisis that happened after the election brought about the necessity to provide the same solutions they advocated before the crisis. In any case, the United Kingdom, they then established the National Health Care Act. As I read through that, month after month, story after story, cameo appearance after appearance, the same problems that we have today were the problems they had within the first year of establishing that National Health Care Act in the United Kingdom. Long lines, rationed care, doctors and nurses

and providers whose compensation had been ratcheted down by the government from the necessity then of increasing their volume to make up for the difference in their compensation. Increasing their volume, yet they spent less time per patient, which meant that they were less able to diagnose and care for their patients, which brought down the quality of the care and the threat of the rationing that came then was manifested very shortly thereafter. I intended to go to the gentleman from Arizona, but I see the gentleman from Michigan has something to add. I yield.

Mr. HOEKSTRA. I'm listening to your description of the bureaucracy in the U.K. and those kinds of things. I have just been paging through this bill. I think we all know—I think it was last week—that the majority leader said something like, "If we had to depend on the people who read the bill to vote for it, we wouldn't have very many votes." The first time that I saw this bill was about 15 minutes ago, and I'm just kind of paging through.

Mr. SHADEGG. The quote by the majority leader is, "If every Member pledged to not vote for it if they hadn't read it in its entirety, I think we would have very few votes." So he apparently thinks we shouldn't read the bill.

Mr. HOEKSTRA. Let me just read a couple of things. Here is a paragraph. I will just open it up. Before we went through, The commissioner shall, shall, shall. And we said, Okay, he shall do everything, and there is not going to be anything left.

Listen to this paragraph: "Change in the income as a percentage of FPL. In the case that an individual's income expressed as a percentage of the Federal poverty level for a family of the size involved for a plan year is expected in a manner specified by the commissioner to be significantly different from the income as so expressed used under subsection A, the commissioner shall establish rules requiring an individual to report consistent with the mechanism established under paragraph two significant changes in such income, including a significant change in family composition to the commissioner and requiring the substitution of such income for the income otherwise applicable."

Mr. SHADEGG. Excuse me? Say what?

Mr. HOEKSTRA. Think of how many bureaucrats it is going to take to interpret that paragraph.

Mr. AKIN. How many bureaucrats can dance on the head of the pin, huh?

Mr. HOEKSTRA. Then they're going to do ethics standards, accountability performance programs and all of these things, Federal bureaucrats. And guess what—the same people who wrote this bill, also their last bill that they wrote was No Child Left Behind because it says that as they collect this information, the Secretary shall identify organizations that are enrolled in the program that have failed to significantly

improve. Does that sound like No Child Left Behind, like we have in the Department of Education? What do we have? We have people in the Department of Education who don't read anything, who don't know the schools in Ludington, Michigan, or Detroit or Saginaw or Ann Arbor, Michigan; and they're identifying them as failing schools. Now the Federal Government is going to go through the process of identifying failing hospitals, failing nursing homes and failing those if they don't meet Federal requirements; and it's going to take a lot more bureaucrats. But I think we ought to challenge the American people. Members of Congress may not read it, but they ought to read this thing and see if they understand whether this is going to improve their health care or make it worse. I think they will become ill reading this bill.

Mr. AKIN. Is there a medicine to treat nausea?

Mr. KING of Iowa. Reclaiming my time, I just would suggest that of all of the 32 czars—do we have a czar that deals with this, the failing czar? What about the failing czar?

Mr. HOEKSTRA. Well, I think they have recognized that a czar is not a very popular word. The czar in this bill is called a commissioner. So I guess when you get to the 33rd—I guess we can only have 32 czars. Now we are starting to create commissioners, and we'll probably have 32 commissioners. Then we will have what, grand leaders after that? But I think we've topped out on czars.

Mr. KING of Iowa. I happen to remember that the aftermath of the czars was actually the Marxism that arrived with the Leninism in that period of time and, yes, the commissioners and the lists of those people. Language makes all the difference. But I would like to know how they identify the failing czar or the failing commissioner.

Mr. HOEKSTRA. If the gentleman will yield, it's identified in here how you will identify the failing czar and with the corresponding rules and regulations that go with this that I'm sure will be written in plain English because this is not.

Mr. KING of Iowa. This is a lot of pages of gobbledygook. I will yield to the gentleman from Arizona (Mr. SHADEGG) who can add some clarity to this issue.

Mr. SHADEGG. I thank the gentleman for yielding. We have done a pretty good job of filleting what I think needs to be filleted.

Mr. HOEKSTRA. If the gentleman will yield for a second, with the manufacturing of all of this paper to print this bill, as a member of the Energy Committee, would this still be qualified under cap-and-trade? Or is this a violation of cap-and-trade?

Mr. SHADEGG. That actually is woody biomass, and there are certain rules of how it gets converted into energy in cap-and-trade.

Mr. SCALISE. It has got a heavy carbon footprint.

Mr. SHADEGG. I would like to, for just a moment, get serious. I think we have done a good job here.

Mr. HOEKSTRA. Excuse me. I was serious.

Mr. SHADEGG. I know. But I mean deadly serious about an alternative. We get accused of being the party of no, and I hate to repeat that charge. But if I were sitting at home tonight, I would watch this; and I would say, Well, all those Republicans are saying that that 1,100 pages doesn't make sense. And I have to compliment my colleague from Michigan. He has done a stupendous job of reading some of the absurdity in that bill. So you are home and saying, Well, you Republicans are just against everything. I want to point out that that is not the case because that bill—hold it up, Mr. HOEKSTRA, if you would—that bill is not the only health care bill that was introduced in this body today. Now I will admit that the other one that was introduced in this body today is stunningly shortened. It's a fraction of that number of pages. But several of the Members in this discussion tonight were cosponsors of the bill I introduced today called the Improving Health Care For All Americans Act. It's a simplified bill. It doesn't do a top-down command-and-control government edict, all the things that Mr. HOEKSTRA was reading. What it says is, we need bottom-up reform. We need to empower individual Americans. So let me just take a quick minute to walk through five major concepts in the Improving Health Care For All Americans Act, introduced by a group of Republicans today, and tell you how it's different than what the Democrats want to do. First, we pointed out that the President keeps saying, If you like it, you can keep it. But we have pointed out that the wording of their bill says, If you like it, you will lose it, because it says that in 5 years, every bill that exists today will be gone because it has to meet the standards written by a new commission. Well, our bill, the Republican bill, Improving Health Care For All Americans Act says, If you like it, you can keep it. Of the 83 percent of Americans who say they are happy with their health care right now, most of those people get their health care from their employers. Our bill says, If you have employer-provided health care and you like it, you—the patient, the employee—get to choose to keep it. And if they choose to keep it, they keep their current tax exclusion. Many Democrats want to take that tax exclusion away. However, we will not force you to give up your health care. We really mean, If you like it, you can keep it. That is what is in our bill. Second, every American under our bill gets choice, and every American gets coverage. How do we do that? The bill says, If you have employer-provided coverage and you like it, you keep it. But what about people that don't have employer-provided coverage? Our bill

says, We are going to give you the right to use your tax dollars if you pay income taxes to buy a policy that you choose; and if you buy a policy of your choice and you spend \$2,500 as an individual or \$5,000 as a family, you get a dollar-for-dollar tax offset. So those people get to buy a policy they like, and they can keep it. What about the Americans that many people are concerned about, those who don't pay income taxes? Our bill gives them a tax stipend and says, Here, we're going to provide you the funds to go buy a plan of your choice. Now that covers every single American, everyone who has employer-provided coverage and likes it; everyone who doesn't have employer-provided coverage; everyone who has employer-provided coverage but doesn't like it; and everyone who can't afford to go out and buy it on their own, we cover every single American. But you know what, we didn't put one of them, not one of them into a government program. Now why didn't we do that? Well, the Democrats say, Let's let the rich people buy their own insurance and put the poor into government programs. That's what we're doing now with SCHIP and Medicaid. We say, Why not give those who can't afford their own coverage a cash stipend to buy a plan they like? Why shouldn't they have control over their lives and their health care and make it respond to them and their demands? So our bill does that.

Now you say—and this happened in the last Presidential debate—Well, you're going to force everybody into the individual market and costs are much higher in the individual market. Dead wrong. Our bill provides new pooling mechanisms and group plan choices for every single American. This is a kind of a different concept. Right now everybody in America that wants to get into an insurance pool to pool their risk with other people, you know how many pools they can possibly join? One. Their employer's pool. That's the only pool you and I are offered. Every single one of us on the floor here is offered, as Congressmen, the chance to join our employer's pool. Can we join some other pool? No, we can't. This bill says, We're going to let many pools be formed. We're going to let social organizations, we're going to let civic organizations, we're going to let—for example, for me, the University of Arizona Alumni Association might form a pool and offer a plan. For someone who's a member of the Kiwanis International, we'll let the Kiwanis Clubs International form a pool. How about the Daughters of the American Revolution? Why shouldn't they be able to form a pool? We can have lots of different pools so that you and I can choose—I want to be in my employer's pool and have a low-cost plan; or I want to be in the Kiwanis International pool or the AARP pool or some other kind of pool where my risk is pooled with others. That's the third piece of our bill.

And now the one that many Democrats are concerned about—and it is one of the ones where I think we agree with them—and that is pre-existing conditions and chronic conditions. Those price lots of people out of the ability to buy health care. Do Republicans care about that? Yes. Are we going to force you into something? Are we going to pass a mandate like the Democrats' mandate? No. What our bill says is that every single American with a pre-existing condition or a chronic condition whose health care costs get so high they either can't find a policy or can't afford the policy will be able to join a high-risk pool or a reinsurance plan, a reinsurance mechanism that holds down the cost of their health care to the cost of everyone else's even though they have a pre-existing.

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I mentioned this earlier. I have an older sister who is a breast cancer survivor—thank God she's a survivor—for over 20 years. For years, she was forced to keep her teaching job even if she wanted to change jobs because she had a preexisting condition. Her cancer was covered as long as she stayed with her employer, but if she left, her cancer wasn't covered.

Under our bill, her cancer would have been covered even if she changed jobs.

We can control costs in America by empowering patients and consumers. We can reform American health care from the bottom up, not command and control from the top down.

I thank the gentleman for yielding.

Mr. KING of Iowa. Can I reclaim my time before we yield over to Georgia?

I would like to know what that fifth point is. I think I have four down.

Mr. SHADEGG. The fifth point was empowering consumers by giving them the right to buy and control their own health care. That is, if you are an employee, if you have a plan offered by an employer, you can choose to keep it or choose to take the tax credit and buy another plan. And empowering everyone else that doesn't have an employer-provided plan, that empowering of you and I to take control of our health care back will let us shop for the best quality care at the lowest price, which we can't do right now. Right now it's a third-party system. Your employer picks your plan and your plan picks your doctor.

The Democrats say that is a terrible, failed system. We should take the employer out and put the government in. How does that make it any better? What we say is empower individual Americans. Give them the ability to make their health care choices and, oh, by the way, they will then not only have power and control and can fire a plan that doesn't work for them, but they will also have a greater stake and an interest in their own health care.

Mr. KING of Iowa. Reclaiming my time, I would add that the central philosophy here is the difference between

Democrats and Republicans, liberals and conservatives: our understanding of human nature and what inspires human nature and the things that fail to inspire human nature. They believe they can create a managed economy, a utopia that's managed by smart liberals on top who are taking care of those people who can't take care of themselves.

We believe that the markets drive the best decisions. It's the difference between free enterprise and central command. And it's a philosophy that's been laid out here from Mr. SHADEGG of Arizona.

Mr. SHADEGG. It's their idea of a Washington-centered plan. Their 1,100-page bill is all Washington-centered. It's got a commissioner. If it doesn't have a czar, it's got a powerful commissioner. Or our idea of a patient-centered plan.

Mr. KING of Iowa. Driven by the best of human nature.

And I yield to the gentleman from Georgia and then to the gentleman from Louisiana.

Mr. BROUN of Georgia. I want to applaud the gentleman from Arizona's efforts to put this plan together.

I want to point out something. We, as Republicans, are accused of being the "Party of No" by the folks on the other side, the Democrats. But I want to—if I could tell the American people this—I can't in the rules of the House—but the Republican Party is actually the Party of Know—K-N-O-W. We know how to fix things, and I congratulate Mr. SHADEGG for putting together an alternative to present to the American public.

I'm working on one in my office also that's a little different from Mr. SHADEGG's, and there are other plans being developed on the Republican side. We know how to fix it and to look to the free enterprise system to fix things and not look to socialism, which is what our colleagues on the Democrat side look to. They look to socialism, they look to central command, they look to a Washington bureaucrat to tell us how to run not only health care, but I want to also indicate we have had plans about a lot of things.

We had an energy plan. The American Energy Act that I was a cosponsor of—and I think probably every one of us here tonight were cosponsors—that would have made America energy independent. We've developed on our Republican side plans to stimulate the economy by cutting taxes on small business and creating real jobs.

The Democrats' centralized plans that create a bigger Washington, more bureaucracy has not worked. Where are the jobs? But we had a plan on the Republican side that would have actually created jobs.

And over and over again, the Democrats that claimed that we are the Party of No, N-O, will only allow their plan to be presented to see the light of day here in this House. That's dictatorship, in my opinion.

Mr. SHADEGG. If the gentleman will yield.

Mr. BROUN of Georgia. We are the Party of Know, K-N-O-W.

Mr. SHADEGG. Not only do we know how to fix things, but we are the Party of Know in another way.

I want—every one of us here tonight, every Republican in this Congress wants the American people to know—k-n-o-w—what's in this bill before we pass it. We are being told that we have to rush to pass this in less than 3 weeks.

The first markup of this bill will occur, I believe, on Thursday. It will not conclude until the following Wednesday. We then have less than a week and a half from that until the August break. The Democrats apparently don't want Americans to know, k-n-o-w, what's in this bill. I think we are the party of know, k-n-o-w. I want the American people to know when you consider this as 20 percent of our economy—it's one in every six jobs—it's shocking that we would consider passing such a bill without knowing what's in it.

Mr. KING of Iowa. Reclaiming my time, I think it's clear that if this bill sits out there over the August break until after Labor Day, they understand the American people will rise up against it.

And I would like to yield to the gentleman from Louisiana.

Mr. SCALISE. I want to thank the gentleman from Iowa for yielding.

I appreciate the comments from my friend from Arizona and his alternative bill. I serve on the Energy and Commerce Committee as well. We're going to have a heated debate, a very necessary and important debate. But this should be a debate that allows all of these different ideas and facts to come out.

But there is an old adage that says if you don't learn from the mistakes of history, you are doomed to repeat it. So I think if you go back to January and review the last 6 months and you look at the mistakes that have been made along the way and transpose that to the bill that was filed today, this government takeover of our health care system, you'll see a lot of similarities to the previous mistakes that's been made up until this point.

When the President came in in January, his first initiative was this massive so-called stimulus bill: \$787 billion in spending, borrowed money that we don't have, money that's going to be borrowed against our future, China and other countries that will be loaning us this money. This bill was touted as a way to save the economy.

The President said we need to do this or else unemployment will reach 8 percent. Today as we stand here and review that bill, as my friend from Georgia said, where are the jobs? We know it hasn't created jobs. In fact, since President Obama took office, two million more Americans have lost their jobs. In the meantime, the stimulus

bill is starting to have effects on the economy, but now you are beginning to see the beginnings of inflation because of all of this borrowing.

You are also seeing the fact that this bill is clearly not working—not only all of us who voted against the bill and proposed an alternative, and the President who vowed to be so bipartisan would not work with any Republicans to take some of the ideas that we had, ideas to actually empower Americans, to allow small businesses to hire people, to give tax relief to small businesses and families that are struggling out there. The President didn't want to approach any of those ideas. He just wanted this one-size-fits-all government-run program, spend more money, \$800 billion.

And now just last week his own Vice President said this plan, they misread the economy. And the President himself is going around saying—first he's saying that he wouldn't do anything differently on the stimulus bill and he said the stimulus bill is working according to plan.

Now, I'm not sure what plan he had, but two million more people out of work from the day he took office, unemployment approaching 10 percent, and he said that's the plan that's working.

Mr. SHADEGG. He said what?

Mr. SCALISE. He said he wouldn't do anything differently and the stimulus bill was working according to plan.

Mr. SHADEGG. He was planning on 9.5 percent unemployment?

Mr. SCALISE. Clearly he must have been because he and his own Vice President not only are saying that that bill, the stimulus bill, is working according to plan but they're saying on the other end, some people in the White House are saying they're so concerned now about the economy and the approaching 10 percent unemployment that they're talking about doing a second stimulus.

So people who are admitting on one hand they misread the economy, everyone's acknowledged that their stimulus plan isn't working and is spending money we don't have.

Then they're talking about doing another stimulus bill to spend even more money we don't have.

Mr. AKIN. I need to interrupt. I am so hopelessly confused. I really need some help from my colleagues tonight.

Mr. KING of Iowa. I'm not ready to endorse that statement that's been made by the gentleman from Missouri.

Mr. AKIN. I remember we were promised if we don't pass the stimulus bill, we're going to see unemployment over 8 percent. And so, of course, we didn't vote for it. But they passed the stimulus bill, and now we've got 9.5, or whatever it is percent, unemployment.

Mr. BROUN of Georgia. It's 14 percent in many of my counties in the 10th Congressional District in Georgia.

Mr. AKIN. This is part of the plan. By golly, it just seems like to me maybe we shouldn't have passed that.

Mr. KING of Iowa. If I could reclaim my time before I yield back.

I want to point out this 9.5 unemployment rate, it equates into real people. That's 14½ million that are unemployed; and when you add then to those who are looking for a job that have exhausted their unemployment benefits, you've got another 6.8 or 6.9 million. You round that down to 20 million people looking for a job in America, and that's the stimulus plan.

I yield to the gentleman from Missouri.

Mr. AKIN. Your 20 million people are the number of people almost that don't have health insurance. So now we've created 20 million unemployed through this wonder of economics, this Keynesian economics that supposedly says the government goes on a spending spree, everybody is going to be doing great.

Mr. KING of Iowa. Twenty million that are uninsured. By the time you take it down to the chronically uninsured, according to a Penn State study by a couple of professors at Penn State, that's 10.1 million chronically uninsured, and that equates to a little bit less than 4 percent of the population of the United States of America. That's what we've got.

Mr. BROUN of Georgia. This health care bill is going to put more people out of work. More people are going to be unemployed. And it's going to hurt the economy even more, which is going to mean more cost to the American taxpayers. So taxes are going to go up and the cost of health care is going to skyrocket.

Mr. KING of Iowa. But if the gentleman from Georgia—reclaiming my time, and I would pose the question back to the panel that's here of the experts. This was President Obama's economic development plan. This economic crisis that we're in commands that we establish a socialized medicine program. So the gentleman who's lived for that—or excuse me, the gentleman who's lived with that in Tennessee—the doctor from Tennessee, Dr. ROE, if you could tell us what you learned in Tennessee with the plan that was similar to that that Obama has proposed.

Mr. ROE of Tennessee. We have been over that previously.

But a couple of things I wanted to bring out.

This is from the CBO this afternoon that scored this bill that we're looking at here. It's 1,000-plus pages. After we have this monstrous government takeover in 10 years, we still have 17 million people uninsured. And, I mean, it's astonishing to me that we would look at a bill like this and still have almost half the people uninsured with the government then making health care decisions.

One of the things we were talking about, cancer a moment ago, and I think what we want to say is—and I think the gentleman from Arizona has hit it right on the head—you need to have patients in charge of health care decisions.

When I began my practice in the early 1970s and in the late 1960s when I was a medical student, 80 percent of children who went to St. Jude Children's Hospital died of their childhood cancer. Eighty percent died. Today over 80 percent live. It's really a phenomenal story to tell a parent. Almost all children with leukemia have lived now. It's unbelievable. And that's happened in the last 35 or 40 years.

When I began my medical practice almost half the women who came to me with breast cancer—and we saw too many of those—died within 5 years. Survival rates now are in the high 90s. It's astonishing. It's a wonderful story.

When the patient comes in, they're frightened, and you have already mentioned how scary that was when you are diagnosed with cancer. But to know that you are going to get through it, that's what this phenomenal health care system in America has produced.

And what is amazing to me is that we're going to have this bill that's a thousand-plus—well, that's the start of it. It will still leave that many people uninsured. And we have heard right here tonight a better way to do it, a much simpler way from the ground up.

And let me give you one other example. It's very simple. In my own medical practice back in Tennessee, we have 290-something people who get health insurance through our practice. We have two plans we offer them. One is just your standard Blue Cross plan, 80-20, we all are familiar with. The other is a health savings account, high deductible plan where you have the first \$5,000 out of pocket. You pay for that. We put \$4,200 away for that.

□ 2045

Everything above \$5,000 is paid 100 percent. Eighty-four percent of the people in that practice, nurses, technicians, whatever, chose to manage their own health care dollars, not the insurance company but them. They will lose that ability with this particular plan, and I think that was a plan right now that I use and that people all over the country want to be in charge of their health care decisions, not the government.

Mr. KING of Iowa. Reclaiming my time from the gentleman from Tennessee, I am watching the gentleman from Michigan reading through his thousand-plus-pages bill here, with his exemplary model of concentration in the middle of all this. I think you could do this under fire.

What have you learned since the last time you imparted some knowledge? And I yield to the gentleman from Michigan.

Mr. HOEKSTRA. I thank the gentleman for yielding.

This is an amazing bill. We've talked about the creation of this commissioner who will have the power to implement much of what is in here. You start reading it and you really can't understand it because it's not written in plain English; although, in the bill,

there's a requirement that stuff be written in plain English. And then you start getting into the penalties and the fines and the payments for people who don't meet certain regulations or certain requirements.

I haven't gotten to the tax part yet, but as I've been briefed on this program throughout the day, I think we all recognize that this massive new free health care from the government is not going to be free. It's going to cost us a lot of money.

There's a lot of stuff in here about the authorities of the IRS and what the IRS can do, and then you start getting in here and, you know, you start reading what services are included, which ones are excluded and those types of things. And what you recognize is we're going to see the same thing on this bill that we saw on cap-and-trade.

Remember what happened on cap-and-trade? There was a 900-page bill that passed out of your committee and, you know, late Thursday night, early Friday morning, when they didn't have the votes—

Mr. SHADEGG. 3:09 in the morning.

Mr. HOEKSTRA. At 3:09 in the morning, they added about this many more pages to the bill.

Mr. KING of Iowa. 316 pages.

Mr. HOEKSTRA. 316 pages to get to 219 votes, and nobody knew what was in it, and you're going to see the same thing here.

This bill cannot get 218 votes because this bill will be out there for the American people to read for the next couple of weeks, but don't worry, the night before it will be changed and there will be 400 new pages at least buying off Members' votes to get something into this bill to get to 219. And that's how we're going to construct health care reform in America.

Mr. SHADEGG. I just want to say, I compliment the gentleman, and he asked me to go get this information and I've gotten it.

For any American who wants to read the bill as it exists tonight, which as my colleague from Michigan has just pointed out will change probably at 3:09 in the morning on the day we vote on it, you can go to the Energy and Commerce Committee Web site and download or read the bill yourself. To get there, you go to [www.energycommerce—the word energy, E-N-E-R-G-Y, then with no space the word commerce, C-O-M-M-E-R-C-E—house.gov](http://www.energycommerce—the word energy, E-N-E-R-G-Y, then with no space the word commerce, C-O-M-M-E-R-C-E—house.gov). You will then see an icon that says Quality Affordable Health Care Act. If you click on that icon, you, yourself, can download those 1,100 pages and enjoy reading it the way my colleague from Michigan has enjoyed reading it and some of the bizarre things in it.

Mr. HOEKSTRA. Actually, if you click on that icon, your computer will crash.

I thank my colleague for getting that information for us. Thank you.

Mr. KING of Iowa. Reclaiming my time and appreciating the facile infor-

mation that will, I think, rather than put a person to sleep, cause insomnia if anybody reads this, and I appreciate the effort to do so. It can be a selfless act of intellectual scholarly patriotism to read some of this, but I've heard enough of the gobbledygook that came out of it from Mr. HOEKSTRA's reading it, the requirement that it be and required to be in plain English catches me a little bit off balance, having heard the language that's in the bill, not having read it.

And I yield to the gentleman from Missouri.

Mr. AKIN. I think that we've had chance a little bit to take a look, and I think in a constructive way to, lampoon this method of doing business. We already saw the 1,100- or 1,200- or 1,400-page bill and then 300 pages of amendments at 3 o'clock in the morning, all this kind of gobbledygook, and the equivalent of a czar to take over 20 percent of our economy, which is health care. And yet, the fact of the matter is those of us standing here—and we can do this a little bit with a sense of humor, almost crying at the same time—know that there are some very plain English principles which we have all seen that make health care work, things that we all stand for and believe in.

We believe in the fact that there should be a relationship between a doctor and a patient, and the bureaucrat shouldn't get in the way. I think an awful lot of Americans believe in that, too. I think that those of us standing in this Chamber tonight believe in the fact that we don't want some government bureaucrat rationing our health care and telling us that we're too old and that it is too expensive for us. We would rather have a competitive system and let us see what we can buy with our own dollars rather than having a bureaucrat rationing our health care.

There are other things that we believe in. The gentleman has introduced another bill that he didn't talk about tonight, my good friend from Arizona, and that's a bill that says that you can go shopping for health care. And what it does is it prevents any health care provider from cornering some section of the market. It says you can go buy your health care from across State lines. If an insurance provider wants to allow you to buy the insurance, you can go to a different place to get that. So we create legitimate competition in the marketplace.

What we have always stood for is freedom, and what is being proposed here is the same rubber-stamped baloney that we have seen all the last 6 months. It is more taxes and more bureaucracy. The solution to every problem to a liberal is more taxes and more bureaucracy. The only thing is it is escalating. This is \$1.5 trillion worth of taxes that's going to be required to make this work, and there's no idea anybody has of how they are going to come up with that. There goes more deficit.

There are plain English things that make health care work, and to try to destroy the best health care system in the world with this bureaucratic stuff is a travesty. It's really wrong.

Mr. KING of Iowa. Reclaiming my time, when the gentleman refers to plain English principles, you aren't talking about the United Kingdom principles of a national health care act. You're talking about the things we understand in the language which we refer to as the plain English language that we all should understand, and I would yield back to the gentleman for a response to that clarification.

Mr. AKIN. Well, that's right, and what we're talking about here, though, is if you get it done late enough at night and nobody has a chance to read it, you can sneak it by. And that's not a principle that Americans should be proud of. We heard an awful lot about transparency, but we've seen none of transparency. All we've seen is dark-of-the-night, backroom deals, and more taxes, more regulations, more bureaucracy, and this one threatens the lives and livelihoods of our constituents.

Mr. KING of Iowa. Reclaiming my time, there's a philosophy here again, this dividing philosophy between the people that are right on the right side of the political spectrum and the people that are wrong on the left side of the political spectrum.

And I remember when the wall went down on November 9, 1989. The Iron Curtain came crashing down, and it came crashing down because free enterprise trumped central planning in the 5-year plan. And the difference is because we're in the business of seeking to enhance and improve the overall annual average productivity of every American. If we do that, our economy thrives, and when our economy thrives, our quality of life goes up in proportion to the way our economy thrives. That's the part of human nature that is at the core of the difference in this philosophy.

And they, the people who don't show up down here to carry on this debate because they cannot carry out this debate in the face of the logic and the plain English that they're faced with, they believe in central planning. They believe they can put together a plan and a model and the inside that will tell everybody what to do at every moment. And there will be a rule written and a law written and some contingency plan for everything that might go wrong, and somehow they can put together the master utopian formula that's going to improve and strengthen—actually, the plan is to strengthen them politically, not to improve the lives in America so much.

But their idea has failed because they don't believe in human nature being competitive, and they don't believe that there's goodness in the heart of all of us as well as evil in the heart of all of us. We legislate against the evil and we enhance the goodness. They just simply say the reason people don't succeed is because conservatives got in



their way, and that's the cynical approach.

I yield first to the gentleman from Georgia and back to the gentleman from Arizona.

Mr. BROUN of Georgia. I thank the gentleman for yielding.

I want to point out something in plain English, as Mr. AKIN was just doing. We hear on the House floor here over and over again that there are 45 million or 47 million people that don't have health care in this country. That's false. It's a blatant falsehood that's being perpetuated on the floor of this House. Everybody in this country has access to health care. The question is where do they get it, who pays for it, and at what cost.

The reason everybody in this country has access to health care is because they walk into any emergency room in this country, and under Federal law, the emergency room doctor, the emergency room has to evaluate and essentially treat everybody who walks in. That's the reason if you walk into an emergency room in Augusta, Georgia, or Athens, or Elberton or anyplace in my district, you will see the emergency room filled with illegal aliens who are going there. The taxpayers of America are paying for their health care in the hospitals, and the hospitals are getting to the point where they can't continue it but it's because of Federal law that they have to treat these illegal aliens.

So everybody has access to health care. So we are really talking about two things in this health care debate, not one. It's not monolithic. We have health care system and the provision of health care on one side, which is absolutely the very best in the world, and we have health care financing on the other hand that is broken.

And we'll all agree that health care financing is broken, but it's broken because of government and government regulation and government intrusion in the health care system. And they want to make more intrusion into the system, which is going to make it more expensive. It's going to raise taxes on everybody in this country.

It's going to raise the cost of every single good and service in this country because it's going to be mandated to all businesses, so they're going to have to charge more for their goods and services. So everything's going to go up. Our economy is going to go down.

I can see the headlines a few years from now. Headlines: Obama lied, the economy's dead. And that's a potential that we have with this health care system. And it's absolutely critical the American public understand that it is going to be extremely expensive. It's going to increase costs to everybody, and it's going to raise taxes on small business so people are going to be put out of work because of this plan that's being introduced today.

Mr. KING of Iowa. Reclaiming my time, and I thank the gentleman from Georgia, and it references me to the health care providers that have

dropped out, gone out of business or failed to expand or diminished their operations because of having to provide free health care to, let me say, free health care to illegals.

And I'm thinking of the gentleman from Arizona, and I think of Arizona whenever I think of losing access to health care because of having to provide free health care to illegals. At a time that I stopped down in an unannounced surprise visit at Sasabe, Arizona, at the port of entry, and there as I was talking to the shift supervisor, whose name I remember and decline to put in the CONGRESSIONAL RECORD, he got a call on his cell phone. He said, Just a minute. I'm going to take care of something. I'll come back to you.

He took care of it. He came back to me in a few minutes, and he said, Well, you're going to see a Mexican ambulance come across the border, and then I've already called U.S. ambulances to come down and do the handoff, and I've called the dust off to come—he said Life Flight—to come and pick up this patient who has been knifed in a knife fight in Mexico, and this ambulance and their care won't take care of him, so we're going to do that.

So, anyway, I had a medical officer with me and I asked him to look in on this and see what you can do to save this fellow's life, and it turned out to be this. They came across the border. The ambulance had no oxygen in it, no medical equipment in it. It only had a little bit of gauze and a few surgical gloves and that was really it. So the U.S. ambulances showed up, put oxygen on him and triaged him, and we loaded him in the helicopter and flew him off. I went to visit him in the Tucson University Hospital the next day. He survived, and it cost us \$30,000.

But it caused me to sit down with the CFO, who told me that it costs them annually an average of \$14.5 million to provide health care there for illegals and that Tucson University is the most southerly trauma center in all of Arizona, and that a bus full of illegals had been wrecked near Tucson and in it were 25. Fifteen went into intensive care. Their IC unit was tied up, and so the people from Tucson that paid their premiums were taken up to Phoenix where the family had to drive up there to visit the patient.

That is what I saw. The man that represents a good chunk of Arizona knows it for a fact. I'd be happy to yield to the gentleman, Mr. SHADEGG.

□ 2100

Mr. SHADEGG. I thank the gentleman. And I just want to reiterate this point. Republicans are here for a cause. We believe in something. We believe in bringing down the cost of health care in America.

The President has said those costs are unsustainable—and they are. Republicans are here for the cause. Our cause is to help families and businesses get a hold of their health care costs and bring them down.

But here's how we want to do it. We want to do it through patient-centered health care. Patient-centered health care offers the best way to reduce health care costs. The old Washington, D.C.-centered, top-down approach that Democrats envision will empower bureaucrats in this city. And those bureaucrats will restrict cures, restrict treatments, and get between you and your doctor. The Washington-centered system will cost trillions more—and they admit it. That's the price tag on their bill.

The President sees the problem, but he's got the solution wrong. They want a Washington-centered plan. We want a patient-centered reform. They want a Washington-centered experiment. We want simple, commonsense fixes. They want a closed health care system where Washington bureaucrats make the decisions. We want an open health care system where you and I, patients, people, average Americans get to make those decisions. We want bottom-up, empower Americans, patient-centered. They want top-down, bureaucrat-driven.

The political artificial cost reductions they talk about won't happen. If we empower a big Washington-run monopoly, it won't work. I repeat what I said before. Since when did getting the government involved, since when did having the government take over something bring down costs?

If you join us, if you believe that Americans should be empowered from the bottom up, not told what to do from the top down, then help us and don't let this plan pass. Help Republicans pass a plan, a simple plan that will help American families and American businesses.

Mr. KING of Iowa. Reclaiming my time, and I thank the gentleman from Arizona. I just think about when I listen to you talk, that's—I think—the most inspiring dialog that's flowed out in the last hour and a half or 2 hours.

I think of hundreds of millions of individual Americans who are addressing their own individual health care issues and their health insurance issues, knowing their particular problems, knowing their cash flow, knowing what the options are and making an informed decision, each one individually as an individual or a family, working in conjunction often with an employer who has a series of policies out there that can be offered, that individual intellect that's there, and having faith in the individuals, as compared to an almost one-size-fits-all plan that competes directly against the private sector and takes away that individual initiative and put us down into this thing that they would call safety net of government, which clearly has a lot of holes in it, and has in every government that's tried to produce this plan.

I'd be happy to yield to the gentleman from Tennessee, the one who's illustrated the TennCare issue and also his professional expertise as a doctor.

Mr. ROE of Tennessee. I thank the gentleman for yielding. This is very

simply what's going to happen—what will occur in a government-run plan. First of all, I can assure you it's going to cost you two times what these estimates are. That's what happened in Tennessee with our TennCare plan.

Secondly, the way all of these plans work is they ultimately ration care. When you have a certain amount of dollars that you spend on health care and the demand is higher than the dollars to pay for it, you create waste.

Just an example. In Canada for a hip replacement it's 2 to 3 years to get your hip replaced. Bypass surgery is 117 days. Here in this country, George Washington University very near here, or Georgetown—it will be done very quickly.

So those are things that happen in a government-run plan. And who needs to be making health care decisions are families, patients, and their physicians. That's who should be making those decisions.

Mr. HOEKSTRA. Will the gentleman yield?

Mr. ROE of Tennessee. Yes.

Mr. HOEKSTRA. Are you telling me if someone actually breaks their hip in Canada, then it doesn't take 2 to 3 years?

Mr. ROE of Tennessee. No, this is an elective replacement.

Mr. KING of Iowa. Reclaiming, I pose this issue here, but it isn't true for all Canadians. And I say this because even though there's a law in Canada that prohibits one from jumping ahead in the line or having a policy or a plan that gives them preferential treatment, they want everybody down at the bottom.

There are provinces that don't enforce it equally. So there are places where people carve out their own special privileges so that those who are better off have an avenue to better health care, even though the law says not. But that's within the Canadians. And let them do it.

Mr. HOEKSTRA. If the gentleman will yield for just a minute.

Mr. KING of Iowa. But it's what happens in America. I would yield to the gentleman from Michigan. I know you're on the border.

Mr. HOEKSTRA. Because the Canadians have another way to escape. They escape to the American system. Some of our busiest hospitals are those along the border. So the Canadians that have the resources and are at the bottom of the line, what they will do is they will jump the border and they will get their health care in the United States.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. HOEKSTRA. Yes.

Mr. BROUN of Georgia. I heard just recently about a patient in Canada that had such severe knee pain that he was having to take narcotics. It took him over 1 year just to go see an orthopedic surgeon.

If a patient comes to see me and has knee pain, I pick up the telephone and

call an orthopedic surgeon and I'll get them within a week or two. But it took this patient over 1 year to ever go see the orthopedic surgeon and to get the x rays that he needed to evaluate his knee pain. When he finally saw the orthopedic surgeon, the doctor said, Well, you need this surgery. And the Canadian said, Well, that's fine. Let's schedule it. He said, No, we have to put you on a waiting list.

So he came—I don't know if he came to one of your local hospitals there in Michigan—but he came to the U.S. to get his surgery done on his knee. And that's exactly what this government program is going to do to Americans. But where are we going to go if they indeed put this into place?

Mr. HOEKSTRA. Reclaiming your time but given to me, what this Wall Street Journal says: "Access to a waiting list is not access to health care".

Waiting lists are what I hear about all the time when I'm talking to our friends across the border. But what I hear from the medical professionals and the hospitals in Michigan is we treat the well-to-do Canadians who will come across the border and access our health care because they're unwilling to be on a waiting list. And they recognize that being on a waiting list isn't having your problem taken care of.

If you've got to wait for 117 days or 171 days—117 days for a bypass—excuse me—I think that's about 112 or 113 days too long.

Mr. ROE of Tennessee. One hundred-sixteen for me.

Mr. HOEKSTRA. If it's you. If it were me, I would say it's about 116 days too long. The same thing for a hip replacement and all of that. The American health care will fundamentally change if this goes into effect.

Mr. KING of Iowa. Reclaiming my time, in the brief moment that we have left I want to make the point that if the Canadians were protected by constitutional rights that we have as Americans, they would be protected, because it's cruel and inhuman to ask the Canadians to give up on their access to good health care here in the United States of America.

You can go on the Web site and you can find companies in Canada that have been formed by entrepreneurs that turnkey the package. If you need a hip replacement in Canada, you can find a tour company that will set you up and say, Here's your flight to Seattle or Detroit or wherever it might be, or maybe Houston for heart surgery. Here's the surgeon, here's the hotel, here's the transportation.

Mr. HOEKSTRA. We can take care of this in Michigan. We've got great doctors and hospitals who are ready, willing, and able to serve. I appreciate the leniency of the Chair to make sure that I can get this paid public announcement in for the State of Michigan.

Mr. KING of Iowa. Let me conclude by simply saying that this Obama care is cruel and inhuman to Canadians. And I would yield back the balance of

my time and thank my colleagues for being here.

#### CURRENT COUNTERPRODUCTIVE POLICIES

The SPEAKER pro tempore (Mr. SCHAUER). Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. ROHRABACHER) is recognized for 60 minutes.

Mr. ROHRABACHER. Mr. Speaker, as I stand here on the floor of the House tonight and after hearing this fine presentation and thinking about all the things that are going on in Washington right now, I am reminded of the television series "The Twilight Zone". These days, I half expect Rod Serling to appear from behind a curtain and announce that "This is the Twilight Zone."

Well, yes, there's almost a bizarre sense of unreality here in the Nation's Capitol—the transformation of private liability into public debt on a massive scale; the unprecedented level of deficit spending, debt piled upon debt; borrowing from China in order to give foreign aid to other countries; enacting Draconian restrictions and controls on a national economy and on the lives of our people in order to stop the planet from going through a climate cycle.

What? The Earth has had so many climate cycles in the past, and now it's being used—the one we're in, which is very little different than any of the other cycles we have been in—it's being used to justify economy-killing and freedom-killing controls, taxes, and mandates, and putting power in the hands of international bodies that should be the power of the people of the United States to run their own life.

Our Nation's borders leak like a spaghetti strainer. Millions of people illegally continuing to pour into our country to consume limited health care, education, and other social service dollars. And, yes, to take jobs away from our people and, in some cases, to commit crimes against our people. Our government just lets it happen. We can't even build a darn fence.

And we have had a one-way free trade policy with China that has all but killed medium- and large-scale manufacturing in our country and which has relegated our own people to low-paying jobs and sent trillions of dollars to Communist China.

No one has even suggested a change in that obviously rotten policy if, for nothing else, just to give our economy a little boost. Instead, we begged the gangster regime that runs China to loan us even more money—money that they accumulated because of a trade policy that has been monstrously counterproductive to the long-term interests of our own people—a one-way free trade policy.

And that's not the only counterproductive policy which has brought our economy to its knees. Our people are suffering high energy prices needlessly. There are dollars being siphoned