

As I'm sure the gentleman knows, PAYGO was first adopted in 1990 as a result of a conference that was held out at Andrews Air Force Base. Mr. Darman was representing President Bush. He was then the head of OMB, and there was a bipartisan agreement to adopt the statutory PAYGO. In fact, we did that. In 1997 Mr. Gingrich and Mr. Clinton entered into an agreement on statutory PAYGO that we passed in a bipartisan way in 1997. When it was to be reauthorized in 2002 and 2003, it was allowed to lapse. I think that was unfortunate. My premise is it was allowed to lapse because making the tax cuts that you wanted to propose in '03; and indeed in '01—you waived it in '01—would have been impossible, from your perspective, to pay for those cuts. So statutory PAYGO did not apply over the last 6 years. I think that, to some degree, has led us to the deficits.

Of course in the last administration Vice President Cheney made the observation that Ronald Reagan had taught us that deficits don't matter. I think the Vice President's observation was certainly not right in terms of that Ronald Reagan taught us that deficits don't matter; but Ronald Reagan certainly taught us that deficits add up and create large debt. As you know I like to say so often, we went from a \$5.6 trillion surplus in January of 2001, which President Bush observed was the estimate in March of '01, to what is now an \$11 trillion debt. Unfortunately because of the status of the economy, we've added to that. I believe, and I think my colleagues believe, that this is a critical problem that we have to address. And I know you agree with that as well. We believe that this is one way to do so. It was helpful in 1990 when it was adopted in a bipartisan way. It was helpful in 1997 when it was adopted in a bipartisan way. I am very hopeful that it can be adopted in a bipartisan way this coming week.

Mr. CANTOR. I thank the gentleman. Without delving into a rehash, perhaps, of past fiscal practices or whether Vice President Cheney's remarks may have been taken out of context, I would ask the gentleman again, is the bill that will be brought to the floor identical to that which he indicates he signed on to and that which is being sponsored by the chief sponsor, the gentleman from Indiana?

Mr. HOYER. I know exactly what it is. It's not identical. There have been some changes which will be included in a manager's amendment. I will make sure that that manager's amendment is available no later than Monday. Essentially what it does is it ensures that it is consistent with the PAYGO rule that we have here in the House and it does somewhat modify it as to the tax cuts that will be effected, that will mirror the budget that was adopted by this House earlier this year. It also directs that CBO scoring be controlling so that we have a neutral arbiter, not an administration, whether it's a Democratic or Republican arbiter, as to

what the costs are. Those are the major changes that I think make it more consistent with what the House's position has been in the past.

Mr. CANTOR. I will just end my comments by indicating that I have read some reports which say—perhaps inaccurately reported or not—that the bill that you expect to come to the floor will not include the discretionary spending cap. The cap certainly would be a necessary thing to limit the double-digit increases that we're seeing in spending this Congress and the appropriations bills that have been coming to the floor. So I will indicate to the gentleman that we certainly will be supportive of those types of common-sense spending caps.

Mr. HOYER. That's very interesting. They weren't in in 1990, they weren't in in 1997, and they weren't in in any proposal you've made to date.

Mr. CANTOR. The gentleman knows we are in extraordinary economic times, and we have got tremendous job loss, and we've got a debt burden that continues to amass that may very well impact the ability for an investment-led recovery.

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I would indicate to the gentleman we stand ready to work with him in trying to return to some sense of fiscal sanity in this body.

With that, Mr. Speaker, I thank the gentleman very much.

ADJOURNMENT TO MONDAY, JULY 20, 2009

Mr. HOYER. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 12:30 p.m. on Monday next for morning-hour debate, and further, Mr. Speaker, when the House adjourns on that day, it adjourn to meet at 10:30 a.m. on Tuesday, July 21, 2009, for morning-hour debate.

The SPEAKER pro tempore (Mr. KRATOVIL). Is there objection to the request of the gentleman from Maryland?

There was no objection.

CORRECTING ENGROSSMENT OF H. RES. 469

Mr. HOYER. Mr. Speaker, I ask unanimous consent that in the engrossment of House Resolution 469, the Clerk be directed to strike the words "born and" from the first whereas clause on page 1.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maryland?

There was no objection.

A NEW AMERICAN TRAGEDY

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

Mr. BURTON of Indiana. Mr. Speaker, there have been some real tragedies

because of the way the economy, in general, has been handled and how the automobile industry, in particular, has been handled.

I received a letter from a lady named Jane Denney from Wabash, Indiana, in my district. She talks about how her family has owned an automobile dealership for the last 75 years. Her husband was the head of all the mechanical work there. He was a service manager. And General Motors was sending all kinds of equipment there and all kinds of supplies, urging and almost mandating that they buy that. They also mandated that they consider buying a Pontiac dealership there, which they did buy.

Then, after they bought the Pontiac dealership and bought all this equipment, General Motors contacted them and said they were going to do away with their dealership, and they did not indicate in any way that they would make restitution for the expenses that these people had to bear. They owe money for the dealership. They owe money for the supplies. They owe money for all of this, and the rug has just been jerked out from under them.

That is an American tragedy, something that should not happen. And the way this government and this administration has handled this and the way the auto companies have handled this is a real tragedy.

Dear Mr. Burton: Thank you for speaking out for the auto dealerships today. My husband's family recently were told they would be closing after 75 years. My husband is the service manager and GM keeps sending him essential tools which he must pay for and cannot send back for new cars they will not send him. They have parts they had to stock but GM won't buy back. In recent years they bought the local Pontiac dealership because GM wanted them to. Now they owe for it and won't be paid by GM for the franchise. I am a teacher and also feel the ISTA was treated unfairly. I cannot believe this is happening in the USA. I am glad I voted for you and appreciate your speaking out for us. I feel so powerless again all that is happening. God bless you.

A CASE FOR THE HIPPOCRATIC OATH FOR CONGRESSMEN

(Mr. GOHMERT asked and was given permission to address the House for 1 minute.)

Mr. GOHMERT. Mr. Speaker, the economy is in a tough situation, 9.5-plus percent unemployment, 14.7 million people are unemployed. Actually, the number is higher than that.

Since January, 1.9 million foreclosures have occurred. People are losing their homes. Foreclosures are up 9 percent since this President took office.

And today we take up the welfare for wild horses. That's right. We are going to spend \$700 million for wild horses' habitat. But how about the habitat for Americans? We have got the health care effort to socialize medicine. And do you know who gets hurt? The seniors get hurt. We owe them so much better.

We got the bailout. Goldman Sachs had record profits the second quarter. Well, isn't that special? It looks like Geithner is wrong. If it is good for Goldman Sachs, it is not good for the country.

We owe the American people better than what we are giving them. We should take a pledge like doctors and do no harm. We are doing too much harm.

GENERAL LEAVE

Mr. WEXLER. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H. Con. Res. 156.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

PROBLEMS WITH UNIVERSAL HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. I want my colleagues, Mr. Speaker, to listen to what happens when you have socialized medicine. This is a Canadian story I'm going to tell you about. In fact, there is more than one.

This is from Shona Holmes. She is a Canadian. She says that after suffering from crushing headaches and vision problems, she was diagnosed with a brain tumor 4 years ago. She was told if it wasn't removed, she could go blind or even die.

American doctors at the Mayo Clinic said to me, you have a brain tumor pressing on your optic chiasm, and it needs to come out immediately. Holmes was told by her doctor in Canada that she had to wait 4 months before she could see an endocrinologist and 6 months for a neurologist.

She is a Canadian, and she says that the doctors at the Mayo Clinic where she turned to got to her right away because they couldn't get to her fast enough in Canada. She ended up having to pay about \$100,000 because they couldn't take care of the problem in Canada, as that health care system was supposed to do. She and her husband were forced to put a second mortgage on their home and borrow money from family and friends.

Here is another story: a prime example is the Kingston General Hospital in Ontario where they have staggering delays. Senator McCONNELL in the other body claims that on average

there is a 340-day wait for knee replacements and a 196-day wait for hip replacements. The chief of staff of that hospital says, In our Canada health care system, we are looking at what we have to do to prioritize patients. They are on somebody's waiting list if they have a problem. They have to wait.

Another Canadian, Rick Hession, has a heart condition that could cause a stroke. But he has a 3-month or more wait for an operation to correct it.

Socialized medicine, government-controlled health care, does not work. It costs a lot of money, you have to wait, and they ration care. This is the program that the Democrats are promising. And all of these white areas are new agencies of government that you're going to have to go through to get your health care.

It is going to cost between \$1 trillion and \$3 trillion over the next decade. That is money we don't have, money we are going to have to print or borrow. It is going to cause inflation.

So we not only have a health care problem we are going to create that will be much worse than anything we face today, something that is going to be equivalent to what they are doing in Canada and England, which does not provide care for those people, but it rations care and it costs through the nose.

The American people need to know these facts. And my colleagues on the Democrat side are trying to rush this through before the August recess so the American people won't know what all this means. I think it is a tragedy. We need more time so the American people can realize what they are going to have to experience if we get a socialized, Canadian-style health care program.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

COMPREHENSIVE HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. WEXLER) is recognized for 5 minutes.

Mr. WEXLER. Mr. Speaker, I rise in strong support of the House Democratic health care reform proposal. The United States currently spends per capita almost double the money on health care as any other industrialized nation on Earth.

Despite all of this spending, 45 million Americans languish without health care coverage. Every day, 850 Floridians and 14,000 Americans are added to the ranks of the uninsured. Since 2007, the number of Floridians without coverage has grown by 15 percent. Those who do have coverage face

skyrocketing premiums, co-pays and fees.

In recent years, the average premium paid by a family in Florida has spiked by \$1,400. If we continue down this path, by 2017, health care spending will consume 20 percent of our Nation's gross domestic product.

The staggering cost of health care in America is simply unsustainable. Businesses cannot compete, and millions of Americans go without care or receive care in emergency rooms and hospitals that taxpayers pay for.

For 60 years, Americans have demanded health care reform; and for 60 years, Congress has failed to deliver on this most basic need. With President Obama in the White House, the time for reform has come. We must not let the opportunity to achieve comprehensive health care reform pass us by. This legislation will finally provide quality and affordable coverage to every American.

This proposal will deliver all of the following: a guarantee of no insurance denials for preexisting conditions; a reduction in the doughnut hole in Medicare part D to help seniors afford prescription drugs; a cap on out-of-pocket expenses so families will not have to go into bankruptcy as a result of medical emergencies; and, finally, a robust public option that will drive costs down by competing with private plans.

The skyrocketing cost of health care poses a systemic risk to our economy. The health care reform package with a strong public option is a much better deal for the American people than this unsustainable status quo.

We are on the verge of finally bringing health care costs under control and improving the long-term economic health of our country. Shame on us if we lack the courage to seize this historic opportunity.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

NATIVE AMERICAN INDIANS' HEALTH CARE: GOVERNMENT MEDICAL MALPRACTICE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, the Federal Government has been running a universal nationalized health care system in the United States for over 100 years. Just ask those folks that live on Indian reservations.

Socialized medicine doesn't work, and America has already proved it by the way it has mistreated Native American Indians. They are treated under the Indian Health Services Program, a universal government-run health care system for Indians.