costs, we need to step in and do something.

Representative MURPHY, I want to thank you for bringing us together so we can share together with the American public our messages of enhancing the quality of services, of reducing costs and of providing access for everyone as we move forward in this health care discussion and reform. Thank you so very much, Representative.

Ms. EDWARDS of Maryland. Thank you.

Before we close out, I do want to say before we get out of this that we've been about clearing up the mythology about what is and is not in our health care bill, and one of those myths really has to do with our seniors.

So, Mr. Speaker, I want to say to all of our seniors across this country that we're protecting you, that we are going to make sure that we phase in completely by filling in that doughnut hole that has left you covering the brunt of your costs for prescription drugs. We're going to eliminate co-payments and deductibles for preventative services under Medicare, and we're going to limit cautionary requirements in Medicare Advantage plans to the amounts that are charged for the same services in traditional Medicare coverage. This is really important for our seniors. We're going to improve low-income subsidy programs in Medicare by increasing asset limits for programs that help Medicare beneficiaries pay premiums and cost-sharings.

So let's be really clear with the American people and especially with our seniors. Don't let them scare you out of supporting this plan for our seniors. This is a good plan for our seniors. It is a good plan for middle-income families. It is a good plan for working families. It is a good plan for people who have insurance, and it surely is a good plan for all of those who don't.

With that, I'll yield back.

□ 1945

Mr. MURPHY of Connecticut. Let me just close our hour here with a quick story.

A guy came to me at one of the supermarket office hours that I hold. He's a wallpaper hanger. He lost his job, and he's got diabetes. He can't afford his medication. He's just waiting for the day when he gets so sick that he's going to end up in the emergency room, cost his family a fortune, go into bankruptcy, and have their lives forever altered. We've got to have an answer for that guy and his family.

And over the course of the next weeks and months, it's time for this Congress to step up to the plate and get health care for this country.

Mr. RYAN of Ohio. If I could add one thing.

So the American people, every time our friends on the other side sold something to the American people when they were in charge, it was fear-based. You know, it was fear. We have to implement this policy. Here's the fear, we have to implement this policy. Here's the fear, we have to implement this policy. And so the only play in their playbook they have is to try to scare the American people. And now they're trying to do it again.

Big government-run health care plan. Not true. You're going to lose your choice. Not true. You are going to have more choices. Everyone is going to be forced, 100 million people forced into this public option. That's not true. Even the CBO, which is nonpartison, says maybe 10 million people will access the public option. There will be an increase in the employer-based. All of these things aren't true.

So I think it's important, as we close out, to say when you hear the fear, you know some bad policy is tracking right behind it.

Mr. MURPHY of Connecticut. I thank my colleagues for the time. We will be back here as soon as we can to continue to push forward.

With that, I yield back the balance of our time.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3288, TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

Mr. CARDOZA, from the Committee on Rules (during the Special Order of Mr. MURPHY of Connecticut), submitted a privileged report (Rept. No. 111–219) on the resolution (H. Res. 669) providing for consideration of the bill (H.R. 3288) making appropriations for the Departments of Transportation, and Housing and Urban 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

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

Mr. AKIN. Mr. Speaker, it's a pleasure to be able to join you tonight and my colleagues and friends to talk about some things that are of tremendous significance to us here in this country. And in order to do our discussion tonight, I'm going to back up just a little bit and answer an interesting question. It was about—I guess it was about 3 weeks ago, and it was a situation that occurred here on the floor of the U.S. Congress.

If you go back from the day that we actually voted on the bill, what's going on was that at 3 o'clock in the morning, we had an 1,100-page bill called cap-and-tax or cap-and-trade. It was the largest tax increase in the history of our country, and that bill was going to be coming up for a vote. Well, at 3 o'clock in the morning, a major committee that was influencing that legislation at 3 o'clock in the morning passed a 300-page amendment to this 1,100 page bill.

Now, this amendment was not just one amendment but was a whole series of amendments that went into the bill. So starting at 3 o'clock, or whenever the staff got here, they started to put each page of those 300 pages of amendments into the bill as we were just finishing the debate and going to vote on the bill. So before we even voted on the bill, the question was asked, Do we have a copy of the bill that we're going to be voting on? And the funny thing was we're supposed to have a copy of it here on the floor before you vote on a bill, and there wasn't any copy here. In fact, the clerk was still turning the pages trying to get these 300 pages passed in the dark of night into the bill. And then, of course, the thing was rushed forward and was voted almost a straight party-line vote.

It was the largest tax increase in the history of our country, but it also had a lot of other component parts which were very onerous. For instance, it put the Federal Government basically into the building code business telling local communities that, for instance, if you have a garage, you've got to have an outlet for your electrical car. So it was very intrusive from a red tape point of view.

But the reason that I wanted to introduce our discussion on health care tonight in this context is why in the world would the U.S. Congress be voting 300-page amendments into a bill at 3 o'clock in the morning and we don't even have a copy on the floor and rush it to a vote?

Now, to an average person, an average American, that would seem like not much transparency, not much time for people to read 1,400 pages of bill and know what they're voting on. So why would you do something like that? The logic is simple. If people don't know what it is in the bill, it's easier to get them to vote for it. You may say, Well, that's not a very honest or fair tactic, but that's what we do on this floor over the last 6 months. That's what has been going on.

And that's what the attempt is going to be on this great big bill of basically taking 20 percent of the U.S. economy, that is the entire medical sector, and putting it under government control. This is a very, very big change in America. You wanted change. Boy, when you see 20 percent of our economy going to be run by bureaucrats in Washington, D.C., I guarantee you there is change.

This bill, we've been talking about it a number of weeks, but the same idea. People don't really want you to know what's in the bill, so we're going to talk about what is in the bill.

Now, on the surface—and I have been joined by a doctor from Louisiana, a fantastic guy, a medical doctor. He

knows something about medicine. He spent his life practicing medicine.

What I would like to do is to say, to begin with, that on the surface this looks like a pretty good deal. Well, what's being promised here? First of all, you are going to get free health insurance and free health care. Free health insurance, free health care. That sounds pretty good. What else are we gonna get? Well, I just heard Democrats on the television this morning saying any kind of health insurance you have now you get to keep it. So if you've got something you like, don't worry, you can keep what you've got. You can keep it the way you have it, but there are other people who are going to benefit from this. So you can get free health insurance but you could also keep what you have.

And also, the other thing about this proposal is it's going to save money. In fact, we've heard the President say, If you pass this, it's going to help us get the economy going and get jobs going and help America get going because of the fact it's going to save so much money.

Well, I suppose if those three things were true, everybody would be for it. The fact of the matter is an awful lot of people are not for this bill because those things are not all what they appear to be on the surface.

So let us take a look, first of all, at the free health insurance question and also the fact that you are going to save money. Well, one of the things when government starts to do things, particularly stuff that they're not very good at doing, when the government starts to do too much, we notice these things happen. First of all, it gets expensive. You have a lot of bureaucracy and rationing. You also have an inefficient allocation of resources. We've seen this in many other departments of government and you see degraded quality.

Now, do we have any evidence to suggest that what the Democrats are saying, that this is so efficient it's going to save money and it's going to be free and you can keep what you have, is there any evidence to suggest otherwise? Well, there certainly is, but this is something to think about. If health care is expensive now, just wait until it's free.

We have, joining us on the floor tonight, a doctor that I have come to respect deeply from Louisiana, Dr. FLEMING. I would like to yield to Dr. FLEMING in a moment or two. I would like to talk a little bit about these claims. Is this an efficient way to be running medicine? And what is your impression about these claims that this is going to be something where you get to keep whatever care you have?

Mr. FLEMING. I thank my friend, Mr. AKIN.

And as you know, I have been a family physician for 33 years, and I've also been in the private business segment apart from my medical practice for over 30 years. And I've come to learn both inside and outside of health care, looking from the outside in and the inside out, that government does just what you suggest; it tends to bloat things. It has difficulty dealing with the inefficiencies in the system.

And I will just give you one quick example that I deal with every day in my medical practice, and I do still practice, and that is take Medicare, for instance. In a government system like that, if there is fraud or abuse or waste going on, the government has to throw out a wide net, a very expensive net. It has to put a lot of resources in to catch a few people doing very egregious things and maybe doing a little bit to them, maybe a few months or a couple of years in jail.

Mr. AKIN. So things like Medicaid, you always hear about a tremendous fraud level in Medicaid. Would that be an example of what you are talking about?

Mr. FLEMING. Correct. The reason why it's so tremendous is because only a scratch of it is ever detected.

Mr. AKIN. So people get away with a lot of fraud in Medicaid, and that runs the cost up to make it less efficient.

Do you have other examples?

Mr. FLEMING. If you take a private organization, let's say a health maintenance organization, Mayo Clinic, which has been in the headlines lately, or Kaiser, they track their providers very closely. And if they're going off the scale, it doesn't matter whether they are doing something illegal or not. If they're just simply overusing—or in some cases underusing or inappropriately using—or doing things that are not within what we consider a good standard of care, then they're going to be reeducated or they're going to be terminated. You don't have to go through all of the expense to get very few people and really get very poor results.

Mr. AKIN. How many people get busted for Medicaid fraud? Does that happen a lot?

Mr. FLEMING. I don't have a number on that, but I think it's a handful.

Mr. AKIN. A very small number.

Mr. FLEMING. A very small number compared to the literally billions of dollars each year where Medicaid and Medicare fraud occurs.

Mr. AKIN. Another thing that we could take a look at—because this is an assertion that we're hearing the President make that this thing is going to help our economy, and yet the Congressional Budget Office took a look at the first bill that the Democrats trotted out here, and they were looking at $2 trillion.

Now, that's spending $2 trillion. It's hard to make a case that that's going to save money because we're not spending that $2 trillion now, and yet they're saying this is going to be $2 trillion.

Well, they went back to the drawing board, came back and with a little hocus-pocus, and taking some money from some other places, they got it down to $1 trillion. But that doesn't seem like that's spending less. It's a trillion more than we're spending right now.

Mr. FLEMING. Absolutely. And incidentally, where they found the savings was to deeply gut Medicare, which is already underfunded.

Mr. AKIN. So they're going to take the money out of Medicare in order to make it look like it's not really $2 trillion, it's more like $1 trillion.

Mr. FLEMING. Yes.

Mr. AKIN. Now that big cap-and-tax bill that we just passed, which was the biggest tax increase in the history of our country, was only about 780-something billion dollars. So that's less than 1 trillion. So that huge tax increase won't be enough to pay for the system, I suppose.

Mr. FLEMING. That is correct.

Mr. AKIN. Now, the other thing is it's not like we're flying without instruments on this course that we're taking because various States have tried to do what the Democrats are proposing. It's not new; it's just new to do it at the whole Federal level. Various States have tried it. Tennessee was one, Massachusetts was the other. We've got some of the results right here on this chart about what happened in Massachusetts.

In 2006, Massachusetts required universal health care coverage, which is what's being proposed here by the Democrats much like the current Democrat plan. People were required to purchase specific levels of coverage. Now, what was the result of doing that? It's not like this is new. This is something we tried. Health care costs were up 42 percent since 2006. That doesn't look like that's going to save any money. That's where that $2 trillion is talking about. This is very, very expensive. Health care access is down. That is, patients had to wait almost 70 days to see a doctor in Boston. And so are those the kind of results that we want?

Now, health care costs are 133 percent of the national average. So this jacked the cost of health care by a third over what it was before. So it's not like it hasn't been tried. What we're doing is nationalizing a failure.

Now, the results in Tennessee were not much better.

Doctor, do you recall that?

Mr. FLEMING. If the gentleman will yield for a moment.

It's very interesting that the Democrats claim that we need a government-run system to compete with the private system to drive costs down, but if you dig into that, what you find out is just the opposite is happening today. Medicaid, and in the case of TennCare, was putting tremendous pressure on the private insurers and making their costs go up.

So the first thing we could ever do, if this were possible, to slow the rise in costs in private insurance, and that would be to remove the burden of Medicare and Medicaid on them.

Mr. AKIN. In other words, are you saying that the private medical insurance people that are writing medical

insurance plans are subsidizing Medicare and Medicaid?

Mr. FLEMING. Absolutely. And if I could give you an example in my own practice, the typical Medicare or Medicaid patient reimbursement is under my cost. So I have to see a certain number, hopefully twice as many private insurance, just to break even. And typically in a medical practice, particularly in a rural area—and this is why you see doctors closing up—as their patient mix of Medicare and Medicaid grows—and again, that's single-payer, government, you know, so-called public plan that exists today. As that percentage grows, their chance of going out of business grows as well.

□ 2000

Mr. AKIN. So in other words, what is going on then is in order to fix the part of health care that the government is already meddling in, which is in terms of medical payments overall, the government handles half the money that is going through health care. If you take Medicaid and Medicare and you add that much money up, I think that's about half of the total of all the money spent. So we already have the government meddling in half of it, and now what's happening is you're asking the privates to support all this public stuff, right?

Mr. FLEMING. Yes.

Mr. AKIN. And that then is adding to the cost of everything. So we have already, talking about nationalizing health care, Tennessee just about crashed their economy trying to do the same thing, is that correct?

Mr. FLEMING. Yes, that's correct.

Mr. AKIN. So it isn't like all of these promises that this is such a wonderful health insurance, in other words, the thing that strikes me a little bit would be, let's say somebody said to you, It sounds like what they are selling sounds pretty good. The government is going to give you free health insurance, free health coverage, not just insurance, but even health care access. If somebody said, would you like the government to give you a free home? I mean we would be crazy to say no. Of course, I would like a free home.

Then they would follow it up with a followup question, do you want to live in government housing? Oh, that's a different question, isn't it? And isn't that the parallel that we're talking about now? We're going to give you free medical insurance, except that you've got to wait a whole lot longer, and it is a whole lot more expensive. Wait just a minute. I like the idea of free medical insurance. But is that really what we're getting? You have to take a look a little bit below the surface. So we have seen it didn't work in Massachusetts. It didn't work in Tennessee.

We are joined by another doctor, a good friend of mine. It is interesting that doctors are coming out to talk about this plan, isn't it? We have got a Dr. BROUN from Georgia, another medical doctor. He has a great reputation and is bold in just laying things out and telling it like it is. It is terrible English but it is a good phrase. Dr. BROUN, please join us.

Mr. BROUN of Georgia. Thank you, Mr. AKIN. I appreciate your yielding me some time. As you know, I just walked in a moment ago. I wanted to bring out something that you may or may not have talked about. The American people need to understand something. They've been promised that if they like the private health insurance that they have today, they can keep it.

Mr. AKIN. Now, just butting in for a minute, I heard a congresswoman from this Chamber on television this morning, walking past a TV set in the gym of all places, and she was saying, if you like what you have, you can keep it. And yet we had copies of the bill that was proposed, the Democrat plan, on the floor, and it didn't say that, did it? Go ahead, please.

Mr. BROUN of Georgia. No. In fact, that's what I wanted to bring up. If you like what you have today, you're going to lose it. Thank you, Dr. FLEMING, for giving me this chart. But if you like what you have today, the American people are going to lose it.

Mr. AKIN. Say that again? In other words, today, you have got some insurance, you have a doctor you like, and if you like that, what the Democrat said is you can keep it, and, in fact, what the bill says is you're going to lose it? Now that is really a radical difference.

Mr. BROUN of Georgia. Well, that's correct. And the reason that people are going to lose their private health insurance that they have today is because the bill requires the health care czar, they call it a ''commissioner'' in the bill, is going to set the health care plan for every single individual in this country.

Mr. AKIN. Wait a minute. You're saying there is some high level government bureaucrat and they call him a ''czar'' or a ''commissioner?''

Mr. BROUN of Georgia. They call him a ''commissioner.''

Mr. AKIN. He could be a czar. A commissar?

Mr. BROUN of Georgia. No, they don't call him a ''czar.'' They call him a ''commissioner'' in the plan, but this fits the pattern of the czars that the President has established. The funny thing is this President has set up more czars than Russia did throughout its history through 200 years. We have more czars in the last 6 months than Russia has ever had.

Mr. AKIN. But this is not a czar, this is a commissioner though?

Mr. BROUN of Georgia. Well——

Mr. AKIN. But maybe you call him a commissar. We can compromise. Go ahead.

Mr. BROUN of Georgia. The bill calls him a ''commissioner.'' But he fits the pattern of this health care czar because he is not confirmed by the Senate. He has no one to answer to but the President of the United States. Congress has no control over what he does.

Mr. AKIN. So he's independent, and he can do whatever he wants.

Mr. BROUN of Georgia. Absolutely.

Mr. AKIN. So what does the section say of the bill?

Mr. BROUN of Georgia. Absolutely. It is kind of like a dictatorship.

Mr. AKIN. It sounds a lot like a dictatorship. What does the section say? Does this contradict what I just heard a congresswoman saying on television today?

Mr. BROUN of Georgia. Absolutely, because what it is going to do is this health care commissioner, I won't use the word ''czar,'' but that's what he is going to be, this health care commissioner is going to set every single private plan in this country, and the employer is not going to have a choice about it, and neither is the employee. If the employee doesn't want that plan that's set by this health care commissioner, established by the President, appointed by the President, then that individual is going to be fined through the Tax Code, and they're going to be fined by having to pay higher taxes for just not accepting the mandated coverage that this health care commissioner and this administration is going to put upon them.

Mr. AKIN. So what you're saying is this bill literally says that by the end of a 5-year period, a group health plan must meet the minimum benefit requirement under section 12, 121. So in other words, what we're saying is that you could have a plan you might like now, you have got private health insurance, but if it doesn't meet the government plan, then at the end of 5 years at the longest you just can't have it, because your plan has to be exactly like the Federal one, or at least has to have all of the things that the Federal one has.

Mr. BROUN of Georgia. Let me point out a specific here. Particularly with this administration, which is the most pro-abortion administration that we have ever seen, obviously what this plan is going to include, if Barack Obama has anything to say about it, is taxpayer-funded abortions. And people are not going to have a choice. They're going to have to be buying a plan and help support a plan, even if they disagree with abortions, that will pay for abortions.

And it may be, there's a very high potential that that plan to cover everybody within an employee of a particular business, it may be that a single male is going to have to pay for OB coverage. It may be that a person who is past, a couple, for instance, who works for a particular company who is past the childbearing ages are going to have to pay for OB coverages, because this health care commissioner is going to mandate to every single business, every single private insurance company, whether it's individually purchased or whether it's purchased through the company that they work for, this health care commissioner is going to mandate coverage to every single human being in America.

Mr. AKIN. I would like to stop for a minute just as I started out this evening, Doctors, the whole secret of bringing something to the floor really fast, do it at 3 o'clock in the morning, get that 300-page amendment—they haven't even got the bill together—and quick, quick, vote on it before anybody knows what is in it is great strategy if you want people who are voting not knowing what they are voting for, especially if you're trying to hide stuff in the bill.

And what I would like to do is, I would like to just take a moment and just go around and let's start thinking about the people that if they understood this bill, which you're going to have to be pretty smart, because this is an organizational chart of the bill.

But let's start talking about the people who might want to vote against it if they knew what were in here, because the promise is it's all free, you can keep what you have. It's all free except what? A couple trillion dollars, or if you cheat with the numbers, a trillion dollars more than the biggest tax hike. You can keep what you have except you can't keep what you have, and you're supposedly going to get good health insurance and good coverage. And there's, of course, a difference between insurance and whether you get coverage or not.

I would like to start categorizing who are the people, if they were us, they would be voting, ''No, by golly, darn it all, we don't want it, no, no, no.'' Who is going to vote ''no'' on this thing? Because I think as we look at this, we'll see that there's a lot of hidden stuff here, and there's a lot of people that have good reason to encourage every one of us to vote ''no'' on it. Let's just start talking about some of the groups, and you brought the first one up, Dr. BROUN, and that is the people who let's say they are pro-life.

In America, you have constituents, I have constituents, we have some who are pro-life, and some who believe in abortion and that people should have a right to abortion. Those are deeply held views. But what is going to happen in this bill—and if this were not going to happen, there could be an amendment offered to make sure that it doesn't happen—and that is that the government plan is going to include that you could get free abortions. We did that for a while in America. We had subsidized abortions.

So if you're pro-life, or let's say you're pro-abortion, but you think it's unfair to make people who have deep religious convictions that think that killing the unborn is a wrong thing to do, are you going to make them pay taxes to fund something that you think is fundamentally wrong? So if you're pro-life, you're not going to vote for this thing unless there's some amendment that says we want a guarantee that this government plan doesn't give people a right on government money to abort their kid. So if you're pro-life, that is one group that will say ''no,'' I think. But go ahead, Dr. BROUN.

Mr. BROUN of Georgia. The American people need to understand that, that this plan, though it is silent on abortions, amendments to the plan have been presented to make sure that the plan does not make taxpayers pay for abortions.

Mr. AKIN. Amendments were offered where? In committees?

Mr. BROUN of Georgia. It has been offered in the committees. And those amendments have been defeated. In other words, the Democrats, and it has been pretty much party line—

Mr. AKIN. Party line vote, the Democrats are saying they don't want that amendment that says you can't get a free abortion?

Mr. BROUN of Georgia. That's exactly right.

Mr. AKIN. So if you're pro-life, first off, that is one group of people if this weren't in the dark of night and all were known about this bill, certainly the pro-lifers wouldn't vote for it, is that right?

Mr. BROUN of Georgia. That's correct.

Mr. AKIN. I would like to go to Dr. FLEMING. Do you have another group?

Mr. FLEMING. Well, of course, physicians.

Mr. AKIN. Okay, two doctors are here.

Mr. FLEMING. You heard tonight the Democrats talk about how the AMA has come out in support of this. Well, that's true and it's not true. What really happened was last month, the rank-and-file physicians across the country met with the AMA, and they voted not to support it and then after——

Mr. AKIN. So the doctors voted ''no'' about supporting this. So you guys are both doctors, and the other doctors said, No, this isn't a good idea, right?

Mr. FLEMING. Exactly. And then, again, one of those behind-the-scenes, in-the-backroom deals, a deal was cut over the sustained growth rate, the SGR, that would be cast aside if the AMA would sign on to it. And so without consulting physicians, the board of trustees of the AMA cut the deal with the President in the wee hours of night, and then sent them a letter in support. Thus far, 18 State chapters of the AMA and a growing number have come out saying that they do not support this. And I would really I think say with confidence a majority of the physicians across this country do not support government taking over.

Mr. AKIN. We have two groups. I'm going to keep score. First of all, if you're pro-life, you're not going to like this bill. Second of all, in general, the doctors don't like the bill. Even though the AMA cut some deal, their membership told them, We really don't support this thing.

Mr. FLEMING. Absolutely.

Mr. BROUN of Georgia. There have been two other medical groups that have endorsed ObamaCare. One is the American College of Surgeons, and the other one is the American College of Obstetrics and Gynecology. Well, ACOG, the American College of Obstetrics and Gynecology, have been promoting abortion. So go back to your pro-life group; they wouldn't sign on to a plan if we pay, with taxpayers' funds, abortions. That's one thing. Secondly, back to the AMA; I don't think they represent but about 20 percent of doctors here in this country.

Mr. AKIN. So the AMA doesn't represent all doctors, just only 20 percent. Even the 20 percent wasn't in favor of it?

Mr. BROUN of Georgia. That's right. In fact, AMA represents very few doctors in this country. I'm a member of the Association of American Physicians and Surgeons. Dr. Jane Orient is the executive director. It has very ardently opposed a government takeover of health care for years and years, and looking to the marketplace, has presented ideas about how to lower the cost of health care for everybody in this country to make it more affordable. But the liberals in Congress won't hear of that type of philosophy. So the AMA's endorsing this plan, actually I think they have been very shortsighted, because as Dr. FLEMING said, they cut a backroom deal by just a little handful of the leadership in they AMA.

They didn't consult any doctor here in Congress that I can find. Neither did any of the other two groups. They didn't consult any of us who serve here in Congress, and cut these backroom deals on the SGR, sustained growth rate, or what we have called ''doc fix'' here.

□ 2015

But they're being very shortsighted because, the thing is, the taxes for all those doctors is going to go up above what they have been promised to be given in not cutting their fees. And so net income for the doctors is actually going to go down, and the doctors ought to understand that the AMA has sold them out.

Mr. AKIN. I'd just like to keep going on the list because we've got one. The people who are pro-life, they don't want this thing. The doctors don't like this thing. We have two doctors here that don't like it.

I want to bring up another category because, when I wake up in the morning sometimes, I'm feeling a little older and achier. I just hit 62. I want to talk about old geezers like me. Seniors. If you were a senior citizen in America, what do you think about the government running health care? Do you think you're going to like that idea very much?

Mr. FLEMING. If the gentleman would yield.

Mr. AKIN. I do yield to Dr. FLEMING.

Mr. FLEMING. I would say for two reasons they will not like this. First of all, you heard me just say that part of this plan is to gut Medicare to a great extent, which the elderly depend on. Medicare's already going bankrupt in

less than 10 years and is heavily subsidized by private insurance. And so what we're looking at is taking away the subsidy.

Mr. AKIN. So we're going to gut Medicare first. So if you're a senior you're not going to like gutting Medicare.

Mr. FLEMING. Yes. And if I could also add, one other problem is this Comparative Effectiveness Committee that's being created——

Mr. AKIN. Okay. So there's a committee somewhere in this chart that's a Comparative Effectiveness Committee. And what is it going to do?

Mr. FLEMING. Well, it's tasked with the job of deciding who deserves what or what is really too expensive for whom and what sort of diseases. And if you look at the other countries that do this already, the United Kingdom, Canada and others, the elderly are the first ones that are counted out under this program.

Mr. AKIN. So let's say you're a smart bureaucrat, and you've got an awful lot of money being spent on health care in America, and the budget is going bust, and you're thinking, oh, my goodness, how am I going to fix this. And so you find that the old 80/20 rule is working just fine right here in health care; that is, that 20 percent of the people have 80 percent of the cost. And guess who the people that have 80 percent of the costs are—it's old geezers like me. And so you're going to say, hey, we're going to need to regulate this system, and so we're going to deny care. In other words, what we're going to do is we're going to say that the doctor and the patient don't make the call. We're going to say some bureaucrat in Washington, D.C. decides whether you get treatment or not. That may seem pretty outlandish or harsh, but the fact of the matter is that's what's going on in Canada.

And this is personal to me because I've got a bad hip. And people keep saying, Akin, how come you're limping? I fell on some ice 10 years ago. Well, the reason that I'm limping is that I'm postponing getting a hip replacement. In Canada, if you're my age, at 62 you can't get a hip replacement. In fact, if you're later fifties in Canada you can't get a hip replacement. Guess where you get your hip replacement? You come to the good old USA. And so if you're an old person, what's going to happen is there's going to be rationing of care, and you're not going to get taken care of because the bureaucrats say you're too old, it's not a good financial investment, but we'll give you some pain killers. So if you're an old person, first of all, Medicare is going to get taken. But the second thing is you've got the problem of somebody coming between you and your doctor, and that's the bureaucrat from D.C. So if I'm an a older person I'd say, if I'm a senior I sure don't want to touch this thing.

I want to yield to my friend from Georgia.

Mr. BROUN of Georgia. Thank you, Mr. AKIN.

I just want to talk a little bit more about something that Dr. FLEMING brought up is this comparative effectiveness research that was funded through the stimulus bill; got a ton of money to set up this commission or study group to look at comparative effectiveness research. Age is one of the parameters. What happens in Canada today, if you need coronary bypass surgery, you just go on a waiting list and you just stay there till you die, if you're past a certain age. If you're diabetic and develop renal failure and need dialysis, I think the age is 55. I'm not certain of the age up there. In Great Britain it's the same way. They say, well, that's fine. We'll put you on the list for a renal transplant, or even for dialysis. You just never get off the list. You just die there. And very quickly.

Mr. HOEKSTRA. Will the gentleman yield?

Mr. AKIN. I yield to my good friend who has joined us at this time, not a medical doctor, but known for his seniority on the Intelligence Committee. So we have a guy who is intelligent. Please join us, Congressman HOEKSTRA.

Mr. HOEKSTRA. I thank my colleague for yielding.

I hate to correct my colleagues, but that's not what happens to everybody in Canada. Being a border State, we know another thing that happens in Canada—that when a Canadian goes to their doctor or their hospital, or it is determined that they need treatment, and that they're going to be down the list, instead of hoping to some day go to the hospital, in Canada, when you get sick, a lot of people go to the airport or they go to the bridge or they go to the tunnel or they go to the border crossing. In Michigan they go to the bridge or the tunnel, and they come from Windsor and other places in Canada because they come to the United States for excellent health care.

So they do have another option, and it's called American health care.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. HOEKSTRA. Absolutely.

Mr. BROUN of Georgia. Well, you're not going against what I was saying. In Canada, it happens that way. But they have a relief valve, and that's called the United States and the excellent quality of care that they can get here on demand. But in the Canadian system, in the British system, if they stay there, they just die. They don't get the care that they need to save their lives.

And so you and I agree. You, in Michigan, have seen that first and foremost in your communities in places like the University of Michigan in Ann Arbor.

Mr. HOEKSTRA. But reclaiming my time, the problem is, you know, if we implement this kind of national health care plan, my colleague will have an advantage.

Mr. BROUN of Georgia. How's that?

Mr. HOEKSTRA. America's escape valve will become Cuba, and you're closer to Cuba than what we are.

Mr. AKIN. That's not exactly an encouraging thought. We've had a guy who's the top guy in intelligence and two doctors, and I don't know what I'm doing in this conversation at all. But I know one thing. I've had some experience with health care in the sense that I'm a cancer survivor. I was one of those guys in my early fifties. I came to Congress, bulletproof, and I'd had a very lousy insurance plan provided by the State of Missouri, and I hadn't had a physical for a long time. I thought I was bulletproof. But somebody told me, hey, when you get to be over 50 you need to go get yourself a physical checkup. So I waltzed down to the doctor's office right here in this Capitol building run by the Navy doctors. They said yeah, Todd, you are bulletproof and you're doing great, except one little detail. You have cancer. You have prostate cancer. I'm going, oh my goodness. Let me tell you—doctors, you know—that gets your attention when they use the big C word.

We've talked about people who are pro-life. They're going to hate this bill. We've talked about older people because their care is going to be rationed. They're going to hate this bill because Medicare is going to be decimated and they lose their insurance, in spite of the promises. The bill says everybody's insurance is going to be government insurance. But let's talk about somebody who gets cancer. If you go over to the United Kingdom, they've got this kind of socialized medicine. And let's take a look at the United States. The survival rate for cancer in men—that's got my attention—62.9 percent in America. In the United Kingdom, 44.8. That says you have an 18 percent greater probability you're going to die in the U.K. because of their socialized medicine. If you're a woman it's a little bit better. Cancer survivors in women in the U.S., 66.3. They're doing a little better than the men. And in the U.K. a little better still. Fourteen percent greater chance you're going to die over there.

So if you're a cancer person, you don't want this plan. You don't want this socialized medicine. If you're prolife, you don't want this thing. If you're an older person, you don't want this thing.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. I do yield.

Mr. BROUN of Georgia. I want to point out a chart that Dr. FLEMING pulled up. The one that Mr. AKIN is looking at here is about all cancers. But if you look at prostate cancer and breast cancer, it's absolutely phenomenal at the difference in the rate. For instance, in the U.S., which is the purple bar here——

Mr. AKIN. That's breast on that side. I can tell a breast from a prostate, gentleman. But go ahead.

Mr. BROUN of Georgia. I was looking at the word prostate, so I apologize. But breast cancer, actually, with the new technology we have of imaging and the diagnosis to try to diagnose this

early, as well as some of the new drugs that are coming out on the market today that will all be denied actually under care because it's not cost effective. But 5-year survival rate for women is way over 90 percent in the United States. But look in England, it's hard to tell, but it's much lower.

Mr. AKIN. I can see the chart maybe better than you can, gentleman, from where I'm standing. What I see, the purple is the United States. Prostate cancer, I'm seeing somewhere between 90 and 100 percent survival rate, and I'm seeing the sort of greenish bluish color is England. I'm seeing something about the 50 or 40 percent survival rate. So you're saying this generalized cancer statement, it's a lot different with prostate. It's almost 2–1 difference. In other words, in Canada, it's a flip of a coin whether you're going to live, whereas the United States, it's a good chance you're going to live fine.

Mr. HOEKSTRA. Will the gentleman yield?

Mr. AKIN. I do yield.

Mr. HOEKSTRA. Let's personalize this because those are the statistics.

Mr. AKIN. It's personal to me. It was my prostate, gentleman.

Mr. HOEKSTRA. I called one of my constituents today and we were just talking about some different issues. And then he shared with me that his daughter was just diagnosed with cancer.

Mr. AKIN. Breast cancer?

Mr. HOEKSTRA. No. I think it was the prostate cancer.

Mr. BROUN of Georgia. Not in his daughter.

Mr. AKIN. Not in the daughter.

Mr. HOEKSTRA. I don't know.

Mr. AKIN. You've got five doctors here. You better be honest.

Mr. HOEKSTRA. I'll give him a call back. But what he told me is they've taken her to Mayo, and the survival rate is pretty good.

Mr. BROUN of Georgia. Almost 100 percent. Five years.

Mr. HOEKSTRA. And what he said is, I'm thankful that in the United States I can take my daughter to a place like Mayo because Mayo, they're always testing, they're always improving, because that's the vision I think that we, as Republicans, have. This is not about going to the lowest common denominator. We believe that in America we ought to have high quality health care for everybody. And that's symbolized by Mayo because they always do the research and they do these time studies over people.

Mr. AKIN. Just to interrupt a minute. Now, isn't America really known for innovation in health care?

Mr. HOEKSTRA. People from all over the world go to Mayo Clinic, they go to the Cleveland Clinic. They go to Ann Arbor. They come to the United States because of the excellence in health care.

Mr. AKIN. Don't we have a lot of new drugs that are developed in America?

Mr. HOEKSTRA. Absolutely.

Mr. AKIN. And do we have new procedures as well, doctors?

Mr. BROUN of Georgia. Yes. I was going to talk about that with prostate cancer in a minute or two.

Mr. HOEKSTRA. What I found interesting, and I shared it with him, I said, the next time you go to Mayo, give one of the administrators a hug and write them a check for the work that they do there, because the Mayo Clinic recognizes what this is going to do to them. They came out foursquare opposed to this plan.

Mr. AKIN. So not just doctors now, but the Mayo Clinic is opposed to this scheme that we have seen concocted here.

Mr. HOEKSTRA. Because I think what they recognize is the scheme up there will take a Mayo and, rather than allowing Mayo to continue to lead the world, along with these other institutions in the United States to provide quality, excellence, innovation and research and treatments that are then shared with doctors and hospitals around the country and around the world, I think what they say is, well, that threatens us at Mayo and we're no longer going to be able to provide that.

So I think we need to make it real clear what Republicans are for and against. We are against that, that chart up there. We are for high quality health care.

Mr. AKIN. I think that's a very strong point.

I was just starting out our discussion, gentlemen, this evening talking about why in the world would you bring up something at 3 o'clock in the morning, a bill hasn't even been read and you want to push it through in a great big hurry? And the reason is you don't want people to know what's in the bill because it's easier to pass it.

Mr. HOEKSTRA. Will the gentleman yield? I need to correct my earlier statement. Colon. She has colon cancer.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. Yes, I do yield.

Mr. BROUN of Georgia. I'd like to go back to what Governor HOEKSTRA, PETE HOEKSTRA, our friend, just said from Michigan about Mayo Clinic and the innovative techniques that they're developing. And they're being developed at the Medical College of Georgia in Augusta, Georgia that I represent. Innovative techniques are being developed all over this country for all sorts of health problems.

□ 2030

But now let's take the cancer that you have, prostate cancer. That's the most common cancer in men. With the new techniques that we've done and the stereotactic surgery and some of the things that go on today, we have developed surgical techniques to take care of prostate cancer that by and large will prevent men who have prostate cancer from having what in medicine we term incontinence which means urine leaks out and they don't have any control of the urine and have to wear a condom catheter with a bag on their leg to catch the urine because they can't control it. That is almost a thing of the past because of these new techniques that have been developed.

Mr. AKIN. That's part of the innovation that's practical for people, isn't it?

Mr. BROUN of Georgia. Absolutely. And in the past, people who had prostate cancer, there are many of them following that surgery were sexually impotent and could not perform sexually. With these new techniques, we've developed these new surgeries that prevent the impotence, prevent the incontinence, but the types of research and the innovative efforts that doctors make in this country today are going to be totally—

Mr. AKIN. Those different technologies and developments, were those a product of the government coming up with those things?

Mr. BROUN of Georgia. Government does fund some research through NIH and other entities, and thus there is—

Mr. AKIN. It is the private sector that comes up with things?

Mr. BROUN of Georgia. Yes, sir. It's private sector and it's doctors all over this country; but when we go to rationing care, then what we're going to do is demand the lowest quality of care for everybody in this country.

Mr. AKIN. It goes back to that phrase, you know, it would be nice if the government gave you a free home, but do you want to live in government housing.

Mr. BROUN of Georgia. So those techniques will not continue to be developed.

Mr. AKIN. Let's talk about people who would be against this bill. We've already said people who are pro-life are not going to like it. If you're an older person, you don't want rationed health care. You don't want Medicare savaged financially. If you think that it's important to have innovation and new technologies, if you're a cancer person or someone else, you're going to want that new technology marching along to hopefully protect you there, and so those are people that are not going to want this full government takeover of health care.

Let's talk about people in this country, I mean, we all have constituents. Don't you have some constituents that don't like illegal immigration?

Mr. BROUN of Georgia. Absolutely.

Mr. AKIN. And is this bill basically going to give illegal immigrants free health care?

Mr. FLEMING. About 10 million.

Mr. AKIN. About 10 million?

Mr. FLEMING. Yes, approximately 10 million illegal immigrants are in the United States today, and they, of course, are here working, many of them, most of them, but there's nothing that the government derives to pay for the social services, education, health care for them. And of course

that's 10 million people that either should be here legally and then paying into the system and paying their way or they should go back home because they're here illegally to begin with, and that would not be a cost or a burden.

Mr. AKIN. So if you came to America before—and we had some people coming in with the drug traffic and they also smuggled individuals into our country through illegal immigration. If before we had trouble with people coming here illegally, if we give them free health insurance and health coverage, that's going to make it more attractive for them to come, right? So if you don't like illegal immigration then you are not going to like this bill either, are you?

Mr. FLEMING. Exactly.

Mr. AKIN. Okay. So I'm just trying to think of people who would want to vote ''no'' on this bill. Go ahead. I yield to Dr. BROUN.

Mr. BROUN of Georgia. We don't know how many illegal aliens are here. They're not immigrants. They've committed crimes so they're criminals. They not only come here illegally, which means they're criminals, but virtually all of them have illegal documents, forged documents so they're guilty of many law infractions. But this health care plan, ObamaCare, is going to give every single one of those illegal aliens in this country free health insurance at the cost of taxpayers.

And what that means is as we ration care to everybody in this country, that means American citizens, American taxpayers are going to have less care provided to them because we're funding these illegal aliens. And when we hear this number that 47 million people don't have health insurance—they say don't have health care. Everybody has health care. They have access to health care in this country today. Everybody has access—that 47 million people don't have health insurance, of that is at least 10, if Dr. Fleming's right, it could be up to 15, even 20 million illegal aliens in this country. So it's a huge part of that 45, 47 million people that don't have insurance.

Mr. AKIN. So part of the reason for doing this bill, at least supposedly, other than just this uncontrollable desire for the government to run that, but aside from that, there's some 40 million people that don't have health insurance, and this is supposed to help fix that problem. But you are saying 10 of those 40 at least are illegal, and the way the bill is set up there's nothing in there that says that the illegals don't get free health insurance.

Mr. BROUN of Georgia. They will get free health insurance.

Mr. AKIN. They will get it?

Mr. BROUN of Georgia. They will get it, yes, absolutely.

Mr. AKIN. So if you don't like the idea of illegal immigrants, you're having to pay for their health insurance, then you wouldn't like this bill either; is that right?

Mr. FLEMING. That's correct.

Mr. BROUN of Georgia. Let me bring up another category of folks if you don't mind, if you will yield just for a second, and that's employees.

Mr. AKIN. Okay.

Mr. BROUN of Georgia. If you work for a company, you shouldn't like this, and the reason for that is that mandated coverage directed by the health commissioner—

Mr. AKIN. Or is it the czar? It was commissioner.

Mr. BROUN of Georgia. The health czar, the health commissioner that is going to mandate to the employee's employer what kind of care that they're given, it's going to do two things at least to the employee and maybe even more.

Number one, the employee has to accept the insurance provided by the employer. Now, of the 47 million people who are not insured today, some of those are eligible for insurance through their employer, but they just choose not to take it. But they're going to be mandated to take the insurance through their employer, and if they don't, they're going to be fined through the tax system. It's a 2 percent tax or fine for them not taking employee-mandated——

Mr. AKIN. Wow, you've got another category. So let's keep this list going.

If you're an employee in a company and you're currently not taking that particular insurance, you're going to be forced to do it. So you're not going to like this bill because it's going to force you to do something you didn't want to do.

Mr. BROUN of Georgia. That's correct. And another thing that's going to happen to that employee, because the employer is going to be taxed or have to pay more for the plan—in fact, a lot of companies are saying already that it would be better for them to just pay the 8 percent tax on those employers than it is to continue to giving them the insurance.

So it's going to force those employees off of their private health insurance that the employer's giving and force them on this so-called public option, the socialized medicine, Medicare-lite or Medicaid-lite that already has huge problems, but they're going to be forced into that. And a lot of them aren't going to want to do that either.

Mr. AKIN. So we already know that people who have a private plan that they like are going to lose that. So if you have a private plan you like, certainly you don't like this.

Mr. BROUN of Georgia. That's correct.

Mr. AKIN. If you are an employee and you don't have a plan that an employer offers because you don't like it, you're going to be forced into that plan. So you are not going to like it. How about if you are the employer? I'd like to go to my friend, Mr. HOEKSTRA.

Mr. HOEKSTRA. I've got another category that I think may not be on your list. I just had the opportunity to watch the President deliver his speech on health care and then answer some questions, and I found it very interesting that the plan that the President was describing is not the plan that we find in the House of Representatives today.

Mr. BROUN of Georgia. Or the Senate.

Mr. HOEKSTRA. Or the Senate. And so then, you know, in the questions the President said, well, let me tell you about the new areas where we have agreement, and this was agreement among the Democrats, not the Republicans. And I think you know that the Energy and Commerce Committee is going to go back to work tomorrow marking up the bill, this health care bill; but it looks like there are now massive changes that are being negotiated that are being feverishly written into law tonight and over this coming weekend because this House is on a mad dash because there's an artificial deadline. It has to be done by August 1.

Mr. AKIN. So by August 1, we're going to take 20 percent of the U.S. economy and turn it over to some czar or commissioner or commissar or something, and this is the flowchart of what's going to happen.

Mr. HOEKSTRA. No, it's not the flowchart anymore. That's the flowchart today. The other people that won't like this—because that flowchart is changing as we speak—the other people who won't——

Mr. AKIN. You've already given me a headache.

Mr. HOEKSTRA. The people who won't like this are people who are saying it is 16 to 20 percent of the economy. Let's go through this in a professional way as we write this legislation. Let's make sure that we deliberate it. Let's make sure we understand these consequences that just magically appeared today and give us some time to digest this, because at the same time that the President is saying this group likes it, that group likes it, this group supports it, all of the sudden it's a whole new plan.

And so by tomorrow afternoon there will be, I expect, a new plan on the floor of the Energy and Commerce Committee that nobody in the committee will know what's in it except for maybe one or two people. So people who believe that we shouldn't rush into messing around with their health care and with our doctors and our hospitals and that we ought to be very deliberate and that they would like us to know what's in a bill before we vote on it, and they would like to know what the bill is so they can call us and tell us what they like—

Mr. AKIN. Are you trying to tell me our constituents actually want us to read the bill and know what's in it before we vote on it? Now that's a novel—

Mr. HOEKSTRA. I did a tele-town hall meeting tonight, and there were two areas of questions all night. Number one is, where are the jobs? I am from a State that has 15.2 percent unemployment. They've seen that we

have spent $800 billion. They are saying, PETE, where are the jobs, where are the jobs, where are the jobs, because the impact that it's having on their families, on their kids and those kinds of things.

And the second category was, don't mess with my health care, or don't mess with my health care until I have an opportunity to review it and see what it's going to do to my health care, and, you know, don't vote on anything that you haven't had the opportunity to read and review and to explain to us what it will do.

Mr. AKIN. Well, reclaiming my time, going back to the whole premise, if you do it really fast and nobody knows what's in it, you don't have as many people that are going to say don't vote for this thing, because they don't know what's there.

We've been joined by another fantastic Congressman from Louisiana, a man who's not spent that much time in the House, has distinguished himself already for being articulate and a very penetrating questioner of some of these different schemes that we see, my good friend Congressman SCALISE from Louisiana.

Mr. SCALISE. I want to thank my friend Mr. AKIN from Missouri for yielding and for hosting this hour to talk about health care.

Just earlier tonight, we heard President Obama talking about the latest rendition of his story to the American people about what this bill does and doesn't do. I think what you're seeing across the country, though, is people have now started to see the details of the bill.

I serve on the Energy and Commerce Committee where we've been debating this bill for a few weeks now. We finally got the text of the bill just a few days ago. In fact, we had a hearing with the Congressional Budget Office last week. The day after the chairman of the committee finally released to the public the details of the bill, when we were talking to the head of the CBO about what the cost of this is to the American people, the head of the CBO acknowledged he didn't even have the opportunity to read the bill, but as he started to go through it——

Mr. HOEKSTRA. If the gentleman will yield, you think that's the bill you're going to be working on tomorrow afternoon?

Mr. SCALISE. Well, you know, I think it is changing every day, and the sad part of it is what's not necessarily changing are the details. What is changing is the rhetoric.

Every day they seem to come out and say something just to try to appease the American people. When the American people start looking at the details of this bill, they realize this bill gives a government bureaucrat, this new health care czar they're creating—we're not even talking about Cabinet Secretary post, somebody who is actually confirmed by the Senate. We're talking about a Federal bureaucrat, a health care czar, gives this health care czar the ability to take away your insurance if you like it. And so the President will go give a speech and say if you like what you have, you can keep it. The problem is his bill gives the bureaucrat the ability to take your health care away.

□ 2045

Mr. SCALISE. Their bill allows this health care czar to ration health care on Americans, and so American people are looking at this—and small business. And I talk to small business all the time. I just talked to one a little while ago who watched the President's speech and he said, One of the things that we're sick and tired of is all of these new taxes that they keep adding onto the backs of working people and all of these new mandates that government keeps adding onto the backs of people that are taking away their rights, taking away their health care.

And they see it in this bill. And they give all the speeches they want and all the assurances. The problem is, in the bill, they take away those rights.

Mr. HOEKSTRA. I think the gentleman hits it right on the nose, because the alternative to that chart is freedom, is freedom by the American public to be involved in their health care, and if we vote in this massive health care, what we are doing is giving up exactly what the gentleman described. We are giving up our freedom and we are turning it over to this town, to this building, and to that bureaucracy.

Mr. AKIN. The gentleman was just talking a minute ago. You said you're talking to your constituents. A powerful tool that we have is to have a computer call a lot of our constituents and we just can sit and have a conversation for an hour or two. I did that last night with my constituents. You know what I heard about? Jobs. Where are the jobs? You know who's really not going to like this program here is people that are looking for jobs.

Let me connect the dots here. Where do 80 percent of the new jobs in America come from? They come from small business. That is 500 or less employees, 500 or less employees. That's where we make 80 percent of our new jobs. And who's going to pay for this mess? Guess what?

Mr. HOEKSTRA. Small business.

Mr. AKIN. Small business. You take their money away so they can't invest in new buildings, new pieces of machinery, and guess what happens? They don't make the jobs. So if you're unemployed, you're not going to like this very well, are you?

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. I yield to Congressman BROUN.

Mr. BROUN of Georgia. Even if you're employed, you won't like this bill, because what's going to happen is millions of people are going to be put out of work. They're going to lose their jobs because of this ObamaCare plan.

Mr. AKIN. Why are they going to lose their jobs?

Mr. BROUN of Georgia. They're going to lose their jobs because of the increased taxes and burden.

Mr. AKIN. A whole lot more burden on the small business man, and guess what happens? It doesn't create the jobs. In fact, you start to lose jobs.

Mr. BROUN of Georgia. It's going to lose millions of jobs. And those that are working are actually going to have a lower take-home pay because of the increased cost and the mandates on the individual as well as on their business.

So incomes literally are going to go down if you're employed and you keep your job, but there are millions of Americans that are going to literally lose their jobs because of ObamaCare.

Mr. AKIN. This is interesting because our constituents have been telling us jobs are a problem, unemployment is a problem. Now we've set some records. In the last 6 months, we have lost more jobs than ever in any time period since the Great Depression in America. We've lost more jobs in the last 6 months than have ever been lost since the Great Depression. So this is a serious thing.

NATIONAL HEALTH CARE PLAN

The SPEAKER pro tempore (Mrs. DAHLKEMPER). 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 anticipate we're going to have a seamless transition here this evening. It looks as though there wasn't anybody from the other side to appear down here to defend themselves or advocate for this policy. I'm wondering if some of the people haven't gone underground that have advocated for this national health care plan.

But as the gentleman from Missouri had said, we lost more jobs in the last 6 months than since the Great Depression. I think there's something here to illustrate.

Mr. HOEKSTRA. If the gentleman would yield for just a second as you get your chart ready.

Mr. KING of Iowa. I would make my point and then yield, and that is this is a direct contradiction to what the gentleman from Missouri has said. This is the White House Chief of Staff, Rahm Emanuel, who said—what day is today?

Mr. HOEKSTRA. The 22nd.

Mr. KING of Iowa. So it would be today. He said, ''We rescued the economy.''

Mr. AKIN. I hope they don't rescue it much more.

Mr. KING of Iowa. That's the gentleman I intended to yield to. If we rescue the economy, lost more jobs in 6 months than we have since the Great Depression, unemployment has 14.5 million, 14.7 million people unemployed and there are another 5.8 million people who are looking for a job that have exhausted their unemployment benefits, that no longer qualify under the