

results of our action, and we have been creating jobs in the 11th District of Virginia, providing critically needed transportation improvements to our region and putting our people to work.

I commend my colleagues for their support of this legislation and protecting the interests of all Americans.

EARMARKS IN DEFENSE APPROPRIATION BILL

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

Mr. FLAKE. Madam Speaker, later today, the Rules Committee will be promulgating a rule for the Defense appropriation bill that I believe we'll consider tomorrow. This is, in my view, quite remarkable that we will be considering the Defense bill that spends hundreds of billions of dollars, we will be spending less than a day debating that legislation.

What is remarkable about it as well is that there are 1,087 earmarks in the bill, more than 1,000 earmarks in the Defense bill that was considered by the full Appropriations Committee for a total of 18 minutes, not 18 minutes per earmark or per section of the bill or anything else, but the full Appropriations Committee considered that bill for 18 minutes, passed, done, markup finished, and now we've got that bill on the floor tomorrow.

And unfortunately, as is the case or as has been the case with the rest of the appropriation bills this season, it will come to the floor under a structured or closed rule where the Rules Committee, the majority party, will determine which amendments the minority party and members of the majority party get to offer. Breaking from tradition that has held for decades and decades and perhaps centuries in this institution where appropriation bills have come to the floor under an open rule, this will come to the floor under a rule that only allows amendments to be offered that the majority party wants to see, not those that the minority party necessarily wants to offer.

There are 548, at our count, earmarks in this bill that will go to private companies. These will be no-bid contracts for private companies. The majority party will say, well, we're inserting language saying that these earmarks have to be bid out. The purpose of an earmark is to ensure that that contract is not bid out. Otherwise, why earmark it? Why not just let the Defense Department decide where to spend its money?

So these are earmarks. These are no-bid contracts. They're going to private companies. In many cases, those private companies will turn around, and the executives from those companies will make sizeable campaign contributions to the Members who secured the earmarks. That has been the pattern in this place for years, not just with the majority party in power but when the minority power was in power as well. It's simply gotten worse over time.

Our Ethics Committee forces Members—and it's a good thing—to sign a certification letter saying that they have no financial stake in the earmark that they are securing, that a family member doesn't work for the firm receiving it, for example. But there's also guidance issued from the Ethics Committee that says that campaign contributions do not necessarily constitute financial interest. And so Members of this body are given a green light to basically earmark for campaign dollars. It's the so-called circular fund-raising that has become the norm around here.

And if this wasn't bad enough, there are investigations swirling outside of this body. Members' offices have been subpoenaed. Some people on the outside have already pled guilty and are working with authorities involving earmarks and campaign contributions. There are allegations of straw men contributions that have been set up where individuals reimburse for contributions they make to Members who secure earmarks. There are all these investigations swirling outside. Yet we're moving through this appropriation process as if nothing were wrong, and we'll consider a bill in one day and limit the number of amendments that Members can bring forward.

Now, this isn't the perfect way to scrutinize or to vet a bill, I recognize, on the House floor. But it's all we've got when the full committee Appropriations Committee takes a full 18 minutes to approve a bill that spends hundreds of millions of dollars and contains over 1,000 earmarks, 548 of which are no-bid contracts to private companies.

We do that all in a day and then tell Members, oh, but we're only going to allow the amendments that we want to see, not necessarily the ones that you want to offer.

In this legislation that we will consider tomorrow, there's an earmark going to a company called ProLogic, and it is reported that this company is under investigation by the FBI. The status of the investigation is unknown. Reports are simply out there that there are investigations. This company, the executives and lobbyists and those associated with it, have contributed more than \$400,000 to congressional campaign committees. Yet we're still allowing this bill to go forward.

Let's have a new rule for the bill.

AMERICA'S AFFORDABLE HEALTH CHOICES ACT OF 2009

The SPEAKER pro tempore. The Chair recognizes the gentleman from Rhode Island (Mr. KENNEDY) for 5 minutes.

Mr. KENNEDY. Madam Speaker, this legislation, America's Affordable Health Choices Act of 2009, otherwise known as our health bill this year, will guarantee all Americans access to affordable health care without pre-existing condition discrimination.

Imagine that, getting health care insurance without being told that your preexisting condition is going to result in higher premiums, higher deductibles or higher copays. Imagine being able to change your job at will without having to worry that you're going to lose your health insurance. Imagine having no worry that you're going to have to exceed a lifetime cap. Imagine being able to know that you're going to have catastrophic health care coverage.

Imagine knowing that we're going to now move in our health care system from a sick care system that just is the most expensive that we know to actually a health care system where we actually pay for preventive care so that we actually get health care in this country, not sick care; where we pay for prevention, not sick care. We don't have to wait until an asthmatic gets an asthma attack before we get a doctor to that asthma patient. We don't have to wait until a diabetic gets an amputation before we get that critical care. We get prevention and chronic care management.

And what is so great about this legislation is that it includes full parity for mental health coverage. I was proud last year to author the Mental Health and Addiction Equity Act of 2008. What it required is that we finally recognize that mental health and addiction equity is part of our health insurance system, meaning insurance companies can no longer discriminate if you had alcoholism or addiction or depression. Imagine that, we finally acknowledge that the brain is part of the body.

Mental illness is a big part of our country's health care system. It accounts for over 50 percent of the trauma admissions in our trauma one centers and emergency rooms every single weekend. Suicides in our country exceed homicides by two to one, suicides do. And you know what, we don't have a mental health system in this country to speak of because, you know why, there's a stigma out there against mental illness.

We still believe in this country that it's your fault if you have a brain illness. If somehow you have a lower dopamine level or serotonin level, it's your fault. We think you ought to pick yourself up by your boot straps; it's your fault. It's a moral problem.

We forget the fact that now, even to this day, we can take brain scans and tell whether someone has a differing brain or not from a normal functioning brain. But today, we are enforcing what we know to be scientifically true, what the AMA said in 1955, and that alcoholism is a disease, that there is such a thing as brain disorders, substance abuse disorders, eating disorders, depression, bipolar disorder, and things of that nature.

In this legislation, in this health care bill, we require parity in health care coverage. We say that we ought to recognize these disorders for what they are, and furthermore, we say we ought to have prevention. And even more in

this legislation, we're going to say we're going to require medical school education to have education teaching all doctors to recognize this.

That is what is important in this legislation, and I am pleased to ask my colleagues that they ought to support this legislation so that we can finally have justice for all in health care in this country.

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HEALTH CARE REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. DANIEL E. LUNGREN) for 5 minutes.

Mr. DANIEL E. LUNGREN of California. Madam Speaker, this week, it is still uncertain as to whether we are going to have an opportunity to vote on a health care proposal before we go home for the August recess. And I would just suggest, Madam Speaker, that what we do is ensure that we have absolute transparency, the capability of every Member to look at whatever bill comes to this floor—we have been told that the bill may be in excess of 1,000 pages—that we have an opportunity to have a full debate and full amendments to be debated on the floor.

And why do I say this? Because many people would say that would be what is to be expected. Unfortunately, over the last several months, we have had an experience in this House in which we have had major pieces of legislation brought to this floor, in some cases the bill itself with very little notice, in other cases huge 300-page amendments being dropped on us at the last minute.

We have had some suggest that it is unnecessary for Members of Congress to read the bill or have their staffs read the bill or understand the parts of the bill; rather, we are told, "just trust us." Well, I remember Ronald Reagan's very important admonition, which was "trust, but verify."

If we are being asked to alter approximately 18 percent of the entire United States economy, if we are being asked to change in fundamental ways the delivery of health care to the men, women and children of this country, if we are being told that what we are going to do is going to inalterably change Medicare and Medicaid, if we are being told that what we are embarking on this week is to fundamentally change the manner in which men, women and children of this country receive their health care, if we are to be told that we must make a decision this week as to what the relationship between the doctor and the patient ought to be, if we are being told that we will have to make choices as to whether or not the government shall insert itself between the doctor and the patient, if we are being told that the President believes that there are doctors—the generalization was most doctors would require a tonsillectomy for a young person rather than continue treatment

of a cheaper kind to take care of sore throats, if we are being told that we have to review the entire health care system of the United States, compare it to Canada, compare it to England, compare it to France, compare it to Sweden, compare it to the ideal, if we are being told that this week we have to make the decision as to whether or not the program we put forward will have government decide whether a 100-year-old woman who is in extraordinarily good health but needs a pacemaker ought to instead be told by the government that merely she should take a pain pill—as the President suggested on television not too long ago—then maybe we owe it to the American people to give ourselves sufficient time. Rather than have some sort of artificial deadline, maybe we ought to take the time to go back to our districts and present the arguments to our constituents and at least give them an opportunity to tell us in our town hall meetings, tell us in our tele-town halls, tell us in our meetings with various groups as to what they think ought to be done.

Why would we have a rush to judgment here, other than the fact that we have an August recess, other than the fact that the President said that we must pass it by a date certain? Shouldn't we take the time to do the work that the American people expect us of, particularly when it deals with something so precious, so personal, so important as their health?

And so I hope that, rather than meet some artificial deadline, we will take the time to allow the American people to see the bill in all of its glory, to see its good points and its bad points, to see whether we ought to change it, alter it in any way, and then come back and make a decision here for the American people. There are very few issues that are as fundamentally important as this issue. Let's make sure we do it right.

HEALTH CARE REFORM

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

Mr. YARMUTH. Madam Speaker, it is an honor for me to take the floor after PATRICK KENNEDY from Rhode Island, who, along with his father, Senator EDWARD KENNEDY, have devoted so much of their careers, their emotions, their passion to resolving the health care problems in this country.

And as we talk about health care and reforming our system, we talk a lot about billions and billions of dollars, we talk about government agencies, we talk about the politics of it, but at its core this issue isn't about any of those things. This is about human beings. This is about men, women and their families and trying to help them deal with health care crises, wellness issues, things that every American has to deal with.

Yesterday, in southern Indiana, right across from my district, a subcommittee of the Energy and Commerce Committee held a field hearing in which we were able to see the face of this issue, three people who came before us to tell their stories about how the health care system in America has failed them.

One of them was a constituent from my district, Patricia Reilling. Patricia is a small businessperson. For 20 years she was insured under a small business policy by the same company. She paid her bills every month religiously. The only claim she ever made was for some pain killers for a back injury. And then, last year she was found to have breast cancer. She had a double mastectomy. She contracted a staph infection while she was in the hospital. And while all that is going on, she received notice from her insurance company that they were not going to renew her policy as of June 30 of this year. She is still fighting that staph infection. She is unable to work. And she is still fighting without insurance because the only insurance available to her now is far beyond her means to pay. She is the real person, and someone whose situation could be replicated in any household across this country if we don't do something about reforming our insurance system.

Another woman who was at the hearing yesterday was Ms. Beaton from Dallas, Texas. Ms. Beaton is 59. She had an individual policy. She also contracted breast cancer, had a double mastectomy, except before she could have that operation the insurance company rescinded her policy, basically said we know we insured you, but because there was a notation in something in a medical chart years ago that referred to a skin issue—namely, pimples—and somebody misinterpreted it as saying it was precancerous, which the doctor denied, we are not covering your cancer treatment. Fortunately, Congressman BARTON from Texas intervened on her behalf and was able to eventually get her policy reinstated. But by the time it was, her tumors had grown by more than 300 percent in size, and the treatment that she got was vastly more complicated and more expensive than it ever needed to be. These are the faces of the insurance crisis, the health crisis that we face, and we have to change our system.

Fourteen thousand Americans lose their health insurance every day. It could be any one of us. And you know what? In that situation that we heard about yesterday, that has recurred. Three insurance companies testified before Congress a month ago; three insurance companies rescinded 20,000 policies over the last 5 years, did what they did to Ms. Beaton. They saved \$300 million by doing that, but that was only the cost of the care they denied, the claims they refused to pay, not the prospective cost of covering and treating all of those illnesses, which would have been in the billions of dollars.