

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

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

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

HONORING OUR BORDER PATROL AGENTS

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

Mr. BILBRAY. Mr. Speaker, on the 23rd of this month, Rosalie Rosas watched her husband go off to work. She stayed at home with Robert, her son, 2, and Alesa, an 11-month-old baby, thinking that the next morning her husband, Agent Rosas, would be back at home with the family. Sadly, that wasn't to be.

Agent Rosas was in the Campo area of southern California serving a nation that he looked forward to serving for so long; a young man who had grown up in the Imperial Valley area, had served as a reservist, always looked forward to being a Border Patrol agent. While alone, he detected individuals crossing the border. Somewhere in the process of confronting the illegals crossing the border, Agent Rosas was murdered by those illegals.

Mr. Speaker, Agent Rosas' situation, and more importantly, the situation of Rosalie and the two children, is something that all Americans should remember, that there are Americans every day that are not only defending this country far, far away, but there are agents every day and every night that stand on the border, stand in ports of entry or throughout this country, standing up and defending this country from incursions from across the border and from foreign lands.

Agent Rosas died in the service of this country, was murdered in the service of this country, and Rosalie and the two kids will never be the same, and neither should this country.

Mr. Speaker, there are Border Patrol agents today that are in the sweltering heat of Yuma, Arizona, across the Texas frontier, that confront smugglers every day from New Mexico to San Diego. And they do not know which one of the individuals they are confronting, if it's just an innocent illegal who happens to not realize that you can't come into this country illegally anymore, somebody that may not mean harm but is being brought in by vicious, terrible smugglers who not only smuggle illegals, but smuggle drugs. That agent doesn't know if the person they're confronting is going to surrender or draw a firearm and kill him immediately.

Agent Rosas was shot in the head and killed. But he was able to wound one of his assailants, and the assailant later was detected as far up as northern California, and he was arrested there. With the cooperation of Mexican officials, we were able to apprehend individuals in Mexico.

But I think that more important than talking about the crime that was committed at our border—something that I think all Americans should have known was coming when we've seen the violence that has occurred on the other side of the border for far too long—Americans should have known this violence was going to cross over, while we continued to turn a blind eye to the illegal activity along our border, because it just wasn't politically proper to raise the issue that crime and violence is occurring along our frontier.

No, the thing that I would like to remember tonight is that Agent Rosas is just one of many that are out there in the terrible heat of the summer, the terrible cold of the winter, through rain and sleet and snow and whatever it takes to do their duty, and doing it in a nation that tends not to recognize their true service.

Mr. Speaker, we use the word "hero" a lot of times in this country and, sadly, we use it too often instead of using the word victim. But there is a big difference, Mr. Speaker, between a victim and a hero. A victim is someone who is at the wrong place at the wrong time and suffers for it. But a hero is someone who willfully puts themselves in harm's way at the wrong time and suffers for it. And I do not think we should, as a society, ever forget the difference between a victim and a hero.

Agent Rosas is a true hero, somebody who served this country. And we should all remember, as his services are held this week, that his services are in recognition of not only his sacrifice and his family's sacrifice, but of the sacrifice of men and women around this country that defend us along our borders.

I think it goes without saying that all of us in Congress want to send out our heartfelt sympathies to Rosalie and Rob and Alesa for their great loss and their great contribution by losing their father. I hope we all remember that there are fathers and mothers around this country that we ought to appreciate while they're alive and not just honor them when we lose them.

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

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

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mrs. BACHMANN) is recognized for 5 minutes. (Mrs. BACHMANN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

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

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

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

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

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

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, I appreciate your recognizing us on a very interesting and important topic, something that I believe that anybody who pays much attention to what is happening in Washington, D.C., is quite aware of. That is the subject of health care, something that impacts every single American in our country, affects our budget, and affects our family members, and is something of great interest.

I would like to start tonight by just backing up, though, about 4 weeks or so to this very Chamber that we are meeting in, that we are talking in today. It was here, during a day that we were debating a bill that was called cap-and-tax, and it was the largest tax increase in the history of our country.

Now, what happened right before that was of interest because at 3 o'clock in the morning a 300-page amendment was passed to an 1,100-page bill. And as we were debating this bill on the floor, because of the speed with which the Democrats moved we didn't even have a copy of the bill on the floor. You are supposed to have a copy at least so in case somebody wants to check a fine point, they could read it.

Of course no one had read the 1,100-page bill. And certainly what was happening right behind me at the dais, we had good staff people hurriedly trying to put those 300 pages of amendments

in the 1,100-page bill, and we are debating a bill and there's no copy on the floor. And the thing was passed without, as I recall it, a single Republican voting for it, and Democrats all voted for it.

Now, the public doesn't like it when we pass bills that we don't know what's in them or haven't read them, and we've been embarrassed a number of times this year by that same process. Why do you pass a bill that people haven't had a chance to read or don't know what happened in the dark of night, or the amendments?

Mr. HOEKSTRA. If the gentleman will yield?

Mr. AKIN. I do yield to my very good friend from Michigan. Please jump in.

Mr. HOEKSTRA. I thank my colleague for yielding. But I think the issue that we see in front, that you've highlighted with the cap-and-trade bill, actually begins much earlier in the new Congress and the new administration. It was only the second day of the new administration when the President indicated that we are going to close Gitmo, we are going to close Guantanamo. He announced a whole series of task forces that were going to evaluate and present a plan as to how this was going to happen.

The first thing is, you don't set a deadline without a plan. And the President is now finding out that perhaps he got out in front of himself because a couple of the task forces were supposed to report within the last couple of weeks, and they've missed their deadlines. And the reason they've missed their deadlines is that they started looking at closing Guantanamo—an objective that President Bush had before him—it's like, whoa, this is more difficult than what we thought, and we may not be able to do it. So we had an objective without a plan. And I'm not sure what's going to happen here, but we may get to the same point where we get to January of 2010, and we won't be able to accomplish it.

Then you go again, before cap-and-trade, \$787 billion in a stimulus plan that was rushed through the House, rushed through the Senate, made its way to the President's desk, and he signed it. And here we are now, what, 4 months—

Mr. AKIN. And just reclaiming my time for a minute, that was the stimulus plan, as I recall—was that the one that had the special bonuses for insurance executives and it was a finger-pointing deal as to who put this in in the dark of night?

Mr. HOEKSTRA. It is. And we're trying to find out exactly who put it in. But it was \$787 billion, and I think the promise was something like, this is going to ensure that the unemployment rate will not exceed 8 or 8.5 percent on a national basis. We are now at 9.5 percent; in Michigan we're at 15.2 percent. The money is going out a lot slower than what people anticipated. It's going to a lot of questionable projects that we are now starting to

find out where this money is going. It's \$787 billion on the backs of our kids and our grandkids. We now, last month—

Mr. AKIN. This is exactly the same bill, just to put this in perspective, this is a bill that if we didn't pass it, we might see unemployment at 8 percent, right? Is that the same bill?

Mr. HOEKSTRA. That's right. It's the same bill.

Mr. AKIN. Now unemployment is whatever it is, 9 something.

Mr. HOEKSTRA. 9.5 percent. And I believe next week we will see a new number, and it will probably be somewhat higher.

But we've seen higher unemployment numbers than what was promised under this bill. We see people questioning whether the bill is working or not. It's being spent out slower than what people expected it to be spent out. And last month, at the end of June, think about it, we have, for the first time, exceeded \$1 trillion for a deficit for 1 year.

And then we hurry through and we do cap-and-trade, which, again, you can argue about the bill, but it was passed. And it wasn't passed in the middle of the night—although 350 pages of it were inserted in the middle of the night. And now we are in this mad rush to pass health care. And every day we're hearing about there is going to be this new markup or that new markup. And this affects 16 to 18 percent of the U.S. economy, and it is going to be done without a full hearing.

Mr. AKIN. Just reclaiming my time, what you're saying is pretty incredible. What you're saying is a bill that we've been working on for some number of weeks that is going to put the government in charge of all of health care in America, basically the government is going to be taking over, what is it, just under 20 percent of the U.S. economy—

Mr. SCALISE. Would the gentleman yield?

Mr. AKIN. I do yield to my friend from Louisiana.

Mr. SCALISE. And I appreciate my friend from Missouri yielding.

Of course when President Obama brought that stimulus bill and he said that this would stave off the unemployment rate that was approaching 8 percent—of course now at 9.5, approaching 10 percent—added \$800 billion to our national debt, a real offshoot of that stimulus bill since the President passed his stimulus bill, 2 million more Americans have lost their jobs. And so we see more people unemployed, in large part because of this big-government approach like the stimulus bill, then that cap-and-trade energy tax that they brought, and now we see this health care bill.

I'm on the Energy and Commerce Committee. We were supposed to have another meeting tonight to take up amendments to this proposal by President Obama and Speaker PELOSI to have a government takeover of health

care—a devastating approach to really addressing the problems that we can address in a very specific way instead of this government takeover. But now they're short on votes, and they're definitely having problems getting the votes, which is, I think, in large part because Americans across the country have started to see some of the details of this bill, and they realize how bad of an approach it is.

Just the other day when they canceled the vote on the House floor that was supposed to occur this week, you saw the stock market actually take off. So American families out there who have retirement accounts and pension funds actually saw an increase, not because of the policies of this administration working, but because Americans finally saw that some of this Big Government approach, this government takeover of health care, actually is in trouble, and that's what really got the economy back going again. So I think you can see their approach is actually hurting the economy instead of helping the economy.

And so I yield back to my friend from Missouri.

Mr. AKIN. Reclaiming my time, in summary, then, we've just been taking a look at the last 6 months—and it has been a scary 6 months—but we've seen a pattern. We've seen a pattern of rushing to spend a tremendous amount of money, or rushing to tax the taxpayers a whole lot, without letting people be aware of what's in the bills. And we've had a pattern of a lot of fiscal mistakes.

□ 1830

We have a pattern of an unprecedented level of spending and taxation. But there is also the pattern of doing it in the dark of night, and that's what I wanted to get to on this health care thing.

What I would like to do is let's talk a little bit about whom do you want to keep in the dark on this? Who would naturally be opposed to a government takeover of health care? That's where I would like to go, because I think a lot of people are interested. Well, hey, if I were a congressman or how would I want my congressman to vote or what's my position on this? Well, there are a lot of groups of people that are going to be affected very seriously by this government takeover of health care, and I think that's what we need to talk about.

I yield to my good friend from Michigan.

Mr. HOEKSTRA. I would put forth the premise that maybe we should just set health care aside for a period of time and take a look at this \$800 billion that we have put on the backs of our kids. I mean, if we have committed to spending \$800 billion to stimulate the economy and it's not working—

Mr. AKIN. Unemployment is still going up

Mr. HOEKSTRA. Unemployment is still going up. Maybe Congress ought

to stay in session, and rather than taking a look at another massive program that we're not sure whether it's going to work or not—I am not saying health care reform is not important. It's essential. It's vital that we do it, but—

Mr. AKIN. How you do it is important.

Mr. HOEKSTRA. How we do it is important. But let's step back. Maybe Congress ought to stay in session for the month of August, and rather than doing another half-baked idea, let's take a look at this stimulus program worth another \$800 billion—

Mr. AKIN. Fix the other four or five half-baked ideas we've already started.

Mr. HOEKSTRA. And finish the half-baked ideas that we have started.

Too often we think here in Washington that if we pass the bill, we have solved the problem. In the business community, if you get the agreement from the board of directors and say, okay, PETE, you've got the approval to move ahead with this new product launch. We are going to invest \$2 million to build this product to do the marketing campaign, and you just kind of walk away from it and say, well, I guess I have that one done. No. What the board of directors would ask you is, by the way, we are investing \$3 million, \$4 million, \$5 million on this. We want an update every quarter. As a matter of fact—

Mr. AKIN. So we passed the stimulus bill. The purpose is to make sure that we don't have unemployment and that we've got plenty of jobs. And here we are, whatever it is 4, 5 months later, and the board of directors, which is the public, is saying we're at 9 percent unemployment, which is a conservative number, and rising, and you guys just spent whatever it was, almost \$800 billion, to make sure this doesn't happen.

Mr. HOEKSTRA. You spent \$800 billion of our money, the public's money, to deliver a result of 8 percent unemployment or less. You're clearly missing the targets. Maybe you ought to go back and reevaluate, and reevaluate the \$800 billion rather than talking about a second stimulus package which is going to spend even more money.

Mr. AKIN. The funny thing is that these are not Republican targets. These are not our targets. This is the President's target. He's saying 8 percent if you don't give me the stimulus. He gets the stimulus bill and now it's 9.

I yield to my friend from Louisiana.

Mr. SCALISE. Back in Louisiana there's something called the "rule of holes." And what the rule of holes says is if you find yourself in a hole, the first thing you do is you stop digging. And here they are. They brought this bill, the stimulus bill, \$800 billion of debt for our children and grandchildren that's actually led to increased unemployment. Clearly their approach didn't work, as many of us predicted it wouldn't. You would think the first thing they would do is say, okay, yes, that was something that they did wrong. Maybe we should go look at

some of these Republicans who put alternative ideas on the table and suggested and maybe we'll look at their ideas. And instead they talk about spending even more money. In fact, the Vice President just 2 weeks ago said that they need to keep spending even more money to keep from going bankrupt, as if anybody can make any sense out of that. But then they filed this bill to propose a government takeover of our health care system.

And I want to show you right here, this is a depiction of the actual organizational chart of their proposal.

Mr. AKIN. That actually looks like a structure that will—

Mr. SCALISE. If you look at this, I think—and, clearly, we have reforms that we need to make in our health care system. Commonsense ideas like allowing portability so if somebody leaves a job, they can take their health care with them, or removing the discrimination against preexisting conditions. I don't think it's fair that if somebody gets cancer that they can literally be discriminated against in their health plan. We addressed that in our proposals. Unfortunately, what they proposed is this new system where they have dozens of new bureaucracies.

Mr. AKIN. I hate to interrupt, but I've got this chart up here and you've got that chart up there, and the two charts aren't the same. Even though I don't like reading complicated charts, it's obvious to me there's a red box on your chart that isn't on my chart. This is my understanding of the Democrat proposal for health care, to take over 20 percent of the economy. And this is very much of a simplified chart of what is being proposed. When the government takes something over, they have got an awful lot of different things to connect. And yet your chart has got this big red box on it. I would like you to explain where that thing came from.

Mr. SCALISE. I think the gentleman from Missouri makes a very important point. We put this chart together based on their bill, the bill that President Obama, Speaker PELOSI, and many of the other liberals who are running Congress put this bill together, proposed a government takeover of health care. They create all these new dozens of bureaucracies.

I think the most important relationship in health care is that relationship between the patient and the doctor. And look at what their bill does to create dozens of new Federal bureaucratic agencies that come in between the doctor and the patient.

So when we put this chart together to actually show what their bill does, the Speaker censored this document, literally said we can't send this out to the public.

Now, I'm holding this up because I have the ability because we're here on the floor, but I, by the rule of the Speaker, can't even send this to my constituents back home. People want to know what their bill does, and they're trying to censor that informa-

tion from being shown to the public. But the public is figuring it out anyway, and they see dozens of new bureaucrats. A health care czar that can ration care.

Mr. AKIN. Reclaiming my time, what you're saying goes to a little bit more even than the health care debate. We are talking about the right to free speech. What you just said, as a Member of the U.S. Congress from the State of Louisiana, if you'd like to communicate to your constituents a flowchart of the bill that the Democrats proposed, they will not allow you to do that, and if you were to send that to them, they would make you pay for the thing personally. Is that what you're saying?

Mr. SCALISE. That's exactly what I'm saying. I represent about 650,000 people in Southeast Louisiana, people who are starting to look at the details of this bill, and they don't like what they see because what they see is government bureaucrats in Washington telling them which doctor they can see or even if they can get a medical procedure and the ability by this new health care czar that you can't even see because it's censored by the Speaker to ration care—

Mr. AKIN. Reclaiming my time, you're getting at the very heart of what I want to talk about today, and that is there's a reason to censor something, because you don't want somebody to know something. There is somebody who is not going to like this bill, and you just told us one of the groups.

Mr. HOEKSTRA. Will the gentleman yield?

Mr. AKIN. I would like to yield to my friend, who is actually the top guy in the Intelligence Committee. We need to pay attention to him, my good friend Congressman HOEKSTRA.

Mr. HOEKSTRA. I think one of the things that we need to be a little careful about, we keep talking about "the bill." And being a member of the Energy and Commerce Committee, you know very well that the bill that you have today may be very different than the bill you will see tomorrow if you mark it up because there are all these negotiations going on behind closed doors, very limited groups, that by the time you start working on this bill tomorrow, it may be a very, very different bill than what you think it is today.

So not only is it this bureaucracy, but it is something that is very much in flux, out of the public eye, and you may have to vote on that bill coming out of committee, which is going to be probably very different than what you're looking at right now, by what, maybe Friday?

Mr. SCALISE. I sit on the committee, and yet I'm not even privy to these discussions, these secretive back-room discussions that are going on. This is coming from the administration that said they would be the most transparent in history.

In fact, on this health care bill just 2 weeks ago, we had a hearing with the head of the Congressional Budget Office talking about the cost of the bill. This is a bill in its current form that adds over 240 billion more dollars to our national debt, and we're concerned about the cost. We had the head of the Congressional Budget Office come to our committee to talk about the cost.

Mr. AKIN. I need to reclaim my time again. You're going awfully fast for us.

The first thing you said was if you don't like government bureaucracy and you don't want a government bureaucrat between you and your doctor, then you probably don't like this flowchart. You want something a little simpler where it's you and your doctor making the health care decisions.

You also said if you're worried about fiscal responsibility, you're not going to like this bill, too. That's another group, because you're worried about the government spending. This thing here, even when they try to use every gimmick in the book, it's over a trillion dollars more spending. So if you're worried about that, you don't like it.

I would like to recognize my friend from California. You've been dealing with this chart, and if you could share it, because you've gotten into the details.

What are we trying to hide here?

Mr. DANIEL E. LUNGREN of California. I don't know.

I appreciate the gentleman's using my chart up here because we have tried to work this out with the majority. In the past on the Franking Commission, we have attempted to allow Members to be involved in vigorous and full debate but not put out what would be considered campaign material. And all of a sudden, the goalposts have been moved on us.

Now, this may not be of interest to the average citizen except for this fact: What we have presented is what we believe to be a reasonable interpretation of the bill as we know it now.

Now, I do know that there was mentioned just a moment ago by the gentleman from Michigan, before he left, that we're talking about "the bill," and that can be a bit of a moving target. In fact, I just left my office and there was a group of reporters hanging around outside my office, not for me, but for a meeting, they said, of the Progressive Democrats. They used to be called liberals. They are now Progressives, who are concerned about what the Blue Dogs are asking for on the Democratic side, and so maybe there will be some changes from what we've seen.

But this is an accurate portrayal from our standpoint of the bureaucratic morass that will result from the grand outlines of the bill as articulated by the President and as presented by the Democratic leadership in the House of Representatives.

And so they objected to this diagram and basically censored it, as we said, because, first of all, they said we called

it the House Democrat plan. First of all, they said it wasn't true, and now we have shown that it is a reasonable interpretation of the facts. Secondly, they said there wasn't enough attribution there, and we suggested that it very clearly states that this is developed by the Republicans. Then they said, well, wait a second. You say it's the Democratic health plan but not all Democrats support the health plan. So if they would give us the list of those Democrats they have not yet been able to corral to support it, we'd be happy to talk to those individuals.

Mr. AKIN. Reclaiming my time, you've used a couple of terms that I think some people might not be as familiar with. You talked about a thing called the Franking Commission.

Mr. DANIEL E. LUNGREN of California. Yes.

Mr. AKIN. The Franking Commission is a group of Republicans and Democrats that meet together, and when you're going to send a piece of mail to your district or do something using government money to do the printing and mailing, it's an agreement that what's going to be there is going to be at least reasonably accurate. It's not a political piece and you're not slamming, but you're trying to simply communicate some information.

Mr. DANIEL E. LUNGREN of California. Yes. We've done things in the past by limiting the number of references you can make to yourself. There are only so many times you can mention your name or say "I," and that's so—

Mr. AKIN. Reclaiming my time, the idea is to have kind of a fair standard so people can communicate with their constituents. We think of it as the First Amendment, just speaking to your constituents.

Mr. DANIEL E. LUNGREN of California. Of course, I have only been here 15 years, but in my 15 years, spread over 30, I have not seen this happen before.

Mr. AKIN. Where something was censored.

Mr. DANIEL E. LUNGREN of California. Well, it's censored. And when you compare it with those things that we have approved on the Democratic side, we had the controversy over President Bush's recommendations to try to, as he saw it, save Social Security and make some recommendations for it. They very strongly criticized the President's package in terms that I would disagree with, but we on the Republican side on the Franking Commission did not say you cannot say that because we don't like the way you said it. When they talked about the prescription pharmacy section of Medicare, the new section that came in, we approved of news letters that went out on the Democratic side that criticized the President's plan and said it didn't do what was needed to do for seniors. They called it the Republican majority plan. And yet they object to our calling this the Democratic plan.

You know, I have said when I first came to Congress, there was something raging at that time called the cold war, and it just reminded me of something in the cold war. There is a word we don't see in the lexicon anymore. So I went and looked it up and tried to make sure people understand what it is. It's called "samizdat," s-a-m-i-z-d-a-t. And samizdat is defined as a system in the USSR and countries within its orbit by which government-suppressed literature was clandestinely printed and distributed.

Now, what does that mean? That means those who were known as refuseniks at that time, those who were in disfavor, to say the least, with the government were not allowed to publish anything that could be handed out, whether it was charged for or not. So the freedom underground, if you will, went and had their own printing and they would clandestinely put these things out so that they could get their message of free speech.

□ 1845

So my suggestion is that maybe we re-title our particular—and call it American Samisdat. We're the freedom fighters here, trying to express what we believe to be a reasonably intelligent analysis of a bill that's presented to us, which is going to affect 18 percent of the economy of the United States, which is going to, if it is enacted, forever, at least for our lifetimes, cement the relationship you will have with your doctor and the relationship that government will have in that. And our argument has been that that chart precisely shows the interference of the government which will exist between you and your doctor with some 50-plus organizations, agencies, task forces, czars, bodies of different types.

Mr. AKIN. We've been joined, as you note this evening, by my good friend, Congressman BISHOP, and I'd like to recognize him and let you jump in here in just a minute.

Mr. DANIEL E. LUNGREN of California. But he has no charts.

Mr. AKIN. Well, but he maybe has a couple of ideas about your charts, gentleman. I yield.

Mr. BISHOP of Utah. This is one of the few times I am here without charts, and I feel totally naked on the floor. I apologize for that. But I also appreciate the chart that was here and any effort that you can get to maybe publicize that because it speaks to the problem that we have if, indeed, this kind of expansion of the government takes place.

That chart is the reason why the Federal code of our laws cover 35 volumes, one-sixth of which is about the Federal regulations and bureaucracy, but the Federal regulations is a 200-volume document, and why it has grown from John F. Kennedy's time of 15,000 words to 77,000 words; why Kennedy was able to appoint within 2 months about 300 officials that ran the bureaucracy.

For George W. Bush, it took him almost a year because he had to do 3,300 officials appointed, having been subjected to advice and consent from the Senate. We are expanding this thing enormously. And in this particular project, because my committee, unfortunately, spent 20 hours going through the organizational part, most of the questions that our side had of how this plan worked was, we will have to work that out. Somehow, the new commissioner will solve that problem.

Let me just give you one example, and you can play with this one. In this plan is supposedly a position of a new national ombudsman whose job is to meet with individuals to help them work through their health options. However, the law says that this ombudsman must speak in a linguistically appropriate manner. Now, my problem was, what is a linguistically appropriate manner? It's not defined anywhere in the pages that are in that bill. It's someone's poetic idea of being politically correct. But when you don't have definitions, it opens us up to lawsuits galore. And, once again if we, as Congress, don't take the time and the ability to solve these problems and answer these questions, some bureaucrat, in this case the commissioner, is going to be able to make more and more regulations. And that's why the bureaucracy is sometimes called the unelected faceless people in Washington because there is no interface between people and the bureaucracy.

Mr. AKIN. And, gentleman, just reclaiming my time, what you've just said to us is, again, when we take a look at why do you want to keep this thing secret, why would you want to censor it, why would you want to tell us we couldn't send a flow chart out, part of the reason is because when the American public sees things like that there are going to be people who get worried about it. They're going to vote "no," particularly every single one of us that some day is going to get sick and we're going to want a doctor to help us, and I'm not sure that we really want to have somebody going in between in the government, some part of this organization, second guessing the doctor the way the insurance companies do too much in our own day.

So if you really like your doctor/patient relationship, then this thing is bad news. That's why they're wanting to censor it. Do you believe that's right, gentleman?

Mr. BISHOP of Utah. I believe it's so. But I will tell the gentleman from Missouri that at least when they are interfering with your doctor, they will do it in a linguistically appropriate way.

Mr. AKIN. A linguistically appropriate way.

Mr. BISHOP of Utah. That gives me confidence.

Mr. AKIN. In other words, if you're like I am, an old geezer at 62 years of age, and you need a new hip the way I do, they're going to say, we're putting you out to pasture; take a few pain

pill. But they're going to say that in a really nice way, though, at least. So I hope it's linguistically appropriate, but my hip's still going to be sore anyway.

Mr. DANIEL E. LUNGREN of California. Would the gentleman yield for just one moment? I just wanted to make one reference. I talked about the Cold War a minute ago. It also reminds me what Ronald Reagan said when he was negotiating with the Soviet Union and they asked for trust. And his response was trust, but verify. And what we're here to do is to be the verifiers for the American people. We're being asked to trust the bureaucracy to deliver medical care without interference. We're here to verify whether that is or is not true. And to deny us the opportunity to provide, in a very easily understood way, the information that undergirds this tremendous bureaucratic morass is unworthy of this place.

We ought to be able to debate it vigorously, and the American people ought to expect that we are looking out for them, rather than for some formless bureaucracy that's going to take on dimensions that we can only imagine today.

Mr. AKIN. We've been joined this evening on the floor by a couple of very distinguished Congressmen, a couple of my very good friends, the gentleman from Texas and also the gentleman from Indiana. I'm going to recognize the gentleman from Texas who seems like he's got really something he's got to say. And I'll go right back over to my good friend, Congressman PENCE from Indiana, highly respected on the floor, for your perspective on this.

Mr. GOHMERT. I appreciate the gentleman yielding, because in the discussion about what's linguistically appropriate, and the discussion about how political, supposedly, it is, how politically inappropriate to have a chart that lists all the levels of bureaucracy that the new bill is going to propose and how they think it may be a bit too political to say that it's government-run health care.

Mr. AKIN. Just reclaiming, gentleman, what you just said, I think, is another censored phrase, government-run health care. We're not allowed to say that. And our constituents say, why don't you say something more? And they're telling us if we print "government-run" health care, then we can't, then we have to pay for the mailing out of our own pocket. Isn't that weird?

Mr. GOHMERT. That's what they're saying. But I just went and printed this off Speaker PELOSI's own Web site, and I apparently need help with what's linguistically appropriate. This is on the official Speaker's Web site under the title, "Honest Leadership and Open Government." The first sentence is, the culture of corruption practiced under the Republican-controlled Congress was an affront to the idea of a representative democracy, and its consequences were devastating.

Now, I have a little trouble, and I'm glad I'm here with such bright minds, including our wonderful chairman of our conference. But how is it a little bit too political to use government resources to say the words government-run health care, but it is entirely appropriate for the Speaker of the House to say the culture of corruption practiced under the Republican-controlled Congress was an affront to the idea of representative democracy, and its consequences?

But that's not all. Led by the House Democrats on the other hand, and apparently this is not considered political, this statement, House Democrats have acted to make this Congress the most honest and open Congress in history. Well, besides being factually wrong, that's—

Mr. AKIN. But you've got to be up at 3:00 in the morning to hear what's going on in committee.

Mr. GOHMERT. Yeah. Let me just read another statement. With honest leadership and open government, America's leaders can, once again, focus on the needs of the American people. So that's as political, it seems to me, as could be.

Mr. AKIN. Reclaiming my time, you're talking about honest leadership and they're saying, as they take a look at this incredible flow chart, they're saying that if you've got a good relationship with your insurance company and your doctor and you like what you have, you can keep what you have. And yet listed in the bill is specific language that says you can't. That doesn't seem to me like they're following what the Web site says.

I'd like to recognize our conference chairman. Maybe you could get us out of this morass, gentleman, because we're a little confused between the politically appropriate language which seems to be okay for Democrats but not for Republicans to call this a Democrat health plan. But I yield to my good friend from Indiana.

(Mr. PENCE asked and was given permission to revise and extend his remarks.)

Mr. PENCE. First, let me commend the gentleman from Missouri (Mr. AKIN) for his yeoman's work in bringing these important discussions to the floor of the House of Representatives. Judging from YouTube, it appears people in Missouri are pretty interested in the subject of health care reform. And not surprisingly, in the "Show Me State" there seems to be a fair amount of skepticism out there about it. I'd like to speak to this whole business of government takeover, but I won't take more than just a couple of minutes of the gentleman's time.

First, let me say emphatically to anyone that might be looking in, Mr. Speaker, House Republicans support health care reform. We've been calling for health savings accounts to be greatly expanded to small businesses around this country for years. We've been calling for association health plans that

would allow people to pool together resources around the country, the way Federal employees do to purchase private health insurance.

We've been talking about trying to end the age of defensive medicine by allowing for the adoption of medical malpractice reform in this country. All these kinds of changes, we believe, would reduce the cost of health insurance, reduce the cost of health care in this country in the long term. What the Democrat plan, even as it's being modified at this very hour, continues to include is a government-run insurance plan that would lead to a government takeover of our health care economy, paid for with nearly \$1 trillion in tax increases.

Now, I saw the President of the United States today on the television giving a speech expressing, with a rather uncharacteristic passion, his frustration with two things, and I wanted to speak to those in the few minutes that I have. First, the President said no one wants to have a government takeover of health care. Well, I don't doubt the President doesn't want it to happen, but there's something about bureaucracy that when, it is unleashed in certain ways, it takes over areas of our economy. It's an unbroken truth of the history of governments around the world that unchecked, unlimited government expands.

And whatever the President's intention, the reality is that should this government create a government-run insurance option to so-called compete with the private sector, that government option would compete with the private sector the way an alligator competes with a duck. It would consume it. And most Americans know that. Now, the other thing the President had a problem with—

Mr. AKIN. Just reclaiming my time a moment, what you just said is mirrored—just a week or so ago we had about 1,100 pages of the bill. I started reading it and it said the commissioner shall, we go to another page, the commissioner shall, and we had page after page, the commissioner shall do this, the commissioner shall do that. It may not be his intention to have the government run it all.

He could have called it the czar. We had some discussion whether it's a commissioner or a czar or a commissar. We weren't sure what. But anyway it was one after the other pages. That's what the bill says. And just to your point. Sorry to interrupt. I yield back.

Mr. PENCE. Well, I thank the gentleman for yielding. But let me say, the other point the President expressed was that some of us, and some independent organizations were trying to scare the American people by suggesting that if the government introduces a government-run insurance option, that you'll lose your health insurance. But the Lewin Group, which has been praised by Republicans and Democrats over the years, actually estimated 114 million Americans would

likely lose their health insurance if the Democrat health care plan and the administration's plan were actually to be adopted.

But why is that? Now, to be perfectly fair, the President did make the point today at the podium that nothing in this plan will make people give up their private insurance. And I want to grant that point, Mr. Speaker, for anyone that might be looking in. That's not really the point, though.

What the administration and some of our colleagues fail to understand is that as soon as Uncle Sam offers health insurance, a government health insurance for every American employee for free, there's almost no employer in America who's not going to sit their employees down during this worst recession in 25 years and say something like, look, I love you; we appreciate your being here, but we're trying to keep the lights on and the doors open at this business, so you know what? We're going to cancel the health insurance that we have through this company, and we're going to send you down to Uncle Sam to apply for it.

□ 1900

That's why the Lewin Group, which is an independent organization, and common sense should tell the American people, if the government introduces an insurance program to compete with the private sector, tens of millions of Americans will lose the health insurance they have.

So, whether it's the intention that we have a government takeover, the fact is, if we insist, as the Democrats in Congress and the administration are, on a government option, even with the tweaks they're putting around the edges, it will result in a government takeover, because tens of millions of Americans will be relegated to that new government program.

That's why I really believe that we have to oppose this program, that we have to scrap this government takeover with its \$1 trillion tax increase and that we have to start over and come around to those bipartisan solutions that Republicans are prepared to work on today.

I yield.

Mr. AKIN. I really appreciate the gentleman's points that have been made here, explaining the fact that one of the people who is not going to like this is somebody who has an insurance policy that he likes, because when the government offers something for free, one can bet that what's going to happen is that the insurance policy is going to go away.

Now, it isn't as though the ideas that are being advocated in this bill are particularly new. They've been tried in other places. Here is one. Massachusetts tried. Basically, everybody has to have insurance, and the government is offering health care. What was the end result? I mean we don't have to reinvent the wheel. We see that what happened was, first of all, Massachu-

setts took a huge hit financially, and health care access is down because patients have to wait 70 days to see a doctor in Boston.

So, first of all, it is the typical red tape in government. You've got to wait in a line, but what's more, it costs a whole lot of money to wait in line because now your health care costs in Massachusetts are 133 percent more than what the average is. So it's not like we haven't tried this before. It has been tried; yet we're going to want to try and do the exact same thing.

It has been tried in other places. It was tried over here in Europe. We can take a look at that. What happens with cancer? I happen to be a cancer survivor. I'm not a wizard doctor; I'm not even a wizard economist, but I know a little bit about cancer because I survived it.

I see my good friend from California. If you'd like to jump in here, we'd be delighted to yield you time.

Mr. DANIEL E. LUNGREN of California. Yes.

I would like to just follow up on what Mr. PENCE said, which is, if you are concerned that there is the possibility that a public option will lead to a government takeover, you need look no further than at what happened with the student loan program.

The student loan program has a government option, but what is happening now with this Congress and with this President? We are eliminating the private option, and we're going totally to the public option, which now becomes a public monopoly.

Mr. AKIN. Can you get a private student loan now or is it that, basically, you can't get them anymore?

Mr. DANIEL E. LUNGREN of California. The way we are phasing them out, you will not be able to get those. They will be, basically, the Federal student loan programs.

Mr. AKIN. So it's like Henry Ford and his car. You can get any color you want as long as it's black.

So the only kind of student loan you're going to get is a government student loan because we've basically chased the private sector out.

Mr. DANIEL E. LUNGREN of California. Well, we do have a Member on the other side of the aisle, a distinguished Member on the other side of the aisle, who in a townhall meeting admitted that this is going to lead inevitably to a public takeover of health care, and he said, yes, that is a good thing.

Mr. AKIN. A lot of them are quite happy with the idea of socialized health care. They acknowledge that.

Mr. DANIEL E. LUNGREN of California. You can't use that word.

Mr. AKIN. I'm not allowed to say "socialized"? Socialized. Socialized. Socialized.

Mr. DANIEL E. LUNGREN of California. You can't say it in print.

Mr. AKIN. Oh.

Mr. DANIEL E. LUNGREN of California. We're not allowed to say that.

We're not allowed to say it on our particular chart of the Democratic health plan. We've been told that that is not allowed if we're going to print it and send it out to our constituents.

The last thing I would just say is this: Look, I happen to be the son of a doctor. My dad was my hero growing up. I used to go on house calls with him. I'd make rounds with him. I thought I was going to be a doctor until, as I like to say, God sent me a strong message during my sophomore year at Notre Dame called "organic chemistry."

Mr. AKIN. Organic chemistry. As an engineer, I feel your pain, my friend.

Mr. DANIEL E. LUNGREN of California. But I never lost the sense of service that my dad had as a doctor. From my observation of the way he practiced medicine, he taught me that the doctor-patient relationship was paramount. I heard him many times on the phone, arguing on behalf of a patient with somebody who was employed by the insurance company. I heard him arguing with hospitals. I heard him arguing with nurses if he didn't think they were doing a great job. I heard him praise the nurses when they did a great job for his patients. I heard him praise the hospital.

His whole focus was on his patients. He was not only his patients' greatest diagnostician, and not only the greatest doctor they could have, but he was their greatest advocate. That's what I don't want to lose in this or in any other plan.

Mr. AKIN. I think you just put your heart right on what this debate is about.

Mr. DANIEL E. LUNGREN of California. I don't want the government to be my advocate. I want my doctor to be my advocate. I want my family to be my advocate. Listen to what the President said in that interview on television when asked about the 100-year-old woman.

Mr. AKIN. Go through that again.

Mr. DANIEL E. LUNGREN of California. The 100-year-old woman, who was an extraordinary person with great verve in her life, who also had tremendous health, needed a pacemaker. Her doctor thought she should have it because he knew her. He called a specialist who would actually do the implantation of the pacemaker, but he was skeptical. He said he wasn't going to do it on a 100-year-old lady.

He said, Just meet her. Examine her.

He examined her, and his position was changed. She received it at 100. She is now a very active 105-year-old.

It was presented to the President, and it was said, Mr. President, will my 100-year-old mother still be able to have a pacemaker?

The President gave a long, long convoluted answer. At the end, he said this: It may mean that, instead of some sort of surgical procedure, we will give your mother painkillers, pain pills.

Mr. AKIN. What we're really talking about—and this isn't politically cor-

rect. I guess I've never learned that very well. We're talking about government-rationed health care, aren't we?

Mr. DANIEL E. LUNGREN of California. Here is the deal. If you're concerned about cost, you can do it in one of two ways to limit cost: competition or rationing.

Now, competition has some premises involved in it. One of them is that we need greater transparency. There's no doubt about it. We need to know what it costs with certain doctors or charges. We need to know, when we go in the hospital, what the infection rates are. It's those sorts of things. Competition from doctors and competition from medical health care providers and from insurance companies will give us tremendous options so that we can make the decision, and that tends to keep costs down.

In a government system, when you have a monopoly, there is only one way you keep costs down. It is called rationing. If you don't believe it, look at England; look at Canada; look at France; look at all of those other systems.

Mr. AKIN. Reclaiming my time, gentlemen, that's what I'd like to do because I have a chart here.

I would also like to recognize my good friend from Texas, Congressman GOHMERT, who is noted, actually, for being, in spite of his humble demeanor, really an expert when it comes to knowing how to phrase things in a tactful and direct kind of way.

Mr. GOHMERT. Well, I appreciate the gentleman for yielding.

I'm still perplexed. Since Republicans are not allowed to comment on anything that's a governmental resource, and so I am wondering, if we phrase in any mail-out or on any Web site, if we say that the Democrat-controlled Congress is taking the Nation in the wrong direction and that too many Americans are paying a heavy price for those wrong choices, including paying record costs for health care, I'm wondering if that would be something that would also be found objectionable for its being a little too political.

I'll yield to find out what you think.

Mr. AKIN. It seems like the basic principle should be to respect your other colleagues and, at the same time, to also tell the truth. It sounded like what you said would be my idea of what the truth is, but then I may not pass the political correctness test.

Let's take a look at this.

Mr. GOHMERT. If the gentleman would yield, let me just say that that's on the Speaker's Web site in the reverse, meaning the Republicans took the Nation in the wrong direction, and too many Americans are paying a heavy price.

So, anyway, it sounds like, if Republicans said that about Democrats, as my friend says, it's probably true, and it would be politically inappropriate under the Franking determination, but it's okay if the Speaker does it, apparently.

Mr. AKIN. I'd like to take a look, though.

You were just talking about there being different ways to control costs. One of them is, when the government does it, they ration health care or they make various decisions to keep costs down. Here is the result of a comparison. These are 5-year survival rates for all different kinds of cancers.

This is the European Union average. They all have socialized medicine. I guess they do call it "socialized medicine." Here is the U.S. system, which at least is, largely, more of a free enterprise system. It's the beige.

Now, if you'll take a look at these different kinds of cancers, one of the things that you'll notice is that the survival rates are a whole lot better in the U.S. than they are with these socialized systems, and I don't think that that's a coincidence. It's just a fact that free enterprise works a lot better than socialism does.

The particular cancer I had here was called "prostate cancer." Let me see if I can see where it is. Here is "prostate" down here. You've got the survival rate in the United States at 90-something percent. Back over in Europe, it's only at 78 percent. I'll tell you, if I were to have prostate cancer, which I had, I'd want to be treated in America. That's what I'd want.

Mr. DANIEL E. LUNGREN of California. Will the gentleman yield for just a moment.

Mr. AKIN. We know that, for the British, for the European Union—in England—this is a 50 percent number.

Now, if I were sick, you could talk to me all you want about the government's giving me free health care, but it wouldn't do me any good if I were dead. This shows you what happens when we go to a government-run system.

I would be happy to yield to my friend.

Mr. DANIEL E. LUNGREN of California. This points out vividly the difference between a system where competition exists and where a monopoly by government exists. Where a monopoly by government exists, inevitably to attempt to try and control costs, you have to impose rationing. That's why you have these variations of survival rates among cancer patients, because they are not getting the care in those other countries that we get here, and they're not getting the care in a timely fashion.

Mr. AKIN. Timeliness. You know, in cancer, they always say, if you can diagnose it early, your probability of success goes up. As for that timely thing, you know, I think the socialized medical system says, We'll give you a free C-section, ma'am, as long as you're willing to wait 12 months.

Mr. DANIEL E. LUNGREN of California. Well, I happen to be someone who had a hip replacement about a year and a half ago. Under the rules that prevail in at least one of those countries, I would not have been able

to have it because I'm not 65 years of age. Had I needed it when I was 80, I would have been too old to get it. They have defined by age the category of people who can receive that operation. It's not just a limitation on time, on how long it's going to be.

The point is, if you look at our younger generation today and look at how active they are in certain sports, with repetitive actions affecting their joints, we are going to have younger people being in need of the replacement of joints—of knees and hips. That runs precisely contrary to what you see as being available in these other countries. That's why this debate is so important.

If, in fact, as we believe, the plan presented by the majority would inevitably lead to government-run health care, these are the consequences. That's why we ought to be able to debate that. They can argue with us and say, No, it's not government-run. We can argue how we believe it is, but at least we ought to be allowed to have that debate so that people can see what the consequences of our actions here in the House are on them and on their personal lives.

Mr. AKIN. I yield.

Mr. GOHMERT. Thank you for yielding.

I wanted to have time to ask my friend from California: Do I sense there is a concern that, if someone with the Federal bureaucracy had seen you move athletically before the hip replacement, they would have said giving you a hip would have been wasted?

Mr. DANIEL E. LUNGREN of California. Only a Texas Aggie would ask that question, and I will take that as a rhetorical question that needs no response.

Mr. AKIN. Well, gentlemen, I would call your attention to another colleague of ours, Congressman ROGERS, from Michigan.

He told the story the other day of when he was, I believe, 18 or 19 years old and had bladder cancer. Now, his doctor didn't know that, of course. He had some blood in the urine. He went to his doctor, who had known him and who had known his family for some period of time. The statistical probability of his having bladder cancer at that age was almost nothing. Yet, because he had that relationship with his doctor, she didn't let it go.

It was just like your father wouldn't, my friend.

She didn't let that thing go. There was something about her intuitive sense of knowing there was a problem there. They checked it out, and found out that he had bladder cancer. He's a Congressman now. This was some 40 years ago.

□ 1915

But you know when you have these statistics saying it just fits in this category, he held up a calculator and he said, There's nothing in this government calculator that knows anything

about health care. All it is is some government agent running statistics.

There was a guy from Canada that I just read about, and he was younger than you are. He was in his fifties, and the Canadians said, You can't have a hip replacement. You're too old. So of course he used the option. He came to America and got it—the free enterprise system.

My good friend from Texas.

Mr. GOHMERT. And I do appreciate you yielding. And obviously I was being facetious and perhaps rhetorical for my friend from California because the point is no government bureaucrat should ever be able to look at any American and say, I don't think you ought to get this treatment. I don't think you ought to get this surgery. That is the last thing you want is the government intervening.

And what has really gotten outrageous and got my attention is when we got the latest numbers we could for 2007 and the total amount of Medicare and Medicaid tax dollars spent and you divide it by the number of households in America, it's about \$9,200, over \$9,200 per household. You look at what President Obama is proposing. CBO says it will be between \$1 trillion and \$2 trillion, \$1 trillion to \$1.6 trillion? You divide just a very conservative amount of that by 117 million households that are estimated right now in America by Census, and you have \$10,000 more per household for every household in America they have to come up with to pay for this plan on top of the \$9,200 in Federal tax dollars they are paying now.

Mr. AKIN. Let's do this again. Every single household in America is going to get hit with an additional \$10,000 per household to make this transition to a socialized medical system that produces this kind of result? Is that what you're saying?

Mr. GOHMERT. That's on top of the \$9,200 average per household in America right now. Around \$19,000 per household.

Mr. AKIN. Here's something that I think is kind of amazing. Take a look at this statement. This was an amendment that was offered to the Democrats' health plan: Nothing in this section shall be construed to allow any Federal employee or political appointee to dictate how a medical provider practices medicine.

Now, I would say I think that's something that a lot of my constituents would say I don't want some bureaucrat telling some doctor what he can and can't do to take care of me. Take a look at the vote when this was done in committee. This was an amendment that was proposed by Dr. GINGREY. He spent his life going to medical school and taking care of patients. And look at the votes. Republicans, 23 votes saying we don't want to put a bureaucrat between you and your doctor, and zero voted against this, of the Republicans. Of the Democrats, only one Democrat voted for this amendment and 32 of them voted against that.

Now, I think a lot of people on Main Street America think why can't we just get along as Republicans and Democrats and just solve problems. But this is a very fundamental difference between the two parties, isn't it? This is what we've been talking about. Do we really want a Federal bureaucrat? And what they just voted to say was we think that in order to control costs, you're going to have to let some government bureaucrat make those decisions and tell a doctor and a patient that they can't get the care.

Mr. DANIEL E. LUNGREN of California. This makes about as much sense as the Vice President's recent statement that in order to avoid bankruptcy, we have to spend more Federal money.

Mr. AKIN. That's not intuitively obvious, in order to avoid bankruptcy, we've gotta spend more money.

Mr. DANIEL E. LUNGREN of California. And the President is basically telling us, by entering the Federal Government in the largest way in the history of the United States into medical care, it is going to cost less and provide more accessibility.

And I think that is—well, what I'm finding from my town hall meetings, my teletown halls, my discussion with people back home, they're not buying it because they know it just doesn't seem to make sense. Just as the gentleman has pointed out on this amendment, if in fact they're not going to put anything between you and your doctor, why would they reject an amendment that says just that?

Mr. AKIN. With only one exception of one Democrat, a straight party-line vote saying we want to put Federal employees between your doctor and you as a patient.

This is pretty serious stuff. This is very serious stuff to me. Because as I said, when I came to Congress, I had a poor health care plan. I came to Congress and found out there were some Navy doctors in this building, and those Navy doctors gave me a physical. I felt bulletproof and everything at 52. I found out that I was bulletproof and doing great except one little detail: I had cancer. And the fact that they discovered that and were able to get treatment without some bureaucrat taking that away from me, that's why I'm alive today.

I can understand why people are going to be very, very cautious entering some government-run plan that produces results for people, something like what the European Union is doing.

I yield to my good friend from Texas.

Mr. GOHMERT. Our time has expired, and I appreciate being a part of this. This is too serious to let the bureaucrats control people's lives.

Mr. AKIN. I thank you very much. I thank my many good friends who've joined us here for this discussion. I think many understand it's a very serious issue. It's better to go slow and get it right and don't mess it up as we have some of the things that have been passed at 3 o'clock in the morning.

WHERE ARE THE JOBS?

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Ohio (Mrs. SCHMIDT) is recognized for 60 minutes.

Mrs. SCHMIDT. Mr. Speaker, I rise today to continue to ask the question, where are the jobs?

Well, I can tell you where they're not. They're not in my district in southern Ohio because I just got an announcement on Monday night that really shocked me and made my blood boil. I found out that the Department of Energy was going to strip away thousands of jobs in my district.

Now, I just want to give you a little background. Ohio is one of those States that has high unemployment. We're the seventh highest in the Nation. But when you look at my district, what you see is I've got really high unemployment in my district. In fact, two of my counties, Pike and Adams, have over 15 percent unemployment. Scioto County has almost 13 percent unemployment. Much higher than the national average, even higher than our State average of 11.2 percent. So we really need jobs. We need them badly.

And what has occurred to me is that I think there must be a disconnect with the administration and the President. Let me go back and explain what's going on.

I have a facility in my district in Pike County, the county that has 15½ percent unemployment, called the American Centrifuge Plant, and this represents a very early use of commercial—use of new technology that would significantly reduce emissions of air pollutants and greenhouse gasses.

The United States Enrichment Corporation, called USEC, is deploying American Centrifuge technology to provide the dependable, long-term, U.S.-owned and developed nuclear fuel production capability needed to support the country's nuclear power plants, nuclear submarines, and a robust nuclear deterrent.

Mr. Speaker, we have dozens of nuclear power plants in this country that all require nuclear fuel. And we have a Navy who, as I speak, is sailing in every ocean across the globe. And we have weapons of mass destruction that will become a useless deterrent without fresh tritium.

Without the American Centrifuge Plant, in 5 years' time, we will have no ability in the United States to enrich uranium to keep our lights on, our ships at sea, or a deterrent potential.

In 5 years, we will be forced to purchase uranium from foreign suppliers as we do with most of our oil. I don't want to depend on foreigners for this kind of product.

The American Centrifuge Plant holds great promise. Unfortunately, in order to meet this promise, USEC needed a loan guarantee from the Federal Government. Now, I want to repeat that. It needed a loan guarantee from the Federal Government. You see, USEC has

already invested \$1.5 billion and has offered another billion dollars of corporate support. It did this with the expectation that the Department of Energy would make available a \$2 billion loan guarantee needed to finance the full-scale deployment of the American Centrifuge Plants.

Now, I want to refer to this chart here. Why were they so confident in that? Well, you see on September 2, 2008, when President Obama was running for election, he wrote a letter to our Governor, Ted Strickland. This is the full letter so you can see it. I'm not taking it out of context.

He said, Under my administration, energy programs that promote safe and environmentally sound technologies and are domestically produced, such as the enrichment facility in Ohio, will have my full support. I will work with the Department of Energy to help make loan guarantees available for this and other advanced energy programs that reduce carbon emissions and break the tie to high-cost and foreign-energy sources.

This is what this letter said.

So you understand that USEC was very, very confident that they were going to get that loan guarantee. But instead, on Monday night, the Department of Energy really pulled the rug out from all of us. I got a phone call asking me to call the White House, and I learned Monday night that the Department of Energy was going to withdraw its promise and they were actually asking USEC to withdraw its application and to try it again in 18 months.

I was actually told on the phone that if they did that, then the Department of Energy would give them \$45 million, \$30 million, and another \$15 million if they would rescind this. And that kind of shocked me.

The next day it also shocked the folks at USEC because, you see, they had this letter that the President had given to our Governor, Ted Strickland, that said those loan guarantees would be given.

Mr. Speaker, the American Centrifuge Plant currently supports more than 5,700 jobs and will help create 2,300 more within a year of commencement of the loan-guarantee funding. That's 2,300 additional jobs to my district.

Now, because the Department of Energy has contradicted a promise that our President made in September of last year to our Governor and to those men and women in this area of the State, those jobs are in jeopardy. And I was on the phone with one of my constituents earlier today. Pink slips are being given out at the USEC plant.

The Department of Energy has told the media the reasons for their denial were threefold: the cost subsidy estimate, a new requirement for another \$300 million of capital, and the questions of technology.

Well, the first question offered by the DOE is a little laughable. It turns out

that the government isn't really backing these loans. Instead, the Department of Energy is charging a risk-of-failure fee to each of the folks that agrees to back the loans. These fees are pulled together to eliminate any risk to the taxpayers that actually have been given a loan guarantee.

They determined that the fee for this loan would be \$800 million on a \$2 billion loan. So USEC is supposed to come up with \$800 million on a \$2 billion loan. I don't know about you, but in my neck of the woods, we call that like loan sharking.

The second reason for denying the guarantee is a new need to set aside an additional 300 million for contingencies. Well, I can think where you and I see that that is headed. After the risk premium is paid, apparently USEC still has to come up with more money to make the Department of Energy feel more comfortable about giving these loans.

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But the last question, I think, is the most surprising, because the last reason is one where they say they have got technical questions, and this is the one that is the most absurd of all, because, quite frankly, this technology is out there. France is using it, England is using it. Would it surprise you to know, Mr. Speaker, that Iran is using it?

But what I found most disturbing is that the Department of Energy hired a technology expert, as required by law, and they went through the technology and wrote a long report, and in fact the guy ran back to give it to the Department of Energy on Tuesday. That was the day after the Department of Energy made their decision. They made that decision on Monday night. They made it without any regard for the report they were relying on for this very important project.

It is not just a project, Mr. Speaker, that continues to help the folks in my district. And it is important to me, because, Mr. Speaker, this is my district, and these are my folks and these are my friends. I have become friends with these people.

This is the part of my community that doesn't have a lot of job opportunities, and they welcomed this job opportunity. They embraced it. And I believe that the President believes in this project, as he stated on September 2, 2008. But I think there must be some sort of disconnect with the Department of Energy.

There is a chart here, and I would like to go through the chart a little bit again so we can clearly understand what is going on.

The issue: credit subsidy cost estimated by the DOE to be \$800 million. Well, let me be a little clearer. The estimate was never provided in writing. The methods of calculation were never disclosed or explained. An \$800 million subsidy cost is not reasonable. I think it is outrageous, given USEC's fully