

these, and since The New York Times and The Washington Post pointed out a year and a half ago that they thought JOHN MCCAIN may not be qualified because he was born in the Panama Canal Zone that this legislation, it's just simply two or three pages that says anybody running for President beginning in 2012 will have to show that they're qualified.

It's not *ex post facto*. It doesn't do anything like that. It is implementing legislation. There are some judicial officials and experts that believe unless there is implementing legislation like this, even if everybody in the country knew that a candidate was born in Moscow, you still couldn't raise it because nobody would have standing unless we do some kind of implementing legislation. So the bill very simply just says that beginning in 2012 you have to show you're qualified.

Well, all of a sudden, I start getting calls. I even got mentioned in *Donesbury* by name, and they're using the same language. One reporter says that she got it from a high source at the White House that I was trying to delegitimize the President and was trying to throw him out of office. When I recommended the reporter read the bill, and she did, we didn't have any more about it. But it concerns me.

I have also gotten all kinds of information. Apparently this information, supposedly some of it came from the White House, and they have now branded me a racist. And now I think it is appropriate to note, with my apologies to the Texas former Senator Phil Gramm, who I really appreciate his politics, I liked Alan Keyes better in 1996. I voted for Alan Keyes for President in 1996. And somebody has mentioned that he doesn't happen to be white. I didn't care. I liked his politics. Race didn't matter. But there are sources here in Washington trying to brand people racist when it has no application whatsoever. That is one example.

I will tell you another example is I came down here on the floor and raised the issue with the chairman of the budget over the Justice Department if since he recused himself 2 years ago over the budget process for the Justice Department if it wouldn't be appropriate to do that now. He said 2 years ago that he was recusing himself, would step aside and not handle the budget for the Justice Department while he was being investigated. Well, there's no indication that that investigation has ended. And yet this time there was no stepping aside.

My understanding was one reporter who asked for a comment from me said that they didn't think it was a big story like they did 2 years before when he did step aside because he had said, well, he wasn't actually going to preside over the FBI's budget, the people that were investigating. So it's okay to preside over the budget for the bosses of the FBI, the Justice Department, but not okay to supervise the FBI budget?

I mean, if we want to talk about the appearance of a problem, good grief, can you imagine anyone being a judge over a case and they are going to rule or preside over a case of somebody that gets to cut off their funds if they don't like what the judge does? It's just absurd. Anybody would look and go, there is an appearance of a problem here, and it destroys the reputation of this body.

Here again, it was the President who has continued to demand that Americans listen. And he has had town halls, listen to me, let me tell you, and he has had some listening sessions where they ship in people and it appears that some of them even have prepared questions to ask him that were given to them. It's not exactly listening to the people if you tell them what questions to ask.

In any event, we keep being told we have to listen because the President has a plan, and the bill that we have had, we discussed, because that's what's in front of us, we are told if you like your insurance you get to keep it. And yet page 16 of the bill that we are given says, if your insurance policy changes at all, any term or condition, you lose it. Then that doesn't seem to be all that honest of an approach, which to give the benefit of the doubt, apparently just means he didn't read it.

But now, the President wants to come in here and talk to us again because apparently we haven't been listening well enough, so he wanted to come speak. So he gets the invitation. He is going to come talk to us about health care.

Well, do you know what? There was another President that did the same thing on September 22 of 1993 because he didn't think that Americans were listening well enough about what he had to say about health care. So we had a joint session, and President Clinton told us, America, he told people in this room that they needed to listen and do what he was saying about health care reform. And so here we are, all these years later, and now we're going to have to listen again, September 9, it is actually 13 days short of where President Clinton was when he came and started telling people about it.

There is a problem when you don't listen to other people. And some of us have gotten an earful out there listening. I love to comment about one of my constituents when he says, look, he is telling us there are 45 million or 46 million people that don't have insurance, 15 percent of Americans don't have insurance, and so there is a problem. Well, you don't throw out the whole system to change that. In fact, one constituent said, look, when my ice maker broke, I didn't remodel the whole kitchen. And I think when you listen to Americans across the country, it's amazing the wisdom you get.

□ 2220

And I think it is a problem in this body when all we do is talk and we don't listen.

Well, I tell you, I know my friends, and Madam Speaker, that we've all gotten an earful over August, and I loved it. I enjoyed hearing what people had to say because they had given it a lot of thought. So this is what we need to do: Listen. And some great points have been made.

We need to preserve the appearance of propriety and protect against the appearance of impropriety, and that appearance is all over here. And some of the same people who are refusing to do anything about an appearance of impropriety are the same people we listened to my first 2 years rightfully talk about a problem when there is an appearance of impropriety. Well, it's high time they went back and listened to themselves 4 years ago and do what they said 4 years ago and quit ignoring the damage that's being done to this body when there is important business that needs to be done.

I would also encourage those same people who say that people on this side have no answers. If they would read a little bit, listen a little bit, they would find out there are all kinds of proposals. They are just so caught up in trying to fight against reform that would fix the appearance of impropriety that they're not actually doing the business this body ought to be doing. And with that, I yield back to my friend.

Mr. CARTER. Reclaiming my time, I would like to point out that as I've been talking about some of these issues, just so we can make it very clear, this is not just about Chairman RANGEL; I've also talked about JOHN MURTHA, AL MOLLOHAN, JIM MORAN, PETE VISCLOSKEY. All these are issues that are before the Ethics Committee or the Justice Department in some form or fashion. And so we are clearly saying we have appearances that are concerning us at every level.

30-SOMETHING WORKING GROUP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Florida (Mr. MEEK) is recognized for half the remaining time until midnight.

Mr. MEEK of Florida. Madam Speaker, it is an honor to be before the House once again.

As many Members of the House know, we've had an opportunity to go back not only to our districts, but to our States to deal with the issues in our districts and also talk to a number of our constituents. And I wanted to come before the House tonight with some of my colleagues to talk about one of the main issues that were discussed during the break. But as you know, when I come to the floor, I always like to bring to the attention of the House, so that we will never forget,

that we do have men and women in harm's way. As of September 8, 1:30 p.m. today, the total American military deaths in Iraq is 4,341, wounded in action returned back to duty is 17,623, and wounded in action and did not return to duty is 3,872. And I think it is very important to not only have that in the CONGRESSIONAL RECORD, but also for all of us here that are passing not only policy, but also appropriations, make sure that we remember the families and those individuals that continue to serve to allow us to salute under one flag. So as policymakers, we have to pay very close attention.

Madam Speaker, I come to the floor tonight because I believe now more than ever, since I've been here for 7 years, that we need leadership not only in this House, but in the Congress in general, and that's including the Senate. And I think when we look at this issue of health care, there has been a lot said by many people, but there are only 535 some odd people in this country, including the President of the United States and members of his Cabinet, that are going to have to implement and provide this leadership on behalf of a country that needs people to man up and woman up and leader up and stop just saying, well, we shouldn't do anything about health care because every man and woman for themselves. Well, you know, that's not the American spirit. And it pushes against logic because when you look at rising health care costs, when you're looking at small business men and women that are having issues of being able to provide health care for themselves, leave alone the employees that they have, at affordable rates, when their employees are able to have health care that they can afford for their families, it's one thing to have health care, it is another thing to be able to afford it. And I brought a couple of personal testimonies from my State that I think it's important for people to pay very close attention to.

Now, tomorrow night we know that this Chamber will be filled with policymakers. We will have a number of the President's Cabinet here. And the President will walk down this center aisle just like other Presidents have done in the past. And Americans will definitely tune in, the world will tune in to see if we're willing to be able to do what we must do to be able to keep this country competitive. This is bigger than just ideology or a public plan, or no plan at all, or I'm going to score political points because it's an issue that is a landmark piece of legislation and only leaders can play in that room so I'm going to stand on our side and throw rocks at the building and break as much glass as I can and hopefully, hopefully I may confuse people enough to where when they're confused they will just say no, I don't necessarily think that we need to carry out this health care issue.

I want to know who's hiding and who's running around here in the dark

saying, oh, let's bring this thing up with health care. Hello. The whole 2008 election was based on health care. Some issues that some Members thought would come up—immigration reform, the war will play more of a substantial role, qualifications of how long you serve will play a major role—no, it was health care. And it was Democrats and Republicans and Independents and first-time voters that were voting for hope and just believing this time that something good will come out of their vote.

Now I'm going to tell you something. I'm from Florida. I'm from one of those States that over 3,600 Floridians lose their health care every week, every week. And it's kind of good for me to be here in Washington, D.C., along with my colleagues, all of them. And we all have health care, so there is no urgency on our side. There are no letters that are written by Members of Congress saying, oh, woe is my copayment; oh my goodness, the premiums have gone up, I can't afford it, I've been denied as a Member of Congress of an operation that I desperately need or a family member. That doesn't happen in our world; it doesn't happen in the House, it doesn't happen in the Senate, but it definitely happens in America and it definitely happens to Floridians that show up at town hall meetings. And I had some constituents saying, Kendrick, I would love to come to your town hall meeting, but I'm not into the whole bodily harm thing if I come. And that's something else that we have to pay attention to. So I think it's very, very important.

For those of us that came to Congress to make sure that our representation and our presence here is about representing people, people that are counting on us to do the right thing, people that are making sure that they don't find themselves in a situation to where that—well, I'm going to vote for my Member of Congress so he or she can have health care and I'll sit by and be a part of a debate over a public plan or a nonpublic plan. Hello. In the State of Florida you have 20 percent of the individuals that are under the age of 65 that are uninsured. Guess what, ladies and gentlemen. Eighty percent of us that have health care insurance are paying more every year because of the 20 percent. People want to talk about, well, you know, somebody has to do this and this is not guaranteed. Well, you know something? When you show up and you make that phone call, when you find out your child is sick or you find out that your husband now has to get that operation that you weren't able to detect every time you all had breakfast, but finally this kind of ache in his side or what have you has now become a situation that now you have to deal with and now you're spending \$3,000 of a copay that you don't have already, we can't prioritize it then and say, oh, I care about health care.

So I wanted to come tonight with my colleagues—and I see that they have

joined me—because I did talk with my neighboring colleague in Florida, Chairwoman WASSERMAN SCHULTZ, about the fact that we have to come back to the floor even though we have families, we have leadership positions in the House, we have major pieces of legislation moving through our committees, to come back here in the middle of the night like we did when we beat back the forces who wanted to privatize Social Security.

□ 2230

Think about it. Just think about it, Madam Speaker, if we'd listened to those voices when they had wanted to privatize Social Security. Hello again. Not only would the people over the age of 65 have had a lot to worry about, but there would have been a lot of young people who would have taken their money and put it out in this unregulated Wall Street and would have lost even their Social Security benefits.

So I'm here to tell you that I look forward to coming back to the floor with my colleagues to talk about this issue of health care. We know the President will come tomorrow and will, in his best effort, try to bring Republicans, Democrats and the two Independents, who serve in the Senate, together to bring about quality health care on behalf of all Americans.

When we talk about health care, I am talking about every person who lives in the United States of America. This will affect you. If you are insured, this will affect you, and it will affect you, hopefully, in a positive way because, every time you pay a premium, it's higher. Every time you pay a copay, it's higher. Folks are talking about the public plan issue, and I'll just close with this and then will yield to my colleagues.

I had a young lady call my office. I pick up the phone from time to time when it's ringing, and, you know, she was like, Well, Congressman, I just want to tell you that I'm against the public plan.

Okay. Well, tell me: What are you against? I want to know. You know, tell me a little bit about it.

I wasn't trying to be intimidating by, you know, going into sections and chapters.

Tell me.

Well, you know, I don't know if I want, you know, the government in the business of health care.

Well, that sounds like something that might have been said on the radio and not necessarily something that I felt that I failed her on because I didn't do what I was supposed to do as a Member of Congress and as a member of the Ways and Means Committee in saying that, if there's another plan out there that will achieve bringing the private insurance companies' costs down, knowing that they're charging every last one of us with the monopoly that they have, then we will find ourselves in a better situation. But guess what? No one has a plan that will bring that cost down like a public plan will.

As I close, the U.S. Postal Service is a public plan, the last I checked. If the U.S. Postal Service went out of business tomorrow, do you think folks would be complaining? If you think they're complaining about the price of a stamp now, wait until you allow just the private sector to run by itself something that has broad application and that so many people have to deal with. See where that cost goes.

Medicare, the last time I checked, was a public plan for those over the age of 65. The public plan that we're talking about now is even far more conservative than that plan because, regardless of what your income may be or what it may not be, you're eligible for it. This public plan will be paid for with just premiums and not with taxpayer dollars.

Now, you know, I'm not one of these Members who says, Oh, my goodness. Without a public plan, I don't know if I can vote for this. I'm saying, if there's nothing else there—and I do mean nothing else there—that will bring down the cost of health care for everyday Floridians and Americans, then the public plan is the option to be able to deal with those issues and to be able to make sure that we make health care affordable.

Members of Congress, we don't have a problem. We have health care, and we will have health care, and we will not be denied an operation, and we will not wait in long lines. So I want to make sure that every American, regardless of your party affiliation and regardless of the fact if you've ever voted before in your life, pays attention to what I'm saying. It's not about those of us who are here. We're fine. It's about you and it's about your family.

Ms. WASSERMAN SCHULTZ.

Ms. WASSERMAN SCHULTZ. Thank you. Thank you so much to my good friend and colleague, Mr. MEEK from Florida. It is great to be back here in the 30-Something Working Group.

Mr. MEEK of Florida. We're pushing the "something" far.

Ms. WASSERMAN SCHULTZ. We're pushing that "something" far—exactly—given that your birthday was the other day, mine is in 2 weeks and that we're a little bit past 30-something. I like to say that we're the "something" in "30-something," so I'm hanging my hat on that.

We have been reconvened by you, under your chairmanship of this working group, because yet again it is time to make sure that we can be clear and straight and direct with the American people. This is the season now of hard bargaining and of hard choices, and we have an opportunity for the first time in our lifetimes and in the lifetime of our generation to really, finally, achieve comprehensive health care reform.

What does that mean?

That is a term that has been thrown around for weeks and weeks now, and we've gotten to the point probably where most people's eyes glaze over or

where they turn the channel or where they, you know, just begin to tune out, but it's to their peril if people tune out to this debate and to this discussion, because we have the best opportunity for reform that we've had in American history. We have brought health care reform the furthest that it has ever been brought.

Five of six House and Senate committees have passed legislation reforming the health care system—to do what?—to ensure that never again will an insurance company be able to drop you or to deny you coverage based on a preexisting condition and to ensure that never again will your insurance and your health care be tied to your job instead of to you. We'll make that insurance coverage portable so that wherever you go and whatever decisions are made either to continue to employ you or if you move on to another job that health care will be attached to you.

Never again will we have to deal with health care-related bankruptcies or deaths as a result of not having health insurance, both of which happen now because people are facing catastrophic illness and because they don't have health insurance coverage. They have to wait until they're so sick that they have to use the most expensive ways of getting their health care treatment, whether it's the emergency room or because they are so sick that they have much more significant costs to their health care, and as a result, are bankrupted directly as a result of their health care problems.

There were 1,210 health care-related bankruptcies, Mr. MEEK, in my congressional district last year. I know we have the numbers for every congressional district; 1,210 individuals went bankrupt because of their health care problems. Families USA talked about how we had six health care-related deaths in Florida directly attributable to the fact that people did not have health insurance. How did they come to that conclusion? Because, if you don't have health insurance and if you have a basic health care problem, a simple health care problem, you can't afford to go to the doctor, so you get sicker and sicker until, one day, some folks just die because they become so sick that they can't get the problem taken care of, and then the problem overwhelms them even when they are able to access emergency care. So this directly attributes death to the lack of health care coverage. In 2009 in America, that is just unconscionable.

Over the last few weeks, I have spent a lot of time in my district going around and speaking to small business owners and individuals who either have preexisting conditions or who face astronomically high health care insurance premiums. They're frustrated. They say it's long past time that we get a handle on these costs; but what is the response on the other side?

You know, there are a lot of folks who are friends of ours on the other

side of the aisle who are saying that they're for reform, that they support health care reform—and this is the nice version—but that they just don't like the direction that we're taking it. They don't want socialized medicine. They don't want the government takeover of health care or the government to get in between you and your doctor.

Let me read you this passage, my colleagues, and just see what you think about this expression of sentiment. This is a voice on a record, urging listeners to write their Members of Congress and to ask them to oppose this legislation:

"And, if you don't do this and if I don't do it, one of these days, you and I are going to spend our sunset years telling our children and our children's children what it was once like in America when men were free."

Now, does that sound familiar? It does sound familiar because it sounds like what our friends on the other side of the aisle are doing to scare people, particularly senior citizens, into believing that somehow they're going to be giving up their freedom if we pass health care reform. Well, actually, that was Ronald Reagan back in 1961 when he was trying to scare seniors and scare doctors and scare Americans into believing that somehow Medicare was going to be the end of the health care system and of health care coverage as they knew it.

□ 2240

And now it would be to any of our peril if we went home and suggested that people be separated from their Medicare, because it's been one of the most successful health care programs in American history covering seniors who would have certainly died if not for having that health care coverage. And we have got to make sure that we have this discussion in this debate in a responsible manner.

We are not going to get in between you and your doctor, Americans and their doctor. On the contrary, we want to make sure that the people who are between you and your doctor, which are the insurance company bureaucrats, who are looking more at the bottom line than they are at making sure you stay healthy, that they are moved aside and we can have health care reform and health care coverage that ensures that people stay healthy, that they can get the access to health care that they and their health care provider decide is appropriate, that we bring down the cost of that health care and that we make sure that we force, especially in some of the communities—not that you and I represent, because the three of us represent fairly urban areas, but in the places in this country where there is maybe one or two private plans and very little competition.

So they can charge whatever they want. They can include whatever they want in those policies, that side by side, with the private plans, is a public

option that keeps those private plans honest, that forces them to be more innovative, forces them, in order to hold on to those customers, to provide coverage that's more comprehensive and more affordable.

Mr. MURPHY of Connecticut. I thank the gentlewoman and I thank Representative MEEK for convening here tonight.

Here is how I look at the issue of the public option. First of all, I think it has gotten a lot more attention in the debate than it takes up in the bill. There are a lot of very important pieces to this health care reform bill, and public option is one of them; but I look at it this way: I have faith in my constituents. I think that if we give them choice, they are going to make the right choice for themselves and for their families.

And just like in countries in Europe, where you may only have one choice, you have got to buy, take public insurance, in this country we also have only one choice as well: you have to take private insurance.

And this notion that we shouldn't give our constituents the choice, up to them, as to whether they want to stay on their private plan or for a variety of reasons, they think it might be better to be on a publicly offered plan, I think that shows a lack of faith in the American people.

And I think if it's good enough for every single Member of Congress, if it's good enough for every Federal employee and State employee in this country, if it's good enough for our veterans, if it's good enough for our soldiers, sailors, airmen and marines, and if it's good enough for every single individual in this country over 65, well then maybe our constituents should have a choice of whether it's good enough for them or not.

So to me it just comes down to choice, as was mentioned about the lack of choice that's out there right now. If you are working, odds are that you might have one choice, maybe two choices, maybe three choices. But you are lucky if you have that many.

If you live in a State like Connecticut, we have one insurer that covers over 50 percent of the people in our State. That's 50 percent of the States in this Nation where one insurer has over half the market, 70 percent of States in this country have two insurers that cover 70-75 percent of the market. There is not enough choice out there as it stands right now.

So I just have faith that my constituents are going to be able to make the right choice for themselves.

And for all those people that say, you know, well, the government can't run anything, but the public option is going to run private insurers out of business, those arguments don't work together, right. Because if the government can't run anything, then they are not going to be able to run an insurance plan, nobody is going to join. But it should be up to people whether they

do that. That's how you put competition back in a very, very broken marketplace.

And so to me, to me the one unifying theme that when I was home this August, as it has been throughout the entire time that I have been doing this job for the last 2½ years, that has united the people who support this specific proposal and the people that are undecided and the people who don't like it is cost.

I mean, everybody agrees that the system costs too much right now. I mean, over and over again, I hear the same story that you, Mr. MEEK, Mr. RYAN heard, business owners talking about a 20 percent increase last year in their health insurance premiums, individuals looking down the barrel in Connecticut of a 30 percent increase in our major insurance plan. Employees having seen wage increases be put off year after year after year because their employers are taking all the extra money they are making and putting it to health insurance premium increases.

And everybody understands that we need to tackle costs here. Well, guess what. The Congressional Budget Office, right, which Republicans and Democrats alike hate because they think it's too nonpartisan, that budget office, which we listened to, which guides our decisions here, says that the public option is going to save our health care system \$100 billion, \$100 billion because it's going to offer something cheaper to people and it's going to put pressure on the private insurers to bring their costs down.

So if we really care about costs, and this has to be part of the discussion, there is a lot of other things we can do here. We will talk about the insurance exchange which is going to force insurance companies to compete against each other, the tax credits we are going to give to businesses to try to have them offer insurance to their employees. But when all is said and done, we should be keeping every possible tool in the tool box that can bring the costs down. That's one of the things amongst many that can unite us in this building, in this Chamber and throughout this country.

And I think if there is one thing that I found when I was home, it is that when you really got down beyond some of the shouting, beyond the rhetoric, beyond the talking points that both sides were handing out, that there was actually a lot more that united us here.

And I think our job here, as we hit that witching hour on this bill, is to distill that down to something we can all be proud of when we go home.

Mr. RYAN of Ohio. I appreciate it. One of the things—we have got a little old school thing going here too that I ought to mention. But one of the things that I think is very important that everyone I talked to in August, Canfield Fair, St. Mathias, Slovak Festival, Irish plans, Italian-American Festival, every single time people were

understanding the fact that they are paying for all of these uninsured people right now.

They get it. They know this \$1,800 a year increase they are going to get next year is because there are going to be another 50 million people going to the emergency rooms. Doesn't make any sense. But I think one of the things too that we need to remember when we were talking to seniors about Medicare is that we have this population, especially, I think, in the industrial Midwest where people are 55, 60 years old, have lost their jobs, lost their insurance. Maybe they are still working, but the insurance company or their employer is not going to pay for their insurance anymore.

We have a very unhealthy segment of our population going into the Medicare program. And so if you are living in northeast Ohio, and if you are 55 or 60 years old, you lose your health care, a lot of people are saying to themselves, I am going to wait until I get into Medicare to get my heart surgery. I am going to wait until I get into Medicare to get my hip surgery. Or I am going to wait until I get into Medicare for you name it.

And so from 60 to Medicare age, a lot of things go wrong that you probably could have managed better. So we have this very unhealthy population going into the Medicare program.

So what our seniors need to know because our friends on the other side who don't want any kind of health care reform at all are saying, well, they are going to cut Medicare. Well, it's nice to see a few Republicans stand up and actually have some concern about Medicare because Newt Gingrich and Grover Norquist and these guys are talking about letting it wither on the vine and those kinds of things.

But it's going to save Medicare money if we have this 50-, 55-, 60-year-old population getting the kind of preventive, manageable care so that they don't all of a sudden say, I am going to wait until I get into Medicare. And then you go into Medicare and you need something that costs hundreds of thousands of dollars more. That's what is hurting our Medicare system more. So we need to bring some of those costs down.

Ms. WASSERMAN SCHULTZ. Just to continue your point to its next logical step, shifting this health care system from a sick care system to what it is now, to a prevention and wellness-based system, ensuring that people can get their health care needs and their checkups taken care of before they get sick, is going to prevent those catastrophic, maybe not completely preventable catastrophic illness, but stave off chronic and catastrophic illness so that the actual health care that people go and get is less expensive health care, is preventive-based health care, and we will have a generally healthier population.

□ 2250

I will add to that the description that you provided of 60- to 65-year-olds.

There are many people in that category, and you can extend it actually down to about age 50, people who are sort of past their quality working years and should be retiring, maybe continuing to work and wearing themselves down. It is going to actually make them more sick, but because they have preexisting conditions and they are not yet Medicare-eligible and the only insurance many of them have is tied to their job, they are anchored to those jobs.

My own mom is one of those individuals. She has a preexisting condition and she gets her insurance coverage through her work. She is 63 years old and is not Medicare-eligible yet, so she has to continue to work full time in order to keep the coverage. There are countless stories like that in America. And she is the mother of a Member of Congress.

Just to show you, people are bawling about how privileged we are and our families. We have good coverage, decent coverage, but basic coverage, and our family members are just like any other family members across America. We all can list out countless examples of people who would benefit from comprehensive health care coverage.

Before I yield back to the gentleman, I want to go back to our friends on the other side of the aisle, because it has been frustrating to me as I have debated, and I am sure each of you has debated colleagues of ours on the other side of the aisle on this subject over the last few weeks, to hear them say that they are for reform, because, quite frankly, I just don't think that passes the smell test.

They were in charge here for 12 years. The last eight, they were in charge of everything. They had the opportunity. The ball was in their court. They certainly could have taken the ball and run with it. But health care reform was not a priority for them. It never has been, and it isn't now.

It is disingenuous for them to suggest that they are for reform, but not the reform that we are proposing. If they were for reform, they could have gotten it done. The reform that they offered the American people was some lame prescription drug part D program for Medicare that left a giant doughnut hole that thousands and thousands, tens of thousands of senior citizens are falling into that our health care reform proposal would fill and make sure that people wouldn't have to decide not to stop taking their medicine once they fall into it, and be able to again focus on getting people well and keeping them well instead of spiraling ever downward into a more sickly state.

Mr. MURPHY of Connecticut. Let me just add to that, that for all of the talk we have heard on this floor from our Republican friends about fiscal responsibility with respect to health care and respect to the overall budget, when that bill came up for debate, when they made their one foray into health care,

a bill written for the drug industry and the insurance industry which have made record profits off of this program and many others, they didn't pay for a dime of it. They borrowed every cent in order to fund that Medicare prescription drug benefit.

You want to talk about the things that added to the deficit that Barack Obama inherited? Right at the top of that list is the only major effort that the Republican House and the Republican Senate made to health care.

So not only when they constructed the Medicare benefit did they get it wrong, but for all of their talk about making sure that this health care bill is deficit neutral, which is a commitment, a commitment from this President and from the House and from the Senate, when they had the opportunity to do it, they borrowed every single dime to do health care.

Mr. RYAN of Ohio. It may sound good to say if we just fix this or fix that, fix this and fix that, we will be okay. The problem we have now is we have this patchwork system that we just have been constantly patching up, and it is not addressing one of the main problems, and that is we have got all of these uninsured people. Some people say it is 10 million, some people say 15 million, so it is probably somewhere in between.

But the bottom line is, Mr. MEEK, all these people are going to the emergency room. That makes no sense to anybody. So you go in with your insurance card, you are paying for the person who is walking in there. What we are asking people to do in this reform package is for people who are now using the emergency room as their primary care doctor, that they will have to pay something now. They will have skin in the game. They will have a copay, they will have a premium. You are going to get something out of them.

That is how we are going to help build this new system, is by having people who are now getting something for nothing will have to pay and have skin in the game and take money out of their own pocket, Mr. MEEK, and pay for their health care, and that will help everybody.

Mr. MEEK of Florida. You know, Mr. RYAN, it is just so good to see Mr. MURPHY and you and Ms. WASSERMAN SCHULTZ here back on the floor again, and the fact that some of the arguments that you hear, that I don't think we are here for some big, let's-build-the-government-even-more, you know, that the reason why we are here is to make sure that the government gets bigger and more control, that that is what we ran for.

No. We are here because we care about the people that sent us here. I said it earlier when I was here on the floor, just me at the top of this hour, when I said, you know something? No one came up to me and said, Congressman, I woke up at 7 a.m. in the morning voting for representation. I am so

happy to send you, your wife and your two kids to Washington so you can have health care that I will never have. Okay?

The bottom line is I am sitting here, I am going to put these testimonials on my web site that some people have e-mailed to me and some I got from my town hall meeting.

I am looking at Robert here from Wellington, Florida. He says as a self-employed person, I am not eligible for any group coverage. Therefore, I must pay \$4,000 a year for my family of four, and I have deductibles totaling up to \$7,000 out-of-pocket before anything gets covered, in his plan that he has now.

In this current economy, my income has been greatly reduced, but I cannot change for a less expensive plan until the open enrollment period comes around, and that is almost a year away. It is nuts.

He says, in a nutshell, health care could well bankrupt me, even without a medical catastrophic event taking place, and I am trying to figure out what will the new Congress and the President do for me. That was his e-mail to me as a Congressman.

Now, I am not his Congressman, but he is just reaching out to Members of Congress. And the bottom line is there are real people out there that are dealing with it.

Mr. RYAN, you make so much sense when you say folks walk through—I know that is kind of hard for you to believe, me saying that—walk through the doors of an emergency room getting care, and you are watching these public hospitals going under. Think about it. They are reducing staff.

I was in Daytona the other day at a Labor Day picnic. A lady came up to me and said, Congressman, this is my first time meeting you. I have a mother in a hospital, the public hospital there in Volusia County, and we have to take turns being in the room with her because of the staff cuts that are there.

This is all coming from uncompensated health care that is driving up the costs, not only for public hospitals and private hospitals, but also driving up the costs for us who pay premiums and copays and all of those things.

So I would say this also to my friends that live in rural communities. I heard you talk about Ohio, and, of course, we can all talk about our States. But I can tell you this: In rural communities right now in this bill we incentivize doctors to stay in those communities. They are communities that are in need and they don't have specialists there.

We also look at addressing the disparities as they relate to rural America. Right now we have individuals that have to drive for miles and miles and miles. That is not okay, especially when you are in need of care.

So when we look at this whole comprehensive piece, we are looking at something that is going to bring about better coverage for all Americans,

make sure that those of us that have insurance, that we bring our costs down, making sure that people who have preexisting or family conditions, God forbid this gentleman from Bradenton, if something was to happen, one of his family members, he discovered his daughter had some sort of illness to where that she has to go operation to operation, and then that insurance that he has, which is not as good as mine, runs out, he is on his own, by himself. And folks can't say well, that is his personal problem. No, that is going to be my problem too and it is going to be the individual's problem who has health care, because he or she is going to pay for the fact that he can't get coverage and he works and provides, he is a business person and he just wants to insure his family.

□ 2300

Mr. RYAN, I'm going to say this, and then I'm not going to say anything else during this hour, but we'll yield back when that time comes, 10 minutes after the hour.

I will tell you this: that those of us in this Chamber didn't know better, because all while I was listening to people throughout the State of Florida during the break, I couldn't help but—like a lady posed a question to me in a townhall meeting: Congressman, what are you going to do to bring about the kind of change we need in Washington, D.C.? Are you going to be on the fence? Are you going to say, Well, you know, I don't want to necessarily say anything, don't want to do anything? I'm going to run in the back of the Chamber, put my card in and run out the door. Or am I going to come here and fight for those individuals who sent me here to fight for them.

And those are businesspeople, and those are individuals, and those are people who are listening to us right now that have a health care crisis or have an imminent health care crisis coming and wondering if they're going to have insurance. I would much rather go down fighting for them than sitting here trying to be safe and trying to score political points and win a couple more seats in Congress because it will help my political ideology. We're beyond that right now.

We are dealing with the real deals that are crippling our multinational companies that are here, based here in the United States, to compete with other countries who have health care reform and have a policy to where that doesn't bankrupt big and small companies.

So I'm just asking my colleagues, be they either Democrat or Republican, be a man, be a woman, be a leader, come here to Washington, D.C., and speak fact and not fiction and make sure that we fight, because we're as close as we have ever been to doing this right now, DEBBIE, and I think it's important that if we're going to go down, we're going to go down fighting. And I tell you if I have anything to do with it, we're not

going down. That's one. Two, people are going to get health care. And in the final analysis, they're going to look at the leaders, either Democrat or Republican, and say, You know something? I'm glad they fought. They did not retreat.

Ms. WASSERMAN SCHULTZ. You know, Mr. MEEK, I can't help in listening to you but think of this debate through my eyes as a mom. There's nothing more important to moms than making sure that your children stay healthy, and there's nothing that tears out a mother's heart worse than looking at your child, knowing they're sick and knowing that you can't do anything to make them well, and you would do anything to make your child well if you could.

Imagine layering on top of that angst for a mother the fact that she wasn't covered by health insurance nor were her children, and as a result, she couldn't even take her child to the doctor when they first got sick and she has to wait and wait and wait until her child gets sicker and sicker and sicker until she has to use the emergency room as her primary access point for health care for her child.

Now, for me, we are at the point in this country in our Nation's history where you should not be separated from our ability to provide for the health and well-being of your child due to the difference in your wealth.

When a child turns 5 years old in this county, Mr. MEEK, Mr. RYAN, Mr. MURPHY, no parent has to worry about whether they're going to be able to pay for their children's education because we have education that's universal in America. It's a given. It was decided over 100 years ago. Everyone gets equal access to education and the government pays for it.

We're not even going that far here. What we're saying is health care should be a right and should not be a privilege.

Mr. RYAN, one of the things that just galls me, which is why I keep going back to it, is how disingenuous our colleagues on the other side of the aisle have been.

Let me quote one of our colleagues, and I won't name her. She said this last week to a conservative organization, and this was reported in the newspaper. A colleague of ours, in talking about their views on health care reform said, "What we have to do today is make a covenant, to slit our wrists, be blood brothers on this thing. This will not pass. We will do whatever it takes to make sure this doesn't pass." And then she continued, "Right now, we are looking at reaching down the throat and ripping the guts out of freedom, and we may never be able to restore it if we don't man up and take this one on."

That is a direct quote from one of our colleagues who I won't name, but, Madam Speaker, I would like to enter this into the RECORD.

TALKING POINTS MEMO: 9/1

Rep. Michele Bachmann (R-MN) spoke yesterday to the right-wing Independence Institute, the Colorado Independent reports, and she called on conservative to really come together in the fight against President Obama on health care.

"What we have to do today is make a covenant, to slit our wrists, be blood brothers on this thing," said Bachmann. "This will not pass. We will do whatever it takes to make sure this doesn't pass."

The sanguinary rhetoric continued. "Right now, we are looking at reaching down the throat and ripping the guts out of freedom," she said. "And we may never be able to restore it if we don't man up and take this one on."

Bachmann also denounced a system under which some Americans pay half their income in taxes: "It's nothing more than slavery."

We don't even have to deal with transparency because it's clear that the stakes are so high for them. If I hadn't read it myself, I wouldn't have believed it. The stakes are so high here. They know that if we're successful at finally reforming the health care system and covering everyone, that politically next year they won't be able to be too successful in the elections. And that's what it's about for them, it's about power.

Mr. RYAN of Ohio. I want to say two things and then I will be done for the night, too.

There was this interesting article in Newsweek this week. It was about a book about William F. Buckley and about the battle between the extreme right wing of the Republican Party and the William F. Buckley National Review kind of wing, and there was this little battle post-New Deal.

But it's interesting to note that right after Roosevelt got in, there was this extreme reaction, very similar to what we're seeing where every critique of what Roosevelt was doing was socialism, communism, and all of these fancy names. But there were also these vigilante minutemen who would show up at these events carrying their guns, and it was amazing, because that's exactly what we're dealing with here.

There's no solution. There are just these critiques of how the train is moving down the track. The American people want to go in another direction.

But I wanted to share this story because I think this is what we're all talking about.

I ran into this woman at the Canfield Fair. I stood outside the Democratic Party tent. This is one of the biggest fairs in Ohio over Labor Day. I stood there for 4 hours, 4 hours, just south of Youngstown, Ohio. I had two people out of all the entire time come up to me and say, What are you doing with this socialist—and they're also against the energy bill, so it was totally the right wing talk radio crowd that was like inundating them with this stuff. Two people came up against this.

But what this one woman said, she's 35 years old, married, kid. Husband just lost a job. They made about \$58,000 a year when he worked. They now make \$32,000 a year. She is working. He, after

he lost his job, is going back to school. No income, trying to better their life. The daughter was in the stroller there.

This woman is telling me this story. She has a condition. She's got to take medication. It's very expensive. She can't afford it. Now they're paying out of pocket. She makes \$32,000 a year, down from \$58,000 because the husband lost the job. And she said, Do you want me to go on welfare and go on Medicaid? Because that's what I'm forced to do.

Now, if there's any value we respect here in America, it's somebody that wants to work. She wants to work. She wants to provide for her kids, her husband. She wants to have a nice family. She wants to have the dignity of work. And the system now is set up that that really may be the best decision for her and her family is to go on Medicaid and take welfare benefits. That's not what we want.

And what we're saying is why should this woman who's working her rear end off, her husband is going back to school to get retrained, those are the people we want to help. That's what this whole thing, the whole thousand pages that everyone keeps talking about, that's what this whole thing is about. It's about helping that woman, her husband, and that kid.

And that's why, DEBBIE, as you said, the stakes are high. KENDRICK, the stakes are high, and we need to pass this thing.

Mr. MURPHY of Connecticut. If our friends on the other side of the aisle want to have a debate about freedom, let's have a debate about freedom.

Listen, we don't legislate on anecdote here. We legislate on data and statistics and evidence. But the anecdotes are powerful because they're representative of what the data tells us.

And I think about the woman in my district who raised her hand at an event I had at Town Green last week, and she said, Listen. I work for an employer who's downsizing and looking to cut costs wherever they can, and I've got a child with a very serious illness. She's on this employer's health care plan, and I know that I am targeted. I know that if they can get rid of me and get rid of the expenses associated with my daughter, they've just saved a lot of money. And I know if I lose this job, I'm not going to be able to find another one because there's no way that somebody is going to pick me up if they have to cover the cost of my daughter who has an illness through no fault of her own, no fault of mine.

What kind of freedom is that?

I think about the guy who raised his hand and told me the story about the fact that he had been working for a new company that had just hired him in New Britain, Connecticut, a couple of years ago. He had had a good, steady income for 2 years, but he got diagnosed with gallbladder cancer and he couldn't show up for work any longer, and they fired him. They fired him and he lost his health insurance.

□ 2310

Now he spends every single dime that he makes off of his unemployment checks to pay for cancer treatment. What kind of freedom is that? When we want to talk about freedom, health care reform, giving freedom to people who have insurance and want to keep it, giving freedom to people who lose it and need to get medical care, let's have a debate about freedom, because the proponents of reform are going to win that debate, Mr. MEEK.

Mr. MEEK of Florida. We have 30 seconds left.

Ms. WASSERMAN SCHULTZ. I just appreciate being together again and knowing that on a regular basis over the next several weeks and months we will be getting together to press for health care reform for everyone.

Mr. MEEK of Florida. Absolutely. Madam Speaker, with that, from these Members that came before the House tonight, we want to definitely let other Members know that we will be coming to the floor. We will be sharing accurate information as we have done over the years, and we will continue to do it good or bad. We look forward to the President coming and addressing us tomorrow in a joint session.

With that, we yield back the balance of our time. Thank you.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. BURGESS) is recognized for the remaining time until midnight.

Mr. BURGESS. I thank the Speaker for the recognition. I almost feel like now that I have got equal time for a reply from the last 45-minute segment, I would remind my friends on the majority that they are in the majority. This is the House of Representatives of the United States. Any bill can pass on the floor of this House with 218 votes. As I recall the last numbers, we have 177 Members on the Republican side, you have 258 members on the Democratic side. That means you can pass pretty much whatever you want whenever you want as long as you keep only 40 Members of your party from straying, and you can only lose 40 Members from your side and you can pass whatever you want.

Now we read some articles in the paper today where there are 23 Democrats who say no way are they voting for this health care bill after they have been through the summer that they have had. Okay, you still have a comfortable margin of 20 votes to pass whatever bill you want. So, please, don't set this up as a straw man Republican versus Democratic argument. The Republican Party in the House of Representatives in this Congress cannot stop you from passing anything that you want to pass. We do not have the numbers. We do not have the organization. Some might argue we don't have

the leadership to block anything that you want to pass.

So your argument is an internal argument. It is Democrat versus Democrat. Bring the bill to the floor of the House that you want to bring. Bring it to the Rules Committee. You certainly have done it plenty of times. Bring it to the floor of the House. We will have our obligatory 2 hours of debate. We will have the vote, win the vote, and send it over to the Senate. You have 60 votes on the Senate side. This should not be a challenge for you. Send it down to the White House. You have a President who will sign virtually anything you send down to him.

This is not an argument that you are having with Republicans. This is an argument you are having internally within your own caucus. And why are you having that argument internally within your own caucus? Because you have not sold this proposal to the American people. And you felt that acutely during the August recess.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman is reminded to address his remarks to the Chair and not to others in the second person.

Mr. BURGESS. Absolutely. I will refer to the Chair.

Madam Speaker, this is because the other side did not make the sale to the American people. They did not engage the American people from the bottom up, from the grass-roots up, which is the way you have to do tough legislative proposals, transformative legislative proposals. You don't start at the top and work down. That's the Soviet style of doing things, Madam Speaker. This is America. We go from the grass-roots up.

Our friends on the Democratic side chose not to do it that way. Instead, they would rather vilify Republicans because, after all, that's what helps them raise money and win votes. And after all, isn't it all about just winning votes and maintaining your majority? You're not really held to account by the American people as to whether or not you pass your agenda or not, apparently, if we are to believe the poll numbers.

But, Madam Speaker, I do not believe this can be done from the top down. I do believe this has to come from the grass-roots up. We saw a Member of Congress, a Democrat in one of the midwestern States, plaintively ask her audience on YouTube during the month of August during one of the August town halls, don't you trust me? And the response she got back from her audience was, well, apparently not. The audience didn't trust her.

All across this country, Members of Congress have heard the voices of August. The question is, the real question for this House is, was anyone listening to those voices as they were speaking to us?

Right now, this Congress has historic low credibility ratings. We have some of the lowest credibility ratings in the