

extending political democracy but to demanding democratic empowerment in the economy, in gender relations, and in culture. Democracy is not simply one of our political values but our means of restructuring society. Our vision is of a society in which people have a real voice in the choices and relationships that affect the entirety of our lives. We call this vision democratic socialism—a vision of a more free, democratic and humane society.

In this web site you can find out about DSA, its politics, structure and program. DSA's political perspective is called *Where We Stand*. It says, in part:

We are socialists because we reject an international economic order sustained by private profit, alienated labor, race and gender discrimination, environmental destruction, and brutality and violence in defense of the status quo.

We are socialists because we share a vision of a humane international social order based both on democratic planning and market mechanisms to achieve equitable distribution of resources, meaningful work, a healthy environment, sustainable growth, gender and racial equality, and non-oppressive relationships.

DSA has a youth section, Young Democratic Socialists (YDS). Made up of students from colleges and high schools and young people in the work force, the Youth Section works on economic justice and democracy and prison justice projects. It is a member of the International Union of Socialist Youth, an affiliate of the Socialist International. The Youth Section meets several times during the year. More information is available from YDS staff.

This web site also includes an extensive set of resources, including bibliographies, pamphlets and links to information on socialism and U.S. politics in general.

Please join DSA as we work to help build a better and more just world for all.

WHERE WE STAND: THE POLITICAL PERSPECTIVE OF THE DEMOCRATIC SOCIALISTS OF AMERICA

PREAMBLE

At the beginning of the 20th century, a young and vibrant socialist movement anticipated decades of great advances on the road to a world free from capitalist exploitation—a socialist society built on the enduring principles of equality, justice and solidarity among peoples.

At the end of the 20th century, such hope and vision seem all but lost. The unbridled power of transnational corporations, unwritten by the major capitalist nations, has created a world economy where the wealth and power of a few is coupled with insecurity and downward mobility for the vast majority of working people in both the Northern and Southern hemispheres. Traditional left prescriptions have failed on both sides of the Communist/socialist divide. Global economic integration has rendered obsolete both the social democratic solution of independent national economies sustaining a strong social welfare state and the Communist solution of state-owned national economies fostering social development.

The globalization of capital requires a renewed vision and tactics. But the essence of the socialist vision—that people can freely and democratically control their community and society—remains central to the movement for radical democracy. Those who the collapse of communist regimes, for which the rhetoric of socialism became a cover for authoritarian rule, as proof that capitalism is the foundation of democracy, commit fraud on history. The struggle for mass democracy has always been led by the ex-

cluded—workers, minorities, and women. The wealthy almost never join in unless their own economic freedom appears at stake. The equation of capitalism with democracy cannot survive scrutiny in a world where untrammeled capitalism means unrelenting poverty, disease, and unemployment.

Today powerful corporate and political elites tell us that environmental standards are too high, unemployment is too low, and workers earn too much for America to prosper in the next century. Their vision is too close for comfort: inequality of wealth and income has grown worse in the last 15 years: one percent of America now owns 60 percent of our wealth, up from 50 percent before Ronald Reagan became president. Nearly three decades after the “War on Poverty” was declared and then quickly abandoned, one-fifth of our society subsists in poverty, living in substandard housing, attending underfunded, overcrowded schools, and receiving inadequate health care.

TOWARDS FREEDOM: DEMOCRATIC SOCIALIST THEORY AND PRACTICE

[By Joseph Schwartz and Jason Schulman]

THE DEMOCRATIC SOCIALIST VISION

Democratic socialists believe that the individuality of each human being can only be developed in a society embodying the values of liberty, equality, and solidarity. These beliefs do not entail a crude conception of equality that conceives of human beings as equal in all respects. Rather, if human beings are to develop their distinct capacities they must be accorded equal respect and opportunities denied them by the inequalities of capitalist society, in which the life opportunities of a child born in the inner city are starkly less than that of a child born in an affluent suburb. A democratic community committed to the equal moral worth of each citizen will socially provide the cultural and economic necessities—food, housing, quality education, healthcare, childcare—for the development of human individuality.

Achieving this diversity and opportunity necessitates a fundamental restructuring of our socio-economic order. While the freedoms that exist under democratic capitalism are gains of popular struggle to be cherished, democratic socialists argue that the values of liberal democracy can only be fulfilled when the economy as well as the government is democratically controlled.

We cannot accept capitalism's conception of economic relations as “free and private,” because contracts are not made among economic equals and because they give rise to social structures which undemocratically confer power upon some over others. Such relationships are undemocratic in that the citizens involved have not freely deliberated upon the structure of those institutions and how social roles should be distributed within them (e.g., the relationship between capital and labor in the workplace or men and women in child rearing). We do not imagine that all institutional relations would wither away under socialism, but we do believe that the basic contours of society must be democratically constructed by the free deliberation of its members.

The democratic socialist vision does not rest upon one sole tradition; it draws upon Marxism, religious and ethical socialism, feminism, and other theories that critique human domination. Nor does it contend that any laws of history preordain the achievement of socialism. The choice for socialism is both moral and political, and the fullness of its vision will never be permanently secured.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF CONFERENCE REPORT ON H.R. 2918, LEGISLATIVE BRANCH APPROPRIATIONS ACT, 2010

Mr. ARCURI, from the Committee on Rules, submitted a privileged report (Rept. No. 111-266) on the resolution (H. Res. 772) providing for consideration of the conference report to accompany the bill (H.R. 2918) making appropriations for the Legislative Branch for the Fiscal Year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HEALTH CARE

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

Mrs. BACHMANN. Mr. Speaker, the focus of my remarks over the next hour will be on the issue of health care. This is the issue that has really captured the attention of the American people over these summer months, and well it should. This for many States is one of the top spending priorities in their States and here for the Federal Government as well.

We have learned, as we've looked through the budget this year, since President Obama has assumed the Presidency, under his leadership we have seen the Federal budget increase 22 percent at a time when the American economy is contracting. In one quarter alone we saw a 5 percent contraction rate. The private sector is contracting in this current economy, and yet what's government's response? Government is on a party. It is growing. Growing to the tune of 22 percent. That's almost a one-fourth level of increase.

Imagine if any of us, Mr. Speaker, in our own lives, in our own businesses, in our family situation would increase our spending 22 percent when our income had fallen 6 percent. None of us would ever consider treating our own finances in that way. No business could consider treating its own finances in that way. It's only a government that looks to our pockets and to our resources to finance its party, only a government that's out of control, that has capitulated to practically fiscal hedonism, fiscal hedonism, to run up bills that are unconscionable for the next generation.

I think we are looking at a time, Mr. Speaker, unlike any other in the history of the United States. That's why this health care debate plays into the center of where our economy is at.

Mr. Speaker, I'm a former Federal tax litigation attorney, and I had done a study when I was in my post-doctorate program at William and Mary Law School down in Williamsburg, Virginia, back in the late 1980s. And at

that time, the study came out that said the kids who are today about 22 years of age, when they get to be in their prime earning years, knowing what we know about the current demographics, the number of people who will be 65 or older, eligible for Medicare, those who will be 62 and older, eligible for Social Security, we know approximately how many Americans we have to support who will be age 62 when today's current 22 years olds will be in their peak earning years.

And what this study showed, Mr. Speaker, is those now-22-year-old children, those born back in about the year 1987, will look at an unprecedented debt load out of their paycheck. And here it is:

Those kids will be looking at spending approximately 25 percent of their earnings just for Social Security. So imagine 25 percent of your earnings goes just to pay for Social Security.

What else do we know? We know that Medicare is also an obligation that the Federal Government has made, a promise, if you will, that we have made to America's senior citizens. Medicare costs exceed those of Social Security. So if, then, America's young people, now 22 years of age, in their peak earning years have 25 percent of their income taken to support Social Security and if we know that Medicare is more than Social Security, those two components alone would consume 50 percent of the average person's paycheck in just a few years hence, 50 percent of the paycheck just going for Social Security and Medicare.

That doesn't even contemplate Medicare part D, which is the pharmaceutical portion, a relatively new entitlement that has been put before the American people. So let's be very conservative and say 5 percent of that young person's paycheck. That would be 25 percent for Social Security. Government would take another 25 percent for Medicare. Now we're up to 50. Let's say another 5 percent for Medicaid part D, and that's very conservative. Now we're at 55 percent.

Well, what about the Federal income tax? That doesn't even contemplate what an individual would pay in Federal income tax. Federal income tax could easily be another 30 percent of that young person's income. Now we're up to 85 percent. For an American born in 1987, we are up to 85 percent of their income check going to the Federal Government just to pay for entitlement programs.

Well, Mr. Speaker, that doesn't include the State income tax program. In Minnesota, the State that I'm from, that could well be an additional 8 percent, which would add up to 93 percent of an American's paycheck. An American born in 1987, when they get in their peak earning years, could be looking at a minimum of 93 percent of their paycheck going to pay just Social Security, Medicare, Medicare part D, Federal income tax, and State income tax.

But, Mr. Speaker, that doesn't include property tax. Mr. Speaker, that does not include sales tax. So property tax, sales tax, gas tax, every-time-you-turn-around tax. There won't be enough money, Mr. Speaker, in the next generation of young people that are only now just beginning to earn their first W-2 wage withholding. Those young people are looking at a burden no other generation has ever yet contemplated.

In the middle of this financial crisis that we are looking at, Mr. Speaker, now comes forward the health debate. And what is the solution put forward by President Obama and by the majority that controls the House of Representatives, the Democrat majority? We have one-party rule in Washington, D.C. One party controls every level of power. And what is the solution? Well, let's just have government take over the rest of health care. As if we already haven't obligated ourselves on health care, now the proposal being advanced is that the government would take over the rest of health care.

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What would that mean?

Well, we know at minimum, according to the Congressional Budget Office, it would be an additional, perhaps, \$990 billion in expenses. That's according to President Obama's figures. Yet what were the initial figures we were given when we were told of and were talked to about this government takeover of health care? Mr. Speaker, it was \$2 trillion, upwards of \$2 trillion, according to the Congressional Budget Office.

Why do we think that this isn't stretching things, \$2 trillion?

Well, because we know, when President Johnson implemented the modern welfare state in 1965, President Johnson and those here in Washington, D.C., estimated that the cost of Medicare to Americans would be about \$9 billion, adjusting for inflation by 1990. What was the actual cost? The actual cost was \$67 billion. The Federal Government only undershot its estimate by a factor of 7, but it wasn't just on Medicare. It was on hospitalization insurance. You can go down the list. One new revision of Medicare after another undershot the true cost to the American people of what Medicare would cost them down the road, sometimes by as much as 17 to 1. The Federal Government was off by that much.

Well, what has that done to our budgets?

That has caused us to go into a deficit mode so severe that now the Chinese are lecturing Americans. Chinese Communists are lecturing American free marketers on our out-of-control spending and on our debt. Why? Because China owns so much of our debt.

Mr. Speaker, what are the options, if you will, that the Federal Government has in front of itself when it comes to paying for these government programs? Well, there are three:

The Federal Government can either increase taxes or it can increase bor-

rowing from countries like China, countries which are a lot more reluctant to purchase our debt. When we were a producing country—when we were making washing machines and irons and cars—other countries were only too happy to purchase our debt; but now that our new industry is producing more welfare, countries like China aren't quite so interested because they know we aren't actually producing a good. We're providing government welfare benefits. Now China is not quite so interested in purchasing our debt.

So we can raise taxes on the American people—that's not going to work in a down economy—or we can issue more debt. That's not working. China is calling for throwing over the American dollar as the international currency and means of exchange. Now China, now the U.N., now Russia, now Brazil, now South America, now country after country is calling for a new international, one-world currency. This is a new event, Mr. Speaker. This is a new happening. Why? Because this is the greatest country that has ever been in the history of man. In 5,000 years of recorded human history, there has never been a country greater or freer or more powerful than the United States of America. That is our richness and that is our legacy. Now, for the first time, we're hearing a call for the replacement of the U.S. dollar as the international means of exchange, to be replaced with a new international, one-world currency, probably regulated by a world regulator, perhaps under the International Monetary Fund.

What would that mean for the dollar? What would that mean for the stability of our country economically? What would that mean for America's senior citizens who are dependent upon the Federal Government now for their health care through Medicare and for their Social Security/retirement? What does that mean for our senior citizens?

Well, here is the third option that's available to the government when it comes to dealing with finances. Again, the government can tax our people. Ouch. That really hurt. The government is already whacking us a lot with our taxes.

Then we talked about the area of borrowing. Well, other countries aren't too keen on that right now.

What's the third option, Mr. Speaker? It's this: As a last resort, governments can do what the Weimar Republic did in the 1920s. They can print money. They can print money that's basically worthless. In some sense, the paper is worth more than what's printed on it. What that is and what that represents is the good faith, the hard work, the years, and the toil of the American people.

Just this afternoon, I made a call to some constituents back in my district. One man named Richard told me that he was thinking about moving to Singapore. Richard said the reason he is moving to Singapore, Mr. Speaker, is

that he spent his whole life working. He worked so hard. He took his American dollars, and he put them in the bank, and now he sees what our government has done. Our government has flooded the money supply with money that they've printed.

From one of our leading financial papers, one gentleman told me that we had about \$1 trillion in currency in circulation. We had about 1 trillion U.S. dollars in circulation here in the United States. Last year, the Federal Reserve pumped an additional \$1 trillion into the currency.

Well, what does that mean?

If you had a dollar in the bank when your government flooded the money supply with an additional \$1 trillion on top of the \$1 trillion we had with no more goods and services backing that money up, that meant that an American's dollar was only worth 50 cents.

Well, that's why Richard was upset. He said to me, Congresswoman, I don't want to hold onto American dollars if my government is going to inflate its way out of this current problem. If they do that to pay their bills—to pay their Medicare bills, to pay their Social Security bills—then we're all poorer. We're not richer. We're poorer.

That brings us to the context, Mr. Speaker, of our debate in health care, and that's why I believe we are seeing the American people soundly rejecting the Federal Government's taking over of health care—yet one more area where it seems that it's wasting money.

Again, a Gallup Poll was just released that showed, for the first time, the American people believe that this government wastes 50 percent of every dollar it gets, which is why we should have an investigation. Truly, what amount of money does Congress waste? What actually goes to a true and a beneficial purpose? What are the alternatives for us as we look at health care?

Today, 85 percent of Americans have health insurance. They like it. They enjoy it. One of our Democrat colleagues was on the floor here earlier this afternoon, and he said that the majority of doctors in our country support the government takeover of health care. Only he didn't call it the "government takeover of health care," Mr. Speaker. He called it the "public option," which is the government takeover of health care.

Well, that isn't true. That isn't what doctors in this country believe. Surveys were sent out. There was a survey sent out by Investors Business Daily that has been reported for the last 7 days. They received surveys back from 28,000 physicians in the United States. They sent the surveys out to all physicians, and physicians responded back—28,000 physicians. Of those physicians, two-thirds of them said that they believe that the government takeover of health care will lead to diminished care in the United States. They believe that senior citizens will be worse off if

the government takes over their health care.

That's exactly what I'm hearing from my constituents as well and from senior citizens who don't care if it's a Republican plan or a Democrat plan. They don't care. They're very smart, Mr. Speaker. America's senior citizens are very smart. They're watching this debate carefully. They're watching. They're paying attention. They're listening to what the conversations are because they know they have the most to lose in this system.

Why?

President Obama was here, speaking to the 535 Members of Congress in a speech to the joint session of Congress. He spoke to all of America when he said he will be cutting the Medicare Advantage program. That's about \$149 billion out of Medicare. He also said that he will have about \$500 billion in savings from Medicare. Well, what does that mean? It means \$500 billion that America's seniors will no longer be able to count on.

That's not what we want to do to America's senior citizens. We can do so much better than this. We have a great option, great plans that do not put the government in charge. That is one thing, Mr. Speaker, that I would say to America's young people, to America's middle-aged and to our senior citizens. In the middle of the debate on health care, Americans really need to ask one question, and it is this:

Once this health care bill goes through and is passed, will it give more power to the government and more control to the government over my health care or will it give me more control over my own health care? Will I have more options or will I have fewer?

With every plan put forward so far by the Democrat majorities that run Washington, D.C.—whether it's our Democrat President or the Democrats who control the House or the Democrats who control the Senate—they've all run to the left, to the liberal option. They've all said there is only one way to handle this health care problem: Me. You need me. You need more government. That's what the liberals are saying in Congress, that government needs to be the one to take this over.

Well, I don't think so, Mr. Speaker. The American people don't think so. They think this Congress wastes 50 cents of every dollar. They may be right. The American people are some of the sharpest people in the world, and they know when they've been had. We don't have to go down that road. There is a positive alternative which we can embrace and which can immediately bring down costs.

Again, 85 percent of the American people already enjoy health care, and they enjoy the health care that they have. For those who don't have health care today, a large percentage are illegal aliens. We have no business as American citizens being forced to subsidize and to pay for the health care of

illegal aliens, of people who are in our country against our law. We have no obligation to pay for that health care. We also have a large segment of our population, Mr. Speaker, which makes over \$75,000 a year. They could purchase their own health care. They simply choose not to. They choose to spend their money on other items. It's not their priority. We have a huge segment of our population which makes over \$50,000 a year, which also chooses not to purchase health care. Many people in that category are between the ages of 18 and 35. They are, perhaps, without health care maybe for 4 months, so they roll the dice and think maybe they'll be healthy for the next 4 months and won't need it.

Mr. Speaker, I've been in that situation. My husband and I were in that situation when we had children. We had a few months where we didn't have health care coverage, and we simply could not afford the very high rate that we would have had to have purchased by ourselves to have been able to cover ourselves and our children, so we rolled the dice. A lot of Americans do that.

Yet there is a segment of our population which truly can't afford health care, and we have safety net after safety net after safety net that this body has put into place for people who truly, through no fault of their own, can't afford to purchase health care. There certainly are people in that category. We will always have that safety net. What can we do? We have a positive alternative. It's very simple. This is what we can do:

Every American can purchase and own their own health care. Today, it's not that way, but we could be that way. Today, we have American employers owning most people's health care. So it's either our employer who owns our health care or it's the Federal Government or it's the State government—one of the two. It's either the government or an employer who owns our health care. Very few Americans actually own their own health care, but they would like to. It's the same way they own their car insurance. It's the same way they own their homeowners' insurance. It's the same way when they go out and purchase any other item. They would like to be able to purchase their own health insurance. We can make that possible for them. So this is where we start:

We start by letting every American purchase and own their own health insurance coverage. How do we do that? We allow Americans to band together with anyone they want to. Maybe it will be with people who live in their communities. Maybe it's all teachers. Maybe it's farmers. Maybe it's Realtors. You can band together. Maybe it's other senior citizens. You can band together so you can have a large purchasing power. It's like a credit union would act. It's with people in the geographical area. Maybe you live in a rural area, Mr. Speaker. People could band together, and they could purchase

health insurance as a pool. They own it. They purchase it as a pool, together in a big, large group so that they can have better purchasing power. It's just like if you go to Sam's Club or if you go to Costco. They're able to offer cheaper prices because they buy such a large volume of the product. Well, let's let American citizens do that.

If it's good enough for Sam's Club, if it's good enough for Costco, why can't it be good enough for the average American person?

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You have banded together with whoever you want, buy your own insurance. Then, Mr. Speaker, we let people buy whatever level of coverage they want. Maybe they want to buy a policy that is expensive that has all the bells and whistles on it. Or maybe, Mr. Speaker they only want a small amount of coverage.

Maybe they only want hospitalization. So in case something happens to them, they have to go to the hospital for a heart attack or for cancer treatments or they get laid up somehow and they have to go to the hospital. They only want catastrophic coverage, truly catastrophic. That would be a very expensive plan.

Why don't we allow people to do that? In my home State of Minnesota, Mr. Speaker, we are the most, if not the most, we are one of the most heavily mandated States in the country. In other words, our State legislature, where I used to be a State senator, we have about 70 different mandates. In other words, 70 different requirements before any insurance company can sell an insurance policy.

An insurance company might decide I would like to sell this low-cost, low-frills insurance plan. I think that maybe I could sell it for, oh, \$60 a month.

Well, in my State, an insurance company can't do that. Why? They are prohibited by law. Because my State mandates that an insurance company has to have 70 different requirements before they can sell the policy.

In other words, they have to sell a Cadillac policy rather than a Kia. No offense to Kia owners, no offense to Cadillac owners.

But the point is simply this. We should allow insurance companies to sell truly a wide variety of products. Isn't that what President Obama said when he was here in this Chamber? He said he wants choice. He wants competition.

Well, his words don't line up with his actions. There is a little problem here with what the President has said. How is it choice and competition if government is the choice, if, after 5 years time, as the House bill has said, all insurance plans have to look exactly like the government plan?

You could have 45,000 different insurance plans but so what? If they all look exactly the same, and if the Federal Government controls what you would

spend on premiums for that policy, this is nonsense.

The thing is, Mr. Speaker, the American people are too smart. They are seeing through the rhetoric from the President and from the majorities that dominate this Congress. That's why, Mr. Speaker, the American people are embracing our plan, which has rested on the groundwork of freedom, which is about the American people owning their own insurance policy, banding together with whomever they want to, to purchase whatever level of coverage they want from any State in the country.

I will tell you, Mr. Speaker, you will see States all across this great country change the number of mandates that they require on insurance policies. Their State can be the go-to State for issuing insurance policies, and from there, as a former tax lawyer, I would recommend this: I would recommend that every American be allowed to set aside, tax free, in an account, money that every American believes that they want to set aside to pay for their own health care. It's completely tax free. No taxes paid on it.

If they have a catastrophic event, where their expenses out-pace their tax-free money, they can fully deduct the cost of their premiums, of their copays, of their medicines, of their medical devices, of their surgeries, of their hearing aides, of their chiropractic care, of their acupuncture care. Whatever it is, they would be allowed to fully deduct that on their income tax returns. In other words, truly own and take responsibility for your own health care.

Then from there, finally, true lawsuit reform. Everybody knows this. You ask a doctor what do we need to do? Lawsuit reform, without a doubt. Eighty-three percent of all doctors sued in this country today are found not liable for the alleged problem. What's happening?

We are seeing now today people filing lawsuit after lawsuit. And rather than go through the hassle and worry about a jury award, doctors are settling, Mr. Speaker, when they don't want to settle, when they know they are innocent, when they know they didn't do anything wrong.

This isn't helping anyone, not anyone, not even the trial lawyers. Because, why? It's bringing down this great country. We truly do have the finest health care that has ever been offered to people ever in the history of the world. From my State of Minnesota, we are a leader in medical ally and medical devices. We have Medtronic. We have Boston Scientific. We have Guidance. We have great companies in Minnesota that have contributed mightily to medical advances and breakthroughs.

And now what? Now the government wants to impose a 10 percent tax on these medical devices? Why would we do this? Who gains? Who gains from all of this?

We have a positive alternative. Rather than the government taking it over, rather than the government ramping up expenses, rather than taking away choice from America's most vulnerable citizens, we could instead embrace a positive alternative where Americans own their own health care, band together with more people so they have purchasing power, purchasing any level of care they want from anyone they want in any State they want, putting aside tax-free money, deducting on their income tax return, their orthodontia, their hearing aids, their eyeglasses, truly owning their health insurance. Then they finally get rid of these evil lawsuits that are eating up so much of America's substance.

This is a positive alternative. It won't break the bank. When our country is functionally bankrupt now, this won't break the bank. It will cause our country to turn itself right-side up so we can get back on track, get people back to work. We want to be able to see this positive alternative.

Right now, Mr. Speaker, I am joined by two great physicians here in our body. One is Dr. JOHN FLEMING, and he is a new Member of Congress with great ideas.

Another Member in our Congress is Dr. PHIL GINGREY, who we are just so proud of for his courage. He offered an amendment in his committee that would keep illegal aliens from having access to taxpayer-subsidized health care. President Obama told America that illegal aliens will not receive taxpayer-subsidized health care.

That was after the Democrats in this body rejected Dr. GINGREY's amendment that would have denied taxpayer subsidized coverage to illegal aliens. We have a lot we can talk about.

I want to now turn over to my colleague, Dr. JOHN FLEMING.

Mr. FLEMING. I thank my colleague, Gentlewoman BACHMANN, for providing leadership in this hour and particularly on the subject of health care.

You know, Mr. Speaker, there is really a fundamental economic, that I think we always have to go back to. I practiced family medicine for over 30 years, still practice from time to time.

There is something very important that we all need to learn. That is that, yes, Medicare and Medicaid is government-run health care. If you ask the average person who has Medicare, they will say they are happy with it.

But there is a very important reason why they say this. Medicare currently pays a fraction of the actual cost and delivery of Medicare care.

So who pays the rest? The rest is paid for by private insurance. Private insurance today subsidizes Medicare and Medicaid. If you ask the average physician in practice, he or she will tell you that they can only have a certain number of Medicare and Medicaid patients in their office. Otherwise, they become insolvent.

So when the President says, Well, we need to have this government-run option to pull the cost of private insurance down, that really defies reasoning. It's really upside down from what economically is going on.

What is happening is, when you make your private insurance payment to the tune of about \$1,800 per family per year, what you are really finding is that that is the subsidy that goes for Medicare.

So, if you enlarge Medicare or government-run health care in general, and you artificially depress the price, which is what the President and H.R. 3200, our colleagues on the other side of the aisle call for, what will in fact happen is you will cause the cost of health care, private insurance premiums, to actually accelerate.

Under this plan, the employers are given the option: They can either pay 8 percent as a fine, if you will, or a tax, and dump their employees into this plan, this government-run option, or they can try to continue to keep up with the growing cost of private insurance. Over time and through competition, employers will be forced to dump their employees into enlarging, if you will, a black hole, a public option or government-run medicine.

What we end up with at the very end of the day is a very small flange, if you will, of private insurance, that which we all know and appreciate today. And everyone else, of course, is in this large government-run system.

Who will be left in the private insurance market? Well, it will be the very healthy, it will be the elite and, of course, Members of Congress.

I proposed House Resolution 615, and I have many of my colleagues, now, who have signed on to it and over a million Americans who have signed in support of it, that simply says that if a Congressman votes for the public option, he or she should be willing to sign up for it themselves. So far I have not had one person on the other side of the aisle who has also signed up for that.

In closing, let me say that we also need to focus on who the insured group is. You have heard this number: 46 million Americans who are uninsured. Well, who is that group?

About 10 million of them actually are not Americans at all. They are illegal immigrants. Ten to perhaps 17 million of them are young healthy adults, what we call the invincibles, who have opted out of the insurance, who have decided it's not worth the money because they are healthy anyway.

We also have a number who are eligible for Medicaid but simply don't sign up for it. Really what we have is 10 million Americans who qualify for health insurance as Americans, but they can't afford it because of a pre-existing illness or a current illness; the expense is too high. Perhaps they own a small business or they are employees of a small business. Because the risk pool is so small, they simply can't find affordable insurance. All of that is fix-

able for that targeted 10 million Americans who want insurance but can't buy it.

Instead, Mr. Speaker, what our colleagues on the other side of the aisle want us to do is totally dismantle the best health care system in the world and put in place a UK- or Canadian-style medicine, form of medicine, form of health care, which provides universal coverage but not universal care.

What do I mean by that? Certainly, I think we can all agree that care delayed is care denied.

In America today, those who are uninsured still can go to the emergency room and, by law, be treated for whatever ails them, even if they don't have the ability to pay for it. In fact, we are not even allowed to ask them, as providers, whether they can afford that.

If someone has needed surgery, perhaps, or they need to be admitted to the hospital for lifesaving treatment, it's going to be done. Now, you take the UK, you take Canada and much of Europe, yes, they have coverage. But what good is coverage if it takes 4 years to get the treatment?

The average waiting time in Canada today is a year to get an MRI scan. Then after the scan is done, you get in line for the needed surgery. Talking in my district, a lot of folks in my district have relatives back in Canada. One lady said, Well, my brother tore his rotator cuff, but it took a year to get an MRI. When he finally saw the doctor, it was too late to repair it. The definition of elective surgery in Canada is surgery that's not lifesaving. For us, elective surgery is surgery that you elect to have. You don't necessarily need to have it.

Mr. Speaker, I really think that we on this side of the aisle have won the debate on this issue. The American people agree with us today, 56 versus 32 percent, that the current health care we have today is better than this Obama care or this government-run option.

The problem is, we still have Members of Congress, we have Members of the Senate and even a President, who insist on going down that road and taking one-sixth of our entire economy and reforming it into a socialist government-run system. I think if we look back on what the government is doing today and what it has done in the past, whether you are talking about the post office, which has a \$9 billion deficit, whether you are talking about Medicare itself, which will run out of money completely within 8 years, and all the fraud, waste and abuse that exists there, and the \$350 billion that our President says he is going to save out of that, when after 40 years not one single politician has been able to find the solution to that problem. I think it's really the wrong decision to make, to have more government control of our health care.

With that, I appreciate so much my good friend, MICHELE BACHMANN, for inviting me and allowing me to participate in this discussion today.

□ 1545

Mrs. BACHMANN. I want to thank the gentleman so much for his remarks and for his comments. It is tremendous credibility to be able to come here on the floor and speak as a physician. You've had years of service treating and healing patients all across the United States. You look into the eyes of your patients and know the fear that they feel, knowing that they may lose some of the finest health care ever. And we don't want to see our physicians have their hands bound.

As a matter of fact, I just want to refer to, again, Investors Business Daily, which did a seven-part series, and they have said that 45 percent of American doctors may leave the profession if government takes over health care. As a matter of fact, doctors, more than anyone, detest the current status quo and the role played by insurance companies.

They want to see us change health care, which we agree. But this is not the route to go. And physicians are telling us that. As a matter of fact, two-thirds of practicing physicians said that senior citizen care will suffer under the government's plan. Three of five doctors think that drug development of new drugs will also be thwarted. Also, they see that fewer doctors will be entering the new profession of medicine.

Before I hand this over to my colleague, Dr. GINGREY of Georgia, I would like to just add something that we saw happen. There was an article in The Wall Street Journal. This just happened. Now we have a directive last week from one of our Senators, Mr. BAUCUS. He has ordered Medicare regulators to investigate and likely punish Humana for trying to educate their enrollees in their Advantage plan about the fact of the Medicare Advantage.

This is very concerning. We're seeing a United States Senator calling for an investigation of a company that is communicating with its enrollees in its companies. So a company with its customers is simply communicating material and now a company is given a gag order by the government?

Well, this didn't occur with the AARP. The government isn't telling the AARP, which also offers Medicare Advantage plans. They aren't putting a gag order on them.

This is really concerning, Mr. Speaker, because we can't have the Federal Government engaging in censorship. That's what this is, pure and simple.

The Obama administration and Democrat Senators are calling for censorship. They want to stop insurance companies from communicating with their customers about what government takeover of health care might mean for them. This is unconscionable. Who would have ever thought we would live in a time when government would be calling for censoring a company because the company is not communicating the message that government wants it to communicate.

Well, with that, I want to hand the next few minutes over to my colleague from Georgia, the great Dr. PHIL GINGREY, who courageously has offered amendment after amendment after amendment in committee to try and make it clear that no bureaucrat should ever come between you and your doctor, and also that no illegal alien should ever receive taxpayer-subsidized health care.

These issues were all brought up by the President in his joint session speech. Dr. GINGREY put Members of Congress on record. And that's why the American people are concerned—and rightly so.

Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, I certainly appreciate the gentleness from Minnesota for carrying this hour of important information in regard to the health care reform proposal, H.R. 3200, and also my good friend and colleague, physician colleague from the great State of Louisiana, Dr. JOHN FLEMING.

As the gentlelady has said, before coming to Congress from the State of Georgia, I spent something like 32 years practicing medicine; 26 as an OB/GYN physician. The physician Members in this body—and there are about 17 of us; 5 on the Democratic side, 12 on the Republican side—probably have over 400 years of clinical experience combined in regard to health care.

We bring to this issue, I think, a fund of knowledge that needs to be listened to—and listened very carefully to. Not that we're necessarily the experts on the last word, but I think we are a very important word.

As Representative BACHMANN was saying, the President right here, Mr. Speaker, 2 weeks ago, as he spoke to the Nation about the need for health care reform and he had a joint session here—the Senate, the House of Representatives, his Cabinet, the Supreme Court Justices—the President was talking about promises that he had made to the Nation in regard to health care reform.

You remember, Mr. Speaker, that was when one of the Members on our side of the aisle in a moment of extreme passion and emotion suggested that the President was guilty of serial disingenuity.

But as we look at the speech and we look at the things that the President said about health care reform and you go through it almost line by line, certainly there are some statements that need to be questioned. And we will continue to question, and I think the American people will continue to question, Mr. Speaker. And they deserve answers. They deserve straightforward and accurate answers.

I have a little chart, Mr. Speaker, that I want my colleagues on both sides of the aisle this afternoon to pay close attention to. It's called the Obama Health Care Test. This is just sort of an abstract, really, of a much larger test. But I think it gives the

Members and their constituents an idea of where this test is going and what the likely grade would be.

The President said, "The reforms I'm proposing would not apply to those who are here illegally." Well, quite honestly, Mr. Speaker, H.R. 3200, that bill that has passed three committees of this body, including the committee that I serve on, Energy and Commerce, well, H.R. 3200 fails in regard to the President's pledge that the reforms would not apply to those who are here illegally because in this bill, while it says no one in this country illegally will be eligible for any government subsidies in this health reform plan to help them purchase health insurance, it takes out the provision that currently exists in law that says if you are going to be a beneficiary of a safety net program such as Medicaid in the 50 States, or the CHIP program, the Children's Health Insurance Program—a great program, but it's heavily federally funded with taxpayer dollars—in those programs you have to show verification: a Social Security card, a verifiable number; in some cases in some States, a photo identification. All of that is taken out in H.R. 3200.

So, quite honestly, that first statement the President makes, H.R. 3200 fails on that pledge.

The second quote I would like to have my colleagues be aware of, the President said—and this, again, is in his speech 2 weeks ago: "Nothing in the plan requires you to change what you have."

H.R. 3200 fails miserably in regard to the President's pledge of: if you like what you have, you can keep it. That certainly is not true for those 10 million of our Medicare recipients—that's 25 percent, by the way, of everybody that's on Medicare that gets their coverage through Medicare Advantage. And they pick Medicare Advantage because it covers so much more. And I think Dr. FLEMING spoke about that.

Under traditional fee-for-service Medicare, you can't even, Mr. Speaker, go to the doctor for a routine annual physical and have it paid for, other than that first entry level when you turn 65. But under Medicare Advantage, certainly you do; and you can on an annual basis. You don't have to be sick to be seen.

You can get coverage for things like hearing aids, and you have the opportunity when you get your prescriptions filled that a nurse will call and make sure that you're taking those medications.

So wellness and prevention, two aspects of improving health care in this country that the President, the Democratic majority has continued to stress. That is a huge part of Medicare Advantage. That's why we created Medicare Advantage and that's why 25 percent of our seniors choose that as the delivery system that they get.

In this bill, to help pay for it, \$500 billion, Mr. Speaker, \$500 billion, is ripped out of the Medicare system, and

\$170 billion for Medicare Advantage. That is a 17 percent cut per year over the next 10 years, each and every year, cutting that program by 17 percent.

It's estimated now by the Congressional Budget Office that at least 3 million people—that's 30 percent of those who are on Medicare Advantage—will lose that coverage because of the plan to pay for this massive new government takeover of our health care system.

Again, going back to the test, nothing in the plan requires you to change what you have. That is just absolutely, Mr. Speaker, not true. H.R. 3200 fails on that account.

I'm going to skip down to the last question on my little mini-test in the interest of time. The President says, I will not sign a plan that adds one dime to our deficit. I will not sign a plan that adds one dime to our deficit.

Well, again, Mr. Speaker, let's go back to what the nonpartisan Congressional Budget Office says—and the director, Mr. Elmendorf, is chosen by the Speaker of the House and by the Democratic leadership. And he says this bill is not fully paid for. In fact, \$260 billion are not paid for. That's a little bit more, Mr. Speaker, than one thin dime, isn't it, \$260 billion?

So I could go on and on and on. But the Obama health care test, quite honestly—my colleagues may have trouble seeing this—but we have a grade in the left-hand corner, and it's a big old fat F.

The American people understand that, and the American people are not happy with it. They're not happy with this idea also of a public option that they know and that we on this side of the aisle know is going to lead to a government takeover.

I'm going to close out, Mr. Speaker, so I can yield the time back to the gentlelady from Minnesota so she can yield to other speakers. But I want to close out with this: in our committee yesterday, as we continued to mark up some amendments to H.R. 3200, one of the most powerful members of that committee on the Democratic majority side made this statement: "When there is a marked failure in this country, the government must step in."

Now let me repeat that, Mr. Speaker. One of the most powerful members of the most powerful committees drafting and writing this health care legislation made this statement: "When there is a marked failure, the government must step in." I guess just like they did with Government Motors, just like they did with AIG, just like they want to do now with health care.

That's not the American way. And I don't think the American people want that. We should have the freedom under our Constitution to succeed or fail and not have the government come in and take over. That sounds like some other country that, thank God, I was not born and raised in.

Mr. KING of Iowa. Will the gentleman yield?

Mr. GINGREY of Georgia. I yield back to the gentlelady from Minnesota for a question from the gentleman from Iowa.

Mrs. BACHMANN. Thank you to the gentleman from Georgia.

I yield to the gentleman from Iowa.

Mr. KING of Iowa. I thank the gentlelady from Minnesota and the gentleman from Georgia.

Dr. GINGREY, I wanted to just step in and reinforce your statement in looking at your poster. As ranking member of the Immigration Subcommittee, I want to reinforce the analysis that you've laid out, especially on that first point. The President said, The reforms I'm proposing would not apply to those who are here illegally.

H.R. 3200, not only has it been the vote in your committee, a vote of 29-28 that voted down the Deal amendment, which would have required proof of citizenship, which has been a consistent standard in Federal law under Medicaid, that pattern is played out here. Democrats want to fund illegals in this program and many others.

There is also a vote in the Ways and Means Committee that is consistent. That was a straight party-line vote on a very similar amendment that would have required proof of citizenship.

And the third piece of proof that you were right and your critics are wrong and my critics are wrong would be the Congressional Budget Office's estimate of the cost of funding illegals in this. Their estimate leaves as many as 5.6 million that would qualify under the language of H.R. 3200—5.6 million illegals.

The fourth reinforcement of your statement would be Congressional Research Services, who reached a similar conclusion, although from a different approach and a little bit different language.

So there's four ways that says that this bill will fund illegals. The President has denied that, and now he wants to simply legalize the illegals in order to be able to maintain his statement that he's not proposing anything that will fund illegals. That's a pretty deft maneuver, if you can get by with it. But this is a modern world, and we see it happening.

Then I drop down to the statement that the President said, which is, I will not sign a plan that adds one dime to our deficits.

□ 1600

All I need to say about that is the President said he will not sign a bill that has earmarks. We know he has signed bills that had thousands of earmarks in them, so I don't make that statement at face value. And I don't make allegations about labels of the President.

No Federal tax dollars will be used to fund abortions. We know historically if there is not a specific prohibition, Federal funds will be used to fund abortions, 300,000 of them in the first couple years alone after *Roe v. Wade*.

Nothing in the plan requires you to change what you have. No, probably not specifically requiring you to change what you have, but there are certainly many threats as to the viability of the health insurance companies and the existence of the policies after the new health choices administration czar gets done writing new rules.

So this is ambiguous language designed to cause people to believe what they want to hear. But upon analysis, I rise to support your analysis, Dr. GINGREY.

Mrs. BACHMANN. I thank the gentleman from Iowa. I think that is something that we wanted to consider when the President was here was speaking to the joint session of Congress. He made it clear there were some large details that had yet to be worked out. Essentially what that is is the President saying to the American people, Trust me. Trust me. Not only the American people, but to the Senators and the Members of Congress that were here serving as representatives of the people in this Chamber. Trust me. Because the details aren't worked out. There are so many vagaries. We don't know, for instance, how the bill will be paid for. Trust me, the President says.

Then the President talks about various commissions that will be set up. We know another health care czar will be set up in the bill. A czar? The American people are already saying government is wasting too much money. The American people's opinion is that 50 percent of every dollar we spend is wasted, and now we are supposed to give authority to a health care czar to basically write the bill over a 4-year period because as the current bill, H.R. 3200, is written, it is very interesting, who is the enforcer of this bill? Well, none other than the Internal Revenue Service, the IRS. That's the enforcer of this bill. Loads of new taxes larded onto the backs of the American taxpayer. Loads of new taxes enforced by the IRS. My goodness, Mr. Speaker, could we add insult to injury to the American people? It is amazing.

And the taxes would be scheduled to go in place January 1. In just a few months, the taxes will go into effect on insurance companies, on individuals, on businesses. The taxes will go into place January 1, 2010. Well, what about the care? What about all of the new care that people are going to get? Oh, that doesn't go into effect for another 3, 4 years down the road. What?

So we are paying for this with larded new taxes to the Federal Government for 3 or 4 years, and then the care comes down? And we are supposed to trust this administration? We are supposed to trust this Democrat majority that they will figure it all out and somehow it won't cost any money and we won't have to worry about it. We are going to bring another 47 million people into the system, not add any new doctors, and we are going to actually cut costs? That is like saying you

can eat a chocolate cake and it has no calories. This doesn't add up. That's why there is no credibility on the government takeover of health care, which is why our colleague, Dr. GINGREY, offered his very simple amendments, put up or shut up.

Will illegal aliens be covered or not? Oops, Democrats apparently think they will.

Will abortion be covered by taxpayers? Our colleague, JOE PITTS, put that in. Oops, I guess that it will because they didn't take it out.

What about bureaucrats? Will bureaucrats be able to substitute their decisions for you and those of your doctor? Will a bureaucrat get between you and your doctor? That was offered by Dr. GINGREY. Oops, I guess it is up to a bureaucrat now, not a doctor.

There is a reason why the American people are panicking on this issue, and we are right there with them. Because we think you deserve better than that. Because, Mr. Speaker, this is the American people's money; and because, Mr. Speaker, this is about life and death. That's why we have such a great alternative. That's why we say to the American people, you own your own insurance policy. You ban together with whoever you want to buy that policy. You buy it from anyone you want to buy it from. You buy it in any amount you want to buy it, and you buy it anywhere in the United States. And that's why we say buy it with your own tax free money and deduct the rest on your income tax return. And then let's truly have lawsuit reform. That is 95 percent of the problems; done just like that. What does it cost the Treasury? I guarantee it doesn't bankrupt it, not the way that this \$2 trillion monstrosity will do.

That is why we are here this afternoon, because we have a positive alternative to the government takeover of health care. We can do far better.

I yield to the gentleman from Georgia.

Mr. GINGREY of Georgia. I thank the gentlelady for yielding.

I just want to refer back to the other night and the President's speech and the issue of whether or not illegal immigrants were covered. That was the point at which my good friend, Mr. WILSON, JOE WILSON from South Carolina, made his comment, and it kind of upset the applecart a little bit, if you will.

But, Mr. Speaker, after the speech was over with and the President was back at the White House, I don't know, possibly talking with Rahm Emanuel or David Axelrod and they went through the speech, went through H.R. 3200 and said, Mr. President, the gentleman from South Carolina was a little bit on the rude side, but by golly, maybe he was a little bit on the right side as well and we need to do something about this verification, because if we don't, then illegal immigrants are going to be able to take advantage of our hardworking taxpayers across this country.

And so the President in subsequent speeches, and on Sunday morning he was on a number of shows and he is continuing to give speeches, he made the comment, you know, we absolutely do need a verification system very similar to what we currently have with our safety net programs that I referenced earlier, Medicaid and the SCHIP program.

So I think the President is certainly paying attention and is maybe getting a little more careful about understanding and reading those—how many pages are in the bill, 1,200?

Mrs. BACHMANN. There are 1,018.

I thank the gentleman from Louisiana, the gentleman from Georgia and the gentleman from Iowa. Clearly, the American people know we can do better. That is what we will do.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. QUIGLEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

Mr. QUIGLEY, for 5 minutes, today.

(The following Members (at the request of Mr. KING of Iowa) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, October 1.

Mr. JONES, for 5 minutes, October 1.

Mr. BURTON of Indiana, for 5 minutes, September 28, 29, 30 and October 1.

Mr. DEAL of Georgia, for 5 minutes, today.

Mr. FORBES, for 5 minutes, today and September 25.

Ms. FOXX, for 5 minutes, today.

(The following Member (at his request) to revise and extend his remarks and include extraneous material:)

Mr. SHIMKUS, for 5 minutes, today.

SENATE CONCURRENT RESOLUTION REFERRED

A concurrent resolution of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. Con. Res. 41. Concurrent resolution providing for the acceptance of a statue of Helen Keller, presented by the people of Alabama, to the Committee on House Administration.

ADJOURNMENT

Mrs. BACHMANN. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 4 o'clock and 8 minutes p.m.), the House adjourned until tomorrow, Friday, September 25, 2009, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

3772. A communication from the President of the United States, transmitting FY 2010 Budget Amendments for the Department of Energy; (H. Doc. No. 111—65); to the Committee on Appropriations and ordered to be printed.

3773. A communication from the President of the United States, transmitting FY 2010 Budget Amendments for the Department of Defense; (H. Doc. No. 111—66); to the Committee on Appropriations and ordered to be printed.

3774. A letter from the Chief Counsel, Department of Homeland Security, transmitting the Department's final rule — National Flood Insurance Program (NFIP); Assistance to Private Sector Property Insurers, Write-Your-Own Arrangement [Docket ID FEMA-2008-0001] (RIN: 1660-AA58) received September 3, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3775. A letter from the Office of Chief Counsel, Department of Homeland Security/FEMA, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID FEMA-2008-0020; Internal Agency Docket No. FEMA-8083] received August 25, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3776. A letter from the Regulatory Specialist, LRAD, Department of the Treasury, transmitting the Department's final rule — Risk-Based Capital Guidelines; Capital Adequacy Guidelines; Capital Maintenance; Capital-Residential Mortgage Loans Modified Pursuant to the Making Home Affordable Program [Docket ID: OCC-2009-0007] (RIN: 1557-AD25) received August 25, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3777. A letter from the Deputy Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Commission Guidance Regarding the Financial Accounting Standards Board's Accounting Standards Codification received August 25, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3778. A letter from the District of Columbia Auditor, Office of the District of Columbia Auditor, transmitting copy of the report entitled "Examination of the 2008 Summer Youth Employment Program Contracts", pursuant to D.C. Code section 47-117(d); to the Committee on Oversight and Government Reform.

3779. A letter from the District of Columbia Auditor, Office of the District of Columbia Auditor, transmitting copy of the letter report entitled "Audit of Advisory Neighborhood Commission 1D for Fiscal Years 2006 Through 2009, as of March 31, 2009", pursuant to D.C. Code section 47-117(d); to the Committee on Oversight and Government Reform.

3780. A letter from the District of Columbia Auditor, Office of the District of Columbia Auditor, transmitting copy of the report entitled "Audit of the Department of Employment Service's 2008 Summer Youth Program", pursuant to D.C. Code section 47-117(d); to the Committee on Oversight and Government Reform.

3781. A letter from the District of Columbia Auditor, Office of the District of Columbia Auditor, transmitting copy of the report entitled "Audit of Advisory Neighborhood Commission 3E for Fiscal Years 2007 Through 2009, as of March 31, 2009", pursuant to D.C.

Code section 47-117(d); to the Committee on Oversight and Government Reform.

3782. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, Department of Commerce, transmitting the Department's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pelagic Shelf Rockfish by Vessels Subject to Amendment 80 Sideboard Limits in the Western Regulatory Area of the Gulf of Alaska [Docket No.: 0910091344-9056-02] (RIN: 0648-XQ52) received August 25, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3783. A letter from the Deputy Assistant Administrator for Operations, NMFS, Department of Commerce, transmitting the Department's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Bering Sea/Aleutian Islands Crab Rationalization Program; Amendment 28 [Docket No.: 080630808-91192-03] (RIN: 0648-AW97) received September 8, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3784. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, Department of Commerce, transmitting the Department's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Atka Mackerel Lottery in Areas 542 and 543 [Docket No. 0810141351-9087-02] (RIN: 0648-XQ93) received September 8, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3785. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, Department of Commerce, transmitting the Department's final rule — Fisheries of the Northeastern United States; Atlantic Mackerel, Squid, and Butterfish Fisheries; Total Allowable Catch (TAC) Harvested for Loligo Squid Trimester II [Docket No.: 0808041043-9036-02] (RIN: 0648-XQ73) received September 8, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3786. A letter from the Deputy Assistant Administrator for Operations, NMFS, Department of Commerce, transmitting the Department's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Bering Sea and Aleutian Islands (Amendment 92) and Gulf of Alaska License (Amendment 82) Limitation Program [Docket No.: 0808011016-91210-04] (RIN: 0648-AX14) received September 8, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3787. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, Department of Commerce, transmitting the Department's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Northern Rockfish in the Gulf of Alaska [Docket No.: 0910091344-9056-02] (RIN: 0648-XQ26) received August 25, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3788. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, Department of Commerce, transmitting the Department's final rule — Fisheries Off West Coast States; Coastal Pelagic Species Fisheries; Closure [Docket No. 0812171612-9134-02] (RIN: 0648-XQ35) received August 25, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3789. A letter from the Acting Assistant Administrator for Fisheries, NMFS, Department of Commerce, transmitting the Department's final rule — Fisheries of the Northeastern United States; Atlantic Sea Scallop Fishery; State Waters Exemption [Docket No.: 090224231-91118-02] (RIN: 0648-AX54) received August 25, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

3790. A letter from the Deputy Assistant Administrator For Regulatory Programs,