

years. His involvement originated in his home community of Flemington, and he has been an active member of the Lock Haven Citizens, Dunnstown, and Woolrich fire departments. He was also involved in public service as a member of the local Masonic Lodge.

Captain Donald Mellott's life embodies that of a true American hero. He lived and served with a commitment to making a difference in the lives of both his neighbors and complete strangers. He sacrificed personally, missing family time, meals, and full nights of rest when called upon to serve those in need.

While we mourn the loss of this American hero, we celebrate his lifetime record of service and his principles of public service. The families of all fire and emergency personnel share in the service and sacrifices of their loved ones. To the Mellott family, please know that I am keeping you in my prayers during this very difficult time.

The second individual, Mr. Speaker, I rise to honor today is Jerry Updegraff, who has spent 20 years raising funds to advance the causes of Lock Haven University in Pennsylvania.

He plans to retire with a balance sheet of more than \$40 million in contributions and other income that has come to the university during his tenure as executive director of the Lock Haven University Foundation.

Jerry represented the university on the Council for the Advancement and Support of Education and was past chair of the Clinton County Economic Partnership. Last month, he received a lifetime service award from CASE for his contributions to higher education over the course of his 42-year career.

I also know him as a former member of the executive board of the Susquehanna Council of the Boy Scouts of America, where he served with honor.

Prior to joining Lock Haven, Jerry had public relations and fundraising responsibilities at the University of Toledo, Bowling Green State University, and the University of Charleston.

Jerry recently surpassed the \$10 million fundraising goal in Lock Haven University's capital campaign by helping to raise \$11.6 million. We thank Jerry for his dedication and his outstanding service to Lock Haven, and wish him well on his retirement.

Finally, Mr. Speaker, I recognize Lock Haven University President Keith T. Miller. Keith has been an outstanding representative for the college. Enrollment has grown under his tenure, as has the honors program. Lock Haven has achieved All-Steinway status and qualified for National Science Foundation grants since Dr. Miller arrived in 2004.

He is a warm individual whose dedication to the school was always in evidence. He never stopped promoting and believing in the mission of the university. I am pleased for Dr. Miller that he is going to assume the reins of Virginia State University in Petersburg, Virginia, in July. Their gain is our loss.

Before Lock Haven, Miller was provost and vice chancellor of the University of Wisconsin-Oshkosh, dean of the College of Business at Niagara University in New York, and associate dean of the School of Business at Quinnipiac College in Hamden, Connecticut.

He holds a bachelor's, a master's, and a Ph.D. from the University of Arizona, but he has also worked in sales for Proctor & Gamble. He counted that as good experience for teaching business. I can continue to describe his distinguished career and many attributes, but suffice it to say that Lock Haven and Lock Haven University will miss Dr. Miller, as will I.

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

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

HEALTH CARE TAKEOVER

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

Mr. AKIN. Mr. Speaker, it is a pleasure to be able to join you, my colleagues, and those gathered in various places around the buildings here near the Capitol.

I have had the opportunity, having served in government as a legislator for a number of years, to serve both in the majority, in the minority, but also in the wilderness. This last year and a half has been different; I have served in the wilderness because we have actually come up to the edge of the abyss with a piece of legislation that promises to be so threatening and so destructive to our country that should we decide to swallow this poison pill and pass this piece of legislation, America will never be the same.

I have seen, in the majority and in the minority, pieces of legislation which are harmful and that may be poor solutions to some particular problem or solutions to a problem that doesn't exist or excuses just to have more taxes and more government control, but we have never quite seen a threat like the threat that confronts America today, and we, you and I, my friends, who love the red, white, and blue, are looking off the edge.

I don't know if you have ever stood on the edge of the rim of the Grand Canyon and looked thousands of feet downward, or if you have ever been on the top of some high skyscraper or bridge and looked off into empty space, but that is where we stand tonight. That is where we stand this week or next week in America. We are standing looking into the abyss, into a piece of legislation which is quite possibly

going to be passed. And if it is passed, it will leave our Nation very, very weak, much weaker and unlike anything that we have seen before.

It threatens to do two major things: to destroy the quality of health care in America, and to destroy the fiscal integrity of our very country. I am talking, of course, about an old topic, a topic that has been debated now for more than half a year here in Congress. It has absorbed the attention of the Nation, and it is an interesting topic because the more that it has been around, it seems the more the public is aware of it, and the more they see of it, the more they don't like it. In fact, as you start to take the covers off the legislation on health care, it becomes a very ugly picture, and the American public is wise. In fact, the statistical information suggests that at least 20 percent more Americans believe that we would be better not passing this piece of legislation and a great majority think we should just scrap it and start over again by systematically defining a problem and fixing it rather than having government take over all of health care.

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Now, the process, the way that the legislature works historically has been so boring that none of the American public pay any attention to it, but that has changed since we have been in the days of looking into the abyss, the abyss of the destruction of health care and the destruction of our economy. And people are becoming conscious of how it is that bills are passed and how they become law.

What would be required to have this health care bill passed would be a process that people call reconciliation. What that means essentially is that the bill would end-run or bypass a safety process in the U.S. Senate. The U.S. Senate has a very conservative way of operating, and that is that you can have a bill that you have 51 Senators who would vote for it—so it would pass if you had a chance to vote on it—but they put this extra caveat, that you have to have 60 Senators agree to bring it up for a vote. So in a sense, everything in the Senate requires a 60 percent approval before it goes to a final vote.

Now, there is an exception to that, and that is because of the necessity of dealing with the budget and spending and taxing and some of those issues, that on certain financial kinds of transactions, because of the fact that we can't afford a gridlock, we allow a 50-vote majority to be able to move something along, and that's called reconciliation. But it is not a process that is typically used for a completely new bill on a very broad subject, which is not just specifically a financial kind of thing.

We have this quote from our President on this subject of reconciliation, he says, "Reconciliation is, therefore, the wrong place for policy changes."

Now, wait a minute now, this is the President saying ‘reconciliation is, therefore, the wrong place for policy changes. Isn’t the health care bill a policy change? I guess it is. It’s a whale of a big policy change.

In short, the reconciliation process appears to have lost its proper meaning. A vehicle designed for deficit reduction and fiscal responsibility has been hijacked to facilitate reckless deficits and unsustainable debt. Well, I wish the President would pay attention to his own words. This is what he said, Reconciliation is not a place for policy changes, and yet the health care bill is a massive policy change. It will take over about one-sixth of the U.S. economy. The government will step in and effectively run one-sixth of the U.S. economy with all kinds of rules and regulations and bureaucracies. I guess that’s a policy change, Mr. President.

In short, the reconciliation process appears to have lost its proper meaning. Indeed, it does. A vehicle designed for deficit reduction and fiscal responsibility, that’s what the reconciliation process was supposed to be about, and in fact it’s going to be hijacked. It’s been hijacked to facilitate what? To facilitate jamming down the throats of the American public a bill that America clearly does not want us to do. They want to take the reconciliation process as a mechanism to jump with all of America into the abyss.

So I think it’s interesting that after the votes, particularly the vote in Massachusetts where the Democrats do not have 60 votes in the Senate, they don’t have one Republican that would support this bill, not one, for people who have served in the legislature, that is a huge warning sign. When you see a total party line vote on something, that means there’s some problems.

Usually in the legislative process, if it’s been done properly, a lot of people have a chance for input, people have a chance to improve and say this part seems to be a little radical, let’s go back this way. Usually what you have is more of a mix of people. When you see something being jammed in a process that is not designed—that is, reconciliation—for this massive policy change, and you see not one Republican voting for it, that should be a warning sign for people everywhere, and it is a misuse of reconciliation.

And so while the public is saying in poll after poll, survey after survey, phone call after phone call from our districts, stop this train, do not jump into the abyss, do not allow the Federal Government to take over one-sixth of the economy, and yet, what do we see? We see a tremendous determination to jam this bill through, whether the procedure fits or not. But it’s my way or the highway, and we’re going to do it because we know what’s best for you.

This is a very high-handed approach, and it is something that does not—never does and never will—produce a good consensus in America. It will be

something that will divide America, create a tremendous amount of tension and pressure, end up with lousy health care, and a Federal budget that is even more out of control.

Now, if you take a look down here, we have another quote from the Speaker of the House, NANCY PELOSI, and it says, “This will take courage.” In other words, for the Democrats to vote for this bill, it will take courage. What does that mean, it will take courage? Well, if it takes courage, it means somebody is going to be mad, somebody is not going to like it. And so you have to be courageous and stand up to somebody who doesn’t want you to vote for this bill. Who do you think the “somebody” is? Is it the Republicans? The Republicans don’t like it, but we have 80 votes less than the Democrats, so we can’t say much of anything about it other than explaining why we don’t like it. But our votes don’t make the difference.

NANCY PELOSI has a whole lot of extra votes. She could have 20 or 30 people vote no and still pass this bill. So why does this take courage? Well, it takes courage because somebody doesn’t want it, somebody very much doesn’t want it, and they’re going to be mad if it’s jammed down the throats of the American people. Who is the somebody going to be? You got it, the American public.

People are not going to like this bill. So if you vote for it, the point she’s making is you’re risking your seat because people are going to be mad. It’s interesting when the leader is saying it’s going to take courage. That says somebody doesn’t like it.

Now, are there some reasons why people don’t like the bill? Well, first of all, this is a rough flowchart trying to describe what happens when the government takes over one-sixth of the U.S. economy. Obviously, there’s a whole lot of things being done by private institutions which will be replaced with government institutions, and they’ve got to figure out how to replace it all. So no wonder it takes almost 3,000 pages of bill to try to put some sort of a scheme together for the government to be running the health care business.

Now, on the surface of the whole situation with this bill, this is not an easy sell. As you know, this bill has been around for more than half a year—I guess it’s three-quarters of a year. People don’t like it very well. The President thinks it’s a beautiful bill, but the more that people see it, the less they like it; they think it’s an ugly bill.

Well, let’s just think about the logic of this, stand way back away from all the details of health care. We’ve got Medicare and Medicaid, both of those have to do with medicine. They are both very large Federal entitlements, Medicare, Medicaid. In fact, the great challenge to the American budget are three entitlements. People say earmarks is what it’s all about. Earmarks

are 1 percent. Earmarks are not the thing that’s really a threat to the budget. The thing that’s a threat to the budget are three entitlements: Social Security, Medicare, and Medicaid. Two of those have to do with health care—Medicare and Medicaid. And what’s the problem with Medicare and Medicaid? Well, they’re financially broken, and if they continue as they are right now without changing those laws, they will bankrupt our country.

So we’ve got Medicare and Medicaid, government programs that are currently bankrupting our country. And so what are we trying to sell the American public? Oh, hey, we’ve got the government running Medicare and Medicaid, they’re bankrupting our country, so let’s take over all of health care with the government. There is something intuitively counterintuitive about that, isn’t there? Why would you want the government to take over something that it’s already messing up, that not working financially, that is in the process of bankrupting our country. If you can’t do it in a smaller area of Medicare and Medicaid, why do you want to expand it to everybody?

So this is kind of a hard sell for the President, and that’s why it’s taking a lot of courage and why this bill is not moving any too fast and why the public doesn’t like it. But there are many, many other reasons. You can see the complexity here, and as you can imagine, when you start to look at the details, you find that it is full of a lot of little devils. One of the things that you find—and I think one of the little devils that is perhaps most noxious to a lot of American people—are the special deals. You see, when you have a piece of legislation that’s going to take a lot of courage, you have to put some sugar in it to make people vote for it. And the sugar, of course, comes in the special deal form.

So what you find in the legislation—to the best of our knowledge, because the idea about transparency and openness we have not seen, and so we don’t actually see exactly what’s in this bill in its final form, but you see what it was like in the House, we saw what it was like in the Senate. But we find that it has some of these special little things, that is, that it’s going to take \$500 billion out of Medicare, but is it taking \$500 billion out of Medicare all the way across the country? No. In fact, in the State of Florida, it’s not going to take any money out of Medicare Advantage at all. So it won’t be coming out in Florida, but in the other States, they do take it out. Well, that was a special deal for somebody in Florida.

Then we’ve got special deals for—I think it was called Louisiana Purchase II for Louisiana; special deals for Massachusetts that Medicare gets these special reimbursements there; going to build a hospital, as I recall, in New Jersey, but not in other places. So you have special deals. That’s one of the things that makes this look ugly to the

voters because you're not treating every State the same; you're making some States pay more and other ones don't, and you're making some special adjustments for various people.

You find there are special adjustments for people who work in a labor union, but somebody who works the same kind of job in a company that's not in a union doesn't get the same break as if you are in a union. So again, this is one of those special deals. The American people in general see that and say that isn't fair, that isn't right, that isn't good legislation, that's special deals. We don't like special deals because they don't treat people equally before the law.

Now, when you take a look at the complexity of this chart, what it suggests is that this is going to be expensive. Not only is it going to be expensive, if you've got a problem and you fall through the crack somewhere, you may never get over to getting any health care at all because it has got so much redtape and bureaucracy. And so the whole idea of this kind of a system working well and providing good quality service is a little bit hard to understand. And when you take a look at the failings of Medicare and Medicaid in terms of the projected way that they're going to take our country into bankruptcy, do you really want to expand all of health care into these categories? So there is a fiscal sanity kind of component.

One of the ways to take a look at the bill and to ask some questions and to get a sense of what's going on as to why this bill is unpopular as people study it and see more and more of it, these are some comparisons of what the health care proposal does. This is the old Democrat bill, this is the President's new online bill, and this would be the Republican alternative, or alternatives. So we have three different bills in comparison here, and a comparison based on a number of different criteria. I think it may be helpful to take a look at some of those.

First of all, it says here that it imposes half a trillion in Medicare cuts. We talked about that just a minute ago. This bill is going to cut Medicare. You always heard the Democrats saying the Republicans are going to take your Medicare away. That didn't turn out to be true, we have not done that, but this bill does. This bill is going to cut \$500 billion out of Medicare, and the answer to this of course is yes, the old Democrat bill did that. That's the yes. The President's new bill is going to do the same thing. So it's going to impose a half a trillion in Medicare cuts. The Republican alternative does not.

□ 1930

So this is one of those situations where people are a little uncomfortable. Medicare is having trouble financially, and doctors are not being reimbursed very much in Medicare, so they're starting to not accept new pa-

tients because they're not being reimbursed enough to make it worth their while to take patients. If that's a problem in Medicare, why are we going to pull half a trillion dollars out of it? That's one of the ways you can look at these bills. So there is a difference. The Republicans are not proposing that, but both the President's new online bill and the Democrats' bill do that.

Then it also enacts job-killing tax hikes and government regulations, costing hundreds of billions of dollars. It's a \$1 trillion bill, which is a conservative estimate. This bill is going to cost a lot more than \$1 trillion. How do you pay for it? Guess what. By tax increases—right?—and with cuts to Medicare. So the tax increases here are going to come from where? Well, a lot of them come from small businesses. When you tax small businesses a whole lot for their employees, guess what's going to happen? They're not going to be able to hire as many employees, so this bill then has the effect of causing unemployment.

So, in our particular climate, with unemployment near 10 percent in America and with not a lot of sense of hope that that employment is going to turn around in a hurry because of very badly shaped policies by the Federal Government, particularly policies which hammer small business owners, to have this bill which is going to tax heavily small business owners and which is going to put tremendous new government regulations on them which will cost billions of dollars is not something, from an unemployment point of view, that is a very good idea.

This is going to be done by the old Democrat bill and the President's new proposal. The Republican alternative, it won't surprise you, is not enthused about tax increases, and we don't know that that's the best way to be dealing with some of our problems in medicine.

I am joined by a very good friend of mine, Congressman BISHOP. I would very much appreciate his perspective as to what we are talking about.

I've just been saying—and I don't think I am overdramatizing this—that, to a degree, it's my sense that America is standing on the edge of an abyss, like looking over the Grand Canyon or something, and that, if we step off the edge and misuse this reconciliation process, we are going to damage our country in a way unlike anything that we have seen before.

Please join me.

Mr. BISHOP of Utah. I appreciate being able to join the gentleman from Missouri here, and I appreciate his efforts so far in explaining the differences in these particular bills.

I want to echo that I agree with you that we are in a precarious situation. There are those who would tell us that the most important thing we could do right now is to pass something. A lot of bad pieces of legislation and policy changes have happened when we have simply passed something that was there. Our goal on this particular issue

should be to pass the right type of reform, not just something. Until we get the right type of reform, we should never actually quit looking to form a way that is best in providing options and choices to the American people.

I am assuming, when you started, that you talked about some of the four supposed, alleged, Republican proposals that were added today. You know, when I first saw that, I thought somebody was pulling my leg. It was a joke. I find it ludicrous and somewhat insulting to the American people that there are actually those who believe, if you take a \$1 trillion program which transfers power from the American people to bureaucrats in Washington, by adding more spending for a few studies and for a few small, little tweaks here and there, that that's actually better and that that's going to buy people's support.

I think one of the things, maybe, we have done too long in both Houses of this Chamber, perhaps with both parties, is we've spoken too long about it. We've been giving speech after speech as if that's going to convince Americans to go along with this program. What we should do now is listen to the reasons Americans have complaints about the core program that is before us.

I appreciate what you're doing up there. You're going through some of the core problems in this particular bill—that a few little add-ons, which cost even more money, are not going to sell this core problem issue.

If I could say just one more thing—go ahead.

Mr. AKIN. It sounds like what you're saying is that you can chrome-plate a pig, but it's still a pig when you're done. Go ahead. Yes.

Mr. BISHOP of Utah. I've actually been trying to think of a lot of metaphors here, and I don't think any of them really work terribly well.

Except I do remember one time when my oldest kid was about 3 or 4. He had been given a candy bar and was supposed to participate in a program, and he didn't want to go up and join the other kids in the program. So I took his candy bar away. I said, If you go up there and perform, I'll give you a candy bar. Of course, he was dumb enough to accept that, and he waddled right up there and did the program, and I gave him his candy bar back.

I hope that people don't think, just by giving me my candy bar back, I'm going to buy this program, because the program hasn't changed. It is still fundamentally flawed.

A reporter just asked me, Don't you think these bills should have an up-down vote? Well, here in the House, everything is an up-down vote.

Also, the bills that have been introduced by Representative SHADEGG and by Representative PRICE have a different approach to solving the problem and to reforming our system, which is based on giving power to the people so that people can make choices. Representative AKIN, I think they deserve

an up-down vote in this body as well. Instead, they have been prohibited from even being discussed in committee or on the floor.

Mr. AKIN. So, in other words, what's happening is you have other approaches to solving some of the problems of health care, not trying to have the government take it all over but, rather, to fix various component parts. We have a Rules Committee. If you want to offer a suggestion, for instance, they prohibit you from offering it as an amendment to get an up-or-down vote on it; is that correct?

Mr. BISHOP of Utah. Yes. I would simply suggest to the leaders of our Congress and to the President, instead of saying, If you have ideas, give them to me, and I'll make a choice on whether they're good or not, put the ideas on the floor.

Mr. AKIN. Well, that's the way the process has worked. Yes. Go ahead. Right.

Mr. BISHOP of Utah. Put those ideas on the floor, and let all of those ideas be fully debated in front of the American people. Give an up-down vote on every idea that's out there. Just perhaps, just perhaps, we will find that there is a needed reform to our health care system that actually meets the needs of the American people, that does not cost them out of existence, that does not cut jobs, and that does not move power away from the people back here to Washington. It allows people and their doctors to chart their own futures.

I have said it a couple of times when I've talked to you on the floor here on this issue: the State of Utah launched last year a reform of the health care system based on Utah's unique demographics. We have the youngest State in the Nation. Our median age is younger. We also have probably more small businesses which don't provide insurance than in most States. We need something specifically for our need, and we have launched a program that is well designed with fundamentals. It still needs to be tweaked, and it still needs to be worked on, but it is based on our needs and on our demographics. If either the Senate or the House bill, these one-size-fits-all programs, were to pass in any form, it would totally destroy what the State is trying to accomplish.

We are not the only ones with brilliance here. We are not the only ones who care about people. We should be partnering with States to come up with new and creative ideas to meet the individual needs of our people in their individual areas, and we flat out are not allowing that to take place.

Mr. AKIN. We are basically muzzling a lot of the representative process.

As you said, there have been different analogies. You talked about your son with a candy bar. Another one was the idea of a kitchen that has a broken sink. When you hire a plumber to fix the broken sink, you don't remodel the entire kitchen. Of course, that's the

model that the Democrats have been using. It's the concept of, Ha, the sink is broken. Therefore, we can remodel the whole kitchen. They have the idea of remodeling the kitchen, and they've been wanting to do that for a very long time. The broken sink is now the excuse to remodel the whole kitchen.

I think the point of the matter is that the American people would be more comfortable and the legislative process would work better if we were to say, "Let's define a specific problem in the health care system." Instead of having the government take it all over, let's try to solve that one individual problem. I guess it depends on how you explain it or say it.

If I were to ask, Gentleman, would you like the government to buy you a house, you might be tempted to say, Well, that sounds pretty good. Yet, if I were to ask, Would you like to live in government housing, you might think, I'm not so sure I want that. That may be a little bit of an analogy to explain what we've got here.

The idea is to say, "Hey, don't you want free health care?" But the other way of looking at it is, Do you really want the government making health care decisions, or would you prefer that your doctor makes those decisions? So it depends how you say it, but the American public has gotten wise to this, and that's why you've got at least 20 percent more in the number of Americans who don't want this program.

Mr. BISHOP of Utah. Well, I think the gentleman has also brought the other chart down here, which you probably used earlier, which is how the system would be structured. Now, when the first bill was presented by our good friends on the other side, that was the structure. I hate to say this. Over all the times we've just discussed it, that typical Washington approach of convoluted, complex patterns and about people making decisions hasn't changed at all. As we have come through and have supposedly come up with this new idea that has a few tweaks from the Republican side, there has been no compromise on the basic problem, which is that structure.

Mr. AKIN. You know, I kind of like this chart because I think that some entrepreneur could make money with this chart. If you were to just shrink it down a little smaller and add some additional lines, you could start over here. These are the consumers. These are the people who are sick. The medical professionals are over there. You could sell it to restaurants as a placemat and give people crayons, and customers could try and draw and see if they could get through the maze to get over to the health care professionals, because that's a little bit how this looks.

Now, maybe that sounds like a silly thing to say; but, gentleman, you're in the business in your office—among other parts of the work that we do as Congressmen, we get phone calls from

our constituents. Our constituents want us to help them solve problems that they're having with the Federal Government. I'm thinking, if this system gets put in, I'm going to have I don't know how many thousands of people every day on my phone, saying, "I need this kind of medical care, and I can't get through this system". They're going to ask me to help them do it. I'm going to say, "Fat chance. This is a mess."

Mr. BISHOP of Utah. I think you're absolutely right, and I think that's one of the reasons a lot of people have changed their opinions. A lot of people have grave concerns about this type of a program, a one-size-fits-all, Washington-based program.

I've also had some other people calling me, a lot of people with grave concerns and with a great deal of anger over everything that's going on. There are some who have simply asked, "Why can't you just sit down and compromise? Why can't you work things out?" I think I join with you in saying I am more than happy to sit down and work with anybody who will work with me.

The bottom line is we have not been allowed to work together, which is why I was saying earlier to let those other ideas, the other bills, have an up-down vote as well. Bring them to the floor and allow a true debate on all ideas. Don't siphon the ideas down to what is allowable by the leaders of Congress. Allow us to actually work together. As I think you intimated, there are some things, certain provisions, on which both Republicans and Democrats do agree. Let them stand by themselves and see what we can actually accomplish without taking an idea on which we basically all agree and then adding 10 or 15 bad ideas on which we fundamentally disagree and saying, Okay, it's take it or leave it.

Mr. AKIN. Well, you know, I hate to admit how many years I've served in the legislative body. I started by saying I've served in the majority, in the minority and now in the wilderness.

As to most legislation I've seen that works pretty well, surprisingly enough, people are sold on it. There is a process of a bunch of people coming together, defining a problem, working on a solution. Frequently when they start, the bills are pretty rough, are pretty hard to understand, and have a lot of questions and problems in them; but as more and more people have a chance to work on them, to roll their sleeves up and have input in them, the bills get refined.

In the business world, if you want to mess something up, you send it to a committee. In the political world, when committees work on legislation, they tend to refine the product. After a period of time, what happens is you have certain ideas that some people just can't tolerate, and you tend to throw the radical stuff out. What you can agree to comes together. When that happens and particularly when it

happens across party lines, you don't have major fundamental reform, but you change, and you fix things in ways that solve people's problems.

What happened this year is we had 80 less seats than the Democrats, so they thought, We don't need the Republicans. The dickens with the Republicans. We've got such a majority that we can do whatever we want. As they've marched off to totally change all of health care, now they've gotten kind of in a jam because they're realizing the public is not agreeing with it, and they don't have one Republican vote. That's very, very unusual politically that there is not at least one Republican who would vote for a bill.

That says that this has been such a partisan kind of approach, and that's why there is cause to scrap it. It's not that people are going to go back to ground zero in health care, but they're saying this approach right here is just too much.

Mr. BISHOP of Utah. I would be very hesitant to try and ascribe any motives as to why things happened the way they did.

What we do know is, historically, when major changes of policy have taken place, even when they have been hotly debated, even sometimes when cloture has been approached over in the Senate, the final product has had a lot of majority and minority votes coming together.

□ 1945

It was not this divisive of an issue that was trying to be pushed through in, once again, a very partisan and divisive way.

I think you are right. What Republicans are saying is there are other ideas that still have to be out there, and what is more important for us is to do the system and do the reform the right way the first time. It is very difficult once something is established to go back and fix it. It is best to do it right the first time, and we are not doing that here.

Mr. AKIN. You are right. The thing about legislation, because it affects so many people, it is so expensive and what you sometimes create can never be taken back, it is absolutely crucial that we get this thing right the first time. We would be far better off—I guess it is maybe a little bit like choosing a wife. You want to be sure you choose the right one the first time. It is less expensive that way.

This is something you want to get it right the first time, and if there is doubt, if there are questions, then it says it is probably better to slow up and take a good look at what you are doing.

Now, there are some things about the bill that are being proposed here that are just completely anathema to many, many Americans. I think if you have to say, well, what would some of those things be, I mentioned the special deals. People don't like that.

But if you get to the heart of what is going on in health care, it is that rela-

tionship between you when you are sick and your doctor. We call it the doctor-patient relationship. I think that is fundamental to our understanding of what good health care has to start with, and that is that you have got qualified, professional doctors who work with somebody who is ill. The family and the doctor come together and they put together a solution as to what is going to happen and what the doctors can do to help you with your health.

Now, one of the things that gets people very upset, and with good reason, is when somebody butts in to that doctor-patient relationship. One of the examples that we have seen too frequently is that we have allowed insurance companies sometimes to jump into that doctor-patient relationship, and they say, oh, we are not jumping into the doctor-patient relationship; it is just that we are deciding what we will fund and what we won't fund. In other words, the doctor says you need to do X, Y, and Z, and the insurance company says, oh, you don't need to do that. So we don't like it when somebody who is not a medical professional starts to superintend over our health care and we don't have any control of it.

What is even worse is that when the doctor makes a medical mistake, he is going to get sued, but when the insurance company says you don't need to do that and then you up and die and your relatives say, hey, the insurance companies just cost a life, well, it turns out they don't have any medical liability. That is not a good situation.

But it is not the worst situation. Something worse could happen. It is this. This is what is worse. Instead of an insurance company, which, if you want to, if you have to, you can change your insurance company, this is going to put a government bureaucrat between you and your doctor, and that is something that I don't know a single Republican that likes that idea.

We don't think we want government bureaucrats getting between you and your doctor. And how is that going to happen? Well, because the bureaucrats have got their calculators, and as they calculate, they say, how old are you? What are the statistical chances of this? Whoops, you don't get this care.

So the bureaucrats say, we are not going to allow you to get this kind of health care. And the doctor says, no, I understand the statistics, but in this case this particular medical treatment is necessary. And the bureaucrat says, no, you can't get it. That is one of the reasons why in the United Kingdom health care death rates are much higher than they are in America, because of the fact that the bureaucrats say, no, you can't get any care.

Mr. BISHOP of Utah. If I could get the gentleman to yield for just one second.

Mr. AKIN. I do yield to my good friend from Utah.

Mr. BISHOP of Utah. I think it is well to reemphasize that fact that not

everyone will get what they want in this particular program. I was told that once again today, the President, in his remarks, said, if you like your plan, you keep your plan; if you like your doctor, you can keep your doctor.

Now, if that line sounds familiar, it is because it was a staple in the rhetoric for all of last year, with a couple of problems. I have been told that media outlets like the Associated Press and ABC News debunked that claim, showing that that cacophony of programs and lines going through, that that simply was not the case. And the White House then said, well, we are not taking that line literally, and eventually it was removed.

It is coming back now, but it still is not accurate. The problem is, if you like what you have, you may not end up keeping what you like. You may end up being told what to do, which is the problem every time when you try and transfer power from individuals back to Washington to tell us what is best for us. We sometimes may not agree. And that is the sad part.

That is the fundamental problem that a few tweaks around the edges can't solve. But that is a significant problem. And I think the gentleman from Missouri hit the nail on the head when he said this is one of those fundamental issues, which is why this program should not be forced through, but you should back up and start again with something that doesn't have that premise of Washington being empowered to tell us how we will live our lives.

There are 8,000 State legislators out there, all of whom are bright, all of whom can come up with programs for their States. Allow the States to be the laboratory of democracy that Louis Brandeis used to talk about. We can do better. We can do better. This is not good enough for us to force through, just so we can say we did something. There is a better approach to it.

I yield back.

Mr. AKIN. I couldn't agree with you more, and I do think that is a fundamental question. And when people talk about compromise, I would picture people on the outside of Congress saying, why can't those people just get together, solve a problem, bury their partisan hatchets and just serve the American public?

Part of the reason why you don't see that is because there are really fundamental differences of opinion on what you do with health care, and one of the very, very big ones is that question: Is it going to be between you and your doctor or is it going to be between you and the Federal Government and some doctor that they choose? And that is a very, very big difference in opinions on health care, and this system forces the Federal Government between you and your doctor, and it is why it doesn't have any support, among other reasons, from Republicans.

There are a couple of other things here we probably ought to talk about,

because when we talk about health care being too expensive, one of the things that really increases the cost of health care has been attorneys, particularly trial attorneys who are going to sue doctors for having done the wrong thing.

Now, there are times when doctors do the wrong thing. There are times when doctors do the wrong thing. They need to fix it and need to pay for some of the damages that their actions caused. But this is more than that. These are these punitive lawsuits with millions of dollar claims. And what does that do? It adds a tremendous cost to the cost of health care. So, one of the ideas, if you want to reduce the cost of health care, is that you want to have what is called tort reform.

We were promised in Baltimore by the President that certainly he believed in tort reform. But as we take a look at the legislation that we have got, one of the things that you find is that the supposed tort reform in this bill, the old Democrat bill, and I believe the President's new bill, although I am not sure this is in there, is the fact that the States that have enacted tort reform, such as my own State of Missouri, the States that have enacted tort reform, they cannot keep that tort reform in place when this medical bill goes in. So it gets rid of tort reform instead of making tort reform.

Now, I said that costs a whole lot of money if you don't have tort reform, or tort reform is a good idea to reduce the cost of health care. In the State of Missouri, it has dropped the cost of health care significantly, I am talking in excess of 10 or so percent, States that have decent tort reform. It reduces the cost of medicine. So, that is a reform that Republicans wanted to do, and it is not included in the bill, which is the tort reform.

I do yield.

Mr. BISHOP of Utah. If I could maybe add to that, because I think you have hit on one of the things I think is essential if we are really going to reform the health care system, because we do have two problems. One is people being covered by insurance, but the second one is the overall cost of the system. If you don't address both of those problems, you haven't really done a good health reform.

Mr. AKIN. The cost of the system, and what is the other?

Mr. BISHOP of Utah. Coverage of individuals, being covered and having the costs overall. Because even if you have insurance, it still is very expensive, and the costs keep going up. So we have to deal with both of them.

A key element, a crucial element that everyone within the medical community will tell you, is if we don't do cost reform dealing with tort issues, if we don't deal with the massive amount of litigation that forces doctors to do more and more procedures just so they are covered just in case someone decides to sue them, we will never actually get a handle on the costs of health care that keep going up.

Once again, the President has said in past speeches he is willing to look at that. But in one of the four proposals he seemed to add as a sweetener to this deal, it was not to actually have malpractice resolutions, but simply to study alternative malpractice resolutions.

Now, that ain't it. A study, we have been doing that for a long time. We know what the problem is.

Mr. AKIN. It seems to me the study has already occurred. Various States have done it, tried it, and it saved a lot of money. What more do we need to study on it?

Mr. BISHOP of Utah. So adding that as something to improve the system doesn't improve the system at all. It is nothing. What we need to do is actually implement those. And you are right. Once again, even my home State, the legislature once again is addressing on a State issue that concept of tort reform and litigation limitations. It is essential, and we need to do that.

That is one of the issues on which I think both parties could easily come together and make a resolution, if we were allowed to discuss real litigation reform. But, once again, that is not on the table. That is not discussable on the floor, if "discussable" is a word, which it probably isn't.

Mr. AKIN. Well, but it is something that needs to be dealt with. If we just kind of run through that, I think people can understand. You are a doctor. You have somebody who is ill, and you think, well, I am pretty sure this is what is wrong with them, but it could be five other things, so I am going to run all these tests, some of them are very expensive tests, just in case, no matter what, so if anything goes wrong, anybody gets me in a courtroom, I can say I did absolutely everything that anybody could do, and a whole lot more besides.

Well, of course, that costs a whole lot more money, and they are doing it strictly to cover their tails because they don't want to be sued and have millions and millions of dollars thrown against them and run their cost of insurance up.

Now, if their insurance goes up and up and up, guess how they have to pay for that insurance? By charging the patients more money. So that is how this tort reform can save in various States. We don't have to study it. It saved a whole lot of money in a great number of States.

So those are some things that I think are important. I talked a little bit about reconciliation, the misuse of that process. I had a good quotation here from a prominent Senator. A prominent Senator was looking at reconciliation. That is the process the Democrats are talking about doing. And this prominent Senator, you have got it, it is the President, says, "Reconciliation is, therefore, the wrong place for policy changes."

I think the government taking over one-sixth of the U.S. economy would probably qualify as a policy change.

He says, in short, the reconciliation process appears to have lost its proper meaning, a vehicle designed for deficit reduction and fiscal responsibility. This doesn't seem like deficit reduction and fiscal responsibility. It seems like it is a policy change.

We have to agree with the President that this is not the place for reconciliation. And yet, guess what? In spite of the fact that Massachusetts has even voted on this, we are going to jam this bill through, whether you want it or not, using this process, the misuse of this process called reconciliation, which most people have never heard of before, but it is by hook and by crook and not by a legitimate method.

Here it benefits trial attorneys, by failing to enact meaningful lawsuit reform. That is that tort reform. The old Democrat bill does not put it in; the new one does not. The Republican believes, yes, we should have tort reform.

Here is another one. Protects backroom deals with Washington special interests. There have been a lot of special deals in these particular bills. I think the one that I find most offensive was an agreement made with insurance companies that said if an insurance company makes a decision that overrides the doctor-patient relationship—that is, they say, yeah, we recognize the doctor-patient relationship; we are just not going to pay for it—if they do that and something goes wrong, the insurance company cannot be sued. So the doctor gets sued for everything. But if the insurance company that is not a medical authority makes a decision, the decision turns out to be bad, yes, the doctor said your wife should go to the hospital but we said we are not going to cover it, she doesn't really need to go to the hospital, and then she gets really, really sick because she should have been in the hospital, guess what happens? The insurance company has no liability whatsoever. So that is one of the backroom deals that is particularly upsetting.

The other one we talked about puts the government bureaucrats in charge of personal health care decisions. The Democrat bills are doing that. That is why Republicans—this isn't a matter of, hey, can't you just be a little open minded? No, I can't be open minded. I don't want the government involved in health care decisions with my body.

□ 2000

The Republican proposals don't do that. We're joined—I don't know whether he wants to join us yet or not—by a good friend of mine from Texas. No, he's not quite ready. Will you talk to us in a few minutes? We'd like to have you as part of our discussion. But you're going to do another hour.

Here's one. This is: Breaks President Obama's pledge to not raise taxes on those who make less than \$250,000. I recall in the campaign he said, I'm not going to tax anybody who makes less than \$250,000. And I thought, Man, am I

glad about that, because I don't make \$250,000. I'm going to skate free for 5 years. No taxes. It's not going to be a big deal.

Well, the trouble was the House passed a bill not so long ago that was going to get you. If you flipped the light switch, you were going to get taxed. That doesn't have anything to do with \$250,000. This bill is going to tax a whole lot of people making less than \$250,000. Yes, it does. And the old Democrat bill, the President's new bill, yes, it is taxing people under \$250,000 very heavily. In fact, it mandates that you have to buy a government product, which is unconstitutional. The Republican bill doesn't do that.

My good friend from Utah.

Mr. BISHOP of Utah. If I could add just one element to that concept of \$250,000, because I agree with you, if \$250,000 was a salaried employee, that's pretty good money. The only problem is, in all of these equations it applies to the business world as well, in which almost every small businessman is grossing at least \$250,000. I know in my district—once again, I said Utah has more small businesses on average than most States do. And in my district, almost 98 percent of those, according to the IRS, will have a bottom line that's above \$250,000. So it means the taxes that are imposed are also imposed to the business community. It's one of the reasons why the State of Utah, when they looked at a reform for health care in the State of Utah, tried to come up with a policy that would give a consistent number to small business so they knew how to plan for what the health care cost would be and can come up with a defined contribution level they could give their employees, who could then go to the exchange and buy something that fits into what they need. But that consistency is extremely important.

It's very difficult for small business to provide health care for their employees when they don't know what the escalating and skyrocketing, almost roller coaster costs, will be to them. They cannot plan for that so they basically don't do it at all. And if indeed we add a tax to them at this stage of the game, that means we are making it even harder for the business community to recover, to provide jobs, to grow our economy, and to get people working again. That's why when we say this thing hurts job performance, that's why it hurts job performance. It can be devastating to job creation.

Mr. AKIN. I really appreciate your highlighting this question of unemployment because I really think that a whole lot of Americans would think we were more effective and that they would have more respect for Congress if we were dealing with the fact that we've got a 10-plus percent unemployment rate out there. And in fact that number is probably conservative because of the fact that if you haven't had a job in a year, you're no longer part of the statistic. So as people get

more and more discouraged, don't get a job, they fall off those numbers, and we still have a 10 percent unemployment rate.

So I think a lot of the public would say, Hey, why don't you guys pay attention to unemployment. Well, here's a way to pay attention to unemployment. We've got a bill here that, on the face of it, economists have rated it's going to cost 5 million jobs. Why in the world would this proposal cost 5 million jobs? Well, you just hit it. But do it again, gentleman, so people can make that connection.

You have got to understand, this is going to increase unemployment in America. Is that what the public wants, more unemployment? I don't think so. But please run through that again. You're a small businessman and this bill passes, and what does that mean?

Mr. BISHOP of Utah. That means there will be an extended cost of doing business associated with this particular plan. Even though when we say anyone making over \$250,000 will not be taxed, it will be taxed. Once again, if that was simply a salaried employee—a salaried employee—that sounds pretty good. But that covers almost all the businesses we have who are small in this country, and large as well.

Once again, it does go to the point we tried to make a little bit earlier. The Shadegg bill, the Price bill, the other Republicans' bills that should have been allowed to be debated, they don't have any of those provisions. So that negative anti-job aspect that is definitely a part of this bill if it's pushed through does not necessarily have to be there if you simply allowed the other ideas to be debated, discussed openly here on the floor.

Mr. AKIN. Right. So we don't have to create unemployment and deal with health care. It's just that this approach is going to create unemployment. Now let's take a look at how that works. There's a number of ways that unemployment is going to be driven. The first is you're going to tax the guy that owns the business. When you tax somebody that owns a business, it means he's got to give money to Washington, D.C. That means he can't take that same money and put it back in his business to add a wing to the business, to buy a new machine tool to create a new process to create more jobs, because instead of taking the money to build the small business, you're taking it to give to the government to run health care. So when you take money away from the owner of a small business, you're going to kill the job creation process.

What else does it do? Well, it creates a lot of redtape for business owners. And when you create redtape, that also makes it so that it's harder for them to be efficient and competitive. And so that tends to hurt job creation. You also, because this bill has been sitting around and been hanging, scaring everybody to death for three quarters of

a year, it creates a sense of tension and a restlessness, so that business owners are saying, I don't know what the business climate is going to look like in 6 months. I don't dare take a risk because I see threats on the horizon to the financial stability of my company.

Mr. BISHOP of Utah. The gentleman from Missouri also has those last two points on your chart, which reemphasizes the very statements that you were just making.

Mr. AKIN. It forces individuals to purchase government-approved health insurance. Let's talk about that for a minute. Yeah, the old Democrat plan forced you, it forces everybody in America to buy something. And the President's new version forces you to buy something. The Republican does not force you to. And aside from the fact that Americans don't like to be told that you have to buy something, there's a small detail: It's not constitutional. When can the government tell you that you have to go out and buy a gun or you have to go buy a watermelon or something? That's not constitutional for the government to tell you you have to buy something. Yet, that's what's going on here.

Mr. BISHOP of Utah. At times we have talked in the past about this concept of constitutionality in two ways. One, that it violates the concepts of federalism. But the second one deals with specifically the commerce clause. I think that's been brought to our attention before. That even in court cases, and maybe somebody will correct me here when it's his turn, in court cases there are usually two principles that are involved on whether the commerce clause is justifiably used. One: Does it have an impact on interstate commerce? I think everybody admits this would have an impact on interstate commerce. But the second is: Is there a willing participant in this program? This is why this is different, because for the first time you are threatening to fine people, throw them in jail, for not doing anything. For doing nothing. I don't know how many negatives I put in those sentences. But for someone just living their life who does not want to participate, they will now be fined for doing that. The government has never done that. And that is what I think exacerbates and expands the commerce clause beyond recognition and beyond fairness to individuals at the same time.

Mr. AKIN. Well, I think we have had a chance to take a look tonight at what I started out by saying that we are standing as Americans on the edge of an abyss. I recall standing on the rim of the Grand Canyon and seeing a thousand feet of open space in front of me. And in a sense, that's where we stand today, with America perhaps politically poised to push forward using a misuse of a process to force this government takeover of health care down the throats of many, many Americans who do not want to see this take place.

This is a very serious moment in American history. I can recall historically there's been other very, very serious moments in American history. The Pilgrims standing on the frozen shore of Plymouth with the dream of creating a new kind of civilization; our President-to-be, President George Washington, on his knees at Valley Forge, praying for his little army. And even old skeptic Ben Franklin at the Constitutional Convention asking for prayer each day.

In all of these cases, Americans discovered that in their hour of need they turned to God for his help and his guidance. I believe as we stand on the abyss tonight, for those Americans who are wont to turn to God for answers, that this is a time to be doing that. To ask for his help supernaturally so that we don't make this fatal step pushing our Nation into socialized medicine, creating a precedent for our citizens to be continually handcuffed to a government health care in a system which no politician that's freely elected could ever reverse because the public would say, You're going to take my government health care away. I won't elect you. That's been the experience of other countries. It completely changes the nature of the freedom and the nature of the quality of health care in America if we'd fall off this abyss. And it's time for some prayers.

God bless you all. Thank you. And good night.

HEALTH CARE IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes.

Mr. GOHMERT. It is a privilege to be on the floor any time when you know the history of this place and what all is going on before us. I'm so grateful for my friend from Missouri, my friend from Utah pointing out such important things about the health care debate that is ongoing. It is critical. We're talking about the lives of Americans. This is not something that should be considered lightly or done too quickly.

It is incredibly ironic to realize here we are now into March of 2010, and beginning back over a year ago we were told there is no time to waste. We do not have time for Republicans to have any input. We don't really want to hear from Americans. This is too important, we were told, to delay. We have got to have this done by May. Well, even though the Democrats have plenty of votes to more than pass this bill, they didn't get it done by May. They could have done it without any votes from Republicans, yet it was the Democrats themselves that were not able to pass this bill, and the reason is there were Democrats who were also concerned about what was in this bill, just as many of them are still very concerned that what's in the bill is not appropriate and not good for the people in

their districts or their States. So here we are.

Then we heard, Well, we need to get this done by July 4th. Then we heard we need to get it done by the August recess. Then, we need to get it done before Halloween. Well, then we need to get it done by Thanksgiving. Each time, the need to pass it immediately was given as a reason that there just wasn't time to incorporate any Republican ideas.

The trouble is, these were not Republican ideas. These are ideas that come from some of the smartest people in the country; that come from doctors, that come from economists, people that have worked through these issues, and yet still the effort has been made to ask America—not ask, but demand America stick out your tongue and say “ah” while we cram this down your throat.

It needs to be looked at even more closely. And there is a technique that's been known in debate world as creating a straw dog. You create the straw dog and say that's what your opponent believes and is trying to do. You get righteously indignant, and you beat up the straw dog, showing how you tore your opponent up because your opponent had this ridiculous idea. The problem was, in that debate device it's simply not accurate because that is not what the opponent was saying.

In this case, I don't really see us as having opponents. We are out here trying to do what is best for America, and yet most of America, through their representatives, have not had a chance to be heard. That includes many represented by Democrats.

We are joined by my friend from Utah. And I would be glad to yield such time as Mr. BISHOP might use.

□ 2015

Mr. BISHOP of Utah. I appreciate the gentleman from Texas not only for his insights he is going to present on this particular bill, but you have a special talent that I think the gentleman from Missouri and I did not have a little bit earlier in this with a legal background. First of all, I appreciate you bringing up the fact that there is bipartisanship in their concern for this particular bill.

Mr. GOHMERT. Sure.

Mr. BISHOP of Utah. I also appreciate the fact that sometimes we present arguments and I need to have a specific legal expert explaining them to me.

We talked a little bit earlier about the fact that apparently in his speech today, the President once again said, If you like your plan you can keep your plan. If you like your doctor you can keep your doctor. That if you are on an insurance company right now and you are happy with that, it will not change. And maybe I can ask you now as an attorney, as someone who reads this stuff for a living and tries to understand the gobbledygook that we always pass, if you can tell me if that is really accurate. Is it indeed the fact that if you

like your plan you will be able to stay on that plan? And insurers who have private insurance plans will be able to maintain that commitment to people if either the Senate or the House version were to pass?

Mr. GOHMERT. The answer is that yes, you can keep your plan if you like it for maybe a year, then you lose it. Maybe 2 if you are lucky. On the other part, if you like your doctor—and the gentleman from Utah has quoted it exactly. I have the text of the President's speech here. He said, “If you like your plan you can keep your plan. If you like your doctor you can keep your doctor.” The thing is nobody, not even my dear friends here on the floor with me, can promise you that if you like your doctor you get to keep your doctor. I will give you one good reason why.

I have talked to numerous doctors that are my age and older who have told me, many of them, that I have not accumulated what I had hoped to by this time. But they are very sincere, and they say, But it has gotten so frustrating dealing with the government over Medicare and Medicaid, and even dealing with insurance companies, they've had enough. And I have been told, I am sure my friends have been, too, that if this bill passes they are walking away from the practice of medicine. They are walking away. It will not be worth it. I have heard that from so many people.

So for somebody to say if we pass this bill, and I don't care who it is, any Democrat or any Republican that were to say if we pass this bill and you like your doctor you can keep him, it is wrong. You can't make that promise because many of the doctors you like the best have already said we are walking away.

Mr. BISHOP of Utah. If I can add a follow-up question to that, in the law that is proposed to be passed, either the House or the Senate version, does it allow me to maintain my insurance in the present form if I want to maintain that insurance in the present form?

Mr. GOHMERT. One of the things I love about being on the same committee with the gentleman from Utah is he may not be a lawyer, but he has incredible insight and discernment and can shoot right to the crux of an issue. So when we do that, as the gentleman has asked, and we look at page 91 of the House bill, and I have asked others, look at the 11-page summary the President proposed and then look at the 19-page summary of the summary that the White House gave to us, both the 11-page summary and the White House 19-page summary of the summary, and see if you can tell if one single letter of the law under section 202 of the House bill is changed.

I have been told by attorneys that have looked at it, it does not appear the President is proposing any change to page 91 of the House bill. So when you look for the answer, Do you keep