

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.

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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

your insurance?, well, you look to the language. And the language is this:

“Section 202, Protecting the Choice to Keep Current Coverage.

“(a) Grandfathered Health Insurance Coverage Defined. Grandfathered health insurance coverage means individual health insurance coverage that is offered and in force and effect before the first day of Y1 if the following conditions are met.” And Y1 is just the day that the new bill starts.

“Number one, Limitation on New Enrollment.” In order to keep your insurance if you like it, number one, and I quote, “The individual health insurance issuer offering such coverage does not enroll any individual in such coverage if the first effective date of coverage is on or after the first day of Y1.” So if you add a single additional insured to the policy that you have—you are on a company policy, or if you are like a couple of guys that told me recently that their unions negotiated a fantastic health care plan, they love it, they are not worried about the rest of the country because they get to keep their plan. Unfortunately, as I asked, Does anybody ever get added to your health care policy?

And they said, Well, yeah, people retire all the time and they get in there and we all have the same great policy.

I had to explain, Bad news. As soon as they add one more person on your health care policy, you lose your policy. And then that throws you over under the Federal insurance exchange program that the government controls.

There will be private insurance companies that will be allowed initially, until they go broke, they will be allowed to offer policies, but they are mandated exactly what they have to provide in those policies.

But here is the real kicker, the second limitation on changes in terms or conditions. The second condition about keeping your policy is this, and I quote, “The issuer does not change any of its terms or conditions, including benefits and cost sharing.” Now, that is why I replied to the gentleman earlier, the answer is you might get to keep your insurance policy for a year, 2 years if you're lucky. But there is no way that you could have an insurance policy go for more than a couple of years without having to make some changes in their terms and conditions.

For one thing, we know that health care, with medicine, knowledge, and practice changes all the time. We find out that some types of procedures are more dangerous than we knew. And so a policy said we will no longer cover that because the benefits do not outweigh the risks that are involved. Another thing is you have new technology, sometimes less expensive ways to treat something. Well, obviously you want those included in your coverage. They would be added. That changes a term or condition. So within 1 year or 2 years everybody in the country that liked their policy, just as the President promised, get to keep it

for about a year or 2, and then they lost it.

So when the President says you get to keep it, that is accurate. He just doesn't tell you you won't keep it very long.

I would be glad to yield to my friend from Missouri (Mr. AKIN).

Mr. AKIN. I just appreciate your discipline, and having worked through specifically and exactly what the bill says. Because it is easy to say that this bill isn't going to cost a dime because somebody can say it isn't going to cost a dime. Well, that is because it is going to cost a trillion dollars instead. And you are clarifying the importance of words here.

But let me ask you this question: Is it true that the policy defines what insurance has to cover? And therefore, does the Federal Government tell you that you have to have this, this, and this in your policy, and therefore force the policy to be changed even if you didn't want to change it?

Mr. GOHMERT. The gentleman asks a good question. I appreciate the question, because once again, that affords great insight. If you look over at page 167 of the bill that was passed in the House, and as best I can tell, even though all we have is the 11-page summary and then the 19-page summary of the summary—

Mr. AKIN. The summary of the summary is longer than the summary of the bill.

Mr. GOHMERT. The gentleman is correct.

Mr. AKIN. So if we had the summary of the summary of the summary, would that be 3,000 pages?

Mr. GOHMERT. Absolutely. We would have even more information. And that would be more helpful. But the best we can tell, since the President did not propose a specific bill, once again very elusive in what is being proposed, page 167 does not appear to have been changed. And that says the commissioner shall specify—that is the Federal commissioner under this bill—the benefits to be made available under the Exchange-participating health benefits plans.

Now, that means every plan that has had a term or condition change or has added an additional insured, those have been lost, and then within a couple of years everybody is under this. So the commissioner shall, one of about 3,000 or so “shalls” in the bill, specify benefits to be made available. And then it goes on and says the entity offers only one basic plan for such service. So the commissioner is going to require that everybody provide exactly the same plan.

Mr. AKIN. So this is a one-size-fits-all.

Mr. GOHMERT. One-size-fits-all for the area.

Mr. AKIN. Then using your logic, the one-size-fits-all then has to change existing policies. And when you change those policies, then you don't have the same policy that you were promised you could keep.

Am I getting the drift of this right?

Mr. GOHMERT. The gentleman is exactly correct.

If you go on further, everybody that is offering insurance in an area has to offer the same exact basic plan. It is a basic plan. And then if an insurance company provides that one basic plan, they may offer one enhanced plan. But again, the commissioner specifies exactly what that plan is. And if you offer an enhanced plan, you may also have one premium plan for such area.

But the bottom line is there will be many areas in the country, once everybody loses their own health insurance within a couple of years, everybody goes under this plan, the commissioner tells everybody what has to be in their plan. Everybody. And you have no choice, you have to go with what they said. And so the other thing is that once an insurance company provides that, they have no flexibility.

Now there is debate about whether or not there would be a public option or a publicly financed insurance company to compete. We know how that works. We saw it with flood insurance. When the Federal Government comes in and provides that alternative, that competition, you run the private insurance companies out of business because the Federal Government operates in the red, run the private businesses out, and then the Federal Government does as our Federal flood insurance program has, continue to run deeper and deeper into red ink.

Mr. AKIN. So you have got one choice. It is a little bit like Henry Ford's automobile. You can get any color you want as long as it's black. In this case, you can get any health insurance you want as long as it's the government policy.

Mr. GOHMERT. The gentleman is correct.

And one of the great ironies in this is we have so many friends across the aisle that I know are very sincere when they believe with all their hearts they want to help what they call the little guy in America. I am sure they haven't read this bill as thoroughly as I have. But if they will trouble themselves to do so, they will see that under the bill that passed the House that we just had to rush through, if you make just above the poverty line as determined in the bill so you don't get free health insurance, but you don't make enough to buy the policy that the Federal Government mandates, you pay an extra percentage, I believe it is 2 percent on your income tax. We are talking about low middle class, some of those folks working two and three jobs just to keep food on the table.

And what is the majority going to do to them? Why, if you can't afford as good a plan as we order you to get, we're going to increase your income tax.

□ 2030

You can't afford insurance, and yet you're going to increase the income

tax? I just know that there are people that care deeply about the poor, those who are the working poor, doing what they can to struggle to get by. And yet they're going to hammer those very people. It's just ludicrous.

Mr. AKIN. So what you are really talking about is a mandate, isn't it? This is a mandate that says that you've got to buy the government product.

Mr. GOHMERT. That's exactly right. And I know the President before us mentioned—well, you know, States require you to buy car insurance. The fact is, you buy insurance for the privilege, as the law has determined, to drive on the road. You don't have to drive just to live in America. If this bill passes, you will have to buy insurance just to live in America, or you will be fined; you will be hammered with the extra amount of money you will have to pay.

And let me finish one other thing about that insurance. There is no State in the United States of America that requires anyone to insure their car for damages to their own car or damages physically to themselves. The only requirement in any State is for insurance to cover against the damage you may do to someone else. So once again, this will be breaking brand-new ground, never done in history, not envisioned by the Constitution, not anywhere in the enumerated powers. You have to buy insurance on yourself just to live. So I yield to my friend.

Mr. AKIN. Well, actually, you got to the point that I was going to ask. I know that you are not only an attorney, but you have also served as a judge, as well as a Congressman that we've come to respect. And so what I was going to ask is, is it constitutional for the Federal Government to tell somebody that they have to buy insurance this way? And what I'm thinking I'm hearing you say is that this would be something, if the Supreme Court would look at it—and I know you don't know exactly how they think or what they're going to rule, but if you use the basis of the Constitution, this would be marginally and maybe not constitutional. Is that what I'm hearing you saying?

Mr. GOHMERT. If the Supreme Court takes a fair and literal look at the Constitution, they will know this was not an enumerated power reserved to the Federal Government. Therefore, under the 10th Amendment, it's reserved to the States and the people.

I would like to point out one other thing. In this article that was already out, that came out so quickly after the President's speech today—it's from CNN. It can be found on the CNN Web site. But they point out that the President is proposing four different things. First of all, combating waste, fraud and abuse, and I will come back to that. But this article says: "Obama is also considering a Republican-supported idea to appropriate \$50 million to help States find alternative resolu-

tions to medical malpractice disputes, including health costs."

Well, when this information came out today during the President's speech, I was in a meeting with about 50 other Republican Members of Congress, and I couldn't believe that statement. He said this was a Republican idea, and he said, You know, we're embracing this Republican idea.

I want to know which one of my moronic Republican friends proposed such a ridiculous program as that. Nobody knew of any Republican who proposed that. I know the President wouldn't lie, but I'm sure there is a Republican somewhere in the country—maybe somebody that deems themselves half socialist, half Republican that proposed this. I can't find anybody who knows of a Member in Congress who has proposed this bill because we don't need to give the Secretary of Health and Human Services \$50 million, \$50 billion or one red dime to come up with a way to help States find alternative resolutions for medical malpractice disputes. That's already in the House bill, and what this provides is a fund for the Secretary of Health and Human Services to bribe States—that's my word. Any State that has a cap on attorneys' fees or a cap on noneconomic damages, the Secretary is authorized to pay whatever sums are necessary, in her opinion, basically to reward a State that gets rid of any caps like that. That's what it boils down to.

Mr. AKIN. That's the punitive damages, right?

Mr. GOHMERT. No. Actually, pain and suffering is noneconomic damages. So attorneys' fees and things like pain and suffering, which is hard to put a figure on.

Mr. AKIN. So we have got not tort reform but reverse tort reform, where the States that have enacted tort reform and have reduced the cost of health care accordingly are now going to be told that they're going to have to reverse that legislation so there is a tort reform. Isn't this the reverse?

Mr. GOHMERT. Well, the gentleman is accurate. It is the reverse, but the States are not going to be told, You have to get rid of your caps. We have already seen in Texas and California medical malpractice insurance rates come plummeting down.

Mr. AKIN. Missouri has enacted the same thing. We've had the same experience. It's dropped the cost of health care.

Mr. GOHMERT. I'm sure the gentleman then would agree there is no need for further study or to try to look for ways to have alternative resolutions to medical malpractice disputes. We've seen what works, and yet it's not going to force States to get rid of their caps on pain and suffering or attorneys' fees. It merely will allow the Secretary of Health and Human Services to generously reward any State that will get rid of their caps on damages and attorneys' fees.

Let me also mention this, that is only one of the proposals. Another is

that health care exchange plans are what is being proposed in this supposedly cut-down bill. The health care exchange plan is the skeletal structure that allows the government to take over health care. So to say it's scaled back, you know, the snake is still in there. It's just going to have to go a little further to bite you. So this is not a good proposal. It's not a fair proposal.

And one other thing in the President's speech that I thought was very unfair, he says, On the other end of the spectrum, there are those—and this includes most Republicans in Congress. Now I prefer to speak for myself and not have somebody who profoundly disagrees with me tell me what I believe. But according to this, the President's speech, this includes most Republicans in Congress who believe the answer is to loosen regulations on the insurance industry.

The gentleman from Missouri and I have been on this floor many times, and in the last 5 years—particularly that I've been here, I know the gentleman's been here longer than I have—but repeatedly I know we have all said, I don't want the government between me and my doctor, and I want the insurance company restricted so they're not between me and my doctor. I don't want the insurance company to just run amok and run wild. I want us to get back to a doctor-patient relationship.

So when somebody speaks for us and in the next paragraph, the President says, I don't believe—as opposed to the crazy Republicans he mentioned in paragraph four—I don't believe we should give government bureaucrats or insurance company bureaucrats more control over health care in America, we've been saying that same thing for years. We agree on that. We don't want the government, we don't want insurance companies to have more control over our health than we do. It's time to put the patients back in charge.

Mr. AKIN. Didn't you start by saying that there is this sort of fallacious line of reasoning where you create a straw horse; is that correct?

Mr. GOHMERT. Yeah, I called it a straw dog. A straw horse, I have heard that used as well.

Mr. AKIN. A straw dog or a straw horse. And you say that your opponents think this, and then you beat it up. Yet you and I have been here. I have been a Republican now—this is my 10th year. I have never heard Republicans say, We want to reduce or relax what health insurance companies are doing. We've been railing on the fact that we don't want them to get somebody who is not a medical person between a doctor and a patient. We've been trying to defend that point, and certainly we wouldn't do what this bill does, which allows an insurance company to get between a doctor and a patient, make a medical decision in practice and then not be held accountable for that decision.

I don't know where the President comes up with this idea or who it is who writes the speeches for him, but it just isn't really true.

Mr. GOHMERT. Well, I would direct your attention to the Declaration of Health Care Independence. I know my friend Mr. AKIN was there when we unveiled that declaration here in the Capitol when I think we've got 100 or more Members of Congress that have signed on to that. There are thousands and thousands of people across the country that have gone online and looked for a Declaration of Health Care Independence and found Web sites where they could sign on so that people could keep building the pressure.

So the truth is, I'm very gratified by some of the comments the President made here because, once again, he is embracing many of the things that we have had in this Declaration of Health Care Independence for some time. And the wonderful thing about these 10 points that we asked people to pledge who signed this is that the President has already said that he supports these things. I would just like to run through these 10 again.

Number one, protect the vital doctor-patient relationship. As the President should know, we have signed a pledge to that effect. That's what we want. So we're gratified to see him include it in his speech today, but we've been there. We were hoping we could get him to sign it before now to join with us to show that we are of one accord. I yield to my friend.

Mr. AKIN. But the problem is, it's one thing with lip service to say that you like the doctor-patient relationship. It's another thing to try to substitute a bureaucrat in between that relationship. And that's what we've been objecting to all the way along.

Mr. GOHMERT. Well, and I heard the brilliant gentleman Frank Luntz at a focus group that analyzed the summit. Fifteen of the people in there had voted for President Obama, 15 of them had voted for JOHN MCCAIN, and it was interesting to hear some of the observations. I loved what one gentleman said. He didn't sound like a lawyer. He just sounded like a good commonsense person. He said, I just know that I have never been in a government office in line to get some service and seen a government employee come running out and say, Let me open another window. This line is too long. But he said, You know, we've seen that in private businesses because if you make somebody wait in the line too long, they'll go to the next business and not stay in your business. And his point was, he did not want those people who would not come around and open an extra window to be the ones that are in charge of his health care. I thought it was a beautiful point.

Mr. AKIN. It paints a vivid picture. And as much as you and I have always railed against insurance companies making health care decisions, that's not quite so bad, because if you don't

like the insurance company, you can change to a different insurance company. You might have to change your job to do it. But you can change your insurance company. It's not so easy to change the U.S. Federal Government.

Mr. GOHMERT. Well, we sure know about that, don't we.

Number two on the list of pledges is, Reject any addition to the crushing national debt heaped upon all Americans. And I know there's been—in the summit there are all these wonderful, glowing things that were said about the Congressional Budget Office, CBO. Everybody talks about the CBO scoring. Well, the CBO scoring says this. CBO scoring is sacrosanct, and I know people have paid great tribute to it. But I still remember last year when the President was not happy with CBO and called the Director over to the White House. There was a little woodshedding that apparently went on. We were not allowed to see that on C-SPAN. That would have been a real interesting conversation.

Mr. AKIN. I bet you a lot of people would have wanted to tune in on that.

Mr. GOHMERT. I sure would have tuned in to watch that. But of course if it had been on C-SPAN, the content of the conversation may have been a whole lot different. But we do know what has occurred in this Congress since last year. Now, it bugs me to no end to continue to hear, as I did—and I heard a friend from across the aisle say in just a ridiculous misrepresentation that the Republicans—again, they don't have any plans. They don't want any changes. That is absolutely ridiculous.

In our Republican Study Committee—the more conservative of the Republican Members of Congress is generally the way it's touted. There are Republicans that aren't conservative that aren't part of the RSC. But we have just a summary of 70 bills to help reform health care, not to give more control to the insurance companies, not to give more control to government, but to help reform health care so that it's patient controlled, and it's affordable, accessible, all of these things.

□ 2045

These are real bills. They have numbers on them. Let me just share with you, I had addressed I guess probably around November the fact that I had been trying to get my health care bill scored since August. I realize who is in the majority and with that comes lots of privilege. We sure know about that. It is hard to get a meeting room, the kind we used to have, and the kind we used to provide to the other side, just to have a meeting. But we do with what they allow us to have. But we can meet outside. That doesn't stop us from doing what we need to do.

But when it comes to CBO, I appreciated getting a call from the Director of CBO and I appreciated all of the glowing things that were said about

the wonderful bipartisan gentleman he is, but the trouble is you have to look at what has been produced since that woodshedding at the White House. I really do believe he wants to be fair, and I really believe he thinks he is fair. But when it comes to health care bills, there have been 50 bills that have been formally scored that are Democrat-requested scores for their bills, and there have been six Republican bills formally scored. We have been able to get about one-tenth of the bills scored that the Democrats have. I have been trying since August. I made the request in writing of CBO back in August.

Then eventually I am told, well, you don't have the highest ranking Republican on the committee of jurisdiction requesting it. So I talked to JOE BARTON, our highest ranking member of the Energy and Commerce Committee where Chairman WAXMAN rammed this thing through the committee. He sent a letter requesting that CBO score my bill. We waited awhile. Okay, do you have it in the works? Is it coming? Then we were told you don't have a request from the highest ranking Republican on the Joint Tax Committee. So I asked DAVE CAMP, a wonderful colleague. DAVE said absolutely. He shoots a letter over to CBO and says score GOHMERT's bill. That was back in September. And since then, on a spur of the moment, it could be a Democratic Senator or the Speaker or Chairman WAXMAN or somebody down here, man, they request one, they won't even have a full bill, and until just last week when they were given an 11-page summary and 19-page summary of the summary, thank God CBO finally did the appropriate thing and said that we can't score a summary and a summary of a summary. We don't have enough to work with to give you a score. Thank goodness they finally said that, because they have sure scored some stuff that wasn't appropriate to be scored.

Mr. AKIN. And yet they have still not scored your bill that has been sitting there since last summer.

Mr. GOHMERT. And they have still not scored my bill. I would go ahead and point out that it is not just in health care that CBO has scored 50 Democratic bills and six Republican bills, which does not include mine, despite the efforts and the requests from the highest ranking Republicans. From the legislation that has formally been scored by CBO in the 111th Congress, there have been a total of 530 bills scored; 442 of those were Democratic bills and 88 were Republican bills.

So I appreciate very much the Director of CBO, Mr. Elmendorf. He sounds very sincere that he is doing everything that he can to be fair and objective. But you as the CBO Director, knowing that you really probably would rather not be woodshedded again at the White House and knowing that if you do not allow any of these wonderful Republican ideas to be scored, you can profoundly change the discussion on health care in America. You can

prevent some of the best ideas in America on health care that didn't just come from the people whose names are on the bill. The ideas on my health care bill, they came from brilliant people from around the country who have dealt with the issue. I appreciate Newt Gingrich sending friends of his over, some of the brightest minds on health care helping come up with some of the best proposals. I appreciated Newt's help and those he sent over. And now you get a score and see what you've got. I appreciated his direction. I can't get a score because the so-called fair and objective CBO wants to score 50 Democratic bills, six Republican bills, and one of those will not be mine. It could make a difference.

Now I realize, and I have waited a long time to get loud and vocal about the ignoring that Republicans have had from CBO because I know by making such a big deal about their lack of objectiveness in the number of Republican bills scored by CBO that I am inviting CBO to come in, and there are so many variables in any bill, Democrat or Republican, where they can take a presumption and that presumption can just run the cost right through the roof or run it right down through the floor, and that is all dependent upon the presumptions that they make. So I realize by coming forward there is a good chance that if one day a rather angry and upset CBO finally gets around to scoring my bill, they are probably going to fix my wagon. I understand that. I understand that the presumptions might not be what they should be in order to give the bill a proper scoring to my way of thinking, but I just felt like we had to say something to point out that the emperor doesn't have the beautiful set of clothes that everyone is going around saying he has. There is a lack of objectivity certainly in the bills that are being scored.

Mr. AKIN. That makes it awfully awkward, because let's say that some of these bills were scored. You know this well, some of these bills would save a lot of money. And somebody is going to ask: We have a President who wants to spend a trillion dollars at the cost of \$5 million in jobs to pass a government takeover of health care, and the Republicans have a plan that is actually going to cut the cost of health care, doesn't have tax increases in it, why not take the less expensive plan? Somebody is going to ask that question. But it is a lot easier if the Republican bills have not had a chance to be scored.

Interestingly, there is a guy who is scoring the President's bill who is not CBO, and he is a Democrat. I don't know if you have heard of him, but he is the Democratic Governor of Tennessee. Why would he say anything bad about the Democrats' health care bill, the President's health care bill? The reason is because, guess what, Tennessee is going to have to pay for this government takeover of health care.

That trillion dollar price tag that CBO hooked on this bill is not all the cost because some of it is hidden. And guess who is going to pick up some of the pieces of that, it is going to be the various States, and the various States like Tennessee that have tried this government-run scheme of health care. They know it is a disaster. It wrecked health care in Tennessee and Massachusetts. It ran the cost of health care in Tennessee and Massachusetts way up. So that Democrat Governor, who also could be taken to the woodshed, says no, this is a bad idea. This is going to be very expensive, and States have balanced budgets, how are we going to pay for this thing.

So there is somebody that is scoring the bill and it is not CBO; it is a Democrat. And he is saying no, it is too expensive.

Mr. GOHMERT. I appreciate that observation from my friend from Missouri. I would like to finish the declarations, the pledges that he and I have both made.

Number 3 is improve, rather than diminish, the quality of care that Americans enjoy.

Now, we have heard so many horror stories, terrible situations where someone did not get proper health care. And nobody wants to see that happen. But despite the problems, most of us here contend that we have the best health care available of anywhere in the world. It is right here in America. We saw a good example of that after years and years of hearing some friends say we need to have a health care system like Canada. We need to have a health care system like England. Well, you start hearing stories like the secretary in Tyler. She told me she immigrated from England. She said her mother had cancer in England. And what happens in that scenario, you are put on a list. You are put on a list to get a mammogram, to have surgery, a biopsy, to get radiation or chemo. Whatever you are going to get, you are put on a list. She said my mother died from cancer not because it was not curable, but because she lived in England.

She said I was found to have cancer. I didn't have to wait on some list to get it taken care of. She said I know I'm alive because I moved to America and didn't stay in England, which brings me to an article in February. This was from the National Post, "Newfoundland Premier Danny Williams will undergo heart surgery later this week in the United States. Mr. Williams, 59, has said nothing of his health in the media. The Premier's press secretary confirmed the report Monday evening. Deputy Premier Kathy Dunderdale confirmed the treatment at a news conference Tuesday, but would not reveal the location of the operation or how it will be paid for. Ms. Dunderdale will become acting Premier while Williams is away. He is expected to be away from 4 to 6 weeks. For many, the Premier's need for heart surgery comes as a surprise, especially

in light of the fact that he is an avid hockey player and has shown no outward signs of illness as of late. On Friday, Mr. Williams met with Prime Minister Stephen Harper and while speaking to reporters seemed healthy and in good spirits. A decision to leave Canada for the surgery, especially if it is available here, raises questions about the Premier's confidence in Newfoundland's health care system."

So you have a Premier from Canada, his health care is important to him. He wants to keep being the Premier, and so he comes to the United States, or already has. As I understand it, he already has had the surgery here in the United States. We have the best health care that has ever been anywhere in the world in time or in geography. It's here.

Mr. AKIN. You are making a point here, my friend. I don't know if you knew that you left off to preaching and went on to meddling, because when you talk about cancer, I am a cancer survivor myself.

If you take a look at cancer survival rates in England, you find they tend to be about 20 percent worse than they are in America. Why is that? Well, you have explained it very accurately, and that is cancer is particularly sensitive. When you diagnose it, you want to get to it quickly before it spreads or gets too bad. The idea of putting someone on a long waiting list is deadly when you are dealing with cancer.

So if you have cancer, you have a much, much higher percent of dying from that if you are in Canada or particularly in England, and it is because of the waiting list. Governments have a little bit of sensitivity to them. Instead of telling you that they are going to deny your health care, they say no, you have to get in line. You can get a free Caesarian section; you just have to wait 12 months. But I needed it in 9. Well, that is a problem, isn't it.

So what you are talking about is a sensitive subject to me because I had cancer in this country. When they discovered it, I thought it was time to take care of it right away and so did the doctor and so did the hospital. I had it on spring break. I had an operation to try to get rid of the cancer back 9 years ago, my very first spring break down here.

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But in America, when you get cancer, something the doctor says is, it's time to move, let's go. That's why we have such better survival rates, and that's why the guy from Canada wants to come here to get health care.

Mr. GOHMERT. Well, and it is so important that people understand that. To say that no one will be denied care or coverage is accurate to a point, but the fact is they're told in Canada and England, gee, we're not going to deny you treatment or care, we just have to put you on this list.

The gentleman brings up an important point about how much greater the

survivability rates are in the United States from diseases like cancer, but some want to try to compare apples and onions and say they both taste and smell alike when they're not at all the same. The fact is, when you hear some people say, well, in this country—England, Canada, you know, these other countries—they apparently have much better health care, even though they have government-run health care, because people have a longer average life span. Well, that's not exactly fair to put that on the health care in the country because it's sad, but true, when you make those comparisons, we have a much higher murder rate in America than they do in England or Canada. Those numbers go into the statistics.

Another involves what was explained by a health care expert that most countries do not include preemies, premature babies, the death of premature babies in their numbers. Well, we sure do here because every little baby born counts, premature or otherwise, unless it's one of those horrible tragedies where somebody aborts a baby and realizes they're alive and goes ahead and takes action to make sure they're killed or allowed to die on their own without proper care.

But number four on the pledges of the Declaration of Health Care Independence is, "Be negotiated publicly, transparently, with genuine accountability and oversight and be free from political favoritism." Well, we saw an effort last Thursday at the summit to look like there was going to be a publicly, transparently negotiated health care bill, but the President announced beforehand, here's the bill we're going with and the summary of what we're going to do to that, and the summary of the summary. It had all been negotiated behind closed doors. You had a union representative, an AARP representative who said, oh, we've already worked this out in secret behind closed doors where nobody saw what was negotiated. Now we're going to bring the Republicans in and put a little window dressing on it.

Well, I don't know how many people or Members of Congress who are certified as mediators or have been through the certification process. It's pretty extensive to become an arbitrator, an international arbitrator, but I've been through those processes. And I can tell you that what happened last Thursday was not a negotiation or a mediation. It was structured to look like perhaps it was, with the President being the objective and all-caring mediator in the middle, but the trouble is the mediator kept cutting off one side when they said something that he didn't want to go there.

I'll tell you the most gratifying comment to me that just touched me deeply—and I was so proud of the President because it meant a lot to me to hear him realize this—when JOHN MCCAIN was speaking and the President pointed out that the President had finally real-

ized, for the first time since November of 2008, that we're not campaigning anymore. That meant a lot to me that the President finally realized it was time for him to quit campaigning and actually work on the bills rather than the campaign. But then, after that I read this weekend that the White House is already preparing the next campaign for 2012, so apparently maybe it only lasted a day or two they weren't campaigning.

But number five, "Treat private citizens at least as well as political officials." Well, Americans weren't fooled, went in—and this is just one volume; there are four volumes of this, the House bill, and I don't have time to pull out the other—but in there, to address America's concern that Congress was being treated more specially than rank-and-file citizens, they added a line in there that said, Under the Federal Insurance Exchange program, that Members of Congress may be covered under that if they want to be. Most people, no matter how low you read what was in the bill, they pick up on that pesky little word "may."

Mr. AKIN. You know, it's sort of a "shall" bill.

Mr. GOHMERT. Over 3,000 "shalls," but that was a big little "may" there.

Mr. AKIN. One little "may" sitting in there. And the American public picks up on that and says, well, maybe you're not that sure that this bill is such a good thing. It doesn't seem like it's good for you guys.

I think you have really been pretty humble here in talking about that Declaration of Health Care Independence because you're one of the people that wrote it, and you're laying out those basic principles.

I had a chance to speak this last weekend to a pretty good size crowd back in St. Louis, and one of the things that I wanted to talk about or mention was the fact that if Republicans have made the mistakes, it seemed to me we have made just one mistake, but we make it over and over, and that is when we don't stick to basic principles that we believe in.

What you took time to do, gentleman—and I want to just let people know that the guy from Texas that worked on writing this declaration of health care rights, what you're doing is you're laying out these basic principles. You talk about transparency; that's something that is supposed to have been promised to us. You talk about if it's good enough for everybody else, it ought to be good enough for those of us in Congress. That's kind of a basic principle you're talking about that you should not get in the way of the doctor-patient relationship. You're laying out those basic principles in this health care Declaration of Independence, and I think you have—and I was in the meetings where we were writing it too. The point is, other people can write it, other people can sign their name on the bottom, too; isn't that correct?

Mr. GOHMERT. That is absolutely correct.

And we just have a few minutes left, let me finish the 10 here.

Number six, "Protect taxpayers from funding of abortion or abortion coverage." And one might wonder, well, is the President really on board with that? He has said it more than once. He said it standing right there at that podium right behind the gentleman from Missouri that no abortions would be funded by Federal tax dollars. Well, this is just getting him to agree, if he would, to what he said was the real case.

Number seven, "Reject all new mandates on patients, employers, individuals or States." Now, the President, in his speech today, said we want to loosen all the controls on insurance. No, we want to loosen the controls on patients; that's what we want to loosen. Patients need more control, not the insurance companies and not the government.

And then eight, "Prohibit expansion of taxpayer-funded health care to those unlawfully present in the United States." One of the things in my bill, if you're going to get a visa to come into this country, then you will do—and some countries already require it—then you have to show that you will have health care insurance coverage while you're in this country or you don't get a visa. And if your health care insurance expires while you're here, the visa does too—you've gotta go.

It also provides that since we've been told there are probably 1.5 billion people in the world that would love to emigrate to the United States—and that would destroy this country because we can't handle that many immigrants, even temporarily. We can't let people bankrupt this country, and therefore, another provision in my bill says, if you're illegally in this country and you present for health care—we believe in following the law, the courts have said it, we believe we've followed the law—we will provide you health care coverage even if you're illegally here that one time. And when you're well enough to travel, you're going to be deported. And if you're ever found back in this country again after you were here illegally and got free health care, it's a prison sentence. We can't let people bankrupt this country or there is no hope for those other 1.5 billion that want to at least come here at some point.

And then number nine, "Guarantee equal protection under the law and the Constitution."

Ten, "Empower, rather than limit, an open and accessible marketplace of health care choice and opportunity."

I know the Speaker knows that we begin our practice every day with prayer, and that it goes back to 1787—I believe it was June 28 at the Constitutional Convention. They had gone on for about 5 weeks and accomplished nothing. And some people say Ben



Franklin was a deist. He said these words: "I have lived, sir, a long time. And the longer I live, the more convincing proofs I see of this truth: God governs in the affairs of men. And if a sparrow cannot fall to the ground without His notice, is it probable that an empire can rise without His aid?"

He went on, and Franklin said, "We have been assured, sir, in the sacred writing that except the Lord build the house, they labor in vain that build it." He said, "I firmly believe this. And I also believe that without His concurring aid we shall succeed in this political building no better than the builders of Babel." And he went on to speak longer and then said, "I, therefore, move henceforth we begin every day with prayer in this room." And from that day, June 28, 1787, to this day today that we are about to wrap up, we begin with prayer.

So America works when people let their elected representatives hear from them and let them know their mind. It works when we do what Ben Franklin suggested. That doesn't sound like a deist.

With that, Mr. Speaker, I yield back.

#### 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 Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. BERKLEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, March 10.

Mr. JONES, for 5 minutes, March 10.

Mr. MORAN of Kansas, for 5 minutes, March 10.

Mr. THOMPSON of Pennsylvania, for 5 minutes, today.

#### BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on March 2, 2010 she presented to the President of the

United States, for his approval, the following bills.

H.R. 4961. To provide a temporary extension of certain programs, and for other purposes.

H.R. 1299. To make technical corrections to the laws affecting certain administrative authorities of the United States Capitol Police, and for other purposes.

#### ADJOURNMENT

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

The motion was agreed to; accordingly (at 9 o'clock and 10 minutes p.m.), the House adjourned until tomorrow, Thursday, March 4, 2010, at 10 a.m.

#### BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to Public law 111-139, Mr. SPRATT hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 2544, the National Association of Registered Agents and Brokers Reform Act of 2010, for printing in the CONGRESSIONAL RECORD.

#### ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 2554, AS AMENDED

By fiscal year, in millions of dollars—

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-2015	2010-2020
Net Increase or Decrease (—) in the Deficit													
Statutory Pay-As-You-Go Impact	0	-4	-3	0	0	0	0	0	0	0	0	-7	-7

#### EXECUTIVE COMMUNICATIONS, ETC.

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

6352. A letter from the Under Secretary, Department of Defense, transmitting a report of a violation of the Antideficiency Act by the Defense Advanced Research Projects Agency, Case Number 07-01, pursuant to 31 U.S.C. 1517(b); to the Committee on Appropriations.

6353. A letter from the Under Secretary, Department of Defense, transmitting requests for remediation on U.S. foreign training sites regarding used depleted uranium weapons; to the Committee on Armed Services.

6354. A letter from the Assistant Secretary, Navy, Department of Defense, transmitting the Department's annual report listing all repairs and maintenance performed on any covered Navy vessel in any shipyard outside the United States or Guam during the preceding fiscal year; to the Committee on Armed Services.

6355. A letter from the Under Secretary, Department of Defense, transmitting the Department's quarterly report entitled, "Acceptance of contributions for defense programs, projects, and activities; Defense Cooperation Account", for the period ending December 31, 2009, pursuant to 10 U.S.C. 2608; to the Committee on Armed Services.

6356. A letter from the Assistant Secretary, Energy Efficiency and Renewable Energy, Department of Energy, transmitting the Department's semi-annual Implementation Report on Energy Conservation Standards Activities, pursuant to Section 141 of the En-

ergy Policy Act of 2005; to the Committee on Energy and Commerce.

6357. A letter from the Office Manager, Department of Health and Human Services, transmitting the Department's final rule — Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology (RIN: 0991-AB58) received January 15, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6358. A letter from the Acting Deputy Director, Defense Security Cooperation Agency, transmitting Transmittal No. 09-28, pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended; to the Committee on Foreign Affairs.

6359. A letter from the Director, Defense Security Cooperation Agency, transmitting Transmittal No. 09-03, pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended; to the Committee on Foreign Affairs.

6360. A letter from the Deputy Assistant Secretary For Export Administration, Department of Commerce, transmitting the Department's final rule — Addition to the List of Validated End-Users in the People's Republic of China (PRC) [Docket No.: 0908111226-91431-01] (RIN: 0694-AE70) received January 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

6361. A letter from the Director, Bureau of Economic Analysis, Department of Commerce, transmitting the Department's final rule — Direct Investment Surveys: BE-10, 2009 Benchmark Survey of U.S. Direct Investment Abroad [Docket No.: 090130089-91425-02] (RIN: 0691-AA71) received January

19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

6362. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting consistent with the resolution of advice and consent to ratification of the Convention on the Prohibition of the Development, Production, Stockpiling, and Use of Chemical Weapons and on Their Destruction, adopted by the Senate of the United States on April 24, 1997, and Executive Order 13346 of July 8, 2004, certification pursuant to Condition 7(C)(i), Effectiveness of the Australia Group; to the Committee on Foreign Affairs.

6363. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Pursuant to section 702 of the Foreign Relations Authorization Act for FY 2003 (Pub. L. 107-228), a report on the 2009 U.S.-Vietnam Human Rights Dialogue Meetings; to the Committee on Foreign Affairs.

6364. A letter from the Deputy Assistant Administrator, Bureau for Legislative and Public Affairs, Agency for International Development, transmitting the Agency's report on its fiscal year 2009 Competitive Sourcing efforts, as required by Section 647(b) of the Consolidated Appropriations Act, FY 2004; to the Committee on Oversight and Government Reform.

6365. A letter from the Assistant Director, Executive & Political Personnel, Department of the Air Force, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6366. A letter from the Assistant Director, Executive & Political Personnel, Department of the Air Force, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.