

Mr. McCOTTER. We are now a week removed from the President's celebrated health care summit, and we're a day removed from the President's press conference regarding moving ahead on the health care bill despite the wishes of the American people. Prior to the summit, which I referred to as the Shamwow Summit, I was one of the voices urging the Republicans not attend unless the President decided to start from scratch and find a principled basis for compromise amongst both sides. That principled basis was not found, and the principled divide remains.

The House and Senate Republicans went into the summit and they engaged admirably and honestly in the cause of putting forward Republican solutions to health care. Yet, what we found was that afterwards the President has decided to arbitrarily negotiate with himself what he purports to be a bipartisan compromise bill, one which magically has been obtained without the consent of the minority party.

As succinctly summarized by Mr. Charles Krauthammer yesterday, the summit was a Shamwow Summit, and the good faith of those Republicans in the room is now currently being used in a political charade upon the people to prepare them for the proposition that a bipartisan health care bill is before them. I quote Mr. Krauthammer: "But they," the administration, "wanted to present it to the American citizenry as having tried to reach out. That's why you had the charade of the summit last week, 7 hours of discussion, when it was already pre-cooked that that wouldn't change anything. But that's part of the deal. He," the President, "wants to appear to be offering to incorporate Republican proposals. And now the pivot, which we had today."

It is important as the health care debate continues that we not lose sight of the principled divide between the two sides. On the one hand, the Democratic majority wants to have government-run, bureaucrat-dictated health care. On the other, the Republican Party wants to have free-market, patient-centered wellness. No amount of taking Republican proposals and sprinkling them onto the faulty premise of a government-run bill will make it bipartisan or will make the Republican proposals effectual, as, contrarily, we will be taking the Democrat proposals and putting them on to a free-market, patient-centered wellness bill. It is a principled divide, one which Abraham Lincoln reminds us: important principles must remain flexible. In this instance, the bridge between the two parties has not been established and the divide remains.

Also within this debate I think it is important to point out a second important aspect. This is not merely about the money. It is about the liberty. We can all talk about costs. We can all talk about coverage. In my view, the

current health bill would have a catastrophic impact upon the fiscal condition of the United States, which is already tenuous at best. It is about the American people wanting to make sure they retain these decisions in their hands and that the forces that we see around us throughout the communication and innovation revolutions that empower them to make their own decisions every day at a greater extent than at any time in human history remain in their own hands rather than those of a government bureaucrat.

This is not mere supposition on my part. I cite two recent poll numbers. Referring to the Rasmussen report, only 21 percent of United States citizens believe that this government has their consent. I cite a second sobering statistic: according to CNN, 56 percent of Americans believe the Federal Government is a threat to the freedom of ordinary citizens.

As this health care debate proceeds forward despite the wishes of the American people, we are not only endangering their health care, we are endangering and jeopardizing their faith in their representative institutions, in their belief that this is a government of the sovereign people.

So in conclusion, Mr. Speaker, I again point out that there is a principled divide between the two parties: one wants government-run, bureaucrat-dictated health care; one wants free-market, patient-centered wellness. As we move toward the former, the American people's faith in their representative institutions will be continually eroded as they watch in obstinate insistence by this majority and by this administration to pass a health care bill that the American people have said they do not want.

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

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

THE SYSTEM MUST CHANGE

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

Mr. AL GREEN of Texas. Mr. Speaker, there are those who contend that we are moving too quickly, we're moving too swiftly, and that we must slow down. In fact, this translates into we really should not go forward at all. And to these who would contend that we should stop at this point, that we should simply let it go, my response is: we cannot let health care go, because it won't let us go.

The system is not sustainable. It is unsustainable as currently implemented. Currently, we're spending about \$2.5 trillion per year on health care; \$2.5 trillion is a big number. It's

difficult to get your mind around \$2.5 trillion; \$79,000 a second, however, is a number that we can comprehend. And that is what we are spending—\$79,000 per second. By 2018, depending on who's counting and how you count the numbers, we will be spending \$139,000 per second. That would be more than 20 percent of GDP.

We cannot sustain the current system. It must be revamped. This system has to change: 46 million people uninsured, depending on who's counting, when you count, and how you count. In my State of Texas, 6 million people uninsured and 1.4 million children in the State of Texas are uninsured. In Harris County, where I reside, 1.1 million people are uninsured. The system cannot continue as it is constructed.

We spend \$100 billion per year in emergency rooms; \$100 billion per year to cover those who are uninsured. That's money that could be well spent in a physician's office and would also help us to deal with preventive measures as opposed to responding to illnesses when they become almost dire.

The system must change. We currently have a system wherein there are many people who are too young for Medicare. They make too much to receive Medicaid. And they don't make enough to buy their insurance. The system has to change. We cannot allow preexisting conditions to continue to prevent pregnant women from getting proper treatment. Pregnancy is a preexisting condition under the current system. The system has to change.

We must find a way to muster up the courage to take on this challenge. If we could pass and did pass Social Security when the polls were against it, if we passed other crucial measures when the polls were against them, we can pass health care reform. And for those who contend that in this country how you got here will depend upon whether you will get treatment, my response is this: if you commit a crime in this country and you harm someone, and we should harm you as the culprit, when we capture you, we will give you aid and comfort. In this country, if you are an enemy combatant and you hurt our warriors in battle and we should capture you and you have been wounded, we will give you aid and comfort. In this country, if you're on death row and you're going to meet your Maker next week, we will give you aid and comfort if you're suffering this week, and send you to your Maker next week.

If we can give the enemy combatant, the person on death row, and the person who is a criminal aid and comfort, surely we're going to give it to people who find themselves hurt and in the streets of life. The system must change.

Dr. King said it best. He said, On some questions, cowardice will ask, Is it safe? Expediency will ask, Is it politic? Vanity will ask, Is it popular? But conscience asks the ultimate question and that is, Is it right?

This is the right thing to do. I stand where Dr. King stood when he told us we must do that which is neither safe nor politic nor popular, but do it because it's right.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

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

SPECIAL DETAILS IN SENATE HEALTH BILL

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. You know, Mr. Speaker, I have great respect for my colleague who just spoke. While listening to him, a lot of people in their offices probably would think, Well, we're against the changes in the health care procedures in this country. That couldn't be further from the truth. Obviously, the health care system in this country needs to be adjusted, needs to be changed. But do we want a bill that's 2,700 pages long that's going to cost about \$3 trillion a year that we don't have and is going to put the government between people and their doctors, that's going to end up being a socialistic kind of approach to medicine, and which I believe will destroy one of the greatest health care systems in the world—the best health care in the world?

I think it's a mistake to approach this from the standpoint that there's only one way to solve the problem, and that is the way that the President wants to shove through the Congress and doesn't want to even talk to the Republicans or the minority about this.

We've had all kinds of suggestions: buying insurance across State lines to put more competition in it; allowing small businesses to ban together to get the same kind of rates of major corporations; individual medical savings accounts; making sure that people can take their insurance with them when they go to a new job; preexisting conditions. There's all kinds of things that we've suggested that we support that will reduce the cost of health care and give everybody the opportunity to have health care. And we've suggested these time and again.

The President had a bunch of our leaders down at the White House just recently and then he finally ended up saying as he left, Well, we'll leave it up to the electorate; that is what elections are for. Indicating that they're going to push through their plan whether we like it or not. And their plan is going to cost trillions of dollars that we don't have. They're going to have 10 years of coverage with only 6 years of taxes. And so when you take

the overall cost and really figure it out, it's not going to cost \$700 billion or \$800 billion, as they said. It's going to cost about \$1.6 trillion, minimum, over the next 10 years.

And what are they doing to get these folks votes? I will never impugn the integrity of my colleagues, but I think it's important that the American people know, Mr. Speaker, if they happen to be paying attention or my colleagues in their offices, what is being done to get these votes.

In Louisiana, Senator MARY LANDRIEU is going to get between \$1 million and \$3 million additional for her State Medicaid population. Vermont's going to get an extra \$600 million in Medicaid funding. They want to get those votes so they're porking up a little extra money for them in order to get those votes. At least that's the appearance. Vermont and Massachusetts secured \$1.2 billion in Medicaid money, a change that was described as a correction to the current system which exempts those two States because they have robust health care systems. Vermont's Senator BERNIE SANDERS also boasted he was going to get an investment worth \$10 billion to \$14 billion for community health centers that the rest of the country will be paying for.

Florida and New York and Pennsylvania, they're going to have Protected Medicare Advantage benefits, even as the program sees massive cuts in other parts of the country. Hawaii is getting a benefit. It secured an increase in Medicaid Disproportionate Share Hospital payments in Hawaii, while the other 49 States pay more for that special benefit. Senator MAX BAUCUS reportedly secured expanded Medicare coverage for victims of asbestos exposure in a mine in Libby, Montana. They're giving these things out to get their votes—at least that's the appearance.

Connecticut secured \$100 million for a health care facility. Western States secured higher Federal reimbursement rates for doctors and hospitals that the other States don't get in order to get votes. "Cadillac" plans: the unions secured a special deal in the Senate bill. It was a \$60 billion exemption for union workers from the Cadillac tax on health insurance.

Now, while President Obama's latest proposal removes the "Nebraska deal" that was scheduled to buy a vote from a Senator there, the unions still get their Cadillac plans. If President Obama is so concerned about public perceptions created with backroom dealing, why didn't he propose to strike all the special agreements, which he did not.

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And then of course we just heard one of our colleagues, Mr. MATHESON, who voted against the health care bill, his brother was just appointed to the United States Court of Appeals for the 10th Circuit. Now, I wouldn't impugn

Mr. MATHESON's integrity at all, but it does look peculiar that they are trying to get his vote and his brother was just appointed to the Circuit Court of Appeals.

These sorts of things really bother the people of this country. And at a time when we really need to revise health care and work together, they're trying to buy a plan that is going to lead to socialized medicine.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. TITUS) is recognized for 5 minutes.

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

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

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

TECHNOLOGY AND FREEDOM

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

Mr. ROHRBACHER. Mr. Speaker, tonight I rise to discuss technology and freedom. Unfortunately, we Americans can no longer rest assured that our freedom is secure and that the genius and creativity of our people will bring forth the innovation that in the past has enabled us to deter or defeat our enemies and has given us the ability as a people to overcome economic adversity and has provided the means to elevate the standard of living and general well-being of the American people as a whole.

America's greatness has been measured not by the wealth and power of our elites, as in other countries, but by the unbounding opportunity that has permitted all our citizens to live a decent, prosperous life. Now we see a great threat to that promise which until now has been taken for granted by generations of Americans. Unless we change our course, our children will not have the opportunity to live freer and better lives than what we have enjoyed. They in fact may be condemned to a dismal existence of national decline and personal deprivation.

This, unless we have the wisdom to understand what needs to be done, unless we have the responsibility to commit ourselves to getting that arduous