

that are buying equipment, such as computers. It speeds up the appreciation through 2009. That is helping our small businesses write off those losses so that they can get folks back to work.

Mr. PERRIELLO. This is an opportunity. What we have made is the down payment on America's future. We know that jobs of the future are going to come in the energy sector and that they are going to come in research and development. We need the strong universities, and we need the strong infrastructure.

A year ago, we made a down payment, which is starting to pay off now in the kind of rebound that we are starting to see; but we cannot be satisfied, and we cannot take that foot off the gas. This is the time. Americans are ready to build.

Again, this should not be a partisan idea. We all have construction companies in our districts. We all have roads and bridges and water and sewer systems in our districts. We all have small businesses that help supply that construction sector. We must see that this can be a chance to come together and to understand the urgency of this moment.

We have made that down payment. Now it is time to start seeing that growth. We are going to do that, not by saying "no" to everything but by saying "yes" to America's future, by saying "yes" to America's competitive advantage. There are many in the top echelon of this country who have stopped believing that America can manufacture, that it can grow things, that it can be strong again.

□ 2115

Those include elites on the left and elites on the right. Well, they are wrong. America's working and middle class is still strong. If we invest in them, they will outcompete every country on Earth.

We can outcompete the rest of the world, but only if we invest in education and workforce development, if we get a 21st century infrastructure, and we understand that two out of three new jobs in this country come from small businesses. Instead of bailing out the biggest businesses, it is time to reward and support the small businesses. They are the engine of innovation and growth. They are the civic leaders in our community.

That is what our agenda needs to be about. It is what we started on. It is what we must push forward, regardless of party line, and get America growing again.

Mr. BOCCIERI. Well, Mr. Speaker, he is exactly right. The gentleman from Virginia is exactly right that we have got to invest in our people, in our country, in our way of life. As that contemporary commercial says on the airwaves, Is this going to be remembered as the great recession or the recession that makes us great?

I believe that we can do this if we work together, if we invest in our people.

Again, if we can spend \$1 trillion on war, we can certainly spend money to make sure that we invest in our people and do the things that are going to set us on the track towards prosperity.

We are starting to begin to see the glimmers of light. We are starting to see the glimmers of hope that people once again are going to be on to a path of prosperity.

I want to thank the gentleman from Virginia, because he believes that our greatest days are still yet to come. We will be stronger, we will be more robust, and we will be smarter on how we handle these future downturns. This is the time that we cannot let go away from us. We have got to invest in our people, in our country, and that is why I am so proud of the gentleman from Virginia, who stands with me saying that we will again be the producers of wealth, not just the movers of wealth.

THE QUESTION OF HEALTH CARE

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 join you here once again as we get a chance to take a look at Special Orders, and also I am joined by some of my distinguished colleagues. We are going to be looking once again at a subject that has really absorbed the attention of Americans now for almost 9 months, the question of health care. It is still before us.

Today was a little bit of a unique day for me because the President came to my district in the St. Louis area, and he wanted to deliver speeches and tell everybody that they should vote for the health care bill.

He and I have a difference of opinion on the bill. I think his opinion is that if people just know more about this bill, they will like it. My opinion is the more we have looked at it, the more that people have taken a look at it publicly, the uglier they think it gets and the more they hate it. Fortunately, the poll data seems to be on my side, and the more you look at the bill, the more it seems it has problems with it.

We have, today, joining us some distinguished colleagues from all over the country. We have two doctors and an attorney, and just, I think, a businessman and an engineer. It almost sounds like the start of some sort of a joke. But this isn't a joke, unfortunately. This is a very serious subject, indeed.

So I am going to recognize Dr. BROWN from Georgia, a gentleman who has spent a lifetime practicing medicine and then got elected to Congress, and now he is trying to straighten things out. I am going to have him, followed by Dr. FLEMING as well.

So, Dr. BROWN, thank you for joining us tonight. Let's talk a little bit about this health care bill.

Mr. BROWN of Georgia. Well, thank you, Mr. AKIN. You have been a stalwart friend in this fight to try to stop the government overtaking of the health care system. I, as a medical doctor, have been fighting for my patients for their economic well-being for years. I just wanted to come tonight and bring up a few things.

The Wall Street Journal yesterday, there was an editorial written, coauthored by Scott Rasmussen, the famous pollster. The title of it is "Why Obama Can't Move the Health Care Numbers." One of the lines in here right at the end is basically giving the bottom line. It says most voters believe the current plan will harm the economy—they are right about that—cost more than projected—absolutely—raise the cost of care—without any shadow of a doubt—and would lead to higher middle class taxes—and that is just undoubtedly a fact.

The American people get it. And one thing that the American people do get is that it is going to cost millions of Americans their jobs if this is put into place.

I thank you for bringing this forward tonight so we can talk about jobs and health care. I look forward to this discussion as we go along.

Mr. AKIN. I really appreciate your bringing that up. I am just thinking, picture yourself instead of being a doctor as being a salesman, and you are given an assignment that you are supposed to go out and sell something.

Say you are the President and your job is to go out and make this case. We have three huge entitlements that are destroying the solvency of our country. One of them is Medicare, one of them is Medicaid, both methodical things, and the government is running these things and they are destroying the economy because they are out of control, they are spending so much money. So your assignment is to go out and sell people that we ought to have the government take over the rest of the medical part. That is a little counterintuitive. You could be a good salesman, and it is hard to make that case. We have it messed up in this and this area, so give us the whole thing. It takes a little bit of courage to even try to do that.

Dr. FLEMING, please.

Mr. FLEMING. I want to thank the gentleman again, faithful virtually every week to have this leadership hour and talk about such weighty issues as health care.

But to follow up on your very point, and that is today, the big question is why all these increases in private insurance rates. Well, there are several reasons, but the main reason is that private insurance premiums help subsidize Medicare and Medicaid. Why? Medicare and Medicaid underpays the providers, the gap is getting larger, and so providers have to make it up in order to survive in business on the private insurance which has to escalate in relation to that.

So that is something you will not hear from Speaker PELOSI or the President. He wants to demonize the insurance companies. As a physician, I am no big friend of the insurance companies. But fair is fair. If we are going to fix this problem, we have got to start, in my opinion, by looking at cost savings. We are going to have to be real about and realistic about where the real costs are coming from.

Again, you are right. Half of medicine today is under government control, and that is the part that is bankrupting the system.

Mr. AKIN. That is interesting. What I think I am hearing you say is, as much as you want to knock the insurance companies, the fact that people have insurance and the insurance pays claims, in a way they are the ones that are helping to balance out the cost of health care, because Medicare and Medicaid are underpaying the actual cost of what it takes.

That gets to a point, and I would like to ask you, I am going to go to my good friend from Texas too, Congressman GOHMERT, but sometimes we get into the weeds a little bit too much. So let's say you get way up on an airplane and take a look at the health care question.

What someone told me is, he said, Look, look at health care in America as two parts. The front end is the medical service we provide to the people who are sick in America. They said that is the best health care anywhere in the world. If you are a millionaire sheikh from Bahrain, you want to come over here to get some of that health care. So we have the best health care service, in terms of providers.

What the problem is is how we pay for it that has gotten messed up, and I think that is a little bit to your question.

My good friend from Texas, Congressman GOHMERT.

Mr. GOHMERT. Well, looking at the chart you have there that has the quote on it about reconciliation, it brings us back to what is being discussed. The reporters all out here in the hall have been there for much of the night, and they are starting to go away because apparently they think there is not going to be any agreement. But what people need to understand is what is being pushed here called reconciliation. What a misnomer. Reconcile? That is not what happens.

The Senate has passed a bill, and they are not going to get 60 votes to do a new bill, so they are trying to push the House into passing exactly what the Senate did. But we have got fine, upstanding pro-lifers like BART STUPAK and a dozen others, and they say if you are going to have a bill that pries tax money out of the hands of people who believe with all their heart, as I do, that it is immoral to kill unborn children, and you are going to take their money and use it to do that, then we can't vote for this bill.

So what we hear being discussed is, Well, if you will just vote for the Sen-

ate bill that allows the government to take away taxpayer money and use it for abortions, then we may be able to get you an amendment to come back. It has to be signed into law, has to become law before you can amend it, but then we may be able to amend that to then put in the Stupak language that prevents tax dollars from being used for abortion.

But the thing that our colleagues have to understand is please don't get roped into that. The Speaker knows how the process works. But if it becomes law and the bill provides for the funding of abortion, you may or may not get the amendment passed. It may pass through the House, but then the Senate has to pass it, and there is no way anyone in the House can guarantee what the Senate will do. Then the people who everybody, well-intentioned, no intention to deceive, but anyway, the bottom line is they end up not getting what they are promised, not because of deception. It just doesn't happen.

Mr. AKIN. I would like to just run over to our good friend from Pennsylvania, Congressman THOMPSON, and I just wanted to get your perspective on what you are seeing. It has been almost 9 months, and people have been looking more and more into the details of the bill. The more they see it, the more they don't like it. Yet the majority seems to be determined, they have the pedal to the metal, they have the battleship at ramming speed, and they are going to just try and drive this thing through.

What is your impression of where we are?

Mr. THOMPSON of Pennsylvania. Well, first of all, I want to thank my good friend from Missouri for providing the leadership for this evening. It is just so important.

The American people, I have to tell you, I am very proud of the American people on this issue. During this past 15 months, I think they fulfilled the responsibility that our Founders intended. Our Founders have to be smiling right now, because the American people have woken up and are paying attention and engaging on this issue.

When it comes to health care, I think the large majority of Americans share the same perspective I do, and it is a perspective I developed as a health care professional. I started out as a therapist over 30 years ago, and for 28 years I was a health care manager, licensed as a nursing home administrator, worked in all areas of health care, in nonprofit community health care.

The four principles I have always led my professional life by have been the same four principles that have guided me in my role working for the people as a Member of Congress, and it is the same principles that I see the people agreeing with when it comes to health care. They want to improve our health care system, not throw it out, not create some government-run system.

My principles that I have always led my life by, and I think they are prin-

ciples that are important in this debate, let's do what we can to make sure that we lower the cost of health care for all Americans. The bill that is coming at us at light speed from the Senate raises costs for most Americans. It doesn't address real cost reduction.

The second principle for me is increasing access, improving quality, and making sure that we strengthen that decisionmaking relationship between the physician and patient. We don't need the government or a bureaucrat making those decisions.

The bill that is coming at us, in particular I will just talk about one aspect. I started at that last principle of strengthening the decisionmaking relationship between the physician and the patient. This bill creates a health care czar, and this czar is going to have the ability to impose not just health care prices and controls, but that czar is going to dictate what kind of benefits we should get and not get. And just as my good friend from Texas was talking about, we will wind up paying for procedures, such as abortions, something that we would never use, that we certainly, based on my faith, would be very much in objection to.

So that type of imposition of a czar making decisions, inserting themselves between the patient and physician, is just absolutely wrong.

□ 2130

Mr. AKIN. I appreciate your perspective on that. I bet you that has got to, even after all these months, has got to really bother those of you who are doctors. I mean you invested I don't know how many years in med school. I flunked fetal pig. I would never have made it. Part of the reason was because you wanted to treat patients. And to have some insurance person sticking their nose in that relationship has got to really rub you the wrong way. But what happens if—at least if it's the insurance company, you can get rid of the insurance company. But what happens if it's the Federal Government? That would drive me crazy.

Congressman BROWN, please.

Mr. BROWN of Georgia. The Federal Government already sticks its nose in the doctor-patient relationship in Medicare-Medicaid. The insurance company executives do in managed care. But in my medical practice for the last 5 years prior to being elected to Congress, I saw Medicare patients, Medicaid patients, managed care patients, but they just paid me at the time of service. If they couldn't pay me, that was all right too. I've given away hundreds of thousands of dollars worth of my services over my medical career.

We hear from Democrats, the President particularly, that the doctors are all in favor of this Obama care bill. I've got a letter here from the Medical Association of Georgia that was just sent to me and other members of the Georgia delegation that says, We oppose the Senate-passed health care bill. They

list a number of things that they see as problems with the bill. Among these include undermining the patient-physician relationship and empowering the Federal Government with even greater authority. It's unsustainable from a financial standpoint. The Federal Government will have unprecedented authority to change the Medicare program through these new boards without Congress or the courts or anybody having any oversight to that. It's devoid of proven medical liability reform.

They're concerned about many things that aren't in this bill, two of which are: it takes away the right to make a private contract between two individuals, particularly doctor and a patient or any provider and patient. Another one is, there's nothing to stop the sustainable growth rate formula that is killing physicians.

It goes back to what you were just saying a few minutes ago, Mr. AKIN, where doctors are being underpaid. We have this SGR, sustainable growth rate formula, that needs to be thrown out. But we don't do anything about that. What that's going to do to the American public, and particularly Medicare patients need to understand, if this bill is passed, it's going to be exceedingly difficult for a senior to find a doctor who's going to accept their government insurance. It's already a problem, but it's going to be even much more of a problem and exceedingly difficult because the Federal Government is going to pay a lower rate, and doctors just can't afford to do that.

Mr. AKIN. So this is going to be a good deal. Everybody is going to have medical insurance, but you just won't have any doctor to go to see.

Dr. FLEMING.

Mr. FLEMING. Well, first of all, let me say something that I think is not as obvious, but if you think about it, it should be very clear. Coverage under health care does not mean access to health care. Look at Cuba. In Cuba, you have universal health care, you have universal access, and it's all free. The problem is there is no health care in Cuba. They have one colonoscope for the whole country. Antibiotics, medications. Nonexistent. So what good is 100 percent universal coverage?

Now how does that apply to us? Well, what we're really doing in effect with this bill is taking two big entitlements, which is Medicare-Medicaid. The States can't afford Medicaid. The Federal Government cannot afford Medicare. Medicare will run out of money in 8 years. On top of that, we're taking out half a trillion dollars for Medicare, not knowing how we're going to make up for it, and then we're going to take the money and tax people and create a whole new entitlement, stacking one entitlement after another.

Bottom line here is, there's two ways to save costs, to bend the cost curve down in health care. One is to have a giant system like that, and create bureaucrats who are going to control things and micromanage, and ulti-

mately save money through long lines, a waiting list, and rationing. The other, the one I prefer, is a free market where we attack the doctor patient-relationship and we empower the patient, make him into a consumer, where he has clarity and transparency, where he has health savings accounts, for instance, and he can go and decide and have patient choice as to what the cost, what the providers are going to be, and where he can get his best value for the money.

Mr. AKIN. You know, I just today was talking to my constituents back in the State of Missouri and we were having this forum. I spoke in pretty strong terms. I told my constituents that this bill, first of all, would destroy the quality of health care in America. The second thing it was going to do was it was going to destroy the Federal budget. And that if I were to put this bill on a scale of all the legislation I've seen since I've been in Congress—and I'm getting a little older; this is my tenth year—that this bill is more than twice as bad as the next worst bill that I've ever seen. So this bill is altogether in another category.

I spoke before a group this last weekend, and I looked out and there were a lot of other legislators I'd served with in the State of Missouri. I said, We've all served in the majority, we've served in the minority. But I said, The last year and a half, we've served in the wilderness. I said, The difference of the wilderness is that I walk up as though I were walking up to the edge of the Grand Canyon and contemplated what happens if you go over that abyss.

It appears to me tonight, gentlemen, and tell me if I'm not overstating this, that we are standing on an abyss. And that if we step off the edge by passing this bill, America will not be the same country she's ever been in the past, and we will not be able to recover from that.

Mr. BROWN of Georgia. Will the gentleman yield?

Mr. AKIN. I do yield.

Mr. BROWN of Georgia. Absolutely. You're correct about that. In fact, we're at a tipping point where this country is either going to be totally socialistic—government controls everything in everybody's life from Washington, D.C. And that's what this health care bill is designed and geared to do. Or, we are going to walk away from that and start fighting for freedom and cutting down the size of the Federal Government and let people live their own lives without all the government intrusion. That's exactly where we are.

I wanted to bring up another issue to throw this out then: That people should understand that this bill that we are supposedly going to vote upon—I guess we will, the Senate bill, H.R. 3590—the CBO, the Congressional Budget Office, says that it will increase premiums for everybody who's buying private insurance today by \$2,100 per family. So not only is it going to destroy

the Federal budget, it's going to destroy the State's budget, but it's going to destroy everybody's family budget. It's going to be horrendously expensive, and it's also going to destroy jobs. There are going to be over 5 million people that are going to lose their jobs if this bill ever becomes law.

Mr. AKIN. You know, when we're running at whatever it is—and these numbers, I don't really believe them, because these numbers are worse—but 10 percent unemployment, and you dump 5 million more jobs lost on a bill that is already going to cost trillions of dollars that we don't have, this thing, it just seems like somebody has to have some sort of blind faith to have their foot down on the pedal of the battleship and just try to drive the battleship through the dock.

In my district, this is a working day today. We rented a facility at the St. Charles Convention Center. It had seating for 800 people. Now where are you going to find 800 people that care about politics in the middle of a Wednesday? Wednesday morning at 10 o'clock in St. Louis. When the beginning of the town hall started, we had over a thousand. By the time it had gotten going a little bit, we had 2,200 people. You couldn't even get any more people in the room. And their sentiment was along the lines of what we sense here. They said, We don't like this bill. We really don't like this bill. They were begging, What can we do to stop this thing? So my sense is that we're not the only people that are thinking like this in this country.

My good friend from Texas, Congressman GOHMERT.

Mr. GOHMERT. Well, I think there's actually great wisdom in what President Obama said that's on the chart right behind you, and that is, Reconciliation is therefore the wrong place for policy changes. 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. The President called that exactly right.

I need to ask my friend, I can't see the date there. Was that last week that he said that? When was that?

Mr. AKIN. You know, that's the ironic thing about this quote and the reason why we put it on this chart. The President has been saying a lot of things. I think the most truthful thing he said was that, I'm going to bring you change. I think he's been fair in doing that. Not much else that I've heard that doesn't seem to have some contradiction.

But this quote here, Reconciliation is therefore the wrong place for policy changes, such as the government taking over one-sixth of the economy. In short, this process seems to have lost its proper meaning. A vehicle designed for deficit reduction. That's what it was supposed to be for—deficit reduction, fiscal responsibility. It's been hijacked.

I'm glad you asked that question because the date here says December, 2005. So I don't think he really wants us to remember what he said in 2005, because if you were to take this today, this would mean that they aren't going to pass this bill.

Mr. GOHMERT. That's right.

Mr. AKIN. So it kind of depends whether it's your bill or my bill, I guess.

Mr. GOHMERT. And as we understand now, in 2005, Senator Obama was moving forward, campaigning, moving toward a Presidential run. But I tell you, it just blessed my heart to hear President Obama say in the summit at the Blair House, when he said to Senator McCain, We're not campaigning any more. I said, Hallelujah. The President's going to stop campaigning. I tell you, that was such good news to me because that means the President's going to quit campaigning and just try to govern. If he were to go to campaign, he would probably have gone off to who knows where—Missouri or somewhere today—and given another speech. The fact that we're not campaigning anymore means he's back here trying to figure out how we can reform health care without cramming it down the throats of 60 to 70 percent of Americans that don't want this bad medicine that's about to be rammed down their throat.

Mr. AKIN. I appreciate your perspective and particularly calling attention to the fact that this reconciliation is hijacking the entire legislative process. He is willing to do this, to pass this particular piece of legislation.

My good friend from Pennsylvania, somebody said that if you've got a busted faucet or sink in your kitchen, a smart thing to do is to fix the faucet or the sink, not to remodel the whole kitchen. Does it appear to you that the difference between the two political parties on this issue is that the Democrats have really decided they're going to remodel the kitchen, whether you want it or not, and the Republicans, we have a lot of different health care bills as Republicans, but ours are all fix the sink or fix the drain. We're taking a look at what we have, seeing what needs to be fixed to make it better, and we're selectively doing that, whereas it seems the Democrats have the concept they're just going to re-create everything. Take one-sixth of the economy, have the government run it.

Does that seem like it fits for you?

Mr. THOMPSON. I think that comes close. Actually, I believe that the health care issue is more like a leaky faucet. And what my good friends on the Democratic side of the aisle are choosing to do is to burn the house down versus just—

Mr. AKIN. So remodeling the kitchen—

Mr. THOMPSON. They're burning the entire house down and taking it from a system that has been a model for the world, actually. I give you one example. One of the issues we talk about—

and we agree we need to improve access to quality health care. I would have been much happier if this whole debate, when we started it—in fact, I came to Congress thinking that we would have that debate—how do we improve access to quality health care. No. What are we debating? Health insurance. Not even the right topic.

I want to put it in the perspective of probably an example that I think touches all the colleagues here on the floor. I'm from a very rural district. I have probably almost 24 different rural hospitals in my congressional district. Those hospitals, in addition to the economic engines, they're incredibly important to those communities. They're the source of positions. They're really good jobs. They purchase resources. They're good neighbors. They purchase resources in the community. So they're good for the community. But beyond that, having those in those rural communities provides access to quality health care.

You never want to see a hospital close. I don't believe that. But if you close one in the city, probably within about a six-block radius you're going to find another hospital that's going to be able to provide you access to life-saving care.

□ 2145

You close a hospital in my congressional district, and what you wind up with is a commute that makes the difference between life and death. We're talking hours to get the same type of, or any type of, access to health care. So here's the rub when it comes to this bill that's being proposed, \$500 billion cuts to Medicare. And my good friend already talked about the fact that Medicare only pays maybe 80 to 90 cents for a dollar's worth of care that a hospital or a physician provides. So Medicare is already underfunded.

We've talked about how that is one of the contributing factors to why commercial health insurance is so expensive. Commercial health insurance nationally pays 135 percent of costs. The Federal Government only pays 80 to 90 percent of costs. So what are we going to do? What's the solution to that obvious problem? Let's cut more Medicare. Let's throw in \$500 billion in cuts.

Mr. AKIN. There you go. That's another counterintuitive thing. This whole bill seems to be counterintuitive, doesn't it?

Let me ask a question. We have two of you who are medical doctors here, one who's a judge, one's a former medical professional. I'm an engineer by training, and now we're Congressmen. And one of the things that we have to do and we should pay attention to is our constituents. We get calls from people saying, Hey, I've got a problem with this, Congressman. You need to help me. And they ask us to do some weird stuff sometimes. Like, I remember the first time they asked me to get them a job. And I'm thinking, Hey, I'm not a job agency. I'm a Congressman.

But we're asked to do a lot of different things, and we try to help out.

Now, my question to you is, let's say we jump off the abyss, and now we've got this mess, and we have people back home calling us saying, My mom, my mom is sick. She got cancer. She got it bad, and she's going to need help right away. So I went to get some health care for my mom. They said I have got to wait 6 months. What I'm asking you is this question: How, as Congressmen, are we going to get through this mess to try to help our constituents? And even worse, how are our constituents ever going to get from here over to get their medical care? Does that concern you? Congressman GOHMERT, do you want to take a shot at that? This doesn't look friendly to me.

Mr. GOHMERT. Well, it's because it's not friendly. I was privileged back in 1973 for the summer to be an exchange student in the Soviet Union. I saw socialized medicine firsthand, and that's where this is going. It's socialized medicine where the government controls it. I don't want the insurance companies between me and my doctor, and that means I also don't want any of that just massive amount of government between me and my doctor, but that's where this takes us.

And you wonder, Why would a group risk losing the majority in Congress to pass a bill like this when they know what's at stake politically? And the answer is, it puts in place so much government that once it's in place, it won't matter which party is in the majority. It's kind of like the Department of Education or other things that are not enumerated powers in the Constitution. Once it's there, you can't do anything about it. The school districts lose billions of dollars over the years that have been usurped by just a bureaucracy in Washington. It's going to happen with health care.

And just quickly, let me tell you, what inspired me to get with professionals, health care professionals, economists to come up with a solution was, when I saw that if you added together the amount of money we spend on Medicare and Medicaid and divide that by the total number of households in all of the United States, it's an average of over \$10,000 from every household in America to fund Medicare and Medicaid.

When I saw that, I was thinking, My goodness, all that government, all that we're paying for, we're better off if we said to every household that has people on Medicare or Medicaid or even SCHIP, here's \$3,500 cash from the Federal Government in a health savings account you control with a debit card, and we will buy you private insurance that's catastrophic care to cover everything above that. You don't have to buy any more supplemental coverage or wraparound coverage.

And I know that scares AARP because they made a lot of money off of that supplemental insurance. But this will help seniors. You give them a

choice. You want to keep having Medicare, you want to keep having Medicaid, or do you want us to give you cash you control and get the insurance company and the government out between you and your doctor? And I think people, when you give them that voluntary choice, they will make the choices that will save us from bankruptcy that Medicare is driving us to. I yield back.

Mr. AKIN. Now wait a minute. You have got me all confused, Congressman GOHMERT because my understanding is, Republicans—from what the President has said—don't have any ideas. We don't have any bills. Of course he also said that he read our bills, so that was a little confusing too. But what you just outlined was basically getting up at 50,000 feet, looking at the problem and saying, We really don't need the government to get into all this detail. We simply take the amount of money that the government's spending right now. You break it into pieces, just designate the number of families in our country, and you've already got something that's going to work.

Mr. GOHMERT. That's actually a lot cheaper than what we're doing now. It would save money. But let me just say this: I know a lot of people kowtow to CBO. Let me tell you that in this Congress—and the director has called me and said, Oh, we are very objective. And I know they do the best they can to being objective. But I'm telling you, since he got woodshedded at the White House, let me tell you, there have been I believe it's been 56 health care bills that have been scored by CBO.

We have about 70 bills from Republican Study Committee members to reform health care. Seventy bills, they are bills. And you know how many we have gotten scored on the Republican side? Six, six bills. I have been begging and writing all kinds of ways. I have had ranking member of the committee of jurisdiction, JOE BARTON, request my bill be scored. I've had DAVE CAMP when they said, Well, you don't have the Joint Commission ranking member. Well, then, DAVE CAMP requested. I can't get it scored. And I realize by making a big deal about CBO not scoring Republican plans, that they may say, Oh, GOHMERT, we'll take your bill, and we'll score it, and you're not going to like the way it comes out. I realize that's a risk. But I'm telling you, it has been so abusive that CBO has done virtually nothing.

About a tenth of the Republican bills that they have scored are Democratic bills. And if they want to bring some equity to this and some objectiveness, it is time CBO started scoring Republican bills and not just Democratic bills. I had to get that out.

Mr. AKIN. Well, I appreciate that, Congressman GOHMERT. You know, those of us who know Congressman GOHMERT—and I know my colleagues do—know that he has a gift of persistence. And I recall one of his more persistent moments. It was right here on

this floor when there was a bill that I would say is probably the second worst bill I have seen. It's only half as bad as this bill, and it was a bill that was amended with 300 pages of amendments at 3 o'clock in the morning. I think it was the late part of spring of this last year.

I remember Mr. GOHMERT had the same sense of persistence, and he got this idea that maybe if we're going to vote on a bill that it ought to be here in the Chamber because there is a rule that the bill we're debating and voting on is supposed to be in the Chamber. I remember just asking, is it north, south, east or west? It was like a kid looking for a button that's hidden in a room somewhere. And he's back and forth and back and forth. Finally they said, The bill is right up there in that desk. He went up and looked for it. And guess what? It wasn't there.

So I don't know, people like to hide things on you, Congressman. I don't know what to tell you, but it would be interesting if we knew what the financial score on some ideas, such as what you had, that are innovative. And it's the fact that Republicans, of course, don't have any ideas except that the President did read them and all. So that makes it kind of interesting.

I notice we're joined by some other good friends of mine. Congressman SCALISE from Louisiana is here, and I just wanted to let you have a chance. We're going to talk a little bit about this really amazing medical bill that's being pushed forward.

Mr. SCALISE. Well, I want to thank my colleague from Missouri for hosting this and my other colleagues who are expressing leadership and really trying to make this last stand because we are at the last stand for health care, as the President continues to try to ram down the throats of the American people this government takeover. And here we are on the House floor as Speaker PELOSI is trying in the next week, possibly, to have a vote here on the House floor on a bill that the American people have said in every way possible that they don't want.

You had the elections, of course, in Virginia and New Jersey; and then you had the election in Massachusetts, of all places, where SCOTT BROWN said, I'll be the 41st vote against health care, and he won. And even after that, this tone-deaf liberal leadership here in Congress is saying that they're going to continue to try to ram down this government takeover. What you're pointing out and my colleagues are pointing out are some incredibly important facts that I think the American people themselves have been seeing as they've been reading the bill, and this latest version is over 2,400 pages long.

But there's a couple of points in there, and I want to touch on one of them, and I know you have touched on a few others. Clearly there is over \$500 billion in new taxes in this bill. There is over \$500 billion in cuts to Medicare

in this bill, things that would devastate medical care in this country as people know and enjoy it. We want to reform health care. We want to fix real problems to lower costs, to address preconditions. They don't want to do that. They want a government takeover.

But there are some other things in this bill that also show some of their real intentions. And the issue of abortion funding, taxpayer funding of abortion has been one of those at the core of, you know, who do you believe and what are the myths. And of course you've got Speaker PELOSI out there saying, Oh, don't worry. Abortion funding won't be in this bill.

There are two pieces of information I want to point out, and I think a lot of people have started to see all of this, but it really clarifies what's going on. This first letter I want to read a few sentences from is from the United States Conference of Catholic Bishops. Catholic bishops, they don't have a vested interest in whether the Republican approach or the Democratic approach is moving forward. But they have two real concerns. One is, they don't want abortion funding, and they want a conscience clause protection. So I'm going to read a few quick sentences.

First on human life: "Disappointingly, the Senate-passed bill in particular does not meet our moral criteria on life and conscience. Specifically, it violates the longstanding Federal policy against the use of Federal funds for elective abortions and health plans that include such abortions." It goes on to say: "We believe legislation that fails to comply with this policy and precedent is not true health care reform and should be opposed until this fundamental problem is remedied." This is the United States Conference of Catholic Bishops.

And then one other I'm going to read for you is National Right to Life, a very respected organization, a bipartisan organization. National Right to Life also addresses the Senate language as it relates to taxpayer funding of abortion: "Any House Member who votes for the Senate health bill is casting a career-defining pro-abortion vote." This is National Right to Life. And the final sentence I will read: "The Senate health bill is a 2,407-page labyrinth strewn with the legislative equivalents of improvised explosive devices—disguised provisions that will result in Federal pro-abortion mandates and Federal subsidies for abortion." That's National Right to Life.

So as the American people are contemplating all of this, they're going to have to ask themselves, who do they believe as this information and misinformation is out there? Do they believe Speaker PELOSI who says, Don't worry, taxpayer funding of abortion is not in this 2,400-page bill? Or do they believe the United States Conference of Catholic Bishops and National Right to Life who both clearly state that the Senate bill does contain taxpayer funding of

abortion? Yet one of just many big points of opposition we have to this government takeover of health care.

Mr. AKIN. I certainly appreciate the gentleman making that point. And it is usually presented as a pro-life position that we don't want the government funding abortions. It almost struck me as kind of two different things almost. One, Do you think it's a good idea to abort little children? But the second question is a conscience question, Do you think it's a good idea to force people to pay taxes and then use those taxes for something that they believe is the destruction of a human life?

You know, one of the things that has really encouraged me—you just talked about that election in Massachusetts. You know, in America there's always been a few people that say they're agnostic or an atheist. And what really encouraged me about that election is that nobody can claim they're an atheist or agnostic anymore in America because only God could have elected a Republican in the State of Massachusetts. I mean, it couldn't have been done by anybody else. So I'm glad at least we won't have too many of those kicking around.

□ 2200

I am joined here also by the gentleman from Minnesota (Mrs. BACHMANN), and you have been a voice for conservative values and so strong on this bill, and I am so thankful we have the A-Team out here this evening as we are coming down to the finish line, and that is the bill will be finished. I appreciate your giving us a northern perspective as well as some other perspectives as well.

Mrs. BACHMANN. Thank you so much. Congressman AKIN, you were also involved with the Declaration of Health Care Independence. I believe every Member here was involved with putting that document together. This weekend I was with Congressman GOHMERT, and one of his constituents walked up to me and handed me another thousand signatures that she gathered to sign the Declaration of Health Care Independence. Just in her sphere in east Texas, she got a thousand people to sign. I thought one voice that hasn't been heard real loud in the health care debate is that of the American people. She gave me not only a thousand signatures, she also took comments from the people. I wanted, if I could, just to read one page as my contribution tonight, because I think it is important here in the most important democratic body in the history of the world, the United States House of Representatives, the American people should have their voice heard tonight because they haven't had it.

So with your permission, let me read a few of those comments.

Mr. AKIN. That sounds like it would be very interesting, because we just had 2,200 people come to our town hall meeting today. We should have had our Declaration of Health Care Independ-

ence there because you would have had another 2,200 people.

Please share their comments.

Mrs. BACHMANN. This is from Cheri Hamilton, who said, Stop trying to destroy this country. The health care system can be fixed without a takeover. Listen to the American people. Stop this socialist agenda.

Ted Mesjak: ObamaCare is a can of socialist medicine worms.

Duane Anderson: My wish for signing this petition is that it adds more fuel to fight the government takeover of my health care. The despair is that the government so far has not listened to my views or the views of others who share the same viewpoint.

Kathleen Somers: I do not want the current health care reform bill. It will put this country into further debt, and Obama and his administration need to work with Republicans.

Herbert Rudolph: As a senior citizen, I am absolutely sick and tired of the Federal Government interfering in my personal life.

Kerry Ferguson: It is our President and his congressional bullies began respecting the will of the American people. Please keep up the good fight for intelligent health care reform. We must get this right.

Mike Tarbert: Stop these idiots and have them change their meds.

Beverly Harper: This bill is a travesty.

Mary Baptista: I do not want the inefficiency of the DMV and the compassion of the IRS to be part of my health care. Less government and more freedom to choose.

They have a good sense of humor in east Texas.

Lorrie Breed: Let the States handle this. Governors can do this if the Feds will get out of the way.

Shirley Wahl: I expect that the Congress will vote what the American citizens want, and set aside their preferences in favor of their constituents.

Nancy York: Hear, hear.

And this goes on for a thousand different comments from people across the country.

And today I heard that a lot of the Blue Dogs, the so-called conservatives here in Congress, are starting to weaken. Their spines are starting to go. We all know this is going to break the bank, this bill, and yet it is these dear, sweet people from all across America who have been begging and fighting their own government to get their government to listen to what they want. And no less than CNN has reported that three out of four Americans don't want this current health care bill.

Time magazine last week reported, not exactly a right-wing news source, that the Obama administration is laying the foundation that within 10 years, we will have to pay double taxes before this health care bill passes.

So the American people have been desperately trying to get into this debate and get the American Congress to hear them, and the President. I think

it is important, Mr. AKIN, that the American people know that we have tried to let their voices be heard here in the House. We are hearing them and we are trying to speak back to the American people. We hear you. We are fighting. Don't give up. We are not giving up.

I still believe it is not inevitable. If the people call, if the people go to their Member's office, we can still defeat this. I really appreciate you leading this Special Order tonight.

Mr. AKIN. I appreciate you, Congresswoman.

When we were at this last summer, the President said, I want a vote before we go on summer break. And you were pleading the charge last summer, saying, No, we are going to hold the line. Even though we are 80 votes short in the House, we are going to talk. We are going to take this battle to the American public. We are going to win the war of ideas.

What we have seen is we got past the summer. We got into the fall. After we got through the fall, it looked like if we could just get into 2010, it will be election year, maybe people will listen then. We saw at Christmastime, we saw the situation where the 60 Democrats got together and they passed it and it looked like we were really in trouble.

And what struck me, you and those on the floor tonight, and my friends and comrades, a band of brothers and sisters, have been discovering in our hearts what our minds knew for a long time, and that is when a group of people stand and do everything in their power to do what is right, they can call on the power of God to help them, just as our forefathers did, and expect to see unusual results.

When I saw Massachusetts with a Republican Senator, I had to start laughing. I thought, Boy, does God have a sense of humor. And we saw, while we didn't have any power at all, all we could do, as you are doing, just tell the hearts of the American people. Let people understand, you are not the only one out there who is feeling like you are crazy. You are not the only one who is starting to see that government is not the answer; government is the problem. The American public is making their voices heard, and they will make them heard in the elections coming up.

Thank you for joining us.

Congressman THOMPSON.

Mr. THOMPSON of Pennsylvania. Mr. AKIN, I want to come back to the chart you have there. It is a perfect capture of bureaucracy. Bureaucracy, one of the things that we talked about. We are all committed to lowering the health care costs for every single American. That is a principle that we all should be doing the right things towards. And there are solutions out there that we have worked on and introduced. The Putting Patients First Act is just one of them that would bring the cost of health care down for everyone.

But I want to talk about the consequences of that chart, of this Senate bill which is being shoved like a freight train through Congress and on the American people. Over a hundred different mandates, well over a hundred different new bureaucracies are being created in health care. I will just come back to one that was created, and the practical impact of that, under President Clinton: the Health Insurance Portability and Accountability Act, HIPAA.

Everyone wants privacy when it comes to health care. It is a very intimate subject. That is why we don't want a bureaucrat involved in our health care. The portability part, I have to say, if that worked back in the 1990s, we would all be better if we could take our insurance with us where we went. But it didn't; it failed. But what it did do is put a layer of bureaucracy in our health care system that has just piled tons and tons of layers and money, money that is required to be spent to implement and execute that bureaucracy.

And you know where that money comes from? It comes from direct care. That is money that goes into—and when they talk about waste in health care, government mandates are a tremendous waste. That is how I got involved in public policy, actually, out of frustration, because I saw what the Medicare regulations, many of them, were doing to add cost and decrease access to cost-effective health care.

Mr. AKIN. So what you are talking about isn't exactly a surprise to us. You've been there, and what you are saying is health care is just what you expect. When the government does it, it is inefficient and it is a tremendous waste. And so to try and say, Now we have got Medicare and Medicaid that have gone bankrupt, and so give us the rest of health care to take over, there is a problem with that line of reasoning somehow.

Mr. THOMPSON of Pennsylvania. Absolutely. And what we are talking about today goes well beyond Medicare. I thought Medicare and Medicaid were complex. This new proposal, this Senate bill that is being pushed at us, HIPAA, the impact of costs on health care just from HIPAA were significant. If you multiply that times a hundred new Federal mandates on health care, and you multiply that by 150 new bureaucracies within the health care system, the ultimate cost of what this will cost our country, our citizens, and our health is just devastating.

□ 2210

Mr. BROWN of Georgia. Will the gentleman yield?

Mr. AKIN. I'm going to yield to my good friend, Congressman BROWN, but I can't help but think that we need somebody who's a songwriter. Do you remember there was a guy in Boston that won a political race by writing that song, "Charlie the MTA?" It was a sad song about poor old Charlie be-

cause he's bound to ride forever because he doesn't have the last nickel for the fare that some politician was pushing, an increase in the rate of the train. But we could have poor Charlie trying to get through this mess, lost forever in this system trying to get his cold medicine, or whatever it is; he's going to get lost forever in that mess.

Congressman BROWN from down in Georgia.

Mr. BROWN of Georgia. Mr. AKIN, you made a very astute observation just a moment ago, and our good friend, G.T. THOMPSON, was just talking about something that I want to come back to, back to your comment that government is the problem.

Practicing medicine, I've seen the cost of health care go up for everybody in this country because of government regulations. And let me just tell you about a couple of things; one is HIPAA that G.T. was just talking about. HIPAA was totally unneeded, totally unwarranted. It's a law passed by Congress. It's a regulatory burden that's been placed on the health care system. It has cost billions of dollars and has not paid for the first aspirin to treat the headaches it has created.

Another bill that was passed, HENRY WAXMAN, Ted Kennedy, PETE STARK, and others, passed a bill a couple of years ago called CLIA, the Clinical Laboratory Improvement Act. I was practicing medicine in a small, rural community down in southwest Georgia. Prior to HIPAA, I had a fully automated lab in my office, quality controlled so that I knew that the results I got out of my lab were absolutely correct so I could give good, quality care to my patients. Congress passed CLIA, which shut my lab and every doctor's lab down in this country.

Prior to CLIA, if a patient came in to see me with a red sore throat, running a fever, coughing, runny nose, headache, I would do a CBC, a complete blood count, to see if they had a bacterial infection which needs antibiotics to treat it or a viral infection, which does not need antibiotics. They don't need to spend the money, they don't to be exposed to the antibiotics. I could do that test in 5 minutes. It cost 12 bucks. That's what I charged, \$12. HIPAA shut me down so I couldn't do that anymore, and I had to send patients over to the hospital to get the same test or else I just had to arbitrarily give them antibiotics so that they had the huge cost of going to buy those antibiotics. But if they went to the hospital, it took two to three hours and cost \$75. For one test, it went from one \$12, 5 minutes to \$75, two to three hours for one test, for one regulatory burden. Now, you can multiply that over the whole course of the health care system in the United States and you will see that it drove up, markedly, the cost of everybody's insurance in this country.

Government is the problem. And getting the regulatory burden off of the health care system, getting the tax

burden off of small businesses, we can literally lower the cost of health care and make it affordable for those that don't have the ability to buy it today. So government is the problem, and adding more government to it is going to drive the cost up.

Mr. AKIN. I think a lot of Americans have come to the same conclusion, government is the problem, and they want a whole lot less of it down here threatening them from D.C.

My good friend from Texas, Congressman GOHMERT.

Mr. GOHMERT. What you're talking about is exactly what Thomas Jefferson talked about when he said the natural course of things is for liberty to yield and government to gain. And I thought Steve Moore from the Wall Street Journal made a great point this morning, in talking with him, when he said, people inherently know in America that if you add 30 million people to the same health care coverage you're not going to save money. If you were to save money by adding 30 million people to our health insurance or Medicare, then, as he said, we might as well say, you know what? We'll insure everybody in China, and that will get us out of the deficit. It's not true; it doesn't work. We've got to be practical and stop government from taking over where liberty is yielding.

Mr. AKIN. Now I've got a question: Do you think that the guy that came up with the idea that if we add people that are uninsured to the health care situation it's going to save money maybe was the same guy that said the economy will get better if you spend a whole lot more money? I thought maybe they were twins or something like that.

Dr. FLEMING, just got a minute.

Mr. FLEMING. We're in the closing moments. I just want to touch on the process. We've heard about the Corn Husker kickback, the Louisiana Purchase, the Gatorade Carve-out for the Medicare Advantage in Florida.

Mr. AKIN. All special deals, yeah.

Mr. FLEMING. All special deals. And today we find out that yesterday or the day before our Speaker, Speaker PELOSI, made this comment, she said, We're going to have to pass this bill in order to find out what's in it. Now, we're talking about one-sixth of the entire economy here, and our Speaker has the audacity to say that we need to pass this crazy 3,000-page bill just to find out what's in it? And with that she's referring to reconciliation.

Mr. AKIN. That's an amazing quote, isn't it? We have to pass the 3,000-page bill just to find out what's in it.

Mr. FLEMING. Well, we learned with the stimulus bill that you didn't have to read it to pass it, so I guess maybe it just correlated with that.

Mr. AKIN. Well, there does seem to be some parallelism here, but it seems like it's close to insane almost.

We've got just a minute or so left, and MICHELE, I wanted to give you the last minute or two here.

Thanks, everybody.

Mrs. BACHMANN. Thanks, I appreciate it.

I want to go back to a little sign that LOUIE GOHMERT held up at the State of the Union speech, or something, the joint session, that said, "What plan?" Remember the President, at the 7-hour infomercial that was supposedly a summit on health care, he had a 12-page proposal. There was no legislative plan, there were no words on paper, and we didn't know how much it cost.

We Republicans are still in the dark, and I don't know if the American people know that. There is still no bill out there that we've been able to see. All these backroom deals that my good friend, JOHN FLEMING, is talking about, they're being cut on a bill not one of us has ever had a chance to read. Nobody has read the bill that these deals are being cut on. Every bit of this, every word in this bill is all behind closed doors, and these backroom deals. And no one is going to know about what all these deals are until it goes through.

But just to give the American people a chance, let me read a couple more. Judith Kaminsky: "To force unwanted, expensive, unconstitutional health care laws on the United States is not only a blow to capitalism, but a dismembering of our way of life and our rule of law. It's criminal to push so hard for something as unhelpful, unsafe, unpopular, and uneconomical as the current administration's want list. There are better ways to achieve a desirable outcome for the changes that might be necessary."

Mr. AKIN. Let's elect her to Congress. That's a good idea.

I think we're about out of time here. I just want to thank the A team for coming out tonight, just a great discussion.

PRESIDENT'S BUDGET ON NASA

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

Mr. OLSON. Madam Speaker, tonight, my colleagues and I would like to share with you and the American people our deep concern with the effects of the President's budget on NASA.

By overwhelming concern with the decision to cancel the Constellation program, there are several reasons why this is bad for America, about which my colleagues and I will go into more detail over the next hour.

□ 2220

Madam Speaker, Constellation was and is the right path forward to maintain America's leadership in space.

Just this past week, the Constellation program successfully completed its preliminary design review. This is a milestone towards future development. This is a major programmatic milestone that should be noted and ap-

plauded by all of us in addition to the successful test launch of the Ar-135 I-X rocket back in September.

Madam Speaker, I am going to talk tonight about a couple of issues: national priority; national security and how important NASA and human spaceflight is for that; inspiration for our youth; and our educational purposes, particularly in the discipline of STEM—science, technology, engineering, math—and the technological benefits that every American, every person in the world, has gotten from NASA and human spaceflight.

America's global dominance in space exploration has always been for so much more than just the race to be first. It has signaled a commitment from our Nation to forge a path. Previously unimaginable scientific and technological discoveries are born both from necessity and from risk-taking. They are born out of unexpected consequences. It has been said many times before that it is not just the destination but the journey.

The journey on which our space exploration program has taken the United States has given rise to our global leadership on many, many fronts. Our Nation's global dominance in human spaceflight has coincided with our status as the world's only superpower, which is not by accident. The national commitment to be the best in national security and in space exploration goes hand in hand. That is precisely why there is always such strong bipartisan support for NASA and for human spaceflight.

Abandoning the enterprise of space exploration is a striking decision because it violates something that makes us human—the desire to know new things through personal experience. As Americans, our heritage is about exploration. Our nature is to seek out the unknown and to explore. The administration's decision to kill the Constellation is an affront to that heritage.

America cannot escape the irrefutable fact that to fly regularly into space is the most difficult technological challenge that we know is possible under complicated and expensive scenarios. Even when done successfully, it is difficult and dangerous. In the half century we have been putting human beings into space, we have lost three brave crews. The support that is needed requires an overarching vision that requires political courage. As he stood on the football field at my alma mater, Rice University, President Kennedy had that political courage when he made the commitment to go to the Moon by the end of the decade.

A person either believes that expanding the range of human action is a noble undertaking, worthy of the cost and the risk, or a person does not. I fundamentally believe that this goal represents the heart of American entrepreneurialism. It is what sets our Nation apart from the rest of the world. It is why Russia, China, and India are making the investments nec-

essary to catch up or to even surpass us.

Is human exploration worth the cost? If Americans question this, then we should ask why other nations are desperately ramping up their human space exploration.

What do China, India, Japan, and Russia know that we don't know? They clearly know what America has known for years, which is that the direct investment alone is worth the cost and that the indirect benefits have provided economic drivers and scientific discoveries that have far exceeded expectations.

Think about what human spaceflight has done for America. There is the Hubble space telescope, one of the greatest pieces of technological advancements in our society. Unfortunately, when it was launched, it was launched in a flawed vehicle. It had a flawed refractory mirror on it. It was basically a \$2 billion piece of junk that we put into orbit.

Yet, because we had a human spaceflight capability and because we had men and women who were willing to take the risk to go into space, they went up and repaired the Hubble telescope four times. They brought it back, and made it one of the most incredible pieces of technology in our society. They brought back images from across the solar system and the universe. It wouldn't have happened without human spaceflight.

We risk losing this with the President's budget. The President's decision of NASA's role in human spaceflight is not only a step back for America; it is a calculated decision that says we aren't up to the challenge.

Yes, our Nation is in a fiscal situation that should force us to examine our spending priorities. We may disagree on how our limited resources should be spent, but there are fundamental national priorities that are worth the investment. Abandoning human space exploration isn't the tough decision that America needs.

We need leadership that clearly states we will not cede our leadership in human spaceflight to any other nation on Earth. We should not hand over space to the Russians, to the Chinese, or to India. If we stay on the path the President's budget lays out, the United States faces the very real and very humiliating prospect of paying billions of dollars to Russia for years to hitch rides to the international space station, which has been largely built by American taxpayer funds.

We used to pay the Russians just over \$20 million to take one of our astronauts to the space station. They have learned capitalism very well; and now, this year, it is going to cost us \$50 million, which is more than double the price that it was last year. That contract only extends through 2013. So, in all likelihood, we are going to have to renew another contract with them in the future. They have got a monopoly. They are going to charge us whatever