

States. So I think it is very, very important that we bring that to the attention of the American people.

Mr. Speaker, I want to thank you for, again, allowing me to anchor this hour. It has, as always, been an interesting discussion amongst my colleagues about how we do the work we do, how we continue to be the conscience of the Congresses. I thank you so much.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, there are at least 13 private companies in the \$1 billion revenue bracket and 19 companies listed in Fortune 500 in North Texas. Dallas is also known as the Silicon Prairie of the United States and is proud to house the largest hi-tech employment centers in the nation.

The 30th Congressional District in Texas, where I represent, concentrates on electronics, hi-tech industries, manufacturing, and has a very large concentration of global headquarters.

However, current global economic trends force large high tech companies to lay off their workforce and it is apparent the industry has no immediate plans to rehire.

I do believe job creation will occur through small businesses. Small businesses, infrastructure, and clean energy are areas in which we can put Americans to work while putting our nation on a sturdier economic footing. The foundation for sustained economic growth must be our continuing focus and our ultimate goal which includes capitol lines of credit for small businesses. It continues to concern me that banks are currently not lending.

(a) Establish public interest free loans for small IT companies to get new products on the market. Loan time should be in the range of 7 to 10 years;

(b) Encourage banks to be more generous reworking home loans to prevent more foreclosures;

(c) Because our economic future depends on a financial system that encourages sound investments, honest dealings, and long-term growth, I believe jobs can be available if small businesses can get help. Small IT companies can be leaders in achieving electronic medical records;

(d) And because our economic future depends on our leadership in small business we can help them create jobs and employ more people through enhancing their abilities to lead in the installation of energy saving windows, weatherization, water-saving plumbing, etc. I am encouraged that the current administration's policies will help investing in basic and applied research, as well as to create the incentives to build a new clean energy economy.

As one of the Senior Members in the U.S. Congress, I will work with the administration and my colleagues in the House to make sure that the reauthorization of the Workforce Investment Act (WIA) occurs in this Congress. The Workforce Investment Act addresses retraining and training issues. I believe in workforce training through local government or community colleges so opportunities can be fairly practiced.

Ms. FUDGE. I yield back the balance of my time.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for half the remaining time until midnight.

Mr. KING of Iowa. Mr. Speaker, I appreciate being recognized here on the floor of the House. I came to the floor tonight, Mr. Speaker, to address you and hopefully the American people listening in. We will give some more thought to what is going on in this country.

There are many people across America that are having trouble sleeping tonight and last night and they will tomorrow night and the next night and the next night because they see what is happening to our country. They are watching the deals that are being made. They have got to guess what they are because, yes, they are back behind closed doors, and they are more creative than ever before.

Even though the President believed that it was incumbent upon him to at least go through the demonstration of discussions on C-SPAN and having bipartisan discussions which took place here in this city at the Blair House on February 25, it didn't absolve the fact that intensively the weekend before and probably while the discussions were taking place and certainly intensively after, there had been all kinds of backroom bargaining and deals that have been taking place. Not that we have to do all the legislation out in the open. This is just the point the President made, Mr. Speaker.

The American people are watching what is happening to our liberty. They are laying awake at night. They are talking with each other at work, at play, and not quite over the backyard fence where I live, but further south, yes, it is warm enough for that. They are wondering how it is that the American people have done everything that they know how to do that is legal and proper to redress their grievances with the United States Congress, and still this Congress' hearts are hardened. Still this Congress doesn't hear the message that has been sent by the American people.

Over and over again, it goes clear back to the beginning of August of last year, right after cap-and-tax passed this House, a bill that was not read by anybody and a bill that didn't exist when it was debated on the floor, voted on on the floor. And when the House of Representatives, for the first time that I know, messaged a bill that didn't exist to the United States Senate, right after that—I should pause for a moment, Mr. Speaker, and let that soak in—this House passed a huge bill—cap-and-trade they call it, cap-and-tax I call it—right before we left for the August break, a bill that didn't exist, that was messaged to the United States Senate; a bill that didn't exist messaged to the United States Senate, and then, Mr. Speaker, the debate over this national health care act began in earnest.

Now, the American people are apprehensive about this. They love our lib-

erty, they love our Constitution, and they love our freedoms, as do I. And here is how this unfolded.

We had a Democrat Presidential primary that was the challenge between Barack Obama and Hillary Clinton. Hillary Clinton, 15 years earlier, had produced a legislation. A lot of that was done behind closed doors and in backroom bargaining sessions, but at least they had the boldness to introduce a bill, a bill that went up on the flowchart, a flow that I still have somewhere in my archives. It scared the living daylights out of me, growth of government. But it was single-payer, socialized medicine, HillaryCare, rejected in this Congress 15 years ago, reared its ugly head in the Presidential primary on the Democrat side in 2007 and 2008. The challenge between Hillary Clinton and Barack Obama brought the focus on reforming health care before the Presidential race.

Now, this is how these things happen. First, some experts out there go out and identify a problem, and then they get the media to pick up the problem. And then the political class begins to churn that problem and raise it to the level where, after a while, people hear it every day and they think, We must do something. We must do something.

We got here because that contest in the Democrat primary side brought forward the health care issue as one of the top issues. Whether it was that important compared to our other priorities like war or a collapsing economy, I would say this is not the time. But Barack Obama believed he had a mandate as elected President. And as a candidate and early on as a President, Barack Obama, Mr. Speaker, consistently made the statement that he is for a single-payer plan. "Single-payer plan" is code language for socialized medicine, for government pays everything, government writes all the rules, government writes all the checks, government decides who works and who doesn't.

I have seen some of this language that has emerged that has been filed in this Congress clear back as early as 1981 that said we should establish a national health care service and everybody working in health care will be either a salaried or an hourly employee. That means if you are a brain surgeon, you don't get to charge for your service. The government writes you a check once a month and you go operate on as many brains as you are given to operate on by the government. That is single payer. That is Canadian style. It's German style. It's British style. It's European Union style.

We know that Canadian style isn't something all the Canadians want to live with. As a matter of fact, the Premier of Newfoundland and Labrador, his name is Danny Williams, a little over a month ago needed some heart surgery. And if he had submitted to the heart surgery that would have been available to him under the health care program in Canada, they would have

had to have gone in and split his sternum to do the surgery.

□ 2220

So there is a long recovery process to stitch that sternum back together, and it is painful. But the specialist in Mount Sinai Hospital in Miami had a procedure where they could go in under the arm, separate the ribs, and do the surgery. The recovery is a lot quicker.

So what does the wealthy prime minister of Newfoundland and Labrador do? He walked away from the Canadian system, flew down to Miami, and paid for his surgery out of his pocket. Now, that is Canadian access to American health care.

No one who has been proposing this idea of socialized medicine has told us where we are going to go for our health care if we morph into the Canadian, German, European Union, United Kingdom model. No one who is proposing this socialized medicine, government-managed everything, has pointed to a single nation that has produced a model of health care insurance and delivery system that they would point to and say, We want to emulate that. We want to model that. No.

Of all the experimenting that has been going on in the world, the experiments haven't worked out for the rest of the world, Mr. Speaker. I happen to have an example of how poorly those experiments have worked out in the world.

This would be the survival rate chart comparing the countries by color. If you look at the blue, the mauve, I guess that would be, and then the yellow and the light blue, it goes this way, left to right, generally: United States, then Canada in the reddish, Europe in the yellow, and then England in the lighter blue or the green.

Here are the types of cancer and the survival rates: Prostate cancer, United States, 91.90, call that 92 percent, survival rate for prostate cancer, as compared to, going down the list: Canada is not as good, 85 percent; Europe, 57 percent; and England, 50 percent, 51 percent. That is prostate. Clearly better than anybody else.

Breast cancer. The United States above everybody else. The slope is the same, although the competition is pretty close between us and Canada.

Then you underline all men's cancer lumped in together: Americans, 66 percent survival rate; and then on down to 53 percent for Canada; 47 percent for Europe; and 44 percent for England.

A little bit different configuration here for all women's cancer, but still the United States' survival rate is better.

These are the outcomes that we get. The innovations that Americans are providing, by the way, are being utilized in these countries. They just aren't utilizing them as effectively as we are here in the United States, and they certainly aren't innovating like we are here in the United States, Mr. Speaker.

So President Obama believed that he had a mandate to produce a single-payer plan that emulated one of these systems that clearly, by survival rates, are failures.

We have the best health care delivery system in the world. We have the best outcomes in the world. And, yes, we are spending a lot of money. We are a nation that makes a lot of money. We are apparently willing to pay that.

So the President made this argument: The economy is collapsing, and we have to fix the economy.

President Obama again, Mr. Speaker: We can't fix the economy without first fixing health care, because health care costs too much money.

So the President's solution is throw another \$2.5 trillion at a government takeover of health care. Spending too much money, you solve the problem by spending a lot more money. Now, that doesn't pass the third-grade logic test, but somehow that argument just drifts off into the distance, and we operate on that premise as if it were a premise that was stable and built on some kind of logic. Well, it is not.

The second argument the President made is that we need more competition in health insurance companies. Now, he didn't get it done over there, but the President wants to establish an extra health insurance company that is the Federal Government.

So you won't hear this number very often. It's certainly not something that would ever come out of the White House, the number of health insurance companies there are in the United States: 1,300 health insurance companies in the United States. Now, we can't buy from all of them because some of them are health insurance companies within the States that market to the residents within those States because they are prohibited from selling insurance outside of State lines.

For example, a young 25-year-old man in reasonably good health in New Jersey would be paying \$6,000 a year for a health insurance policy, where if he were in Kentucky he could buy a similar but not identical policy for around \$1,000 a year. If you let that young man in New Jersey buy his insurance from Kentucky, I guarantee you he is going to buy the Kentucky insurance, the cheaper insurance.

The President, though, his solution is to create another health insurance company so we could have 1,301 health insurance companies. Just one of them would be the Federal Government. And of the 100,000 possible health insurance varieties to choose from, the President's company would produce, pick your number, 10 or 15 policies. So we would add a little bit to the number of choices we have there, but not to the competition.

Meanwhile, the most expensive, unnecessary thing we have is the lawsuit abuse in health care and the defensive medicine that necessarily must be part of it. If you look at the numbers on the

range, they go down to as low as 5.5 percent of overall health care costs are attributed to lawsuit abuse, much of it going into the pockets of the trial lawyers, and that number goes on up to 35 percent or so.

The dollar figure that I would anchor to is health insurance underwriters' number: 8.5 percent of overall health care costs. That is \$207 billion a year unnecessarily being wasted, a lot into the pockets of the trial lawyers, a lot being spent on defensive medicine. Some goes to plaintiffs. That is \$207 billion a year. The Government Reform Committee produced a report that showed it was at \$210 billion a year, but those numbers go on up to \$650 billion a year. So there is a range.

I will just take us back down to \$207 billion. That is a number that I think is entirely defensible and very conservative. And if you calculate that for the duration of the bill, Mr. Speaker, that is \$2 trillion over the course of this bill.

So the President is going to solve a problem of spending too much money by spending more, and he is going to solve the problem of not having enough competition in health insurance by creating a Federal health insurance company and regulating all the other insurance companies. Now, if they regulate the other insurance companies the way they are regulating Toyota right now, you can see how they can compete in the marketplace.

Mr. Speaker, that is the framework of how we got here, and it is based on two flawed premises: One, we spend too much money, and the solution is to spend a lot more; and the other is, we don't have enough competition in the health insurance industry, so the solution is to create a Federal health insurance company.

The solution is: Allow people to buy health insurance across State lines; fix the lawsuit abuse, reform the lawsuit abuse; and, provide for full deductibility for everybody's health insurance.

I would be so happy to yield to the gentleman from Pennsylvania, Mr. THOMPSON.

Mr. THOMPSON of Pennsylvania. I thank my good friend from Iowa for hosting this Special Order tonight at a late hour, but it is important. It is important that we use every hour this week to stop what really is just a terrible attack upon the health care of this country.

When I came here 15 months ago, I came out of health care, 28 years working in nonprofit community health care, serving people that were facing life-changing disease and disability. I came here with a commitment that there were some things we could do to improve the system we have, and I have that same commitment today. But I came here with almost 30 years of experience, 30 years of pride in the health care system that we have, how we meet the needs of the people that have needs, and people with varying amounts of means as well.

There are many processes we have just in my congressional district. We have almost two-dozen rural hospitals. We also have other great facilities such as federally qualified medical centers that meet people's needs that frankly don't have a lot of means and don't have a lot of money to put towards health care, but they have access to quality health care.

And that is one of the things that disturbed me since this debate began, because the President and the Speaker have made this debate about access to health insurance. That is the wrong debate, absolutely the wrong debate. We should be talking about and should have been talking about from day one access to quality health care. That is what Americans want. That is what Republicans are committed to. Those are the proposals that we put forward back in July.

My good friend said a very important word when it comes to health care in this country and serving our citizens, and that is "innovation." The United States of America is a country of innovation when it comes to health care. The system we have allows us to find procedures, treatments, medications, even just medical equipment, new innovations that frankly help those survival rates that you referred to, many of those that contributed to those higher survival rates for cancer in the United States of America, innovations in health and recovery that, once we help people survive, help people to rehabilitate, to recover, to get back to the things that they did in their lives, to be able to return to work and return to a productive life, which is what everybody strives to do.

My background actually was specifically rehabilitation, durable medical equipment, wonderful innovations that help people live and age with dignity, help people stay in their own home settings so that they don't have to go into any kind of an institutional setting. That innovation only comes from the health system that we have.

□ 2230

There are four principles I've led my life by as a health care professional and have guided me in this debate in 15 months, and that is that we need to do everything possible to, first of all, lower the cost of health care for every American. We need to strive to increase the access to quality health care for all. We need to improve on the quality and the innovation that we've enjoyed in this country, but we can do better. And the fourth principle for me is to strengthen that decisionmaking relationship between the patient and the physician, not allowing the government or a bureaucrat to insert themselves in that decisionmaking process.

Yet, as I look at what was the Pelosi health care bill and what I look at now as the Senate health care bill, I see, as I tear that apart, and not as a Republican, not as a partisan, but as someone who spent their lifetime dedicated to

providing health care services and meeting the needs of people facing life-changing disease and disability, my evaluation, assessment is these bills make all four dimensions of health care worse.

They drive up costs. We can talk more on that as we go on this evening. It really will limit access. It will serve to decrease quality in the long run. And certainly it will kill innovation, which has been just one of the bright spots of this health care system in this country. Frankly, it provides a wedge—and that's a government or bureaucrat between the patient and physician in terms of decisionmaking.

I yield back.

Mr. KING of Iowa. Reclaiming my time and thanking the gentleman from Pennsylvania, we have talked these different pieces over. I just reiterate this: that the principles you laid out—lower the cost, provide for access to good care, improve the quality, and strengthen the doctor-patient relationship rather than intercede in the doctor-patient relationship, which is what is going on—all of these discussions that we're making, and they claim that there is a bipartisan bill out here.

It's pretty interesting. Some language—the shell bill—apparently has gone to the Rules Committee and they have debated and reported a rule out of the Rules Committee that's designed to be the reconciliation language. But the substance of this reconciliation apparently isn't in the bill. Seems to be only a couple of pieces about that bill, a shell bill, and then basically it's pieces of H.R. 3200 that the House has passed that would be inserted supposedly as amendments.

Well, it would be passed as reconciliation language that would become amendments to the Senate bill and also an attachment of student loan provisions in there. So it finalizes the complete government takeover of the student loan program. What student loans have to do with health care, what a takeover of our health care by the Federal Government have to do with student loans might just be what qualifies a piece of legislation before the United States Senate down the hallway to meet the standards of reconciliation for the Parliamentarian so that this fantastic bait-and-switch can take place.

Here are the circumstances, Mr. Speaker: the House has gone through great pains to pass a bill, and it was very, very close. Well, the Senate wouldn't take up the House bill. The Senate took up the Senate bill. The House bill passed here November 7, 11 o'clock at night, on a Saturday night. Unusual for this House to be in session at a time like that. But even more unusual was the United States Senate passing their version of a health care bill. That was on Christmas Eve morning. They stayed in session on Christmas Eve morning and passed a bill with 60 votes. That 60 votes was required to break the filibuster.

And so we're in a circumstance today where the Senate can't pass their own version of the bill today because of the vacancy that was created by the death of Senator Kennedy, and was replaced by an appointment and then by a special election on January 19. They elected SCOTT BROWN. They know SCOTT BROWN is a "no" vote on the Senate version of the bill. He has said so.

So here's the unique circumstance: the Senate can't even pass their own version of the bill today. They can run that bill back across the Senate, and it would fail. The Senate wouldn't pass the House version of the bill either. And so the House is being asked to pass the Senate version of the bill—the Senate version they can't today, remember, Mr. Speaker. The House is being asked to pass that even though the House rejects it—pass it on faith—so that this reconciliation package, this shell bill that PAUL RYAN called a Trojan horse, can be brought here to the floor of the House and be passed, be sent over to the Senate, where the Parliamentarian could rule on whether it would be able to take it up and pass it on a simple majority to circumvent the filibuster in the Senate.

This is unprecedented. Others will say this has happened some 21 times in history—not in a government takeover of our health care, not in something as personal and private as this is. This is unprecedented. Then you have the Slaughter rule.

The gentleman from Pennsylvania.

Mr. THOMPSON of Pennsylvania. Well, if the gentleman will yield, you have been here obviously serving the American people a lot more years than I have, but I have a question in this process. Obviously, we're supposed to—and I expect Friday night or Saturday we will see the Senate bill. It will be shoved at us, and we will be forced to take a vote on that. It will be a vote that we're supposed to take with a promise, under reconciliation, that all the very terribly flawed parts of this bill will be fixed under reconciliation.

My question is: Relying on your experience, what if reconciliation—if we take this and my Democratic colleagues pass the Senate bill, which they don't like, but they do it under a false promise that it will be fixed in reconciliation, what happens if reconciliation never occurs?

Mr. KING of Iowa. Then I think the gentleman does know what happens. If reconciliation doesn't occur, the President will sign the Senate version of the bill that would have been passed by the House by hook or shenanigan, and that would become law. And it would be the law of the land. The law of the land would be the "Cornhusker Kickback," the "Louisiana Purchase," the "Florida Gatorade," which exempts Florida from Medicare Advantage cuts. It would include also billions of dollars for medical health clinics in the State of Vermont to satisfy the Senator from Vermont and six or seven other special deals, along with language that would

fund abortion and also language that would fund illegals. That's in the Senate bill, all of that.

There's some margins there where it's not as egregious, the House version versus Senate, but Stupak language—BART STUPAK, as has been reported in the news, he has been advised that there will be no negotiations on that piece, that the Senate version of the bill that funds abortion is what they're going to stick with here in the House. And so they'll be forced to put up a vote "yes" or "no." That's what happens.

This is on the cusp of becoming the law of the land. And the effort to produce this House version of the fix, which, by the way, I reject it all in any combination, it's just the idea of circumventing the rules and trying to pass something through. They're actually trying to amend a bill that is not law and then the promise becomes maybe a signed letter from 51 Senators that says that they will vote for a reconciliation package that will amend the bill after the fact.

The Founding Fathers never envisioned that there would be legislation that passed both Houses of this Chamber that neither House would accept. This House won't accept the Senate version on its face. They will only deal with it if there is a reconciliation promise. The Senate can't pass their own version of the bill today. They don't have the votes to do it. They just had the votes while they had another Massachusetts vote. Now there's been a special election. The American people have spoken.

A piece of legislation that neither body can pass could very well become law in the next week. This city needs to fill up with people tomorrow.

I yield to the gentleman from Texas.

Mr. GOHMERT. I appreciate my friend yielding. You make great points. This is unprecedented, what is going on—to have the leaders in Congress and in the White House trying to ram through a health care bill that the majority, not just barely over 50 percent like the President won with, but way over 60 percent of Americans do not want this bill passed. Yet they're forcing it through. You wonder, why would someone work so hard to push through a bill that they know is grossly unpopular. Even if you think it's so grossly unpopular, why wouldn't you want to back up and start over?

□ 2240

There are a number of things that have been said that are not true about the Senate bill. Now, you could be cynical like some people and say, Well, I think they're lying. They're dishonest.

I wouldn't say that. I think they're just completely ignorant. And we all have areas of ignorance where there are things we don't know. But I think that just like with the crap-and-trade bill, we had people come down here and say, This bill will not cost a single job. Well, that told you immediately that

they had not read the bill, because toward the back of the bill, there was a fund created, and it said that the fund was explicitly for those who lost their jobs. So we know that there is a vast ignorance by people who don't read the bills that they come down here to talk about.

Now, speaking of ignorance, we have David Axelrod down here. I see you have his quote there: The law of the land right now—this is what he said Sunday. I heard him say this. He seems like a really decent guy, so I'm sure that he didn't intend to deceive, but he said? The law of the land right now is that Federal funds should not be used for abortion services. There's nothing in the proposal that he's—Obama's advanced. There's nothing in what would be approved by the Congress that would upset the existing status quo.

And I appreciate my friend for yielding because there are three things about this bill that allow for the Federal funding of abortion and, in fact, can require it.

Number one, until now, all plans regulated by the Office of Personnel Management have been required to exclude nonfederally covered abortions. So the Senate bill allows all but one of the federally subsidized health care plans in each area to cover abortion. They'll say, Now, you may have one plan that doesn't take care of people like it needs to. We'll offer one plan over here that probably nobody's going to want to buy that will not cover abortions, but the plans that may well be what most people need will cover abortions. So if you want to buy the plan that you're going to need, then you're going to have to cover abortions. That's one thing that's very clear. So that's one way.

A second way under the Senate bill, it authorizes and appropriates billions of dollars in new funding outside the scope of the appropriations bills covered by the Hyde amendment. And the billions of dollars that are here—this is under section 10503, Community Health Centers and the National Health Service Corps. Well, I don't want to make the President look bad, so I will call it "corpse" also. The Service Corps Funds, subsection B funding, it's authorized to be appropriated, and it is appropriated out of any moneys in the Treasury not otherwise appropriated to the CHC fund—that's Community Health Center fund. And then subsection 1 of that to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the Community Health Center program; \$700,000 for fiscal year 2011, \$800 million for fiscal year 2012, \$1 billion for fiscal year 2013, \$1.6 billion for fiscal year 2014, and \$2.9 billion for fiscal year 2015.

Now, the reason that's significant is that the Hyde amendment, which is existing law, only pertains to money appropriated—actually, appropriated in the Labor and HHS bill. This money is not being appropriated in the labor and

HHS bill. It is not covered by the Hyde amendment, and that's why I'm sure that it's got to be ignorance instead of the lie that David Axelrod is demonstrating. He probably doesn't realize that the Henry Hyde amendment only pertains to money appropriated through Labor and HHS. This is separate money that is not restricted, and so it can go to community health centers to provide abortions. That is allowed under this bill, and people need to understand that.

Mr. KING of Iowa. If the gentleman will briefly yield, is that out of the House or Senate version, Mr. GOHMERT?

Mr. GOHMERT. This is the Senate bill. This is the one that the House is expected to vote on this week, maybe Saturday. This is the bill that the House is going to vote on. So anybody that comes in here and thinks—or has been sold a bill of goods, because so often if you don't read the bill and you allow somebody to tell you who you think may have read the bill that, Oh, no, no, no. That's not—Oh, no, it doesn't change existing law, they just don't know. It does change existing law. You just have to read it and understand the implication of the Hyde amendment, what's covered and, you know, the implication here.

But there's another thing, too. Section 1303 of the Senate bill that we're expected to vote on only limits the direct use of Federal tax credit to fund abortion coverage. The credit still could be used to pay premiums for health care plans that allow abortions. So the Federal tax law, the Federal tax dollars, through their credits, are going to fund health care plans that allow abortion. That's a third way that the Senate bill that we're going to supposedly vote on the end of this week will fund abortions.

Now I know there are people in this body who think that's a great thing, to fund abortions with Federal funds. Others, like me and my friends here, believe that it is not appropriate to take money away from people who know in their hearts it's murder to kill an unborn child and make them take their tax dollars and pay for abortion. That's been the law of the land for over 30 years, and it is changed dramatically by the Senate bill. And people just need to understand, if they're going to vote for this bill or they're going to vote for a rule if it's self-effectuating, then they are going to vote for and bring into effect a dramatic change to the law on Federal funding of abortions.

Mr. KING of Iowa. Reclaiming my time and posing a question back to the gentleman from Texas, having read through this language in the Senate version of the bill and done this analysis that you have so well delivered here on the floor, can you imagine that this would just be an innocent mistake created by the drafters?

Mr. GOHMERT. Well, I can imagine that it's an innocent mistake by those who are talking about the bill. I do not

believe it's an innocent mistake by those who've drafted this bill. It's unfortunate that we don't know who they are. We were not privy to those private sessions that were not under C-SPAN cameras, that were not covered—or reporters were not allowed. Nobody was allowed to see. Certainly there were no Republican in the House or Senate that were allowed in there when this stuff was drafted.

So, yes, I think it can be an innocent mistake, and I believe it is by many who don't realize what this does. But to answer the gentleman's question, it's certainly not innocent by those who've drafted this to spend billions in tax dollars of tax money that can fund abortion.

Mr. KING of Iowa. Reclaiming my time, and I'm posing another question to the gentleman from Texas, the judge, and that is, was there an opportunity—would there be an opportunity for any Member of the House of Representatives to offer an amendment to fix those provisions so that abortion is not funded under the Senate language of the bill?

Mr. GOHMERT. My understanding is we're not going to be given that opportunity to amend the bill here in the House. The House will have to pass the bill exactly as the Senate did. And actually, there was an effort in the Senate to amend the bill to put Stupak-type language in there, and they voted it down. Now, why would anybody in the Senate fight that kind of battle and work so hard to try to get that kind of Stupak language in the Senate bill and go to all the grueling fight that they had to try to get it in there if it was unnecessary?

Mr. THOMPSON of Pennsylvania. Well, I believe that some of our colleagues across the aisle are probably looking to vote for this Senate bill that may even agree with us on abortion and how wrong that is to publicly fund, let alone to complete procedure under the promise—the promise it will be fixed through a reconciliation bill. And I just want to talk a little bit more about what the probability of that is.

We're going to be relying on the Senate to bring a bill to us, to pass a reconciliation bill to make these fixes that they're putting together, these sweeteners, these promises. Now, to the best of my knowledge right now, we've passed a number of bills in this Chamber in the past 15 months, and by my calculations, we've sent over 200 bills to the Senate that are just lingering in the Senate. They haven't taken action on them. So if there's 200 bills there already that they haven't taken action on, what is the probability, what is the chance that they'll actually do a reconciliation bill that would make these fixes?

□ 2250

Mr. KING of Iowa. Well, reclaiming my time, I think we should spend a little time on the Slaughter rule. And be-

fore I go to that, I want to make the point that, Mr. Speaker, I anticipate there will be a lot of Americans in Washington, D.C., tomorrow. I believe there are a lot of Americans that have come in tonight to be here to stand up for their liberty and stand up for their freedom, stand up for their Constitution. They've done this on 9/12, and April 15, and November 5, and November 7, and again in December on the Senate side. And then they went to Massachusetts, where we received an intervention in Massachusetts. And now it's up, again, to the American people to defend our freedom and our liberty and protect our health care.

But one of the other maneuvers that is not off the table yet, and the majority leader last Friday talked around it every way, every way except taking it off the table, and that is the Slaughter rule, named for the Chair of the Rules Committee, who proposes that, rather than requiring Democrats who don't want to vote for the Senate version of the bill to vote for it, vote it up or down—they're afraid it would fail. I don't think they're worried about making them vote for it. I think they're afraid it would fail. Her proposal is that they would just bring a rule that would deem that the Senate bill had been before the House and been passed. So they wouldn't ever have to vote on the Senate bill. They would just pass a rule that would deem that it had been passed by the House, so there'd never be a recorded vote here in the House on the Senate version of the bill; and that way they could get it off the decks and over to the President's desk where he is salivating to sign anything that says national health care.

We have another expert on the floor tonight, another Texan.

Mr. GOHMERT. Will the gentleman yield for just a moment?

Mr. KING of Iowa. And I'm going to go to the first Texan right before I quickly yield to Dr. BURGESS, but Mr. GOHMERT, Judge GOHMERT.

Mr. GOHMERT. I appreciate that. And my friend, Dr. BURGESS, has done probably more work in the area of health care reform and potential legislation than anybody I know of in the House. And so, it'd be great to hear from him tonight.

But I think it was critical, and it is critical for people to understand, who are really wrestling with whether or not they can satisfy their conscience and their concern over Federal tax dollars being pried out of people's hands to fund abortions against their will. It's important that those people understand that David Axelrod—apparently, we're told he's an honorable man, so are they all, so are they all honorable men—but that he apparently was ignorant of the law of which he spoke because he's just wrong, completely, on three counts. And so if anybody's trying to save their conscience over Federal funding of abortion, they need to understand there are three ways that Federal funding will pay for abortions

if this Senate bill is passed. And I thank the gentleman for yielding.

Mr. KING of Iowa. Reclaiming my time and thanking the gentleman from Texas, and yielding to Dr. BURGESS from Texas—who has constantly been pounding against this socialized medicine plan, has a meeting in the morning at 8:00, again to put some more light on the subject matter—as much time as he may consume, the gentleman from Texas.

Mr. BURGESS. I thank the gentleman for yielding. I actually came down to talk about some polling data that was in the Wall Street Journal today. You know, you talk about the Slaughter rule. And one of the talking pundits on television tonight, Hardball, at the end of that program, the moderator, the host said, it is only right that Congress allow an up-or-down vote on this health care bill. And he called on Republicans to stop obstructing.

Let me remind everyone: Republicans are opposed to this bill, but Republicans lack the numbers to obstruct much of anything right now. So it is an internal fight in the Democratic Caucus that is obstructing this bill; it is not House Republicans.

True, it is a bad bill. We all oppose it, as we should. But it is that internal fight on the Democratic side.

Now, an up-or-down vote to me would mean that there'd be an up-or-down vote on some bill, not an up-or-down vote on a rule that deems passage of a bill that was passed by the Senate on Christmas Eve. Up-or-down vote means an up-or-down vote on an actual piece of legislation that has been filed with one of the clerks of either of the bodies.

And I know I need to address my remarks to the Speaker. Mr. Speaker, if I would just ask, if you haven't thrown away your Wall Street Journal from today, you might want to take a look at it. There is some very interesting information in here, some polling data by Heather Higgins and Kellyanne Conway. Kellyanne Conway has spoken to many groups up here on the Hill many times. Their group is the polling company on behalf of the Independent Women's Voice. Twelve hundred people were polled in 35 Congressional districts; 20 previously had voted "yes" for the health care bill, 15 had voted "no." But the survey shows astonishing intensity and sharp opposition, far more than the national polls reflect. For 82 percent of those surveyed, the health care bill is either the top or one of the top issues for deciding who to support for Congress next November. Seven in 10 would vote against a House Member who votes for the Senate health care bill with its special interest provisions. That includes 45 percent of self-identified Democrats, 75 percent of independents, 88 percent of Republicans, which you would expect. Almost half of the Democrats would not reelect a Democratic Member who voted for the Senate bill.

Reconciliation poses its own set of problems. People see through that.

That is a parliamentary trick. Yeah, if you can have an up-or-down vote, let's have an up-or-down vote on a bill, not on a procedural motion.

But here was the part that really struck me. When they looked at various demographic groups, men and women, young and old, people who had voted for JOHN MCCAIN, people who had voted for Barack Obama, across all demographic groups, they described dramatic pluralities that say that if the legislation doesn't pass, they will be relieved.

Well, I would submit that with what's left of this week and what's left of this bill, whether it's a long hard slog or what, we have a chance to provide the relief to millions of Americans by killing this bill and stopping it in its tracks.

We can talk a good story about repealing the bill if it passes. The time for action is now. The action is to kill the bill. And I yield back to the gentleman.

Mr. KING of Iowa. Reclaiming my time, I thank the gentleman from Texas for coming down and laying this part out and making it clear. To me, it's just breathtaking to think that the Rules Committee, up on the third floor, the hole in the wall committee, the people that rarely have a reporter in the room, and only once in the 7 years that I've been in this Congress has there been a television camera in the room, the people that conduct themselves as if they are operating out of the sight or the scrutiny of the public, would be the ones that would cook up the idea that they could bring a rule to the floor that would deem that the House had passed a Senate bill and dodge the idea of the vote.

And I want to make this point over again. We are in this circumstance now where the Speaker, Mr. Speaker, the Speaker of the House, seems to be compelled to bring a Senate version of the bill to the floor of the House, a bill that could not pass the Senate today, a bill that would not pass the House today on its own merits, and in order to get a bill to the President's desk that they could chase with amendments to fix the bill—according to them, fix it. I don't think it actually improves it; it just makes it so that they can get the votes done. It's called reconciliation. And they don't even want to face that first vote of the Senate version of the bill.

It is completely ironic that the House has to pass the Senate version of the bill that the Senate couldn't pass because the Senate won't pass the House version of the bill, but the House won't vote on the Senate version of the bill that they have to pass that the Senate can't pass so they'll pass a rule instead that deems that the bill, the Senate bill, has passed the House. That's what's up.

Now, I hope that's really clear, Mr. Speaker, because I believe I said it precisely and exactly right. That's what's going on this Congress. No wonder peo-

ple are revolted by the business that is going on here.

And I don't think that we actually addressed the situation on how—I think Mr. GOHMERT did a good job of showing us how abortion is funded under this. But I don't think we've addressed this very well at all tonight, on how either version of the bill, the one that, if we get one, we're most likely to end up with, is the Senate version, funds illegals in this process. And the President has said, and many of his mouthpieces at the White House have said, the President won't support a bill that funds illegals. Well, both versions, the House and Senate bill, do that. The Senate bill has tighter language than the House bill. But this language that protected the American taxpayers' assets from going to benefits to illegals was in the Medicaid legislation that existed for years and years. And 2 years ago, when the changes were forced through this House for SCHIP, the socialized, Clinton-style Hillarycare for children and their parents, that piece of legislation lowered the standards for Medicaid so that the proof of citizenship that did require a birth certificate and supporting documents, to keep it simple, was no longer required, and all that was required of an applicant for Medicaid then was to attest to a nine-digit number, presumably a Social Security number.

□ 2300

That is essentially the standard that is in the Senate, the standard that is in the House. It lowers the standard to the point where fraud is anticipated to the point where the Congressional Budget Office's calculations produce that it will open up health care benefits to as many as 6.1 million illegals. That is CBO's number. That is a number that is calculated from their estimates, not exactly their number. It is not mine.

That is where we stand with this legislation that funds abortion—not so much the House version of the bill, we are not going to get that language—and legislation that funds illegals, legislation that takes away our very freedom and liberty, that nationalizes our bodies, that tells everybody in America the Federal Government can tell you how your health care is going to be managed, that you will buy a health insurance policy, what type of care it will be, what tests will be provided, and what will not be provided.

This is a great theft of American liberty. And never before in the history of this country has the Federal Government produced or approved a product that they required every American to own or buy, let alone the transfer of wealth of taxing people and putting refundable tax credits in the hands of some people to buy insurance, while we expand the Medicaid rolls and tax others for their insurance policies so that we can afford to pay others to buy insurance.

And the next argument that will be of the next generation if this happens

in Congress will be the argument that will come from this side of the aisle, and it will be, gosh, hand-wringers, we are spending so much money on administration writing out checks to people to buy their own health insurance policy, why do they need to have a policy? Why don't we just provide them free health care? And then we can bypass all of this insurance business that is going on and put our money directly into the health care, because they won't have enough money to provide the care because of the costs that are being driven up. That is the next generation of this debate.

I am watching the clock; I think we are down to about 3½ minutes left. But I want to yield to the gentleman from Pennsylvania for any concluding remarks he might have.

Mr. THOMPSON of Pennsylvania. I appreciate my good friend yielding.

I appreciate Dr. BURGESS sharing those Wall Street Journal statistics. There was one just a few weeks prior, a CNN poll that showed that 79 percent of independents say start over. Stop the bill that is going on now. That is independents, 79 percent of them.

I was visiting a hospital earlier today, and I talked with everyone. As I talked with the staff, I went with the physicians, the nurses, the therapists, the secretaries; that was the same message they gave me. And these are folks that understand health care. They live it every day, long days in health care. And they said stop the madness, stop this bill, and start over.

And I talked with patients, I talked with family members, and I talked with just visitors. It was kind of interesting. They had no idea who I was. And I was riding in the elevator with a couple folks, and you can tell what is on their mind. They looked at me and they said, What are those people in Washington doing to our health care? They get it. The people at home get it. We need to stop and do the right things.

I just throw in here in terms of the unintended consequences here, one of my first principles was to decrease costs for all Americans. And you mentioned tort reform. Even the President has acknowledged for those folks who buy their insurance individually, non-group, you know, he has come out and said this is going to drive their premiums up 10 to 13 percent. Ten to 13 percent. That is exactly opposite of what we should be doing.

I appreciate you leading this tonight. I yield back.

Mr. KING of Iowa. Reclaiming my time, I thank the gentleman from Pennsylvania and yield to the gentleman from Texas for any concluding remarks he might have.

Mr. BURGESS. I think it is important for people to remember that what we are doing right now has nothing to do with health care, has nothing to do with health care policy. This is all about pure political power and solidifying a hold on political power for the next 2 or 3 generations.

This bill will be impossible to undo once it is passed. We need to step up and do our duty, stop this bill, then fix the things the American people want us to fix.

Mr. KING of Iowa. Reclaiming my time, purely political about expanding the dependency class because the dependency class expands the political power of the left in America at the expense of our freedom and at the expense of our liberty, never to be gotten back again.

I thank you, Mr. Speaker, for your indulgence tonight, and my colleagues for joining me.

I yield back the balance of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for the remaining time until midnight.

Mr. RYAN of Ohio. Thank you, Mr. Speaker.

I appreciate the opportunity here to respond to some of the criticisms that have been made here, unjust as they seem to be to me, and try to straighten the record out just a little bit.

It is our belief on this side of the aisle that the United States Government and the government of many of our States have a moral mission to protect our citizens, a moral mission to empower our citizens, and a moral mission to improve the lives of many of our citizens. The issue of health care reform to us on this side of the aisle is a moral issue, and it is an economic issue.

When we see throughout our country the level of abuse that has been put upon the people of this country through the insurance system, that, my friends, that, Mr. Speaker, is a moral issue. Nobody is saying that this health care reform bill is a perfect bill. Nobody says that it is going to be a panacea, that it is going to fix all of our problems in this country. But this is a major step forward for our country. And we have as a country a moral obligation to stand up between what the insurance industry is doing to the American people, somebody has to intervene. And there is nobody left because average people who are in Ohio or Iowa or some of these other States have no recourse. They cannot battle the insurance industry.

This has been going on for years and years and years, where the insurance industry kicks people off the rolls when they need coverage or when they get sick, when they deny people coverage because they have a preexisting condition; and so they therefore can't get any insurance at all. And they have created a system here over the past few years, past 5, 10 years where we see 20, 30, 40, 50 percent increases in health care costs for individuals and small businesses, and large businesses in many instances and the government.

So we have a situation where we are that far from addressing one of the

great moral issues of our time. And we are that far from addressing an economic issue that will continue to strangle the economy of the United States of America if we fail to act.

Now, I think it is very convenient for our friends on the other side of the aisle and those in the insurance industry to say let's start again. Let's start all over. Let's start from scratch. Well, if the insurance industry wants to go back and revoke 10 years of increases that they have bestowed upon the American people, if they want to start over, then maybe we will start over. If they want to eliminate all of the increases that they put on the American people, eliminate them all. Let's go back to 1995 or 1994 rates, or even just cost of living from 1994 or 1995 when we tried to do this the last time. Why don't the insurance companies start over, Mr. Speaker, and go back and erase their increases that they put on the American people. Then we may consider starting over.

Now, for those people, Mr. Speaker, who have been listening to this debate, they need to recognize that maybe this process isn't pretty, and maybe we could have done a better job explaining what is going on. And many people, and our friends on the other side were talking about polls, and at the same time would lament the fact that we are governing by polls.

So when you look at what has happened over the course of the past few years and what has happened to average people—I want to find the poll that we had here when you pull out the issues from the poll. So the general consensus is, do you want the health care? And they hear on the news, Mr. Speaker, about different things that are going on and they say, well, it doesn't sound like such a good idea.

□ 2310

But then when you pull out specific provisions of this bill, of this health care reform proposal, most of those issues, most of those reforms poll at 60, 70, or 80 percent support.

Are you for getting rid of preexisting conditions and allowing insurance companies to not cover you because you have a preexisting condition? Sixty-seven percent of the American people support that.

Do you support eliminating lifetime caps so that when you get sick and you really need the insurance, you can get it? Sixty to 70 percent of the American people support that.

Do you support not being able to deny every child in the United States of America because of a preexisting condition? Seventy, 80 percent of the American people support that.

Do you support giving small businesses tax credits to cover their workers? Significant support for that.

So we are moving forward with a proposal that addresses the major needs of the American people.

When you ask seniors, are you for closing the doughnut hole? More than a

majority of seniors say, Yes, that is something that what we want included in the health reform proposal. And it is included in here. And many of these reforms will go in effect within the next year.

And so when we pass this, Mr. Speaker, and our friends campaign in November about repealing this, they are going to have to go to all the moms and dads in the country and say, No, you know how your child, if they get sick or you want to get insurance, they can't be denied because of a preexisting condition, they want to run a campaign saying, No, we want to repeal that. Our friends on the other side of the aisle, when we say, You can't be denied coverage for a preexisting condition, they are going to want to run a campaign saying, No, we want to repeal that. When we close the doughnut hole and start moving in the direction of fully closing the doughnut hole that the Republican Party put in here when they passed the prescription drug bill that they didn't pay for, we had to borrow money from China to pay for it, and it has a doughnut hole in it, and we attempt to close it, our friends on the other side of the aisle are going to run a campaign in November saying, We want to repeal the closure of the doughnut hole.

Those are the issues that are in here, that are in this reform proposal, and these are the issues that are going to bring some justice to the health care industry in the United States of America.

This isn't about whether the government is going to run health care or the insurance industry is going to run health care. This is about whether doctors can make decisions. And our friends on the other side want to talk about life and liberty. Let's talk about life and liberty. Let's have this debate.

You want to talk about freedom? How free are you when you are sick and you can't afford health insurance? You can't get out of bed to go to work. You have to give up your job because you don't have health insurance. How free are you? I cannot be convinced that the Founders of this great country thought that freedom is somehow the government not protecting individual citizens from underhanded practices from a corporation. I can't believe it.

I believe that the definition of freedom is about being healthy and empowered in 2010 in America. And if there is a corporation or an industry that is limiting your freedom by their underhanded practices, then the government has a moral responsibility to intervene and to protect the individual citizen and protect the rights of the individual citizen. Let's have this debate all day long, Mr. Speaker, telling me some boogie man is being created here that is going to come in to Washington, D.C.

My one friend said nationalizing our bodies. One of our friends on the other side said that this was about nationalizing our bodies. What? Talk about fear mongering, Mr. Speaker. Nationalizing