

HEALTH CARE REFORM

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

Mr. KING of Iowa. It is my privilege and I'm honored to be recognized to speak here on the floor and to address you tonight. Having listened to my friend and colleague from Ohio talk about the high moral calling that there is for them to pass socialized medicine, I'll just tell you, Madam Speaker, it's hard for me to reconcile those things. It's hard for me to think of a country—a beautiful country with a deep, rich, free tradition that would give up its freedom and its liberty and its sense of responsibility for the sake of the government providing something that 85 percent of people are providing for themselves.

The statements that were made by the gentleman from Ohio about what is not freedom—it's not freedom to be able to start your business and have to worry about paying health care premiums or it's not freedom to see those premiums go up by a large percentage every year. That whole spiel, Madam Speaker. And I think it misses the point entirely. I think the freedoms that I'm hearing the gentleman from Ohio talk about are the types of definitions for freedom that I hear talked about by those that live in places like Canada or the United Kingdom or France or one of those countries that has socialized medicine; one of those countries that says freedom is having free health care provide by somebody else paying for it as a taxpayer. It's not the measure of freedom. It's not the measure of liberty. The measure of freedom and liberty is entirely different. You can't ever measure freedom by what is free, because freedom is never free. And it is a huge dichotomy in this Congress that people on this side of the aisle that want to subvert the definition of freedom. And so I will just say freedom is not about what is free.

Let's talk about liberty. Liberty is to be able to make the decisions for yourself, but be bridled by morality. That's the difference between liberty and freedom.

Other people in the world talk about freedom as in what's free from government, as if that's a measure of liberty. But when you talk about what's free from government, first of all, it's never free. Somebody has to pay the taxes, whether it's the people who are earning and paying taxes now or whether it's the children or grandchildren that they would foist this debt upon with this socialized medicine bill.

Madam Speaker, we could stand here tonight and we could talk about nuance after nuance of what's in this bill and what isn't. The truth is, the gentleman from Ohio doesn't know. And I suspect that nobody in the entire Democrat caucus knows. I'm confident nobody on the Republican side knows what's in this supposed negotiated

change. A night or more ago, there was a bill that was brought to the Budget Committee. It's a shell bill. It doesn't have in it the changes that they're trying to get established here. It's a shell bill. It's designed to start the clock ticking so that when they get the arms twisted and the Speaker uses all the leverage at her disposal and we can hear the bones breaking across Capitol Hill from arms twisted up behind people's back, some of them carrot—some of them stick.

When all of that is done, they want to have this machinery in place so that the Speaker, who sits up in her office making these deals behind closed doors, will have a bill come down here to the floor that nobody has seen, at least so far, and a bill that will be a reconciliation package that is unprecedented in its tactic, in its procedure, to propose changes to a bill that is the Senate version of the bill.

And this is the unbelievable part, Madam Speaker—the very idea that we have before us this week, and at least threatened to come forward if the votes can be put together this week, a socialized medicine bill, a bill that could not today pass the United States Senate. A Senate version of the bill wouldn't pass in the Senate. Everybody in America knows that. That's why the results of the election in Massachusetts made so much difference. The people in Massachusetts, arguably the least likely in this modern era to save liberty for Americans, voted SCOTT BROWN in as their Senator. He said that he would oppose this Senate version of the health care bill.

□ 2130

The bill that passed on Christmas Eve can't pass today on the eve of St. Patrick's Day. Not out of the Senate it can't, Madam Speaker. And so we are in this odd, perverse situation where perhaps for the first time in the history of America—and if this happens, certainly with the largest magnitude of impact, a bill that can't pass the Senate in its current condition—that being the configuration of the Senate as reset by the people in Massachusetts and the American people—a bill that can't pass the Senate comes to the House that's to be passed here on the floor of the House under the Slaughter rule, which deems it has been passed but doesn't require people to vote on it.

And so we have a bill that could very well go to the President of the United States where he is salivating to sign it, a bill that couldn't pass the Senate, a bill that couldn't pass the House, but nevertheless could become the law of the land. That is the breathtaking anomaly of what we're facing here, and it's in a bill that cannot be brought here to the floor of the House because, even though Speaker PELOSI can let 37 Democrats off right now, according to the most recent news reports, those 37 happen to represent “noes” or hard “noes,” and another 55 are undecided.

And if the Speaker's to pull the votes together, she's got to run the table on

the 55 undecided and hold all of the “noes” together. Every undecided would have to decide that they're going to be in favor of socialized medicine for this to work. And the brokered deal would be that they would bring the Senate version of this to the floor under a rule that would be self-enacting, a rule that would be configured right up here on the third floor in that little old Rules Committee that I call the hole in the wall, where the hole in the wall gang usurps the liberty of this deliberative body and usurps the franchise of the Members of Congress and send the bill down here under a limited amount of debate time.

Probably it would be a closed rule, so there would be no amendments to the rule; and the rule would be self-enacting which would automatically deem that the bill that has passed the Senate in the past that couldn't pass the Senate today is deemed to be passed by the House of Representatives, even though the Members on this floor don't have the will to vote for it so that it would go to the President of the United States, whom I said is salivating to sign it.

He would sign it, and we would have the law of the land, a bill that swallows up one-sixth of the economy of the United States and nationalizes the management of the health care of every American, over 300 million of us, into law enacted, without being able to pass the United States Senate, without being able to be supported and passed for the purposes of becoming law in the House of Representatives.

And then behind that, the Speaker is asking people who have gone through a crucible to get here—and I will say, Madam Speaker, I respect the intelligence of my colleagues on both sides of the aisle. I think it would be hard to believe that there are people in this Congress that would be so stupid to believe that they could be promised that if they just vote for the Senate version of the bill with all of its warts, moles and scars and all of the smelly things that are part of it, the Cornhusker Kickback, the Louisiana Purchase, the Florida Gator Aid, the national health clinics to the tune of \$11 billion, and about six or seven other special packages and components that are in the Senate version of the bill, none of them passing the smell test.

But asking this House to vote for a rule that automatically enacts it so they don't have to vote for the bill on the promise that there would be a reconciliation package that would be passed here in this House that would go over to the Senate that would be designed to fix the flaws in the Senate bill, strip out the Cornhusker Kickback, strip out the Louisiana Purchase, strip out the Florida Gator Aid, and strip out the \$11 billion worth of public health clinics that have been leveraged by BERNIE SANDERS from Vermont and those other six or seven egregious bargains that have been made and convince the Democrats, 216 of them, to

vote for a bill that will be followed by a reconciliation package that may or may not have the votes to pass the House of Representatives.

Then it would go straight down that Hall to the Senate where the Senate would have to take the changes to the bill that they passed that are dictated by the House and expect that that's going to happen, even though procedural obstructions fall in the way in a breathtaking fashion down to the point where just the parliamentary rules would threaten to strip out half or two-thirds of a reconciliation bill, including the Stupak language which isn't going to go in here anyway.

So you end up with the Senate bill becoming law and a futile effort on the part of the House to follow through on a promise to the Members of the House that don't want to vote for this thing that have been leveraged to vote.

And what is the configuration of the Democratic Caucus, Madam Speaker? What are they thinking, and what would they like to get accomplished here? Here is where they sit. They sit in three places, just to analyze the political configuration here because this isn't policy anymore. This is politics. Politics are this: hard-core left-wing liberals, every member of the Progressive Caucus which is linked to the socialists in America, they're all for this bill. It nationalizes health care in America. It may not do it in the first stroke of the pen, but it gets us there. And to be fair, there may be one or two of those that will decide that it's not lefty enough for them. But that core of the progressives, the socialists, the lefties, they're going to vote for this bill because they believe in it. It's a deep conviction on their part.

The second component will be those Democrats that believe that they will take the risk, and they think that they can somehow figure out how to get re-elected to come back to this Congress even though the American people, by the hundreds of thousands, have risen up in every way they know how to say "no" to this socialized medicine.

And then the next component of this, these are the people that are members of the Democratic Caucus that have decided that they need to vote for this bill for the sake of preserving, let me say, their President's mojo, their President's political capital. To keep the caucus together on the Senate side, they would say, I'm going to have to sacrifice myself because this cause of keeping Speaker PELOSI in power and Barack Obama's mojo flowing is more important than their seat in Congress or the voices of their constituents, which, by the way, reflects to be almost one and the same thing.

So there's the configuration. Left-wing liberal progressives that will vote for the bill because it moves us towards socialized medicine—it either is or gets us there eventually; those who will take the chance and decide that they think that they can hold their seat even though they'll vote for something

that the American people have rejected, spit out, Madam Speaker, three to one for the most part in this country; and then those that believe that they can somehow either hang onto their seat or they're willing to pay the sacrifice. Three categories. That is what's going on.

And then of course you have the Democrats that will vote "no." If 37 of them vote "no," this bill can pass by a vote of 216-215. If 38 of them vote "no," then the bill fails. And I will predict that if it's clear that the bill is going to fail even by one vote, we will see, Madam Speaker, a lineup of Democrat Members of Congress come down here to the well and pull their red cards out of the box that will be sitting on this table and take their felt-tip pen, and they will write in there and change their "yes" to a "no." This bill will either pass by one or two votes or it will fail by 40 because they don't want their names on this turkey, but they're determined politically to move this through.

Here's what we also have, Madam Speaker, and that is that this all started back a year and a half or more ago, 2 years ago during the Democratic Presidential Caucus, and it started in Iowa. I mean, it is my home territory. I see it. I know it. Hillary Clinton had pushed the National Health Care Act as the first lady in the early nineties, in the beginning years of Bill Clinton's Presidency. Yes, she closed the doors, and she had backroom deals. She did write a bill, though; and it was socialized medicine. It was single-payer. The Federal Government takes it over and creates all these new agencies. It was a scary and threatening thing to what it would have done to our freedom and our liberty. And then the American people rejected that, spit it out, so to speak.

And back here we are 15 years later with Hillary Clinton's opponent in the Democratic primaries pushing a socialized medicine program that is in some respects different from that that Hillary pushed. The American people see this, and they rejected it, and they spit it out.

What has been created is a toxic stew. They went in and put this all together. President Obama wanted a, and still wants, a single-payer plan. Single-payer is a complete government-run takeover of health care, socialized medicine. He has said so. It's a matter of record. So they went together to try to figure out how to write a bill, and from the beginning, it was this—and I will do the metaphors, Madam Speaker.

They went back into old HillaryCare, and they took that old soup bone that was laying on the shelf in HillaryCare in 1993 and '94. It had been sitting there for 15 years. All the meat stuck to the bone was tainted. They took HillaryCare off the shelf, and they put it in the pot, just add some water. They said, Hey, look what we have. Voila, we have socialized medicine—oh,

no excuse me—single-payer plan. The American people don't want it to be called socialized medicine.

And people looked at that skeptically and said, That's not enough. So they began adding more and more pieces, more and more bells and whistles, other ways to try to blur the taste of that tainted meat that was in that stew. By the time this has been churned through from June of last year, July, August—especially August—and September, October, November, it passed the House. By then, the American people knew that there was a toxic stew that had been cooked up and created by the Democrats in this Congress. A toxic stew.

It started with old HillaryCare, dropped that old tainted soup bone into it, and then they began to add other vegetables and bells and whistles to try to blur the taste and mask it. It's still tainted. And the American people have said over and over again in every way that they know how that they don't want a potful of this toxic stew. They don't want a bowlful. They don't want a ladleful. They don't want a spoonful of this toxic stew. American people do not want any measure of the toxic stew of socialized medicine, but that's what we have because the elitists and the arrogance of the liberals have decided that they understand what's right for posterity, and they can manage, Madam Speaker, the people in the country who apparently can't manage themselves.

But what I see is 85 percent of the American people who are insured and 85 percent of the people who are happy with their insurance. These are the people who want to be able to make their own choices for themselves, and that's what will be rejected. There is a whole list of things that go out the window if this socialized medicine bill is passed.

We are not the kind of people who should be moving towards greater and greater dependency classes. We're the kind of people that believe in freedom in the true sense of the word. We believe in liberty. We have our constitutional principles, our constitutional values, and this bill does not reflect them. I believe if it does become law, there will be court challenges to the constitutionality of it. We will see, as a matter of certainty, health insurance premiums will go up for Americans. The younger you are, the more you will see the premiums go up.

There will be a large amount of non-participation, people who decide they're going to pay the fine, whether it's \$800 or \$2,000, because it's cheaper than the higher premiums that will be driven by this bill. And then when they get sick, they'll be going to buy health insurance to cover them after they're sick.

And one of the first things that's enacted if this legislation should become the law of the land is—they'll call it the fix. It's the change in preexisting conditions. So it would prohibit an insurance company from considering

that an applicant had preexisting health problem conditions, which means that if you prohibit that consideration of preexisting conditions, who would buy insurance until they got sick? Wouldn't you just wait until your house was on fire and buy your property and casualty insurance? Wouldn't you just wait until the hail was pounding the roof to shreds and buy your property and casualty so you can make your claim?

That's what will happen with health care. That's about the only thing that happens right away, Madam Speaker, except for the increases in fees, the increases in taxes, the increases in revenue that comes with this in this bill that is, according to JUDD GREGG, a \$2.5 trillion bill. And that was when they scored it almost a year ago. Now you can add another \$400 billion to \$500 billion to the cost because the revenue has been shut down, and they would sign a lot of people up over the next 4 years before the benefits kick in. That, Madam Speaker, is what we're dealing with here today.

And it's one of the reasons that my good friend Judge GOHMERT from Texas has come to the floor. He carries a tremendous amount of knowledge and a tremendous amount of passion about freedom and liberty. He's been here defending this night after night after night here on the floor, in press conferences, at rallies everywhere in America. LOUIE GOHMERT has a place to go. He's stepped up to defend our freedom and our liberty, like all Americans should be doing and like the Americans who filled this Capital City up today. I would be happy to yield as much time as he may consume to the gentleman from Texas, my friend LOUIE GOHMERT.

Mr. GOHMERT. I appreciate my friend from Iowa so much, and I appreciate the wonderful points you are making. I was here just out off the Chamber for the whole discussion by our colleagues across the aisle.

□ 2145

I always appreciate when people across the aisle attempt to speak for me and what I support and what I would like to have happen and what I will and do vote for and vote against.

But the great thing about debate is that the other side can be presented. Of course, you know, there was the occasion a year and a half ago where the Speaker cut off the microphones and that was prevented, but we stood here on the floor and spoke anyway. That's the great thing about America.

But I would like to correct some things. Although I know my friend had the best of intentions of speaking on Republicans' behalf, but when he said Republicans have no interest in being part of the solution, I have to differ on that. And I appreciate my Democratic friend saying we don't wish to be part of the solution, but that's simply not true. And, in fact, I know Republicans that begged and pleaded to be allowed to have input into this bill, but it's

hard to have input into a bill that's negotiated secretly.

You get the union and AARP and you don't tell any Republicans when they're going to be meeting, when they're going to do their secret deals. You get the pharmaceutical industry and, yes, you get insurance companies to be part of secret negotiations. And I can promise you this, every industry, every individual who has come out and said I think this is a great bill on behalf of some industry, they got a deal cut for them in this bill.

Now, this is the Senate bill here. I've had our House bill until this week. That's what I'd been working from. But it looks like they're serious about cramming the Senate bill down our throats, and they use real thin paper and print on both sides so that it's this small.

But some other things that need to be corrected my friend across the aisle said during his time. Our friends on the other side of the aisle support the insurance industry wanting to start all over. Well, my friend's not completely informed, because there are those in the insurance industry that say, You know what? This bill, the Senate bill, it's okay with us. It would be all right. And if you're in the insurance industry and you have the Federal Government mandating that everybody has to buy a policy, then, you know, your eyes get big and you start thinking, Wow, think of all those sales.

Of course, they don't look far enough into the future and realize that that plan and they, themselves, as insurance companies, won't last very long. They'll go the way of private insurances or insurance companies offering flood insurance. When the Federal Government got involved, it's hard for a private company to compete with the Federal Government that goes in the red and stays in the red, as the Federal flood insurance policies have done.

He also commented that the Democrats are holding health insurance accountable. And that's nice to hear being said, but if they were holding health insurance companies accountable, you would not find one insurance company that's going to be okay with this, and there are those out there.

My friend also commented that 67 percent of Americans support an insurance exchange. Well, in the House bill, which we've talked about it, there's the Federal insurance exchange program, and that's what will take over as they finish killing off the private insurance companies.

And as my friend and I both agree, we don't want insurance companies between us and our doctor. We don't want the government between us and our doctor, and the proposals we've made get them out from between us. They get insurance companies back in the position of insuring and out of the business of managing. Why would we want the Federal Government to come in and manage our health care decisions when we don't even want private

insurance companies managing our health care insurance?

And I do appreciate my friend's honesty and candor when I understood him to say, first, that we have a moral mission. We have a moral mission, he said, to protect even the terrorists and the criminals on the street, and that that moral mission apparently does not stop at our border. Well, this is just a difference in philosophy.

And I have a few other points that I want to make here, but I feel like my friend from Iowa will want to comment on this because we've had such lengthy discussions about this issue. And it is just a difference in philosophy that we have friends across the aisle that believe we have a moral mission to protect terrorists, to protect criminals on the street, and that that moral mission does not stop at the border.

And see, my belief, and I believe it's shared by my friend from Iowa, is that when I took an oath to the Constitution, when I was in the United States Army, as a prosecutor, as a judge, as a Chief justice, and as a Member of Congress, there was nothing in my oath that I take so seriously about supporting and defending those on the other side of our borders or supporting and defending all enemies, foreign and domestic, that want to kill me. It was not that I want to support and protect and defend all terrorists and enemies, foreign and domestic. No, it was I'm going to help protect America from all enemies, foreign and domestic, protect from those enemies, not go across the border and take my morality to other countries and be the policeman of the world. And, in fact, I think we do make a mistake when we begin to be country building, nation building, government building in other nations. Our job is to protect this country. And when there are terrorists in this country, our job is to take them out, eliminate the terrorists so that they are no longer a threat.

Now, what normally happens when people declare war on another group or country and you capture some of those people, in a civilized society like ours, you hold them until such time as their friends, their colleagues, their comrades decide and announce we're no longer at war. Then you can release all of those, except for the ones you believe or have reason to believe, probable cause to believe committed war crimes. Then you go ahead and try them.

But it's just a difference in philosophy. And I'd love to hear my friend from Iowa if he has a comment on that obligation.

Mr. KING of Iowa. Reclaiming my time, and I appreciate the gentleman from Texas, as I listened to the gentleman from Ohio talk and to spread this philosophy that somehow, first, there are principles that they've been trying to drag back and establish rights that don't exist for a long time. This goes back to, probably, Woodrow Wilson or earlier, but FDR comes to mind. And if one should go out to

FDR's Memorial here in this city, you'll see the memorial that displays the four freedoms. Back in those years, Franklin Delano Roosevelt made a speech about the four freedoms, and Norman Rockwell painted the cover of a magazine on that that showed the four freedoms, one at a time. The first freedom was, freedom—let's see—freedom of speech. The second one was freedom of religion. The third one was freedom from want, and the fourth one was freedom from fear.

Now, I go back and look at that, and I don't think I was very old when I first realized about that speech of Franklin Delano Roosevelt, the four freedoms speech—the freedom of speech, religion, want, and fear—and I knew even then, as a young man, that there is no freedom from want and there is no freedom from fear, that these are things that can be resolved. These aren't rights that come from God.

Our liberty comes from God. It says so in the Declaration. We hold these truths to be self-evident that all men are created equal. And we're endowed by our Creator with certain unalienable rights, among them are life, liberty and the pursuit of happiness.

And by the way, the pursuit of happiness, in the left-wing version, means anything hedonistic you might want to do that makes you happy or gives you pleasure for the moment. But pursuit of happiness our Founding Fathers understood was rooted in the Greek word *eudaemonia*, which means that pursuit of truth, both the physical and the mental versions of truth.

So we have these liberties that come from God that are clearly delineated in the Declaration of Independence and the foundation for our laws in the Constitution, and no one in America has a God-given right for freedom from fear or freedom from want. Those are manufactured rights that jerk this country off on to the left towards the socialist side of this.

And as I listen to this debate on health care, it comes back to a position that's continually made, that people have not only a right to health care, but they have a right to their own individual health insurance policy that they own.

And the folks on this side of the aisle, the Democrat side of the aisle, have continually conflated two terms. Well, many more, but the two that I'm talking about are the terms "health care" and "health insurance." Over the last year and a half or 2 years, the subject has been conflated to the point where, when people say "health care," often they mean health insurance. And if you say "health insurance," you generally mean health insurance. But if you say "health care," you might mean health insurance or health care.

And many Democrats on that side of the aisle, and I don't know that that's the case with the gentleman from Ohio, have made the statement that everybody in America has a right to health

care and that they have a right to their own health insurance policy.

And I'll make this point, that everybody in America has access to health care, albeit in some cases it's the emergency room. Everybody has access to health care. We don't let people die in the streets. You'd never see that happen in the United States. We take care of people.

We don't have a collapsed system, as the gentleman from Ohio would have us believe. We have the best health care delivery system in the world. We have the best health insurance system in the world. Both of them can use improvements, and we should do that. But we should not throw the baby out with the bathwater. We shouldn't give up on the great things that we have that give so much quality and so great a life expectancy in this country for the sake of moving towards the socialization or the nationalization of a policy that diminishes us as a people.

And so, going through those four freedoms, freedom of speech, freedom of religion—which I agree with, those are God-given rights—freedom from want and freedom from fear, takes me back to a hearing we had in the Ag Committee at the beginning of the markup for the last farm bill that we did. And there, Janet Murguia, the president of La Raza—La Raza, I would point out, Madam Speaker, is the organization that is called—the "La Raza" is Spanish for "the race."

Now, if we had a, let's say, Caucasian organization that was exclusive to that, that had called themselves "The Race," they would be called the racists. But meanwhile, we accept La Raza as the people that are doing the negotiating for our food stamps.

And Janet Murguia testified that one of the obesity problems we have in the United States comes because people, they know where their next meal is going to be—they couldn't find somebody that was suffering from malnutrition—but she said that they may have anxiety about where their next meal is going to come from.

I think I am going to pick this up in a little moment and yield to my friend from Texas.

Mr. GOHMERT. Well, I appreciate that very much. I would like to follow up on that with something that our friend across the aisle said before us tonight. He said that when this bill passes, we'll have a lot to run on, and I agree. And I think they'll need to be running a great deal after this bill were to pass because the vast majority of Americans don't want it to pass. That's very clear.

So you ask yourself, Why would the majority of the House of Representatives and the Senate and the President try to cram a bill down the throat of a majority of Americans that don't want the bill when it could hurt them politically?

Well, there is so much government in this bill that they know if this bill passes, then the government intrusion,

whether you want to call it socialism or progressivism, it's the government taking over such a massive part of our lives, basically taking over our lives.

But I would want to point out page 100 of the Senate bill. You know, why were the unions so happy to jump on this? You know, unions are beginning to look at their health insurance policies as—some of them are—as a massive debt, and they'd like to get rid of it, and we know that they'd be unable to do this under the bill. But people will be glad to know, people who are in unions who are retired and have union health insurance, they'll be glad to know that they won't lose their union-negotiated health care, at least not until the date on which the last of the collective bargaining agreements relating to the coverage terminates.

□ 2200

So people will be able to keep, if you're in a union, or, Madam Speaker, people are in a union or they have retired and they have union health care, they can be assured they do not lose their health care—at least not until the date on which the last of the collective bargaining agreements relating to the coverage terminates. And then, of course, once a new union contract has to be negotiated, all bets are off.

So that should provide some comfort if there is a year or two left on a collective bargaining agreement, then they can be comforted. They have got that insurance if they like it, and they can keep it until the collective bargaining agreement terminates.

Mr. KING of Iowa. I thank the gentleman from Texas from picking up there from where I was forced to leave off.

To take this up then, Madam Speaker, the situation of asking Janet Murguia, the president of La Raza, to testify as to why we needed to increase food stamps by 46 percent before the Ag Committee. And not being able to find people that are suffering from malnutrition and not being able to find people that aren't having their meals today, they testified that there were people that were having anxiety because they don't know where all of their future meals were going to come from. And because they had had uncertainty, they tended to overeat, and if they ate out of anxiety—not having full comfort that there would always be plenty of food for them there, they might attend a feast or gorge themselves in those times—she argued if we would just give everybody 46 percent more food stamps, people wouldn't have this food anxiety, and they would eat less, and we would solve this human obesity problem, at least improve it, by providing food stamps for people.

Now, here I am sitting in the United States Congress, highest level in the land or the world, for that matter, and I'm listening to a witness begin to tell us why we should expand food stamps. And her argument is if we give people

more food, they won't be as fat. People are fat because they eat out of anxiety, and if we make sure there was a mountain of food in front of them, they wouldn't eat out of anxiety anymore and apparently they would lose weight and they would be slender.

Now, my response to that takes me back to the statement that I made earlier about the manufactured rights that came out of the presentation of Franklin Delano Roosevelt. Freedom of speech and religion, that's fine. The other two of the four, freedom from want and freedom from fear, now those are breathtaking principles to lay out in the 1930s. But if you listen to Janet Murguia's testimony, her argument is that people have a right to have freedom from fear of want. And that fear of want causes people to overeat so they get obese, and if we can solve that problem and give them their freedom from fear of want, then they won't eat as much, they'll be thinner, and they will be healthier.

This is a bizarre, upside-down, topsy-turvy world that we live in, Madam Speaker. And when we think about what freedom is and what liberty is, Americans that understand it have an entirely different understanding of what liberty is than people in Canada, Great Britain, and around the world. Their argument is that whatever is free expands freedom.

So if you have a lot of food stamps and rent subsidies and heat subsidies, you'd have a lot of freedom. I suppose you would because you wouldn't need to go to work. You would have the freedom to go do whatever you want to do, sit around and be a couch potato, or go off to play golf or go fishing every day.

But that's not what we're talking about. Not the freedom to be irresponsible or not to take responsibility for yourself. We're talking the liberties that come with this Constitution, that liberties that allow us the right to speak freely, to worship as we please, to peaceably assemble, and redress our grievances, the right to keep and bear arms, the right to keep property. However, the Kelo decision altered the Constitution itself. The right to face your accuser, to have a jury trial. The list goes on and on. Free from cruel and unusual punishment. Those are liberties that we have. They are delineated in Constitution. These are laws that come down from God. But He didn't ever promise us that we wouldn't have fear from want because there is something intrinsic in human nature that says that we have got to get out there and strive and struggle.

But this Democrat health care bill is about expanding the dependency class in America. If they can expand the dependency class—they're the representatives of the dependency class; we're the representatives of the liberty class. We're the people that want to work, that want to expand families. We want to provide for and encourage more personal responsibility. We want to see that spark of vitality come out of

every human being. And we want that to join together. And we know that our job is to find ways that we can to lay the groundwork and help nurture so that the average annual productivity of the American goes up. If it does, so does our quality of life—at least in terms relative to the rest of the world it does. We have got to have a moral foundation to do that. And it requires individual responsibility, not growing the dependency class.

If you take people and they're on a safety net already, a safety net that has been cranked up to where we are a welfare State today—some 71 different welfare programs—and this safety net that was designed to keep people from falling through and freezing to death or starving to death now has been cranked up to the point where the safety net has become a hammock, Madam Speaker, and the more comfortable that former safety net, now a hammock, is, the less incentive there is for people to take care of themselves. They lose their incentive.

And so they lose their will to try, they lose their will to be creative. They lose their ingenuity. And they don't think they have to put themselves out to the point their parents did or their grandparents did.

I look at the people that settled the part of the country that I live in. Those ancestors in about 1875 came out there and stuck a stake in the ground out in the prairie and claimed a homestead of 160 acres. And a lot of them came out in covered wagons. And if they had a good day traveling, they would walk behind the oxen 10 miles a day on a good day. Some days they didn't move at all because it was muddy, they were bogged down, something went wrong, they broke an axle or wheel or whatever it was. Ten miles a day on a good day to get out on the prairie to drive a stake in the ground and say, This is my 160 acres, and if I build a home on it and I take care of it and I farm it and make it productive—under the Homestead Act they could keep it. That's the American dream.

They went out there to live free or die out there on that prairie, and they had to raise their food and they had to protect themselves from the elements and from hostiles. And that independent spirit is the thread of the Americans that we are today.

We didn't ever think about capitulating. We didn't think about giving up. We never thought the winters were too tough or the days too long or the work was too hard or too hot or too sweaty or too dusty or snowy or rainy. We did what we had to do because we were driven to succeed, we were driven to achieve the American dream. And by the way, there wasn't a fallback position. That fallback position would have been freeze to death, starve to death, let the hostiles take over you. Any number of things could happen.

Well, that American spirit is what has brought about the thriving of the

American people and our tenacity globally. If you look at where we are economically, American business has gone around the globe. We set the standard. We set the pace in patents and in trademarks and creativity and in productivity. We set the pace from a military-security standpoint. We set the pace from a cultural standpoint. We set the pace from a religious standpoint.

All of these things that I am talking about here are undermined by people on this side of the aisle and undermined by a socialized medicine bill that the Senate could not pass today, the House would not approve of, that diminishes us and expands our dependency so that it can expand the political class that supports and votes for them.

This is a cynical political move, and if it was about policy, Madam Speaker, then one of them, just one of them—and I have a question I want to project to the gentleman from Texas here in a moment—but if it was about policy, then the President of the United States, the Speaker of the House, HARRY REID of the Senate, or someone out of all of these Democrats over here would have pointed to a country in the world that has a better health care system than the United States and said, Let's emulate that.

□ 2210

Well, whom shall we emulate? China? Russia? Cuba? Canada? Great Britain? Germany? I think all of us would reject all of those proposals. If there is a country out there that does it better, I would like to know, and we will take a look at that. I pose that question as more than a rhetorical question, but a real question of substance that has been unanswered. And I would yield to the gentleman from Texas wherever he would like to take that.

Mr. GOHMERT. And I certainly appreciate the question, because we just happen to have a chart here. And this is a chart, as it says, government-run care means lower survival rates for cancer. Now, we have been told by friends across the aisle, well, but if you look at England or you look at other countries, you find that they have a longer life expectancy than we do in America. Well, not if you're looking at cancer survival rates. If you compare apples to apples, you find out, as my friend from Iowa said, there is no better health care anywhere in the world when you want a good, the best survival rate, whether it's cancer, heart disease or whatever.

Now, the place where the statistics get skewed is our life expectancy in the United States has added in and this is terribly unfortunate, a higher murder rate than some of those countries have. And one other thing that really skews the figures in the United States is that when a baby is born, it doesn't matter if that baby is 20 weeks premature, 10 weeks, 8 to 10 weeks, like my wife's and my first child, if that child is born alive and subsequently dies, even if it's

an hour later, that counts in our statistics because in America the majority still feels that every life counts.

Well, in many of the countries that they try to compare us with with our life expectancy, if a baby is born prematurely and dies, they don't count that. We count it here. And when you have a child that dies within an hour or 2 hours, it dramatically brings down the life expectancy. But it's one of the things I love about America. We care about lives here in America. And so you look at this chart, if you could choose a country to go to if you got cancer, well, you could go, this green here is England, but that is not the greatest survival rate.

My goodness, look at prostate cancer, 50.9 percent survival rate. That's not so good. In the United States, we have a 91.9 percent. That is phenomenal, up 41 percent. That means in the United States, if you get prostate cancer, for every two people that get prostate cancer in the United States, most of the time, both of them are going to live. However in England, you have two people that get prostate cancer, one of them will die. And it's so unnecessary because they have access to the same types of health care we do.

Mr. KING of Iowa. Just as I look at the statistics here, and I see the 91 percent of survival rate of prostate cancer in America, that means out of 10 patients, nine will live. I look at the ratio in the United Kingdom, 50 percent. That means out of two patients, one of them will die. One out of 10 will die in America, one out of two will die in England. That is the comparison in the results of this health care.

Mr. GOHMERT. Why would you want to go to any other country? So who could blame the Newfoundland prime minister when he had a heart problem, for saying, I love you, Canada, you're my country, I love you and I am totally devoted, but I am flying to the United States for my heart surgery, which he did. He is a smart man, obviously.

But you look at breast cancer, and I've been shown statistics that are not on here. For example, in breast cancer, if a tumor is found localized in a breast, then we have a 98 percent survival rate, 98 percent survival rate, if a cancerous tumor is found localized in the breast. In England, it's about 20 percent less than that. In other words, even though both countries have wonderful technology, when you have a government-run program, you have to put people on lists.

And the President is right. He is not being disingenuous when he says we are not going to deny coverage. For the most part, that is right. What you do is you put them on lists so that they die before they get what they need. And I was talking to a really sweet secretary in Tyler, Texas, my hometown, and she has emigrated from England. And she told me that her mother got cancer in England and died of that cancer because she was in England. Each step of

the way, finding the tumor, having surgery, having therapy, all the things that you have, chemo, all those things, you get on a list. She said, my mother was found to have cancer, and she died because she lived in England. After I emigrated to the United States, I was found to have cancer, and she said I'm alive because I was in the United States instead of England. She said, because I didn't go on a list.

And this is not some wealthy person. This is a middle class secretary with a lot of class. And she knows just how good we have it here. And so you've got all men's cancer: 66.3 percent survival rate here; in England, 44.8 percent; 53 percent in Canada. That's a lot of people. We heard our friend from Florida come down and rant and rave about people and you're killing folks in our district. But all I can see when I look at these cancer survival rates and death rates is when you want us to go to a government-run health care—I know it's not intentional, I know it's not intentional—but the fact is you will cause people to die unnecessarily.

There is no reason to have this kind of drop in prostate cancer success, but that's what we have. And it's so unnecessary.

You've got all women's cancer, 62.9; 55.8 in England. There's not quite as big a discrepancy, but if you're one of the 9 percent or 7 percent in these different categories or even 41 percent that are going to die because you don't live in the United States, then you probably think the United States is the place to be for health care. You take out the murder statistics and you make all countries deal with their statistics of premature babies who die after they're born, then you would find the United States at the top of the charts on life expectancy.

So I appreciate the gentleman yielding on that particular issue.

□ 2220

Mr. KING of Iowa. Reclaiming my time, and so we have seen what the data is on survival rates for cancer in the United States versus Canada and Great Britain and one other country.

There is another point that has been made, I say it has been made consistently by the President of the United States, it has been made by the Speaker of the House, and that is this point that there is nothing in any bill that is likely to pass the House or the Senate that could become law that doesn't fund abortion or illegals. This is where the argument came in. Madam Speaker, it is a JOE WILSON argument.

Well, I will deal first with the issue of illegals. The House version of the bill is looser than the Senate version of the bill. But when the President says we are not going to fund illegals, he is not right on that. The Senate version is a little tighter. But if you go to the language in the Senate bill, it says essentially that it lowers the standards.

We had a standard that existed under the Medicaid standards, which is pretty

close to the gold standard as far as the Federal Government is concerned, that if an individual were going to sign up for Medicaid, that they would have to prove their citizenship by providing a birth certificate and a couple of supporting documents or a series of naturalization papers that would allow people to sign up and receive Medicaid benefits.

But when this House, under the leadership of Speaker PELOSI, changed the language under SCHIP, the State Children's Health Insurance Program, which I called socialized Clinton-style HillaryCare for illegals and their parents, when they changed that, they lowered the standard, and the standard then for Medicaid and the standard for SCHIP became the same, and that is the standard that exists in the Senate language of the bill. Even though it says we are not going to fund illegals, the proof is simply a requirement that they introduce and offer, let me say, attest to a nine-digit Social Security number.

Well, if you have people that are adept at gaming the system, they are not likely to be so intimidated that they would not be able to produce a nine-digit Social Security number. It is unlikely that it will be checked. The standards to require that are a little tighter in the Senate version than they are in the House version, but the Congressional Budget Office, when one examines their calculations, it produces this number:

Under the Senate language, 6.1 million illegals could access health care benefits, health insurance benefits under the Senate version of the bill which presumably, if you listen to the Speaker of the House, the House is ready to pass. 6.1 million illegals. And yet, the Speaker and the President say we are not going to fund illegals because they say in the bill they are not going to fund illegals. But you have to look at the standards.

This is akin to the no earmarks edict that was delivered to this House at the beginning of the 110th Congress the first year of the Pelosi Speakership when the chairman of the Appropriations Committee, DAVID OBEY, brought a big appropriations bill to the floor. And when he was challenged for all the earmarks that were in it, even though they had pledged they were not going to provide earmarks—this is the Pelosi Speakership—DAVID OBEY said, There are not earmarks in this bill. But when pointed out to him that there were hundreds of earmarks in the bill, the chairman of the Appropriations Committee then went to the first page of the bill, I believe it was the second paragraph, and he read verbatim from the bill—generally speaking, not verbatim from me—is this: There are no earmarks in the bill by definition; therefore, this bill doesn't have earmarks.

Can you actually write stuff out, the things that we can't believe our lying

eyes because someone has said by definition it doesn't exist? That is what is going on here.

They will argue by definition they don't want to fund illegals, but the result is 6.1 million illegals taking advantage of the Senate version of the bill by the calculations of the non-partisan Congressional Budget Office. The House version funds illegals. The Senate version funds illegals. And the House version, I know a little better, it funds them in a myriad of ways.

Also, the Senate version funds abortion with American people's tax dollars. That is something also that the President says they are not doing. That is something that the Speaker of the House says they are not doing. And I haven't actually heard Majority Leader HARRY REID say one way or the other.

But there are a couple of ways that this happens. One of them is in this chart right here. And so, Madam Speaker, it goes like this:

When you have Americans that have to fund into these three different systems, pay taxes, or enroll in an exchange plan, or enroll in an exchange plan that covers abortions, some of them will be enrolled in an exchange plan that covers abortions unintentionally because their employer will offer that. And they will sign up and they won't ask the question, and they won't know that their premium is going to fund abortion. But in any case, they will enroll in the red version here that funds abortions.

Mr. GOHMERT. Would the gentleman yield?

Mr. KING of Iowa. I would yield.

Mr. GOHMERT. If you look at page 122, the exact point is made that you are making. It says that there is at least one such health care plan that provides coverage of services described in clauses i and ii of subparagraph (b).

You look at subparagraph (b)(i), and it says: The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted based on the laws in effect at the date that is six months before the beginning of the plan year.

So this has actually misled people into thinking, oh, there is a provision here that prevents you from using money—

I am sorry. We were told we had 6 minutes, and we have used 4. Okay.

Mr. KING of Iowa. In that case, I take the gentleman's point and I think it has been driven home effectively by this chart and the language that we know.

Mr. Speaker, I appreciate your indulgence. And if I called you Madam Speaker, I apologize. I didn't have a rearview mirror. And I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

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

Mr. ETHERIDGE, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZZO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, March 23.

Mr. JONES, for 5 minutes, March 23.

Mr. SOUDER, for 5 minutes, today and March 17, 18, and 19.

Mr. BOUSTANY, for 5 minutes, today.

Mr. SMITH of New Jersey, for 5 minutes, today.

Mr. MORAN of Kansas, for 5 minutes, March 23.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. GARAMENDI, for 5 minutes, today.

SENATE CONCURRENT RESOLUTION REFERRED

A concurrent resolution of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. Con. Res. 53. Concurrent resolution recognizing and congratulating the City of Colorado Springs, Colorado, as the new official site of the National Emergency Medical Services Memorial Service and the National Emergency Medical Service Memorial; to the Committee on Energy and Commerce.

BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on March 15, 2010 she presented to the President of the United States, for his approval, the following bill.

H.R. 3433. To amend the North American Wetlands Conservation Act to establish requirements regarding payment of the non-Federal share of the costs of wetlands conservation projects in Canada that are funded under that Act, and for other purposes.

ADJOURNMENT

Mr. KING of Iowa. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 25 minutes p.m.), the House adjourned until tomorrow, Wednesday, March 17, 2010, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

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

6611. A letter from the Administrator, Department of Agriculture, transmitting the Department's final rule — Establishment of Honey Packers and Importers Research, Promotion, Consumer Education and Industry Information Order and Suspension of Assessments Under the Honey Research, Promotion, and Consumer Information Order [Docket No.: AMS-FV-06-0176; FV-03-704-FR] (RIN: 0581-AC37) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6612. A letter from the Administrator, Department of Agriculture, transmitting the Department's final rule — Tomatoes Grown in Florida; Decreased Assessment Rate [Doc. No.: AMS-FV-09-0063; FV09-966-2 FIR] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6613. A letter from the Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Amendments to Rules Requiring Internet Availability of Proxy Materials [Release Nos.: 33-9108; 34-61560; IC-29131; File No. S7-22-09] (RIN: 3235-AK25) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6614. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule — Magnet Schools Assistance Program [Docket ID: ED-2010-OII-0003] (RIN: 1855-AA07) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6615. A letter from the Secretary, Department of Education, transmitting the Department's final rule — Investing in Innovation Fund [Docket ID: ED-2009-OII-0012] (RIN: 1855-AA06) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6616. A letter from the Acting Chief, Branch of Listing, Department of the Interior, transmitting the Department's final rule — Endangered and Threatened Wildlife and Plants; Determination of Endangered Status for 48 Species on Kauai and Designation of Critical Habitat [FWS-R1-ES-2008-0046] (RIN: 1018-AV48) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6617. A letter from the Chief, Branch of Listing, Department of the Interior, transmitting the Department's final rule — Endangered and Threatened Wildlife and Plants; Designation of Critical Habitat for Oregon Chub (*Oregonichthys crameri*) [Docket No.: FWS-R1-ES-2009-0010] (RIN: 1018-AV87) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6618. A letter from the Assistant Secretary for Fish and Wildlife and Parks, Department of the Interior, transmitting the Department's final rule — Native American Graves Protection and Repatriation Act Regulations — Disposition of Culturally Unidentifiable Human Remains (RIN: 1024-AD68) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6619. A letter from the Acting Chief, Branch of Listing, Department of the Interior, transmitting the Department's final rule — Endangered and Threatened Wildlife and Plants; Revised Designation of Critical Habitat for the California Red-Legged Frog