

going to be voting for the Senate bill with all the special deals, with abortion funded by taxpayer dollars, for cutouts so the illegal aliens won't be fined and taxed like American citizens will be, so that all of the bad things that are in the Senate bill that the American public overwhelmingly have rejected—when they vote for that rule, the American people need to take note, because they are going to be voting for the greatest government takeover of our economy ever in the history of this Nation because they have put in place a mechanism to socialize the health care system.

In the 1930s, the Socialist party of the United States said the fastest way to destroy freedom in America, the fastest way to change America from being a free Nation with free people into a Socialist Nation with government control, central control from Washington, D.C., is a government takeover of the American health care system.

The American people need to contact their Democratic members and say: "No. Or, we are going to say 'no' to you."

Mr. FLEMING. We have got only 1 or 2 minutes remaining, and I am going to turn the remainder of this over to Dr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding. As we conclude, I have got one last slide I want to share with my colleagues. The title of it, the Slaughter solution. My colleagues have already mentioned it. But it would indeed let Speaker PELOSI send the Senate bill to President Obama without an up-or-down vote. It would just be deemed passage when they vote for the rule.

Americans deserve an up-or-down vote. And listen to these quotes as we conclude our hour.

President Obama: "I believe Congress owes the American people a final up-or-down vote."

The Democratic National Committee chairman, his quote: "There is going to be a vote, and it's going to be an up-or-down vote. Everybody is going to be up or down on the record and be accountable either for a 'yes' vote or a 'no' vote."

Have the intestinal fortitude, Mr. Speaker, to stand up and be counted. Stand up and be counted. That is all we are asking. And I yield back to the gentleman from Louisiana.

Mr. FLEMING. I thank you gentlemen for joining me this evening. I thank our audience. This has been again another productive discussion about health care. I ask that everyone going forward in the next 3 days pray for us. And I yield to the gentleman.

Mr. BROUN of Georgia. One final word.

The American people can kill this bill by contacting their Democratic Congressmen and saying "no" to this government takeover of health care system that is going to ruin our economy.

□ 2115

HEALTH CARE REFORM

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

Mr. GINGREY of Georgia. We're going to continue during this hour to talk about health care, my colleagues in the previous hour: Mr. Speaker, Dr. JOHN FLEMING from Louisiana, a family practitioner of many years, with many years experience; Dr. PAUL BROUN, a family practitioner. A house-call doctor, one of the rare breeds of physicians in this country still willing to make those house calls; and indeed he continues to do it when he goes home to Athens and the 10th Congressional District, seeing patients out of the goodness of his heart, mostly.

We talked about a lot of things. We want to continue this discussion because, Mr. Speaker, you just cannot say it all adequately, I don't think, in an hour. We have been blessed. The good Lord gave us this opportunity for another hour. We gratefully accept it. We'll continue to talk about it.

The gentleman who was controlling the previous hour was talking about the magnitude, Mr. Speaker, of this bill. We're not talking about naming a post office or flags flying over the Capitol, for goodness sake. We are talking about one-sixth—one-sixth—\$2.5 trillion of our overall economy in this country. One-sixth of it, the amount of money that's spent each year on health care. We're going to let the Federal Government take over that? I don't think so. My constituents say "no." In fact, they say, Heck no.

This is, again, as Representative FLEMING said, Mr. Speaker, this is not just a little old bill. Bills have varying degrees of significance and importance, but this one is life or death, Mr. Speaker. This is life or death. And we don't want, our patients don't want, our constituents don't want the government in control of that. They don't trust the government. I don't blame them, Mr. Speaker. Why should they when this government is \$1.6 trillion worth of red ink in the last fiscal year and has already spent something like \$650 billion of red ink in this fiscal year, and we're not even halfway through it. It is unbelievable.

We're going to have a good time and try, Mr. Speaker, to enlighten our colleagues, to share our medical knowledge, maybe to show a poster or two. I think one of my colleagues has one up right now, so I'm going to quickly yield to the gentleman from Athens, Georgia, Dr. PAUL BROUN.

Mr. BROUN of Georgia. Thank you, Dr. GINGREY. I put up this slide here. People who have gone to school, as kids, in their basic civics class see the little cartoon with a bill. This is the bill. They have a little song that goes along with that cartoon that is kind of a catchy song. But under the Constitu-

tion, a bill to become law has to be voted upon. That's what article 1, section 7, paragraph 2 says. In fact, I think it's worth having a little civics lesson here.

Article 1, section 7, which lays out all the parameters for Congress in the U.S. Constitution, article 1, section 7, the second paragraph, it says: Every bill—in fact, I encourage people to get the Constitution and read it. Because it wasn't written by lawyers. It's understandable. This contains the Constitution as well as the Declaration of Independence and every single amendment to the Constitution in this little booklet. It's not a thousand pages, it's not a hundred pages, it's not 2,700 pages that this abomination of ObamaCare is all about.

Article 1, section 7, second paragraph: Every bill which shall have passed the House of Representatives and the Senate shall, before it becomes law, be presented to the President of the United States. If he approves it, he shall sign it. But if not, he shall return it with his objections to that House in which it shall have originated.

Mr. GINGREY of Georgia. Would the gentleman yield for just a second?

Mr. BROUN of Georgia. Yes, sir. Absolutely.

Mr. GINGREY of Georgia. Mr. Speaker, I appreciate the gentleman yielding, because I'm following along with him and he's quoting the Constitution accurately. The gentleman, I think, said—of course he did—if he approve, he shall sign it. It's not: if he deem, he shall sign.

Mr. BROUN of Georgia. Not if he deems it.

Mr. GINGREY of Georgia. Mr. Speaker, I think it's important we point that out. Approve, not deem. I yield back.

Mr. BROUN of Georgia. Let's go further and see if the House can deem it. Deem and pass. Western movie. The only outlaws in this particular movie are those who want to take over the health care system in this country. They're going to ambush small business.

But let's go on. Have a little civics lesson: He shall return it to the House where it originated, who shall enter the objections at large on their journal and proceed to reconsider it. This is how we overturn a veto: And if, after such reconsideration, two-thirds of that House agree to pass the bill, it should be sent, together with the objections, to the other House, by which it shall likewise be reconsidered, and if approved by two-thirds of that House, it shall become law. That's how a bill becomes law. That's how this guy becomes law. Both Houses pass the bill. Not deem it, but pass it.

Let's go on. It says: But in all such cases—and this is extremely important that the American people understand this, Mr. Speaker—But in all such cases, the votes of both Houses shall be determined by the yeas and nays. Let me repeat that: The votes of both Houses shall be—shall be—not may be,

not deemed—but shall be determined by the yeas and the nays. And the names of the persons—the names of the persons voting for and against the bill shall be entered on the journal of each House respectively. If any bill shall not be returned by the President within 10 days—and it goes on talking about—well, let's finish that paragraph.

If any bill shall not be returned by the President within 10 days, Sundays excepted, after it shall have been presented to him, the same shall be law, in like manner as if he had signed it, unless the Congress by their adjournment prevent its return, in which case it shall not become law. Period.

That's the only way a bill can become law. That's the only way that the kids see that cartoon about: I am a bill, I am a bill. I'm not going to sing it. I wish I could sing it.

Mr. GINGREY of Georgia. If the gentleman will yield back. Mr. Speaker, I'm going to ask the gentleman to yield his time back to me because the Lord knows we don't want to hear him sing. He's done a great job of reading the Constitution.

We're pleased to be joined, Mr. Speaker, by another of our colleagues, the gentleman from Iowa. I'm of course speaking of my mom's favorite Member of the body. I hope Mom's watching, Mr. Speaker. Mom is 92 years young, lives in Aiken, South Carolina, in our good friend GRESHAM BARRETT's district, or possibly JOE WILSON's, but my mom watches intently to what is going on up here, and she's a big fan of the gentleman from Iowa, Representative KING. We're going to get to him in just a minute. Before I yield time to Representative KING, I want to yield back to my friend from Louisiana.

Mr. Speaker, I want to commend my friend from Louisiana, Dr. FLEMING, for being courageous in the first hour of speaking out against something that may purportedly—at least one of the Members of the other body who represents the State of Louisiana, who arranged for the Louisiana Purchase. Representative FLEMING, Mr. Speaker, is mighty courageous to stand up here—he's from Louisiana as well—to say, That's not right. That's not right. That's not playing fair. That's giving one State an unfair advantage. It's not a level playing field.

I yield back to my friend from Louisiana.

Mr. FLEMING. I thank the gentleman, and once again the Chamber this evening is filled with gentlemen that I admire and I'm learning from here in my first term in Congress. I certainly thank each one of you for your leadership.

I just want to hit one thing before we get back to the topic of the Constitution, which is so important, and the process. I listened some to the hour before last, the women. There was a woman's leadership hour on the other side of the aisle. Attractive women, nice ladies. We see them every day. We work with them. We happen to have a dif-

ferent worldview. And much of what they talked about was the human element, how this affects human beings. How this affects folks. Individual situations where someone loses their insurance and they run into problems and so forth.

And I want to get back to that just for a moment. And here's why. We, the three physicians that are here, and our friend, Mr. KING, we've all seen situations—health care problems, situations where people develop cancer, heart disease, what have you. And we want the best. We want health care reform. In fact, I campaigned on health care reform, but of course I had no idea that health care reform could in any way be a takeover of the health care system, but simply using a scalpel to fix the problems.

But let me talk about, again, the human issue, and that is, let me remind my friends that coverage does not mean access. Coverage does not mean access to care. And I'll give you an extreme example. Look at Cuba today. In Cuba, 100 percent coverage. Care is free. The problem is you can't get care. They have one colonoscope for the whole country. Yeah, antibiotics are free. If you get pneumonia, you're still not getting any antibiotics. The same is true in North Korea. The same is true with the Soviet Union. Socialized, centralized economies do not work. They create spot shortages and sometimes extreme shortages.

So let's look at Western European countries and Canada. What do we see there? Again, government-run health care. We talked in the previous hour about the fact that there's two ways to control cost: either do it by investing the patient and the doctor into it or have the government sort of control it. But the only way the government can actually save money is to create long lines and rationing.

So if you look at Canada, we had both doctors and patients come and testify before us several months ago. I think some of the Members here were there. And what we heard was really, I think, spine-tingling. We heard the situation of a young mother who developed a spinal condition which left her wearing adult diapers. And there was a permanent treatment for her problem, a surgical treatment. Unfortunately, she had to wait years to get it. When she asked them, Why can't I have this surgery? I'm a young mother, I have a husband, and yet I have to wear diapers because I'm fully incontinent. The answer to her by her doctor was, You haven't suffered enough. You haven't suffered enough.

□ 2130

Yes, health care is free in Canada, but you have to wait as much as 2½ years to get an MRI scan, and then you have to wait in line to get whatever it is. And it's not unusual for doctors in Canada to say, Yes, you have cancer, Mrs. Smith. We'll watch it. You will not hear a doctor in the United States

tell you, You have cancer, and we'll watch it. The doctor may say it's untreatable, but he's not going to watch it if he thinks that there's any chance at all that there's either a cure or at least palliative care.

Then finally we look at—let's go up a couple thousand feet and look overall. Two of the most important cancers in this country—prostate cancer and breast cancer. One in six women get breast cancer, and something like 60 percent of men over age 90 get prostate cancer. And look at the death rates. They're not comparable. The survival rates in the United States of America are far above those in Canada and the U.K. for two reasons. Number one, in the case of breast cancer, the government says it cannot afford mammograms, which are saving lives in the United States, and they cannot afford the more expensive and innovative chemotherapeutic drugs which are saving lives.

So I just wanted to bring this down to the human element because we're talking about process, as we should, and we're talking about the economics, as we should, and we know they don't work. But I hear what these ladies are saying, that there is suffering out there. But again, bankrupting our health care system is not going to save lives or to free people from pain.

Mr. GINGREY of Georgia. Dr. FLEMING, would you yield for just a moment? If the gentleman would yield back to me, and I will yield just for a moment to Dr. BROWN, and then I will yield to Representative KING.

But I yield just a moment to the gentleman from Athens, Dr. BROWN.

Mr. BROWN of Georgia. Thank you.

I just wanted to bring up, after Dr. FLEMING was talking, I think it was one of the other physicians from Louisiana that we were talking to today. In fact, the three of us were there when he was talking. He is a gastroenterologist from Baton Rouge. But anyway, Dr. CASSIDY was talking about a patient being in Great Britain. Now, our President has held up Great Britain and their health care system as being where we need to go today. Y'all correct me if I'm wrong on this story.

Dr. CASSIDY spoke so quickly. I don't hear that quick, but he was saying that a lady that he was associated with went into the hospital in England and was having a bleed in her esophagus, right at the junction of the esophagus and stomach, and people can bleed to death very quickly with that kind of bleed. But the patient was told that the doctor was out at tea and she would have to wait until the tea was finished, because the doctors' union would not allow them to come and see this lady who's bleeding to death.

Now, this may sound—we're giggling and laughing about it, but it's really serious business, because that's where we're headed as a Nation, and people won't get the care. And I just wanted to add that on to what Dr. FLEMING was saying. What he was saying earlier

is that people, though they may have free government health insurance, they're not going to have access to care. People are going to be denied care, and we're going to have a government panel here in Washington, D.C., that's going to tell people whether they can go into the hospital or not.

I already fight that for my patients. I have to talk to Medicare about my patients to see if they meet criteria. We all do. But it's going to get much, much worse, and people are going to be denied medicines, lifesaving medicines, lifesaving treatments, and it's going to be disastrous for the quality of care that we have in this Nation.

Mr. GINGREY of Georgia. I wanted to just point out real quickly before yielding to my friend from Iowa, when I think about tea in this country, Mr. Speaker, I think about the Tea Party Patriots, God bless them.

Mr. Speaker, I wanted to correct something that I said a few minutes ago because I misquoted Mom. I said that Mom said that Representative KING was her favorite Member of Congress. That's not what Mom said. Mom told me that I was still her favorite Member of Congress. I think she even said that I was the best looking. But what she did say, Mr. Speaker, was that Representative KING was the best speaker, and I was highly offended by that, but he is a pretty good speaker. And Mom, here he comes.

I yield to the gentleman from Iowa, Representative STEVE KING, my classmate.

Mr. KING of Iowa. I thank my good friend from Georgia (Dr. GINGREY). I was prepared to correct that, because I was entirely convinced that you did misspeak and that Mrs. Gingrey's favorite Member of Congress has to be Congressman Dr. PHIL GINGREY, as every mother's son should be their favorite if she only has one. If she has several, then it starts with first favorite, second favorite and on down the line.

I'm pleased to be here with the Doctors Caucus and the friends that have done battle with me and others here in this Congress and across this country to kill this idea of taking over our health care and establishing socialized medicine. This is an American effort, an American endeavor to tell the liberals and the progressives in this Congress that we will not have them take away our liberty.

And Dr. GINGREY mentioned the Tea Party Patriots. They have come to this city and packed this Capitol. There are a number of Tea Party groups that are out there. A lot of other Patriots out there in other ways. The 9/12 Project people that have started, and then we saw the Patriots show up on April 15 and then again and again throughout the town hall meetings, and last August, the end of September came to this city, and 10,000 to 50,000 people packed this city on November 5 to say, Take your hands off of my health care. Two days later, on November 7, they

filled us up again on the other side of the Capitol and said, Take your hands off our health care. Kill the bill.

The message, Mr. Speaker, and consistently for almost a year has been, Kill the bill. Kill the bill. The American people want this bill killed. Seventy-five percent of the American people do not support the idea that the government ought to step in and cancel everybody's health insurance policy in America. Not the first day, but over the course of 2 years, the Federal Government would cancel everybody's health insurance policy, and the policy you would get would be the policy then that the health choices administration commissioner decided was available to you or your employer or subsidized by some other taxpayer or fined if you don't buy it.

The idea that the Federal Government would cancel every health insurance policy and the health choices administration commissioner, whom I call the commi-czar-issioner, would be the one that would write the rules for the 1,300 health insurance companies in America and the 100,000 health insurance policies that exist as options among the 50 States in America today, and watch that happen where the Federal Government would then decide, Well, you have a policy that is catastrophic with low premiums. We can't have that because it doesn't have all the bells and whistles that somebody else's supermandated policy has. So your health insurance policy for a 25-year-old man in New Jersey, a healthy young man, would cost him about \$6,000 a year compared to the \$1,000 a year for a similar but not identical policy for a healthy young man in Kentucky the same age.

Why would this country not allow the young man from New Jersey to buy a health insurance policy in Kentucky? New Jersey has the mandates. Kentucky has significantly fewer mandates. I believe they have a higher percentage of the insured because when their premiums go up, if you raise premiums 600 percent, you aren't going to have as many people covered, unless you pay for that with the Federal Government.

Here's one of the flaws, Mr. Speaker, that came out this way. Some people believe that the highest ideal was to ensure that people could buy insurance that had preexisting conditions. So if we pass a law like that and tell insurance companies that you cannot consider preexisting health conditions when you decide to issue a policy, the health insurance companies then wouldn't be able to look at medical records or make that decision. The buyers would know that, and so they wouldn't buy insurance until they got sick. Then on their way to the emergency room or maybe on the gurney, they'd fill out an application and buy that insurance policy—the very same equivalent to, if you didn't buy your property and car casualty insurance for your house and you waited until your

house was on fire, and while the fire truck was pulling up, then you would fill out the insurance policy and buy the insurance. You could save a lot of premiums that way, get the same coverage, except somebody has to pay.

And so the liberals—the progressives in this Congress, the people that are associating with the socialists, and some of them actually are—decided that you can't have a health insurance company that's denying people coverage because they have preexisting conditions. So they would impose that and say, No preexisting conditions can be considered, but the only way that you do that that way is you have to then—because people won't buy insurance until they get sick, then you have to mandate that everybody has to buy insurance. And when you mandate that you do that, you cross that constitutional line that was much objected to back in the nineties when Hillary Clinton was putting together HillaryCare.

And then there was a ruling, if I have it here. I will have to add lib it. But the ruling was such that it said back then that never before in the history of America—and it didn't happen with HillaryCare, so it was just poised to be so—had the Federal Government produced a product or approved a product and required the American people to buy that product, whether they chose to participate or not. That is some authority that does not exist in the Constitution of the United States, and we have to be able to say “no.” When we break these principles that drain away our personal liberty, they drain away the American vitality at the same time. They diminish all of us, Mr. Speaker, and that's the difference.

This side of the aisle over here, the left, for more than 100 years in this country, have always driven to increase the dependency class in America. They looked around and took a little message off Otto von Bismarck's plan, who put together socialized medicine in Germany over 100 years ago. Bismarck's approach was to create a dependency class that knew that they had to have him in office in order to get their benefits that would be coming, and he created the idea of a national health care act then.

And the philosophy that's flowed from the non-English-speaking Europe, the post-Enlightenment, non-English-speaking Europe, has been a philosophy that has always created dependencies. And the expanding dependency class, the people who have had a nice safety net to be on for a long time now, now we've cranked that safety net up to being a hammock, and now this Congress wants to bring them the grapes and the drinks and the fan. So the safety net that's become a hammock diminishes our vitality. We don't get out of that hammock when it's comfortable. We need to have some reward for us working and taking care of our families.

Our side of the aisle is about American vitality. Their side of the aisle is

about supporting the dependency class because the dependency class supports them politically and expands their power. That's the motive, and all the things we talk about about the nuances of this policy are about the political configuration.

We watch people making decisions on whether or not they're going to vote for or against this bill. Today the people that are deliberating on whether or not to vote "yes" are deliberating on whether they can preserve their seat in this Congress, whether they're willing to essentially walk the plank that they are on, being nudged down that plank by the Speaker of the House to go off into Davy Jones' political locker if they vote "yes" on this bill, knowing the American people have completely rejected it and spit it out.

And this is a toxic stew that has been cooked up. It starts back with HillaryCare. HillaryCare got matched up with ObamaCare during the primary campaign as Democrats were deciding which Presidential candidate would be their nominee. Hillary brought together her 1994 HillaryCare bill and began to make that argument before the active Democrats, and then Barack Obama, Senator Obama, he had to catch up and play a health care challenge with HillaryCare. So he believed that he got a mandate on that from the American people because he was elected President. So in order to put this all together, they set this big pot out here on the political stove to make this stew, this socialized medicine stew. And they went back in the pantry of HillaryCare and got that old bone off of there with the meat stuck to it that was the meat of the HillaryCare and dropped that in the pot and turned the heat up. And there it sat, this toxic soup bone cooking, this HillaryCare socialized medicine.

And people didn't want that. It was tainted. It had a smell to it. The American people had rejected it just 15 years earlier. So what do they do? Instead of realizing the American people don't want this toxic stew, they started to throw more bells and whistles into it, more vegetables and things that they could encourage people to maybe take a taste because it might look a little better now.

Mr. GINGREY of Georgia. If the gentleman would yield.

Mr. KING of Iowa. I would be happy to yield.

Mr. GINGREY of Georgia. I just have to weigh in here just a minute because, Mr. Speaker, my favorite country singer, Merle Haggard, sung a song about that stew. I think he called it "Rainbow Stew," if I'm correct.

Mr. KING of Iowa. I wish I knew the lyrics to "Rainbow Stew." I looked those up here a couple of weeks ago when PHIL GINGREY's mother's favorite son was talking here on the floor.

□ 2145

And I just kind of played off of that a little bit and decided to call this a

toxic stew. But you keep throwing things into this stew to try to add up the flavor to it and make it more attractive so that people will taste it. And eventually, no matter what you put in that pot of that toxic stew, it still started with a tainted old soup bone. It's still tainted meat in that stew, and you can't change that, no matter how much you add to it.

So we have this toxic stew, and the American people have decided that they reject it. They don't want a pot full of toxic stew or a bowlful or a ladleful or a spoonful. They want no measure of this toxic stew called Obamacare or Pelosicare or Troikacare, as I call it sometimes. The American people have spit it out. They have spit it out time after time after time, going clear back to last July and August. They let everybody know in this country. And then it had implications, the Governor's election in Virginia where President Obama went down to work for the Democrat candidate, and they were rejected down there. And Virginia elected a Republican governor.

And then the race, of course, was in New Jersey at the same time. President Obama went to New Jersey and again, the Democrat was rejected. And the new, fresh air, fiscally responsible, don't tread on me, I want to deliver and protect my liberty Governor Chris Christie was elected in New Jersey.

Now, we think about this, Mr. Speaker. President Obama twice went to Copenhagen, once for the Olympics, and once to be able to get his cap-and-tax approved at the Copenhagen Conference. President Obama went 0 for 2 in Copenhagen. He went to Virginia and went 0 for 1, he went to New Jersey and went 0 for 1. And on this great streak of lack of success, as the President's mojo was diminishing dramatically, he decided he was going to go all in in Massachusetts and go help Martha Coakley take Teddy Kennedy's vacant seat in Massachusetts for the United States Senate. And we all saw what happened. We saw the President go, well, let me say, well, what shall I call that? It's goose egg for one up in Massachusetts. He went zip, nada in Massachusetts. SCOTT BROWN serves in the United States Senate today, and his voice and his vote put an end to, we believed, Obamacare. We thought somebody would hear in the echo chamber of the White House. So far they haven't heard. They are still pounding away on the same failed agenda.

Mr. GINGREY of Georgia. If the gentleman will yield back to me, and I'm going to yield to my colleague in just a minute from Pennsylvania. But I appreciate the gentleman yielding.

And you know, while we're talking about songs, Madam Speaker, there was another one, one of my favorites by, I think it was Julie Andrews that sung this one. I don't know whether the movie was "Mary Poppins," but I think it went by the title of "Make the

Medicine Go Down in the Most Delightful Way." You just add a little sugar. And maybe that's what my colleague is talking about, this stew, rainbow stew, toxic stew, whatever we call it. But add a little sugar, and it's going to go down a little easier in a most delightful way for Louisiana, for Florida, for Nebraska, for North Dakota, just add a little, little bit of sugar.

And add a little bit of sugar to recalcitrant Democratic Members, Madam Speaker, who are struggling to decide whether they go against their constituents, and vote for this thing, this toxic stew that the gentleman was talking about, or they have the courage to vote not only their convictions but the convictions of their constituents who overwhelmingly are saying to them, vote "no." Have the courage to vote "no" no matter how much sugar they offer you to sweeten that toxic stew.

I'd like to yield to our good friend from Pennsylvania. Madam Speaker, in the previous hour, our hour was, of course, about health care, and it was led by a physician group. But the gentleman from Pennsylvania, Representative THOMPSON, has been a hospital administrator during his professional career before being elected to Congress. And I would like—I think our colleagues need to hear from him from that perspective of what the hospitals are dealing with in regard to this toxic stew. And with that I yield to the gentleman from Pennsylvania.

Mr. THOMPSON of Pennsylvania. Well, I thank my good friend for yielding. I appreciate his references to songs. It's striking a tune with me tonight.

You know, you named a lot of States who are getting a lot of sweeteners. A lot of States are being paid off, bought out, you know, buyouts, it really comes down to corruption, I think. If we see this type of deal-making out in the private sector, you know, most people would wind up subpoenaed and in jail for this type of deal making.

There are three things that, you know, States like Pennsylvania—we don't have any of those sweeteners that I know of that have been, those deals have been made obviously. But I think there's a lot that we need to continue to look at in this bill and walk through it and find out, and not just this bill. I think part of what we have to look at—some time in months to come we're going to be dealing with an omnibus budget. And I have to say there's probably going to be some deals in there that folks who vote "yes" on this health care bill, we're going to be able to draw some lines and call—use the President's word from one of his joint sessions, and call folks out of deals that were made.

You know, there are three reasons that America needs to be alarmed. There are many reasons actually. But tonight I'm going to hit my remarks, first remarks on just three reasons of why this is not good for America. That's based on my experience, not 15

months in Congress, but 28 years working in health care, serving people who are facing life-changing disease and disability.

And frankly, my concerns tonight, I want to address just three basic areas: Cost, care, and corruption. And the cost? Well what's this going to cost us? Well, the President has said if you're in an individual plan, a nongroup plan, you can count on your premiums going up 10 to 13 percent. Well, I thought one of the ideas behind health care reform was to bring down the cost of health care for all Americans. But we're guaranteeing, the President has put his word on the line, that if you're in an individual plan, you can count on 10 to 13 percent increase in your premiums. And I think that's just to start with. Where it goes from there I don't think we really know.

We have costs in terms of cost to the States, the expanded roll is taking medical assistance to 133 percent of poverty. You know, States, there are States, many like Pennsylvania. Pennsylvania was the last State to settle its State budget this past year. And there were a lot of potholes, a lot of gaps in that budget, things that needed to be funded that they couldn't find resources to do. And now, the Federal Government's going to spend, reach into the Federal taxpayers, all Americans' pockets, and pay for expanded medical assistance rolls to start with. But guess what? That goes away within short order. And where are the States going to fill that gap? Because you expand that entitlement, it's not coming back, and it's going to create all kinds of problems for our States.

One of the costs I wanted to focus on because my good friend mentioned about my background as a manager within rural hospitals has to do with what does this do to rural hospitals? All hospitals. But I think the hospitals who will be hit first will be rural and urban underserved to begin. They'll feel the pain of this first. And one word, in short order, will be bankruptcy. Now let me explain why.

Today Medicare pays 80 to 90 cents for every dollar of costs. Medical assistance pays 40 to 60 cents for every dollar of cost. You know, the primary reason—there's a lot of reasons, actually, commercial health insurance is so expensive, including a lack of tort reform across the Nation. But I think the most pressing reason why it's so expensive is the Federal Government, the fact that the government creates these entitlements that they can't sustain, and then they're systematically underfunded. And so what do we do if we have expanded medical assistance roles, if we have these, I know they're not calling it a public option but, frankly, if they're going to find for-profit and not-for-profit insurance companies and do this Federal nationwide negotiation with them to have them really compete with other insurance companies, well, I don't know anyone that competes with the Federal Government and wins.

And so the only way that they're really going to be able to provide premiums that will get the blessing of the health czar or whatever bureaucrat is now going to be overseeing our health insurance—today I found out somewhere that they're going to be hiring like 16,000 new IRS employees to determine whether our health insurance meets the criterion or not.

You know, the only way that they're going to get blessed is if the premiums cost less. The only way to have premiums cost less is to pay less, is to pay comparable to probably somewhere between Medicare and medical assistance rates. What that will do to all hospitals, but starting with rural and urban underserved, it will bankrupt those facilities.

You know, a hospital today, if it's healthy, if it's having a banner year, it's making a 1 to 3 percent margin. And out of that margin they're paying, hopefully they're giving some type of cost-of-living increase every year to keep the best and the brightest, because if somebody's going to use a scalpel on me, that's who I want, is the smartest person around. Or to invest in new lifesaving technology because we believe in innovation in this country. We are a country of innovators.

Now, you start cutting, taking those—and not all hospitals are making 1 to 3 percent margins. There are many hospitals across this country that are in the red and are not surviving now and are on life support. So we implement this Obamacare plan, and we're allowing them to bleed to death financially.

And if you want to impact access to quality care in a negative way, close rural hospitals. In my district, we have probably somewhere between 20 and 24 hospitals in my congressional district. You close any one of those and what you wind up with is a commute that makes a difference between life and death. And that's wrong. And that's just on the cost side.

And so I appreciate this opportunity tonight. I think it's very important that the American people continue to weigh in on this. This is not a done deal. We have the opportunity to stop this, to do what the American people are asking for, and that is to start over. And the more that we inform people about the problems in terms of the costs, the care, and the corruption with this proposal that the Democrats have, I think the safer the country will be. And I yield back.

Mr. GINGREY of Georgia. Madam Speaker, I think we're very, very fortunate to have heard from the gentleman from Pennsylvania. I think this is an aspect of this that we've not heard enough about and presented in the way that Representative THOMPSON just explained it. Even we physician Members can't do that. Maybe we can the next time. But I thank the gentleman from Pennsylvania. I thank him for being here tonight and sharing that with us.

I want to yield to my colleague from Georgia, Representative PAUL BROWN for his comments.

Mr. BROWN of Georgia. Thank you, Dr. GINGREY. I was hopeful that Mrs. Gingrey had a second favorite congressman second to my good friend from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. If the gentleman will yield back, Madam Speaker, no pandering tonight, please. I will yield back to the gentleman if he promises not to pander.

Mr. BROWN of Georgia. I told Ms. Gingrey and all the people living over in South Carolina, I don't pay any attention to the rivers. The Savannah River divides where she lives from my district, and I'll be glad to represent her interests too.

But Mr. THOMPSON just brought up the issue of cost. The thing is, the American people get it. They really get it. They know that this toxic stew that Mr. KING was talking about is going to increase the cost of their insurance premiums. Experts have said that a family can expect a \$2,100 increase cost to their health insurance.

We hear from our colleagues on the Democratic side, they say it's going to lower the cost of premiums. They know better than that. To me, this is just showing their arrogance, showing their ignorance, and showing their incompetence. It's their arrogance because they seem to want to ignore the American people, and they show their arrogance because they know best what's best for Mrs. Gingrey or for all Americans, for the rural hospitals in Pennsylvania. And in my district in North Georgia, where just this week some of the board members from Habersham Hospital in Habersham County came to talk to me about the struggles. I talked to folks in Elberton, Georgia, about how the Elbert County hospital is fixing to close up if we don't do something. And Obamacare is going to close rural hospitals all over this country because they're going to be bled to death. They're bleeding to death today. We see hospitals closing up all over the country.

So we mentioned in the previous hour where, even when people are given free health care, as they're promised by our Democratic colleagues, that that insurance card is not going to be accepted by doctors because the doctors just cannot afford to see patients because Medicare and Medicaid won't pay them enough to be able to see them, and for the doctors to be able to pay their own salaries for their own employees.

□ 2200

They won't be able to see those free government patients. If they're seen today and struggling—I've talked to many of my medical colleagues in Georgia, and they want to continue to see Medicaid patients. They want to continue to see Medicare patients. But if ObamaCare passes, that free insurance card that is in people's pockets is

going to be as worthless as a Confederate dollar after the War Between the States, the Great War of Yankee Aggression.

So the availability of health care is going to go down. And we are told by our colleagues that it's going to be better availability. And they're showing their ignorance. In my opinion, they're showing their ignorance of how disastrous this bill is going to be. And they're showing their incompetence because they're going against what the Constitution of the United States says. They're going against the rules of this House to try to pass a bill without anybody ever voting on it.

But the American people get it. They get it. They know that when Democrats vote for the rule, they're voting for the Senate bill that is going to be disastrous. They know that they are voting for a rule that is going to put in place, a reconciliation bill that we'll vote on secondarily, which is nothing but smoke and mirrors. And it's not going to fix all of these problems.

American people get it. The American people, Madam Speaker, need to call their Congressmen, their Democratic Congressmen because every single Republican is going to vote against this because we get it, too. We're fighting for the American people. We understand. We have listened to it. But our Democratic colleagues hopefully will open their ears and will hear the cries of the American people to save our great health care system.

Mr. GINGREY of Georgia. I concur with the gentleman. I think there is a certain amount of arrogance, a lot of arrogance, and maybe indeed a certain amount of ignorance. There's a certain amount of shrewdness, too.

I want to yield back to the gentleman from Iowa because as he was talking about Otto Von Bismark and the creation of that hammock and that sense of dependency and that toxic stew that I referred to as rainbow stew, I want to yield back to the gentleman because I think he was making some excellent points, and I want to let him continue.

I think we have maybe 15 more minutes or so, and I would like to yield back to the gentleman from Iowa.

Mr. KING of Iowa. I thank the gentleman from Georgia, Mr. GINGREY. And in the interim here I thought I would take a look at the lyrics of "Rainbow Stew," which I have here now. And parts of these lyrics echo to me pretty well. And it has—the message is that we will all be drinking free bubble-ubb and eating that rainbow stew. That is when we reach this utopia is the tone of Merle Haggard's country western song from years ago.

I'll take us down to this part. The President has promised the American people a whole string of things. He's promised that he won't sign a bill that costs over \$900 billion. He's promised that the negotiations—eight times on national television he said negotiations will take place on C-SPAN. There

won't be backroom deals. This will be all out in the open, and it's going to lower the cost of the health care. We know it goes the opposite, the whole string of things, that there isn't even a pretense that he is going to keep his word on.

And here's Merle Haggard's part of the song "Rainbow Stew." It says: "When a President goes through the White House door, an' does what he says he'll do, we'll all be drinkin' free bubble-ubb, eatin' that rainbow stew." They'd like us to eat the toxic stew, and the American people won't have any part of it.

What's going on here in this Congress is a unique thing. What the gentlemen in the Doctors Caucus talked about in the previous hour was about the idea of the Slaughter House rule. The idea that a bill would come to the House—not the floor of the House. It would go up there in the hole in the wall in the third floor in the Rules Committee, that tiny little room that hardly ever has any press in it, and only one time in the history of this country that I know of has there even been a television camera in there. And they make their deal up above.

It will be what the Speaker writes in her office by conferring with the people that she decides to confer with. She will give her directive to the Chair of the Rules Committee who will carry out that directive. And what they're threatening to do and what they will, I think, attempt to do is write a self-enacting rule that deems that the Senate bill has passed the House even though it would never be seen nor debated or voted on the floor of the House, just be the Rules Committee that will deem that. Send the rule down here and then Democrats can vote for the rule that doesn't necessarily mean they're for the Senate bill.

Then, whatever they do with their reconciliation, write another bill, which is apparently put together and may be out, this reconciliation bill that is what they call the House fixes, that is all the deals that have to be made to satisfy the Democrats in the House to get enough of them necessary to get enough votes for passage. That is 216.

So they'll write a bill, what they will call fixes, and they think they'll pass it off the House and pass it off to the Senate where the Senate probably will take it up. But it would be impossible for the Senate to put all of the fixes in that the House wants. And they can't do this unless the Senate bill has gone to the President's desk, received his signature, and it becomes law.

So for the first time in American history—we will see if this happens, and I think they'll surely try it—we will see a bill that today cannot pass the Senate, that cannot be accepted by the United States Senate, one that can't be passed on the floor of the House, just deemed passed by a rule that would go to the President for the President's signature and become the law of the land.

That is a breathtaking thing to think that this great deliberative body, this constitutional Republic that we are could be so reduced that we wouldn't even have enough will to put a bill on the floor to vote it up or down so there is a recorded vote and the constituents and the voters in America could hold the people accountable that decided to come in here and take away our liberty.

If they're going to take our liberty, they ought to do it with the lights on, and they ought to do it with a recorded vote, not with a Slaughter House rule that deems that a bill passed—a bill that can't pass the floor of the House; a bill that would not be accepted by the United States Senate—could still become the law of the land under the Slaughter House rule.

I'll yield to the gentleman.

Mr. BROUN of Georgia. I just have a question of the gentleman.

If the Slaughter House rule is put in place, doesn't that mean that the President gets everything that he wants without the fixes because the Senate bill will be passed into law?

And I yield to the gentleman to answer the question.

Mr. KING of Iowa. Well, depending on what the President wants. We can't hardly go by what he says. So I think he is closer to the Senate than he is to the House because he served in the Senate. But I think the answer is probably, yes, but we have to qualify it. Yes, depending.

Here's what I think. I think the President will sign any bill that says National Health Care Act in it. I don't think the substance of it matters. I don't think if it costs more than \$900 billion to them it matters. I don't think if he said that it's not going to fund abortion—and it does—he will sign it anyway. He says it doesn't fund illegals—and it does: 6.1 million according to the Congressional Budget Office. 6.1 million illegals would have access to American taxpayers' dollars' benefits under the Senate version of the bill, and the President says it doesn't have anything to benefit illegals.

And the Speaker pointed her finger at our leader, JOHN BOEHNER, on February 25 and said, This bill doesn't fund abortion, and we know it does.

So if people can't be held accountable to their word, and if the language, the plain language in the bill says one thing and people's word says another thing, I don't know what their intentions are or where they'd say "no." I think he's salivating to sign a bill.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. KING of Iowa. Yes, I will.

Mr. BROUN of Georgia. I agree with you, but he has also said that he wants everybody in this country to be under one pool, a government total control of health care where the Federal Government is the insurance agent for everybody in this country, single-payer system where the government is the insurance system for every person in this country.

And the point I was making is if the Senate bill is passed into law, won't he have accomplished that purpose? And my contention is absolutely he will have what he wants. They'll put in place the mechanism for the Federal Government to take over the health care system to socialize medicine in this country.

The Socialist Party in the 1930s said the fastest way to take away our liberty and go from a free market economy to become a socialist nation for us to lose our freedom is for the government to take over the health care system.

And so the President will have what he wants when that bill is deemed passed by the Slaughter rule or the Slaughter House rule.

□ 2210

Mr. GINGREY of Georgia. We are getting very close, probably within 5 or 6 minutes of the end of our time.

I really appreciate, Madam Speaker, the gentleman from Iowa looking up some of the lyrics of "Rainbow Stew," because, Madam Speaker, if this bill passes, this "deem and scheme" passage of this bill, if it passes, I'm sure the Democratic majority is going to think that they are drinking free bubble-ubb and eating that rainbow stew.

Well, I guarantee you, Madam Speaker, we referred to my mother a little earlier in the hour, and my mom knows what kind of stew they are going to be eating. And I would also suggest, Madam Speaker, that they're not going to be drinking free bubble-ubb. They're going to be drinking Jim Jones Kool-Aid. This is a toxic stew and a bad drink not only for Members of Congress and members of the Democratic majority who vote "yes" on this abomination, but it is horrible for the American people.

Madam Speaker, this is not a Slaughter House. No. This is the people's House, and that's what the gentleman from Iowa was talking about.

I want to yield a little bit more time to the gentlemen from Pennsylvania, and we have just a few minutes left, and let the gentleman from Iowa conclude.

I yield to the gentleman from Pennsylvania.

Mr. THOMPSON of Pennsylvania. I just wanted to follow up with a little feedback that goes well beyond this Chamber.

Certainly we know that if ObamaCare passes, we won't start to see the benefits in any way, and I happen to believe they're not benefits until 2013, 2014. Outside feedback. What's happening out in the country beyond this Capitol Hill?

There are three States that have already—Virginia, Idaho, and Utah have already passed laws to nullify ObamaCare's mandate that everyone purchase health insurance. Other States are following suit.

Arizona has a referendum on the ballot for November saying "no" to a

mandate that every American should have to be required to purchase health insurance; "no" to the fact that an IRS agent can come evaluate whether you have or have not purchased that and then fine you or tax you.

Virginia's attorney general has already threatened legal action against the deeming process that is being used and touted and so discussed in this process.

Washington has no idea now how to deal with Medicare, Medicaid, and Social Security, and now we are creating a new entitlement that will accelerate, frankly, our path to ruin.

I want to share one quick feedback from a gentleman, a businessman. He and his dad have a business in Port Allegany, Pennsylvania. They make a product they are just so proud of. It helps with the car industry, and they do a great job, and they want to expand. They want to hire new individuals. They want to create prosperity. They want to grow. But, in fact, what has happened is that so much uncertainty has been created with this health care that they can't do that. They compete with China. They compete with South America. And now they can't compete because of this uncertainty.

Mr. GINGREY of Georgia. The gentleman from Pennsylvania is absolutely right. In fact, I think the State of Virginia, the legislature just voted to say, We are not going to require, under the penalty of law, our people to have health insurance. We want them to have health insurance.

I thank the gentleman for pointing out the fact that this expansion of Medicaid is crippling States, not only the State of Pennsylvania, rural hospitals as he pointed out, inner city hospitals that are serving the most needy, but in my State of Georgia, our Governor is struggling, is struggling to find ways to pay for this expanded Medicaid and has just announced that it's possible that the reimbursement to the hospitals in Georgia, the rural hospitals, all the hospitals, indeed, and the providers in Georgia, will be cut 10 percent Medicaid reimbursement. The gentleman has already talked about the reimbursement is 60 cents on the dollar.

I want to yield back, Madam Speaker, to the gentleman from Iowa to conclude, and I yield to him at this time.

Mr. KING of Iowa. I thank the gentleman. I'll just try to close one point here in this narrow window that we have, and I know that it's narrow, and that is this: This bill does fund abortion. And ever since 1973, the argument has been made by people on this side of the aisle, women and men both, consistently and relentlessly, that the Federal Government has no business telling a woman what she can or can't do with her body. But today, the same people are saying the Federal Government has every right to tell everybody in America what they can or can't do with their body, and they don't see the

hypocrisy in it. They don't see the conflict or the lack of rationale. You can't be right both times. You can't say one thing for two generations and then just flip and decide that, well, it's convenient now to expand the dependency class, so now we're going to use the logic that the Federal Government has the right.

The Federal Government does not have the right to take over our health care. There is no constitutional foundation. There is no constitutional authority. It's a violation of the equal protection clause. It's a violation of the commerce clause in the Constitution. There is no authority.

The American people have rejected it. And now what we have is a situation where we have the arrogance of power of people that have not heard yet from the American people. We need this. The center of America has decided they want to protect their freedom, their liberty, and their own health insurance policies. We just need to have an election to reset the Congress so that Congress reflects the will of the American people. Until then, we're going to stand and do battle until we can have a Congress that reflects the will of the American people.

And I point out again, this is a bill that takes away liberty, has no constitutional foundation. It funds abortion and it funds illegals to the tune of 6.1 million according to the Senate version of the bill and the Congressional Budget Office. And so I would just take it to this point. I know we are down very close to the wire, and I thank the gentlemen I have joined.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. ZOE LOFGREN of California (at the request of Mr. HOYER) for today.

Mr. CUMMINGS (at the request of Mr. HOYER) for today after 4:30 p.m. on account of official business in the district.

SPECIAL ORDERS GRANTED

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

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

Mr. HOYER, for 5 minutes, today.

Ms. BERKLEY, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. LEE of California, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. MOORE of Wisconsin, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

Ms. BALDWIN, for 5 minutes, today.

Mrs. MCCARTHY of New York, for 5 minutes, today.

Mrs. MALONEY, for 5 minutes, today.