

Ms. SPEIER. Mr. Speaker, I find that we are incapable of doing what we were here to do, which was to pass a number of suspension measures, this one for Clarence Lumpkin. God bless him for having to listen to this debate, but we are, in fact, very supportive of this resolution.

I just want to remind my colleagues that government-run programs are not bad, because Medicare is a government-run program, Medicaid is a government-run program. The veterans in this country embrace a health care program that is among the best in this country; again, a government-run program. Being government-run is a good thing.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and pass the bill, H.R. 4840.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Ms. SPEIER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

NATIONAL WOMEN'S HISTORY MONTH

Ms. SPEIER. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1174) supporting the goals and ideals of National Women's History Month.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1174

Whereas the purpose of National Women's History Month is to increase awareness and knowledge of women's involvement in history;

Whereas as recently as the 1970s, women's history was rarely included in the kindergarten through grade 12 curriculum and was not part of public awareness;

Whereas the Education Task Force of the Sonoma County (California) Commission on the Status of Women initiated a "Women's History Week" celebration in 1978 centered around International Women's History Day, which is celebrated on March 8;

Whereas, in 1980, the National Women's History Project, which celebrates its 30th anniversary this year, was founded in Sonoma County, California, by Molly Murphy MacGregor, Mary Ruthsdotter, Maria Cuevas, Paula Hammett, and Bette Morgan to broadcast women's historical achievements;

Whereas National Women's History Project founder Mary Ruthsdotter, who passed away in January 2010, was a leader in the effort to ensure the inclusion of women's accomplishments in the Nation's history;

Whereas, in 1981, responding to the growing popularity of women's history celebrations, Congress passed a resolution making Women's History Week a national observance;

Whereas, during this time, using information provided by the National Women's History Project, founded in Sonoma County, California, thousands of schools and communities joined in the commemoration of National Women's History Week, with support and encouragement from governors, city councils, school boards, and Congress;

Whereas, in 1987, the National Women's History Project petitioned Congress to expand the national celebration to include the entire month of March;

Whereas educators, workplace program planners, parents, and community organizations in thousands of communities in the United States under the guidance of the National Women's History Project, have turned National Women's History Month into a major local learning experience and celebration;

Whereas the popularity of women's history celebrations has sparked a new interest in uncovering women's forgotten heritage;

Whereas the President's Commission on the Celebration of Women in American History was established to consider how best to acknowledge and celebrate the roles and accomplishments of women in United States history;

Whereas the National Women's History Museum was founded in 1996 as an institution dedicated to preserving, interpreting, and celebrating the diverse historic contributions of women, and integrating this rich heritage fully into the Nation's teachings and history books;

Whereas the House of Representatives recognizes March 2010 as National Women's History Month; and

Whereas the theme of National Women's History Month for 2010 is "Writing Women Back into History": Now, therefore, be it Resolved, That the House of Representatives—

(1) supports the goals and ideals of National Women's History Month; and

(2) recognizes and honors the women and organizations in the United States that have fought for and continue to promote the teaching of women's history.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. SPEIER) and the gentleman from North Carolina (Ms. FOXX) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Ms. SPEIER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Ms. SPEIER. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H. Res. 1174, a bill supporting the goals and ideals of National Women's History Month.

This resolution was introduced by my distinguished colleague, the gentleman from California, Representative LYNN WOOLSEY, on March 11, 2010. It was referred to the Committee on Oversight and Government Reform, which ordered it reported by unanimous consent on March 18 of this year. It enjoys wide support from over 120 Members of the House, and I am pleased to be an original cosponsor of the measure.

Mr. Speaker, as recently as the 1970s, women's history was rarely covered in the kindergarten through grade 12 curriculum. Since the late 1970s, the concerted efforts of education commissions, historical societies, and others have increased recognition of the roles and accomplishments of women in history of the United States of America.

These efforts included the establishment of Women's History Week back in 1978, which this body formally acknowledged in 1981. In 1987, the national celebration was expanded to the entire month of March. These celebrations have initiated new interests in highlighting the history of women in America, and it is most appropriate that we recognize Women's History Month here today with this resolution of appreciation.

Mr. Speaker, women make history in this country every day, from our very own Speaker PELOSI and the Members of the House and Senate from both sides of the aisle, to the Supreme Court justices, to women scientists, CEOs, Nobel Prize winners, Olympians, teachers, writers, doctors, and leaders in every profession.

In November of 2008, voters in New Hampshire elected 13 women, a majority, to their State Senate, making it the country's first State-level legislative body with more women than men.

Mr. Speaker, I ask my colleagues to join me in taking a moment to recognize Women's History Month by supporting this measure.

I reserve the balance of my time.

Ms. FOXX. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H. Res. 1174, supporting the goals and ideals of National Women's History Month. Designating a month each year to honor women's history gives us the opportunity to highlight the significant role that women have played in the history of this Nation through their many accomplishments.

From colonial times to the 21st century, the advancements of women have been inspiring. They are now being given their rightful place in our country's history for their tireless efforts in enriching all of our lives.

The President's Commission on the Celebration of Women in American History was established in 1987 to give national recognition to this effort and to highlight the accomplishments of women in American history throughout the month of March. Establishing March as National Women's History Month created an ideal teaching opportunity for educators, parents, community organizations, and workplace programs.

Embracing the history of women in the United States gives us the opportunity to recognize the many contributions women have made to the growth and success of the United States. I encourage all Members to support this important resolution.

I reserve the balance of my time.

Ms. SPEIER. Mr. Speaker, I yield to the gentlelady from California (Ms.

WOOLSEY), the author of this resolution, such time as she may consume.

Ms. WOOLSEY. I thank the gentleman from California. I rise in support of honoring Women's History Month.

Women were once considered second-class citizens whose rights were restricted from voting to property ownership. But today, women serve in the Senate. They serve in the House of Representatives; as members of the President's Cabinet, including Secretary of State Hillary Clinton; and as Speaker of the House, NANCY PELOSI.

□ 1645

It's important that we honor the key role women have played in shaping our country. However, it wasn't until the late 1970s that women's history was taught in our schools, and it was almost completely absent in media coverage and cultural celebrations. That's why the Education Task Force of the Sonoma County Commission on the Status of Women, of which I was Chair, initiated a "Women's History Week." That was a celebration in 1978 centered around International Women's History Day.

The National Women's History Project, later located in my district, was founded in 1980 by many of the same dedicated women who started Women's History Day. These women poured their hearts and their ideas into promoting and expanding a weeklong celebration for women and of women. Because several dedicated women, including Molly Murphy MacGregor, the late Mary Ruthsdotter, Maria Cuevas, Paula Hammett, and Bette Morgan decided to write women back into history, thousands of schools and communities now commemorate Women's History Month by bringing lessons on women's achievements into the classroom, staging parades, and engaging neighborhoods in the celebration of the contributions of women. The hard work and dedication of these wonderful women and the support of the Sonoma County Commission on the Status of Women paid off. They started a national movement and, in 1981, Congress responded to the growing popularity of Women's History Week by making it a national observance, and eventually, in 1987, expanding the week to a month.

Mary Ruthsdotter, one of the founders of the National Women's History Project, passed away in January of this year. She should have been written into history a long time ago. She will be written into history from now on. Mary was a leader in the effort to ensure the inclusion of women's accomplishments in the Nation's history. She traveled around the country making presentations, training teachers, and lobbying for the inclusion of women's accomplishments in the Nation's history. Imagine what American history lessons would be today without teaching about Harriet Tubman's Underground Railroad; the work of Elizabeth Cady Stanton, Susan B. Anthony, and

the many women who fought for women's suffrage; or Dr. Sally K. Ride, who was the first woman in space and has worked to get more girls interested in science.

Today, I ask my colleagues to join me in reaffirming our commitment to the celebration of women's history by supporting H. Res. 1174, to ensure that our grandchildren and great grandchildren learn about women like Amelia Earhart, Speaker NANCY PELOSI, Secretary of State Hillary Clinton, and, eventually the first woman President. This week, Mr. Speaker, Speaker NANCY PELOSI will make history by leading this Congress into passing a monumental health care bill that in itself will be making history. One of the parts of history that this bill will be ensuring is that women will no longer be considered a preexisting condition.

So, Mr. Speaker, I want to thank Chairman TOWNS, Ranking Member ISSA, and Congresswoman JACKIE SPEIER for allowing me to speak today, for supporting this resolution, and letting us reflect on the contributions of women and their place in history, with the hope that the day will come when it's impossible to study American history without remembering the contributions of women.

Ms. FOXX. Mr. Speaker, I would now like to yield 4 minutes to my distinguished colleague, the gentleman from Indiana (Mr. SOUDER).

Mr. SOUDER. I thank my friend from North Carolina, and I rise in support of Women's History Month. And I am proud to call Congresswoman WOOLSEY my friend. We don't agree on many issues, but we agree on many history issues. We worked together on Angel Island. I appreciate her leadership here. She's been a passionate advocate for women's rights in this House. But I want to talk more in depth about what most of America is looking at right now—and that's the foot in the door for the takeover of health care. There are several parts that directly relate to Medicare and retirement.

First off, I was not here when they passed Medicare, nor was I here when they passed Social Security. What other people did is other people's business. But what I see in this bill is 13 percent of Americans now say they're confident of their retirement. But without anything in committee, in some kind of magical formula in the last few years, they've raised the taxes to 3.8 percent on unearned income, which is a direct attack on those who've saved for annuities in America. We have spent years trying to encourage people to save. Now, at the last minute, we're going to dump an additional tax on them, already concerned about whether they're going to be able to survive as they hit their older age.

I'm happy to represent Lincoln Financial, which has 1,900 jobs in the annuity industry in my district. You just wonder: How many jobs is this bill going to kill? It is incredible what is

being done in this bill. Not only are they punishing people who've saved, who planned to save, and discouraged savings, but they're going to eliminate or at least restrict the growth and lead to a decline in industries like that.

Furthermore, I represent three of the four biggest orthopedic companies in the world. Here's an area where we bought the biggest companies in Germany and Switzerland and around the world. We've become the technology leaders. So what are we going to do? We're going to tax them. They have two choices. The tax is equivalent to half of their R&D. They can either move the jobs and all the parts jobs that go with it, tens of thousands of jobs overseas, or they can eliminate R&D, and our senior citizens in the future won't know what they're missing in hip replacement, they won't know whether we would have had new spinal equipment, they won't know what other types of things they'll miss because this administration proposes to put a tax on that will kill, most likely, future development. And then there's this whole thing about the very people who claim to be the founders and the protectors of Medicare are trying to come up and pay for this bill with reductions in Medicare.

Now they talk about the insurance companies and Medicare Advantage. But what does it mean when it says, "increased utilization of equipment"? Well, I found out from the cardiologist in my district. What it means is they have to get at least 80 percent utilization on the equipment. That means that the only hospitals in Indiana that will have heart equipment are in Indianapolis. Everything in Fort Wayne, South Bend, all over the State, is going to have to close. In oncology, because they're getting close to 40 percent utilization—the administration is claiming 80—they're going to consolidate in just the biggest cities for oncology.

In category after category, on the backs of senior citizens, saying just like they too often do for veterans, that you have to get in a car and go 200 miles if you want to have something treated on your heart. You have to go 200 miles if you want to do oncology. You have to go 200 miles if you're going to use equipment, because small-town, mid-size cities, and even the second-biggest city in the State of Indiana isn't good enough to have utilization of this type of equipment. We didn't have this debate. That's why you don't go fast on bills.

One of the things we do in the United States is we have driven our health care out to the second tier, the third tier, to small cities and towns, hospitals at 13,000 to 15,000, and things like outpatient clinics. What this does is reconsolidate—it provides jobs for government employees—but reconsolidates in the bigger cities, just like it does in Canada and in England. That's why they have waits. That's why small towns and people out in the countryside in those areas in the other countries have long waits, because if you

try and get high utilization on fewer pieces of equipment, it means your health care is less dispersed around the United States. So in one bill, somehow we're managing to kill the motive to save by taxing it more; to kill the one category that we are leading the world in, in orthopedics; and to destroy health care for seniors. We're not a big city like New York.

Ms. SPEIER. Mr. Speaker, I yield 4 minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. It is my pleasure to stand up in support of this resolution in support of Women's History Month. It is important to note that here, in 2010, that insurance companies very often charge women exponentially more money to get health insurance than they do for men. Now why do they do that? Because health insurance companies have been empowered by the present system—not because they're venal or bad—but because it's their job, their business model, to take in as much money as they can and to give as little service as they can. That's their business model. It's their business model to try not to provide any insurance at all for the toughest to ensure, so they drop people who have any pre-existing conditions or start to rack up needs, meaning people who get sick. They don't cover anyone who's over 65, because we, the Federal Government, decided 44 years ago, over the objections of many of my Republican friends, to create the Medicare system.

But let's talk for a moment about this notion of jobs for women, jobs for men, jobs for the next generation. The idea that we can continue this way, putting 20 percent of every single dollar we produce in this country into health care is why, my friends, our wages have been stagnant for the last 8 years. Because when an employer gets any additional money, it's got to go into keeping up with the high cost of health care. And you don't have to look in a book. You can go look in Michigan.

Take a look at the difference, with the exact same union contract, to build a Chevy Impala on the Michigan side of the Canadian border or on the Canadian side of the Michigan border. The same exact automobile. General Motors did what any sound-minded company might do. They said, Wait a minute. I'm paying an extra \$7.25 per hour per worker on the New York side of the border, on the Michigan side of the Canadian border. I'm going to stop doing that and move them overseas.

We simply are less competitive with the status quo in every instance except one: the health insurance industry. They're doing well. They're doing remarkably well. And you know what? I am at a place, as I think the previous speaker said, where I would have preferred to say, You know what? Let's take the Medicare system. People understand it. Let's extend it to people 55. Let's get younger people on. Let's try to do this right. Let's take an orga-

nization that has an overhead rate of 1.05 percent—1.05 percent—and let's take away the ones that have 30 percent, 25 percent. That's what I would have done.

Now my Republican friends have their own proposal. Let me tell you exactly what it is. It says that anyone over the age of 55, who's not 55 today, will not have Medicare the way it's structured today. They will essentially get some type of a voucher and say, Good luck. You will not have Social Security under the Republican plan because they would invest it in the stock market. Yeah. It's not a joke. This is their proposal—not from 10 years ago. This is the ranking minority member. They don't talk about it much, God bless them. But that's their proposal.

There's an expression down South—and I'm not very far south in Brooklyn—but it says that it takes a great man or a great woman to build a barn, but any jackass can kick it down. What that means is, yeah, writing bills is complicated. To say it was rushed, I've got to tell you, a year, plus 2 years talking about it in campaign, plus 30 years festering as a problem, and now I heard one of my colleagues say, Wait until Thursday. Have you got a Final Four you're watching or what? Honestly. Wait until Thursday. Twenty percent of the economy. I'm busy. Wait until Thursday. I want to see if Siena makes two rounds. Let's wait until Thursday. Sayonara.

Look, the minority party had an opportunity for 8 years and the trend went like this for health insurance. Costs went like this for incomes. That's what happened. We're not going to let it happen anymore. So there was a decision made that had to be made: Are you going to try to solve the problem, or are you going to stand up for the insurance industry? On this side, we chose to try to solve the problem. It ain't perfect, but it sure beats what we're hearing over there.

Ms. FOXX. Mr. Speaker, some comments are so far from reality that they're not really worth responding to.

I'd like to now yield 3 minutes to my colleague, the gentleman from Michigan (Mr. ROGERS).

Mr. ROGERS of Michigan. I find it interesting. I admire my colleague from New York. He is a great speaker. And the reason he comes to the floor is to try to talk about everything else other than what is in the bill. He wants to say what Republicans are for so that they don't have to talk about what is in their bill. And that has been, really, the effort all along in this particular debate.

There is great bipartisan agreement on this bill, and it is overwhelmingly in opposition. Republicans and Democrats not only on this House floor worked together to say "no," but the American people worked together to say "no." And why? Why would they do that? And why wouldn't you talk about the things that you had to do to try to get people to vote in favor of the bill?

There are a slew of things which this body is about ready to approve. The Louisiana purchase. You made special adjustments. If this is so good and so wonderful, why do we have to put special provisions in this bill to exempt people from its provisions? Why? Because it's bad if everybody has to be a part of this bill, so individual Members said, If you give me just something I can go back and tell my people that I got them out of, it'll be a great day.

□ 1700

You know what, you're asking Americans to pit an American against an American, a trillion-dollar bill that's not paid for, a bill that raises premiums, a bill that raids the Social Security trust fund to pay for a bill that still puts us in deficit. That's what this bill is. It's amazing.

I think, you know, wow, we've fought for associated health plans where one small business could negotiate with another small business to lower their premiums, and the government, your government, said, no, you can't do that; that's illegal. We said, Hey, let's allow folks to cross State lines and force insurance companies to compete against each other so that we get lower premiums. And your government, your Democrat policies said, no, that's illegal. And then they said, you know what, this whole system isn't working because we can't associate together with small businesses and buy premiums because we don't like that idea. You can't go across State lines and force insurance companies to compete and be more transparent, we don't like that idea. So we made that illegal.

So guess what, the government created the problem, and now they're saying, you know what, this is so hard and so complicated, we're going to give up on democracy and freedom; and the government is going to solve this problem for you. The arrogance is unbelievable.

There are such simple things that we could do to lower premiums. There are such simple things that we could create in the free market that would allow people with preexisting conditions not to be discriminated against. You don't have to cut Medicare \$500 billion to do it. You don't have to raid the Social Security trust fund to do it. This isn't about health care anymore. It's about politics. And that's so unfortunate.

It's unbelievable what you are about to do to the American people. There's a new tax in here, a new tax on everything a doctor touches from the blood pressure cuff to the x ray machine to the smock that he wears. I have to tell you, you can't add cost to the health care system and have the premiums go down.

Ms. SPEIER. Mr. Speaker, I would like to inquire how much time we have left, please.

The SPEAKER pro tempore. The gentlewoman from California has 9 minutes left. The gentlewoman from North Carolina has 12.

Ms. SPEIER. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. HASTINGS).

Mr. HASTINGS of Florida. I thank the gentlewoman, and I won't take 3 minutes. My good friend that just spoke—and he is my good friend—we serve together on the Select Committee on Intelligence—carried on in a manner, again, to say what the American people want. How do you continue to say what the American people want when, in fact, all of us are Americans, and anybody listening and looking would know that we have ideological differences, which we are permitted. But to come down here the last time that I spoke—and I want to spell it for the reporter again: P-O-O T-E-E W-E-E-T, poo-tee-weet—that's what the jabbering bird said when he didn't have anything intelligent to say, and that comes from "Slaughterhouse-Five." "Slaughterhouse-Five" also talks about free will on Earth. And, evidently, we don't understand that process.

Despite the unquestionable need for health care reform, some have sought to dominate the health care reform discussion with fear-mongering, misinterpretations and misinformation. They've stymied the progression of the reform process in the name of fiscal responsibility, bipartisanship, parliamentary procedure, and patriotism. These justifications are egregious. There's nothing bipartisan about continually opposing a bill that independent Federal agencies have repeatedly recognized as a substantive and reasonable approach to reform. There's nothing fiscally responsible about allowing premium State and Federal health expenditures to rise to unprecedented levels. There's nothing American about depriving men, women and children of the guaranteed right to health care in the richest country on Earth.

Today when Americans across the country are losing their homes, their jobs, their health insurance and their hope, we, as elected officials—American-elected officials have the opportunity and duty to deliver. We can't afford to back down. We've come too far and have too much to lose. Extreme times require extreme measures to ensure that we pass a health care reform bill that America needs and deserves.

Ms. FOXX. Mr. Speaker, I now yield 3 minutes to the gentleman from Louisiana, Dr. CASSIDY.

Mr. CASSIDY. Mr. Speaker, isn't it ironic that Women's History Month is at the same time, in the same week that this article in The New York Times comes out about how this poor woman in Michigan on Medicaid, there is such inadequate Medicaid reimbursement that she cannot get treated for her cancer.

Now, I have actually listened to these arguments. I have gone to my colleagues on the other side of the aisle and asked them—and I frankly feel a little bit disadvantaged—my colleague from New York, he has been in Con-

gress as a staffer or as a Member, I guess, for 20 or 30 years. I have just been a practicing physician. I still teach in a teaching hospital, a safety net hospital where I actually work with the uninsured. So I don't have the legislative experience, but I do actually have the experience of teaching and treating patients who otherwise would not have care.

I just wish that my colleagues could join me. I actually wish they could come with me and see the reality of what is happening. So when my friend says, Oh, my gosh, I think government programs are better than private insurance—ah, I wish he would join me on my telephone town hall where the guy with the Crohn's disease is calling in to say that he has got Medicare and Medicaid and would my office please help him navigate the system.

They should be with me when I am with my Medicaid patient who only gets—oh, can I get a referral to a specialist because they won't take Medicaid because it pays so far below their cost. And cost is actually the simple issue. I know it sounds hard-hearted, but the fact is, if you don't control cost, you can't provide access to quality care.

Now, there are so many examples of this. For example, Medi-Cal, the Medicaid program in California, did a huge expansion because of Medicaid's budget—one, California's gone bankrupt, and two, Medi-Cal is now decreasing eligibility. They tried to make everybody eligible. They did not control cost, and now they are decreasing eligibility. Massachusetts—expanded care, did not control cost, and now they are disenrolling people who formerly were enrolled.

If you don't control cost, you cannot provide access to quality care. I say that not as someone who has been here for 30 years. You know more about that than I do. I say it as someone who has been in the trenches, treating the uninsured for 20 years.

Now, by the way, Medicare, having such a wonderful low overhead, come join my world. Twenty percent of Medicare in south Florida is fraud. Only 1 percent of that goes to administration. Maybe a little bit more should, because 20 percent is going to fraud. Do we want another program based upon Medicare which expands fraud?

Now, we also said earlier in the debate that we're going to expand payment for primary care physicians, but it's not going to cost the States anything. Come to my world. Leave these Chambers. Walk with me in a hospital for the uninsured where you realize that the extra payments from the Federal Government are only for those newly eligible. And if we mandate here that the States raise those fees, that increases the burden for those who are already eligible.

The SPEAKER pro tempore. The time of the gentleman from Louisiana has expired.

Ms. FOXX. I yield the gentleman an additional 30 seconds.

Mr. CASSIDY. If you don't control cost, you can't give access. Now Republicans have been proposing things. I was so pleased the President said we're the party of no and then he embraces our idea of HSAs, high-risk pools, and other things. So that's good. The party of no is suddenly the fountain of ideas for things which will be immediately beneficial.

I come back to one more thing that we have in common. We are all Representatives. We can agree on this: I actually don't think the American people would mind if we delay just two more days, fly home to our districts. We are Representatives. We are not dictators. We are here not for what we think is best, but to represent the people we represent. Join me in that bipartisan initiative.

Ms. SPEIER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS of Maryland. I thank the gentlewoman for yielding. I'm here today of course to celebrate and to honor Women's History Month. Mr. Speaker, it's an important time to honor the political and social struggles of women across this world and certainly in this Nation who have made significant contributions in the advancement of women. And it is perhaps fitting that we are here today to discuss the subject of the hour, health care, and especially as that pertains to women—women who bear the brunt of a system that's failing; women who make the decisions for themselves, their children and their families on health care; women who sometimes work in positions, in jobs that don't allow them access to quality and affordable health care.

So I think that it is fitting that on this weekend, on this upcoming Sunday, we'll have an opportunity to discuss how we're going to bring health care, quality, affordable and accessible health care, not only to America's women but to all of our families and to our children. People who go every day, 32 million of them, who will now be covered, have health care coverage. Millions more will have more accessible coverage. Still millions more will have the access through their small businesses, through their independent employment, to quality, affordable health care.

And let me just say that in this Women's History Month, it should go with some noting that in this system that we have, women don't often receive access to preventive care, mammograms and other screenings and a full range of reproductive services. We're bringing those to America's women. Women are often excluded for preexisting conditions, like domestic violence. Domestic violence is a crime; it's not a preexisting condition.

So here we're talking today about what we're bringing to and for America's women in Women's History Month but also for all families, to make it

quality, to make sure that it's affordable, and to make sure that it's accessible.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. SPEIER. I yield the gentlewoman an additional 30 seconds.

Ms. EDWARDS of Maryland. As a woman in this country, who would have known but for this debate that as a woman just starting out, same condition, same age, you pay more for your health care as a woman in this country than you do as a man. We're going to end that kind of gender discrimination and gender rating.

So I think that it is fitting in Women's History Month that we honor the contributions of all women in our history, and we honor the contribution of women and our families and our future by bringing quality, affordable and accessible health care to all.

Ms. FOXX. Mr. Speaker, I now yield 3 minutes to our distinguished colleague from California (Mr. DANIEL E. LUNGREN).

Mr. DANIEL E. LUNGREN of California. I thank the gentlewoman for yielding.

Mr. Speaker, I rise in support of the resolution establishing Women's History Month. I do this on behalf of my 92-year-old mother, my four sisters, my two daughters, my three granddaughters, and in memory of my grandmother, who graduated from a small Nebraska college in 1898. And I also do this in honor of some great women in my life, the Catholic nuns who taught me, who taught my brothers and sisters, who taught my children, and who this day are doing an unlimited number of acts of mercy around this country.

On their behalf, I would like to clarify the record because the Speaker has said today that the religious communities of nuns across the country support the health care bill as a life-affirming bill, and therefore, do not agree with the Catholic Bishops Conference that, in fact, it fails the test of protecting life in the consensus that has been established on this floor for the last 30-plus years.

A statement from Sister Mary Ann Walsh, director of media relations, the United States Conference of Catholic Bishops: "A recent letter from Network, a social justice lobby of sisters, grossly overstated whom they represent in a letter to Congress that was also released to media. Network's letter, about health care reform, was signed by a few dozen people, and despite what Network said, they do not come anywhere near representing 59,000 American sisters. This letter had 55 signatories, some individuals, some groups of three to five persons. One endorser signed twice. There are 793 religious communities in the United States. The math is clear. Network is far off the mark," says sister Mary Ann Walsh.

On behalf those great nuns that I've had the privilege of being influenced by

during my lifetime and those that have done considerable amounts of mercy in communities that I represent, the record ought to be straight. My wife and I had the privilege of knowing the Carmelite nuns in Georgetown, California, and we have had the privilege on an almost annual basis to visit with them. They are more than just a handful of individuals, and they and others like them stand for life unequivocally. They understand the protection of life. They understand that for the last 30-some years, we have had a consensus on this floor in the Senate and in legislation passed by a number of Presidents and, that is, Federal funding of abortion is to be limited. The language in the Senate bill changes the law. Let the record be correct.

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Ms. SPEIER. Mr. Speaker, I reserve the balance of my time.

Ms. FOXX. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. Mr. Speaker, I come to the floor, as my colleagues do, the medical doctors as well, saying we do all agree that we do need reform here; it is just that we are listening to the American public who says not the reform of the ObamaCare or the Pelosi legislation that we are looking at that is before us right now.

And I hear from the gentleman from New York that we need to talk about the facts, issues like Social Security and Medicare and the like. It seems to me I heard that in committee. The gentleman from New York actually submitted an amendment to repeal Medicare, if I am not mistaken. So I am not sure whether his constituents know that when he rails against us on the position of Medicare, he was the author of the amendment to repeal Medicare.

But let us not digress on those other issues; let us talk about the facts of the health care bill before us today. Interestingly enough on that, while we would like to talk about the facts on these issues, we know that your side, the Democrat side of the aisle, does not want to do so. Why do we know that? Because here is a memo that came out of talking points for the Democrat majority, Thursday, March 18, saying that to these very points on what they should be saying and what they shouldn't be saying: We cannot emphasize enough. Do not allow yourselves to get into a discussion of the details of the CBO scores.

Further on, it goes on to say: Do not give them—and who is "them"; I guess, the American public. Do not give them grounds by debating the details, for example, a March 1 letter. Again, focus on other issues, essentially, is what it says. So that is their talking points, to stay off message, don't talk about the facts.

Well, here are some of the facts. The bill is replete with budget gimmicks. Why health care reform will cost more than Democrats say it will, here are some of the facts:

Delayed benefits and immediate taxes. The bill will raise taxes around \$60 billion before almost all, 98 percent, of the benefits will go into effect. Do you hear that? We will be taking tax dollars out of our pockets before 98 percent of the benefits will ever go into effect.

Secondly, the CLASS Act. What does CBO, Congressional Budget Office, say about it? They say this program will pay out far less in benefits than it will receive in premiums over the 10-year budget window. What is that? Well, the gentleman from New York may be familiar with the Bernie Madoff situation. Well, that is what this is. According to Senator CONRAD, it is a Ponzi scheme.

Next, the doc fix that was talked about here. They do not include anything to deal with the doc fix. That will cost \$371 billion. And why don't they? Well, it says here in their talking points, or in your talking points, the inclusion of a full SGR doc fix repeal would undermine the reform budget's neutrality. So again, Do not allow yourself to get into a discussion of the details of the CBO scores in textual narratives.

Why don't they put the CBO score and the doc fix in it, because they know then the bill would be honest and fair as to the cost of it.

Fourthly, raid Social Security. Again, where is AARP on this one when they are going to raid Social Security to the tune of \$53 billion in new Social Security revenue to give us the appearance of a deficit cut? These revenues were meant to benefit Social Security, not to be a new entitlement and give them cover.

Ms. SPEIER. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I would ask the American people to listen to the following exchange:

Will the gentleman from New Jersey kindly inform the House the source of the memo that he just read from?

That silence that you hear is the gentleman from New Jersey read from a fake memo, a fraudulent memo. He has been zoomed. It wouldn't be the first time, but that is the case. That memo that he just read from has no source. He will not return to the microphone and tell us what it was because he took something that was created by opponents of health care, and there are a lot of them, mostly paid for by the health insurance industry, and came to the rostrum with a fake document.

Ms. FOXX. Mr. Speaker, parliamentary inquiry.

Mr. WEINER. I don't yield for that purpose.

Ms. FOXX. Parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from New York controls the time.

Mr. WEINER. The fact of the matter is there is an enormous amount of money being socked in by the health

insurance industry. They are doing everything. They are creating ads. They are making contributions. But what they are also doing is producing fake memos that say, "from the Democrats," with something crossed out on top.

But the fact remains here that there is no reluctance to talk about the real CBO score: \$1.2 trillion of savings for the American people. That is the fact. That is nothing we are hiding from.

Mr. GARRETT of New Jersey. Will the gentleman yield?

Mr. WEINER. I will yield if only for the purpose of telling the source of the document.

Mr. GARRETT of New Jersey. Will the gentleman not yield on the facts then?

Mr. WEINER. I asked the gentleman a direct question. Ladies and gentlemen—

Mr. GARRETT of New Jersey. I am responding with a direct answer.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. SPEIER. I yield the gentleman 30 additional seconds.

Mr. WEINER. Ladies and gentlemen, what you saw just now is a microcosm for this debate, a real piece of legislation that for a year we have been working on and a fake document that they won't even give the source for. We are going past that, and we are going to wait until Thursday, I say to my colleague, or Wednesday. We are going to do it when the bill is ready to be passed because we have debated this thing for a long time. We are here to solve the problems of the American people, not quote from fake memos.

Ms. FOXX. Mr. Speaker, I yield 1½ minutes to the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. Mr. Speaker, I am going to vote for this bill, but we are embarking upon a history for women that is going to be bleak. My mother died from metastatic breast cancer at age 63. A government panel just recently said women under 50 cannot get a mammogram and women over 50 can only get one every 2 years. This is the kind of rationing of care which is going to be exploded upon the American public.

When a woman walks into an abortion clinic, there are two people who walk in that are alive. When she walks out, there is one dead and one wounded. We are creating more abortions. We are going to support the abortion industry in the Senate bill. The American people need to understand very clearly, the Senate bill that we will be voting on in just a few days is going to promote abortions and it is going to kill unborn children.

We hear a lot of confusion, and we hear a lot of confusion about the CBO. I call the CBO parameters, what was given by them, zombie economics because a person would have to be dead without a soul walking around to believe the parameters that were given to the CBO, and it is just not factual. This

is going to create more debt and it is going to put people out of work. It is going to deny access to care to many people, particularly the poor people and the elderly, and it is going to be disastrous for women because, particularly the constraints on Medicare reimbursement, women expend more of those dollars than anybody else and they are going to be denied care because of it.

Ms. SPEIER. Mr. Speaker, to the gentleman who just spoke, I cannot understand how anyone seated in this Chamber today cannot appreciate the fact that the language from the Senate version of the bill already expands the Hyde language. Under the Senate version of the bill, a woman in the exchange paying for her insurance totally on her own is going to be required now to make out two checks: one for her insurance contribution and one for her abortion services should she ever need them.

Mr. BROUN of Georgia. Will the gentlemanly yield?

Ms. SPEIER. I yield to the gentleman from Georgia.

Mr. BROUN of Georgia. The facts are that the Federal Government will require all insurance policies to get that extra tax. It is not called a tax, but it is an extra tax that is going to be forced upon anybody who pays for insurance, and that tax is going to be what is paying for abortions. So abortions are going to be paid. They are going to be forced on the American people by the Senate bill. And that's just the facts. That's the simple facts of the bill.

Ms. SPEIER. Reclaiming my time, Mr. Speaker, I think it is very important for the American people to appreciate that the Hyde amendment is alive and well in this bill. In fact, it is extended in this bill. Many of us who are concerned about making sure that women have access to the services they need recognize that many of them are not going to access these services now because they are not going to have insurance to cover it.

I reserve the balance of my time.

Ms. FOXX. Mr. Speaker, in closing, I support the underlying bill that we have been talking about, H. Res. 1174, Women's History Month and urge people to vote for it. But I do want to say that Republicans have been maligned, I believe, on the floor today in many, many ways. A majority of Republicans in the House voted for Medicare. Republicans support Medicare and support Social Security. We have never, ever suggested doing away with those programs.

We know that the bill that is being proposed by the Democrats does not control cost, will not improve access, will not improve care for people in this country, and we know that is going to happen. We want to protect the American people. We want to protect their freedom. We do not want to turn our lives over to the government to run not just health care, but everything about our lives.

Mr. Speaker, I yield back the balance of my time.

Ms. SPEIER. Mr. Speaker, again, I urge my colleagues to join me in supporting this resolution recognizing Women's History Month. Let me also suggest that we are all going to go down in history this weekend for the kinds of votes we take. If there ever was an issue on health care that must be addressed and is addressed in this bill, it is gender discrimination. And the dirty little secret in health care is that women have been discriminated against for decades in health insurance.

In fact, a 22-year-old woman, a healthy 22-year-old woman is going to pay 150 percent more for her health insurance than a 22-year-old healthy man. A 40-year-old nonsmoking woman is going to pay more for her health insurance than a 40-year-old male smoker. Those are the kinds of discrimination that continue to exist in health care today that will not exist once we have health care reform.

One in five women over 50 is not getting mammograms today. That will not be the case anymore because every woman in America will have access to those kinds of screenings.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and agree to the resolution, H. Res. 1174.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SPEIER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 4395, by the yeas and nays;

H. Res. 1133, by the yeas and nays;

H. Res. 1027, by the yeas and nays;

H. Con. Res. 244, by the yeas and nays.

Postponed votes on H. Res. 1040, H.R. 4840, and H. Res. 1174 will be taken at a later time.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.