

of our lawn. How much longer are we expected to keep paying and waiting with no more source of rental income?

Please, somebody, wake me up from this nightmare and tell me it's all a bad joke. Our government couldn't do something as unfair and cruel as this, could they? Do they think about the people whose lives they are destroying?

I know there are people who are a lot worse than us and suffering even more. But at least, at least we have another home to live in right now.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE DEFINITION OF A HYPOCRITE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. McDERMOTT) is recognized for 5 minutes.

Mr. McDERMOTT. Madam Speaker, as we approach the passage of the Jobs for America Bill in the next few days, we need to talk about a subject that is at the heart of the debate, hypocrisy.

The definition of a hypocrite is someone who acts in contradiction to his stated belief. In other words, he says one thing and does another.

For example, a hypocrite would deplore our Nation's deficit in a floor speech today, even after helping President Bush turn the biggest budget surplus in our Nation's history into the biggest deficit ever.

A hypocrite would vote for two wars with a price tag of over \$1 trillion, two tax cuts for the wealthy, and a new entitlement program, all without ever thinking about how to pay one thin dime of their cost, and then turn around and say they voted to cut off unemployment benefits out of concern for the budget deficit. That's what people will argue in the next couple of days.

A hypocrite would complain that there are not enough budget offsets, that is, pay-fors, in the jobs bill before us while, at the very same time, try to eliminate the over \$50 billion in offsets that are contained in the legislation. Closing loopholes is against the philosophy of a hypocrite.

I think it's safe to say that all of us have not lived up to every pronouncement that we've made in our lives. No one is perfect, but rarely has hypocrisy been as constantly and blatantly dis-

played as it has been by the opponents of this bill.

The same people, the same people who spent like drunken sailors when they were in charge, now say we cannot afford to help our fellow citizens who've lost their jobs through no fault of their own.

Here is the bottom line: if we don't pass this bill, 1.2 million Americans who were following the rules and working and paying their taxes will lose their unemployment benefits by the end of June. Moving forward, a total of 2 million will be off by mid-July and 5 million Americans will lose their benefits by the end of this year.

Thanks to the hypocrites who say, oh, I can't, I'm worried about the deficit; I can't worry about these people who have no way to pay for their home or their food or their mortgage or their children, Americans will face these cuts of their unemployment benefits because people will not follow what they say they believe.

They were unable to deal with the spending on wars and tax cuts and all the rest; but when it comes time to pay the benefits to somebody who lost their job, their message to them is, well, you know, tell your children that they're just going to have to tighten their belts a little, and we're not going to have three meals today. We're only going to have two because your dad or your mom or both haven't been able to find work.

There are six people in this country looking for every job that's out there. The chances of people getting a job today are very low, and people are giving up because, with 8 million jobs lost in the last 2 years, they are simply unable to find work to take care of their families.

Now, to take away their last lifeline because you're saying you're being a budget hawk and you're against deficits, when you spent like that in the last 8 years, is pure and unadulterated hypocrisy.

The SPEAKER pro tempore (Mrs. HALVORSON). Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. LINCOLN DIAZ-BALART) is recognized for 5 minutes.

(Mr. LINCOLN DIAZ-BALART of Florida addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFazio) is recognized for 5 minutes.

(Mr. DEFazio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

(Ms. ROS-LEHTINEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mrs. MILLER) is recognized for 5 minutes.

(Mrs. MILLER of Michigan addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

(Mr. BURGESS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE DOCTORS CAUCUS

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

Mr. BROUN of Georgia. Madam Speaker, tonight the Doctors Caucus, people who are physicians, and those of us who are involved in health care on the Republican side, are going to be talking a little bit tonight about ObamaCare. We've talked about ObamaCare a lot over the last several months, and it's now law. We hear over and over again about how ObamaCare is beginning to filter out, and how it's going to affect the American people.

Our President has said, Madam Speaker, that when the American people know what's in the bill, they're going to like it. Well, to the contrary. As the American people get to know what's in the bill, they dislike it more and more, as they rightfully should, because ObamaCare is going to be extremely expensive for everyone.

□ 1900

It's going to be very onerous to almost everyone, except for the Federal bureaucrats who are going to be hired to put ObamaCare into place and who are going to be enforcing it. And in fact, we are even going to have to hire, I think it is 16,500 new IRS agents to enforce it. That's right, Madam Speaker, 16,500 new IRS agents just to enforce ObamaCare on small businessmen and women around this country. The more the American people discover about ObamaCare, the less they like it.

We just heard, I think it was last week, where the Congressional Budget Office said, Oops, we made a mistake. We made a mistake. We were \$115 billion too little on our estimate, which puts it way over a trillion dollars. Our Democratic colleagues, their leadership—actually, it's not even all the

Democrats, because there are many of them who are very reasonable over there on that side. But the leadership of the Democratic Caucus wanted to get ObamaCare and the President wanted to get ObamaCare passed, and forced the CBO through the parameters that they gave them to try to get the numbers below \$1 trillion. Well, they are north of \$1 trillion.

Frankly, if you look at Medicare, when CBO projected the cost of Medicare, CBO missed it, missed it terribly. And in fact, I think that's what's going to happen here too. I think ObamaCare is going to be \$3 trillion, \$5 trillion, maybe \$10 trillion. And it's money that our children and our grandchildren are going to have to pay because we don't have the money.

In fact, we just had a lecture about hypocrisy by one of our colleagues just a moment ago, talking about saying one thing and believing another. Frankly, we are continuing to fight to stop this outrageous spending. As Republicans here, we are fighting against ObamaCare. Every single Republican voted against it. Even several Democrats, many Democrats, voted against it. The only bipartisan vote was a vote of "no" against ObamaCare, because it's going to be terrible. Unfortunately, it passed the House by five votes. Five votes. That's certainly not a mandate from the House.

The American people, as they study the bill, they are beginning more and more to see how bad it is. The feelings against ObamaCare have been described by one Democratic pollster as hardening against it. We need to repeal and replace ObamaCare. It's the only rational, reasonable thing to do. It's the only economically feasible thing to do.

We see colleagues on the other side talk about budget deficits. They don't care about budget deficits. They don't care about the huge debt that's created. In fact, just last week I was down here on the floor and heard several of our Democratic colleagues blame this economic woe that we have and this huge Federal debt and deficit on George Bush. Can you imagine? On George Bush. We have created more debt in the last year-and-a-half than George Bush did in 8 years. But my Democratic colleagues continue to blame George Bush.

I blame George Bush for bringing us the first tranche of the TARP bill. I voted against it. Many Republicans voted against it. I thought it was a mistake. Then the President came back, our current President, President Obama, came back and he wanted another \$350-plus billion to bail out Wall Street even more. Now they are talking about a Financial Services bill to regulate Wall Street that they, the Democrat leadership in this House and the President, want to bail them out and then regulate them on the other hand.

And if the American people will look at who Wall Street gives money to, it's

the Democrats. They give the Democrats and the Democratic Party a whole lot more money than they give Republicans. The best friends of big business and the best friends of Wall Street are our Democratic colleagues.

So we are here tonight to talk about spending and failed promises. I am joined in this discussion tonight with two very good friends, two great Members of the House, both freshmen. Both are physicians. We have got Dr. PHIL ROE, who is an OB/GYN from Johnson City, Tennessee, and we have got my fellow family doctor, Dr. JOHN FLEMING, from Shreveport, Louisiana, that have joined us tonight. I understand that Dr. PHIL GINGREY may join us. He is in a markup. And so is Dr. BURGESS. They are both in markups in Energy and Commerce.

But now we've got three stellar Members of this U.S. House of Representatives, three stellar members of the Republican Caucus, three stellar members of the Doctors Caucus who have been leaders here. I want to thank the people of Tennessee and Louisiana for sending these two gentlemen here and being part of our conference and being part of this Congress, fighting for the interests of their constituents. I want to thank the people of Louisiana, Madam Speaker, and thank the people of Tennessee for sending Dr. PHIL ROE and Dr. JOHN FLEMING here.

So to kick this off, I will go to Dr. PHIL ROE to put in his input about failed promises and the huge spending that ObamaCare, as well as the Democrats not only with ObamaCare, but with their stimulus bill. Dr. ROE, we are fixing to have another bill that our Democratic colleagues are calling a jobs bill. If they liked the first non-stimulus bill—actually, it stimulated big government. It has been an abject failure. But they want to give us another bill. They call it the extenders bill here in Congress, but the American people are going to hear it described as a jobs bill. And that is just absolutely incorrect. Thanks for joining us.

Mr. ROE of Tennessee. Thank you, Dr. BROUN.

I bring with me tonight a blank sheet of paper. On this blank sheet of paper is where we ought to go back with health care and start over. That's what the people in my district and in the State of Tennessee have overwhelmingly told me. I was at a convention in Gatlinburg this weekend. They understand it. They get it. And who gets it the most are our senior citizens.

When I came here, I came as a 31-year practice physician, private practice. I also taught in medical school some, and run a small business, and also was mayor of a city, the largest city in our district. So I have been used to balancing budgets, not raising taxes. And I do believe in smaller, more efficient government. And by far and away after seeing this, I call it the Twilight Zone here inside 395. No one understands in the State of Tennessee or in the cities where I go to, in Kingsport,

and Bristol, and Newport, and Gatlinburg, and Sevierville, and all the cities in my district, Rogersville, they have to balance a budget. The county mayors have to balance a budget, the city mayors, the local city commissioners.

One of the things that I have paid very close attention to since I have been here is I have tried to not vote, and to the best of my knowledge have not voted for any unfunded mandate for local or State government. I have had enough of that when I had the Clean Water Act and ozone and everything else as a mayor I had to deal with, with no money to deal with it.

Mr. BROUN of Georgia. Dr. ROE, let me interrupt you briefly and reclaim my time here.

The American people understand what you are having to say about balancing budgets because they have to do that every day in their own home and businesses. My State of Georgia has to balance its budget, our State government does. Many States around this country have to balance their budgets. You had to balance the budget of the city when you were mayor of Johnson City.

We don't even have a budget. First time in history since the last budget act was passed that we're not going to even attempt, not even attempt to have a budget. So how can they constrain their spending? I guess they don't want to have any constraints or anything to try to hold them accountable.

So the American people I think, Dr. ROE, need to know that we are not going to have a budget. They don't have a budget. We're not going to have a budget in this Congress. JOHN SPRATT, who is the chairman of the Budget Committee, said, "If you can't budget, you can't govern." The majority leader on this side said that putting forth a budget is critical for governing. They're not governing. They're not budgeting. I just wanted to kick that in just so that our listeners tonight could understand they don't have a budget so they're not working under the constraints of a balanced budget.

I have introduced a balanced budget amendment to the Constitution. There are three actually on our side that have been introduced. They are all slightly different. But all of them call for a balanced budget. But we on the Republican side want to balance our budget.

Mr. ROE of Tennessee. I think until we do that, you are going to see, and you see this fiscal irresponsibility around the world. You've seen the Greece meltdown, and you've seen Spain is in trouble. Italy is in trouble. The EU is having problems even being held together now because of the spending and social programs that are going to have to be paid for. We're going down the same path. And I just asked myself today, how long can you continue to run enormous, 43 percent this year of our budget is deficit spending, how long can you continue to run

almost half the dollars you spend are borrowed dollars until you can't do that any more and then a true crisis hits?

But what I was going to bring up was I came here with high ideals and high thoughts about health care. I had spent my career doing that, and I said, you know, I think I can go to Washington and have something to offer in the debate. What really disappointed me is we have 10 doctors on the Republican side in the Doctors Caucus, and not one of us in a meaningful way was consulted about this health care bill. When I tell people that, they can't believe it.

Mr. BROUN of Georgia. What? Not one doctor on our side? Not one?

Mr. ROE of Tennessee. It's the most astonishing thing I have ever heard of, Dr. BROUN, in my life is you would have the expertise here. And I know people think this is all politics and games and so forth. I came here very sincerely wanting to be part of this debate and offer 30-plus years of experience about what worked and what didn't work. And the thing that this bill has that the Senate has, about half of it is what we had already tried in our State that failed miserably. And I wanted to explain what went wrong so that we wouldn't magnify this debate 50 times across America.

When I came here, I recognized the problems were ever-rising costs, number one. Number two, we had a lot of uninsured people that needed health care services in this country. You've dealt with them. Dr. FLEMING has dealt with them. I've dealt with that problem. And preexisting conditions. And so we had a way, very easily, to deal with those without a massive 2,500-plus page bill that almost nobody read. And that's very frustrating to me to see no physicians involved, no malpractice reform in this bill, which has to be in there. No doctor fix.

And so the folks understand what we are talking about, our physicians that accept Medicare, many of them now, hundreds have left in Texas—I was reading an article the other day—won't take Medicare any more. And why? Because for years now we've been putting off a proposed cut. And this year, next week, there is going to be a 21 percent cut in your doctor's pay for Medicare.

The problem is when you do that, that's going to do three things. That's going to decrease your access to your doctor, it's going to decrease the quality of care because you can't get to your doctor, and number three, it's going to increase the cost to patients when they can least afford it. We on our side have been tasked, the Physicians Caucus has been tasked with a true doctor fix. Not this stuff tomorrow that's going to be done and voted on where 2013, I believe it is, 3 years from now, there's a 35 percent cut. So the doctors get a reprieve for 36 months, a car payment basically, a 36-month reprieve and you're facing the same thing again instead of a true fix for this very, very real problem.

So we had those three things. It didn't take a trillion dollars—and Dr. BROUN and Dr. FLEMING, you can't spend a trillion dollars without helping some people. When people ask me, Is there anything in this bill you like? I said, well, you can't spend a trillion dollars and not help some people. That's not the issue. The issue is, could you have done the same thing and done it better with a lot less money?

I think more importantly than this, is that ultimately this right here, I can write the prescription, no pun intended, I can write the prescription right now of what's going to happen in this country. You set up a scenario where the private sector will fall apart, and I think in a very few years. I don't think it will take long. And then the politicians right here on this House floor are going to step up once again and say, Oh, see, we told you this wasn't going to work. And here's the government, we'll take the whole thing over. When that happens, my friends, rationing of care is going to occur. And there's no doubt in my mind that will occur.

You brought up a minute ago, Dr. BROUN, about the costs and the government estimates of Medicare. I know those numbers. In 1965, Medicare cost \$3 billion. The estimate 25 years later was it was going to be \$15 billion. The actual number in 1990 was \$90 billion. They missed it by a factor of six. That's how much they missed it by. In TennCare, in Tennessee we brought forth this managed care plan, uninsured, costs going up, the same argument I just made, and guess what? In 10 budget years we tripled our costs—just in 10 years.

□ 1915

So from 2010 to 2020, if we triple, it will be exactly as you just pointed out, it will be a \$3 trillion program, not a \$1 trillion program, and that will probably be on the low side.

I think the other thing about this particular plan—and we'll get into it in more detail here in a moment. But what folks don't understand between the difference of Medicare and Medicaid, Medicare you've actually paid a premium in for that. You paid 2.9 percent of your salary, either as employee or employer, both shares are. So there's a premium. It may not be the right number to actually fund it properly, but you are paying into that.

Medicaid's a flat-out entitlement. It just comes right out of a general fund from taxpayers to pay for it, and we're going to expand that by some 20 million people. We've seen the problem in Tennessee when you do that, when you don't put the patient in control on health care expenses. They'll explode like they did in Tennessee.

I yield back.

Mr. BROUN of Georgia. Thank you, Dr. ROE. I appreciate it.

And you are exactly right. In the State of Georgia, they've just finished their session, a 40-day session. The gen-

eral assembly just finished about 2 weeks ago. It took 40 legislative days, all the way to May to finish 40 legislative days, and it is because of the economic downturn and the lack of revenue. And we have a balanced budget requirement in our State constitution. So Georgia has to balance its budget, just like people have to balance their budgets, just as we should be balancing our budget here in the Federal Government.

And in doing so, people who are paid by the State—teachers, policemen, State highway patrol, as an example. Just talked to Jimmy Williamson, the police chief at University of Georgia, as a person who is employed by the State. All of these folks are being furloughed. They're being furloughed on a day-by-day basis. So they have to lose a day of work, maybe a day a month, a day periodically. They're not counted in these unemployment statistics. They're not counted in how the Department of Labor gives us all of those numbers on a monthly basis. So our administration and the leadership up here don't count those furlough days, but they're unpaid furlough days. It's hurting their salary. It's hurting families.

And it's because of this gross mismanagement of the Federal spending, this gross, outrageous spending that the Federal Government's doing that is going to put our children and our grandchildren in an economic squeeze where their standard of living is not going to be as high as ours. And ObamaCare is going to put a lot of people in a position, as you were just saying, where they can't find a doctor.

In fact, during another previous Doctors Caucus period of time of discussing things during Special Orders, I said that people may have a free health care card, Medicaid card or whatever card it is, but it will be as worthless as a Confederate dollar was after the War Between the States. And the reason for that, you just brought up, Dr. ROE, is that doctors are not going to be able to accept Medicaid and Medicare because of the rationing of care, the marked reduction of their payments from the Federal Government and doctors who are trying to take care of poor people. And the elderly today are struggling because the Federal Government pays providers—whether it's a hospital, a doctor, or a physical therapist—less money today than it costs them to provide that service.

I'll give you an example, just a number of years ago in my own practice when I was in an office. I've done house calls since 2002. So I'd go see my patients at home, and work was no longer office space. But when I was office space, Medicaid reimbursed us for the shots, immunizations for our kids, childhood immunizations, at less money than it cost to buy the serum. And then that doesn't count the cost of our nurses' time and the liability costs and the medical records costs and the syringe and the alcohol pad and these

other things. Government was reimbursing us at a lower level. So I had to send all of my pediatric patients for their childhood immunizations over to the health department, and they were getting them from a government entity because I could not provide those services.

But that comes back to another thing that you said, Dr. ROE, where just before ObamaCare was passed, our President said he wanted everybody in this country in one health care pool. What does that mean to the American people? What that means is that his desire is for us to have total socialized medicine where everybody in this country is in the same pool. Everybody's health care is controlled by the Federal Government. So there are panels here in Washington, D.C., that are going to ration care, as Dr. ROE was just mentioning. It's going to tell us who can go in the hospital, who can get a treatment, what medications we can get. There's going to be a tremendous rationing of care.

Before that happens, I think, Dr. ROE, you're exactly right in that this unfunded mandate that's being forced on the States by the expansion of Medicaid rolls is going to hurt my State of Georgia that much more. They're struggling now to balance their budget. The teachers are being released from their duties and are not going to be rehired for next school year because the State of Georgia doesn't have the money to pay for Medicaid today. And it's going to be expanded. And we're going to fire all of the teachers? I hope not. We need to be paying our teachers more. We need to be doing more for our teachers.

But we're in a bind. And the Federal Government, under this leadership of this administration and the leadership of the House and the Senate, are making matters worse and worse.

Dr. ROE.

Mr. ROE of Tennessee. It is not going to matter about health care if we don't get our budget in order, if we don't get our deficits in order. And these budget deficits that you see out into the next 6 to 8 years that they predicted is without health care. And if it adds on top of that, I don't see how we can afford it, how we can go forward as a nation. And I am truly concerned about that for the people who are retired on fixed incomes, for young entrepreneurs.

Look at what a business would do right now. Let's say a business looks up, and this ObamaCare plan, they can pay a fine that's \$2,000 per employee and they can put them on the exchange—which is not even calculated into these numbers, this \$1 trillion.

There's a business in Tennessee—I won't say where—that's using—the government will again decide what's adequate health insurance coverage. Not you, not you as an individual. You won't go out as a family. The government will decide if your plan is adequate. And if it is not adequate, then you'll have to buy an adequate plan.

Well, this particular company's plan wouldn't be considered adequate right now. It would cost them \$40 million to comply with this. Or they could drop the folks in their business into the exchange, pay the \$2,000 fine and have a net \$40 million savings.

So what are they going to do? They're going to drop those people into a plan. They will not pay the cost of the care. And it's going to amplify much faster. And that's why I said a moment ago that you're going to have people step up real soon and say, See, we told you that the private sector failed.

No. Businesses are making a perfectly logical business decision.

Mr. BROUN of Georgia. Dr. ROE, just tonight I went to a meeting just before we came down for this last series of votes. In fact, I came from that meeting here to the floor of the House. And I was talking to a leader of a large transportation organization, and he told me that they've studied ObamaCare and they've decided that they're going to do exactly what you said. They're going to push all of their employees into the public exchange, which—they're just going to pay the \$2,000. Just tonight I talked to a guy, just an hour and a half ago, who said that hundreds of their employees are going to be pushed into the public exchange.

This goes back to fulfill Barack Obama's promise of wanting to try to develop one pool for everybody. But he has failed in his promises because we were assured that their new law would be the answer to health care financing problems. Au, contraire. I am not good at speaking French. My wife, Niki, all the time chastises me for my not being able to speak these things and not even—she's from Indiana, so she doesn't even think I speak English.

But we see over and over again where these failed promises and this increased debt and all of the things that are going on are costing hundreds of jobs and are going to force people into government health insurance programs.

So the spending has to stop. This outrageous spending has to stop here. And unfortunately, we have failed promises by the Federal Government.

Dr. ROE is unfortunately having to leave, and I thank Dr. ROE for spending some time with us and with the American people this evening. Thank you, Dr. ROE.

I want to go to our next doctor who's here with us tonight, a good friend, great Member of Congress, Dr. JOHN FLEMING. Family doctor from the northwest corner of Louisiana. One of my favorite States. I love to go down there and go duck hunting. And they're struggling by the Federal Government's failure to deal with this outrageous economic as well as environmental disaster that's going on down there. In fact, failing—our Federal Government and this administration is failing to take care of what they're charged to do under Federal law.

In fact, STEVE SCALISE, our good friend from New Orleans, came to the floor yesterday and was talking about that. He was even chastised by one of our dear Democratic colleagues. But the Federal Government has a responsibility under Federal law on these major oil spills to get engaged in trying to deal with that. They failed to do so.

But thankfully, your district is up in the northwest corner. I know your patients miss you like my patients miss me. I am still practicing medicine, but, Dr. FLEMING, thanks for joining us tonight.

And I yield to you, sir.

Mr. FLEMING. I thank the gentleman, Dr. BROUN from Georgia.

And I still see patients as well when I get a chance, but it's not nearly as often as I'd like. We, being both family physicians, I think we have a special bond. I want to thank the gentleman for his leadership, and certainly he's been a mentor for me, and also a special kind of family practice heart that only we family physicians understand, not just for your patients, but for the work that you do here, and not least of which is for this Republic that I know you love so much. And that, I greatly respect.

What I wanted to extend a little bit from our discussion that we're already into is the fact that, you know, we've had a number of these GOP Doctors Caucus Special Orders during the health care debate, and tonight we know the bill is passed. There's nothing we can say tonight that's going to keep it from being passed. The votes have all been counted and it is in law; although, it's not been fully implemented.

Mr. BROUN of Georgia. Let me interrupt you a minute, Dr. FLEMING, and reclaim my time, but I want to ask you a question.

Have you heard any of our Democratic colleagues say we need to move on, it's now law and we need to accept it, and we just need to go forward and it's the law of the land and, thus, we're being sore losers? We're just being nothing but soreheads because we're talking about health care still.

But it's critical the American people understand that it's not put in place completely, and the most onerous parts of ObamaCare are yet to come, and it's a few years out. So we can repeal ObamaCare. We can replace it with something that makes sense. I've already introduced one repeal and replace bill. I had introduced a bill, H.R. 3889, prior to ObamaCare passing, which was my own comprehensive health care reform bill. Comprehensive. It dealt with Medicare, helped reform Medicare so that people could continue to get Medicare and could continue getting their money back that they invested in the Federal Government through Medicare through their FICA taxes and their payroll deductions and stuff like that. And I re-introduced it as repeal ObamaCare and replace it with my H.R. 3889.

Just this week I'm going to introduce another one that puts in place repealing ObamaCare and puts in place four things:

Number one, across-State-line purchases for individuals and businesses.

Number two, where anybody in this country can join an association just for a meager amount of money, 5, 10 bucks, \$25, have multiple insurance products that they can buy and own themselves, have huge pools with these associations.

□ 1930

The third thing is to encourage the State to set up a high-risk pool.

The fourth thing is to have tax fairness for everybody in this country so that everybody can deduct every health care cost that they have, including purchasing insurance. Makes sense.

I have had many of my Democratic colleagues—when I challenged them before ObamaCare passed—I challenged Democrat after Democrat individually to introduce those four things in a bill, that I would give them the legislative language. I would give them the bill, have a blank. They would just write their name in the blank.

And then it would be a Democratic bill. They could claim that as being ObamaCare, as far as I was concerned, because it's not about my name being on anything. I am just concerned about policy. I had Democrat after Democrat say, PAUL, I would love to do it. It makes sense.

Many of our Democratic colleagues said, PAUL, that makes sense to do this and to work on this incrementally. Many Democrats wanted to work on this incrementally. But their leadership wouldn't let them, Dr. FLEMING. They were forced to swallow ObamaCare just like the American public is being forced to swallow ObamaCare.

And those four things would radically change the health care financing, would solve a lot of problems, not all of them, but would solve a lot of the problems we have. It would help cover a lot of people who can't afford health insurance today, would cover a lot of people who can't get health insurance because of preexisting conditions.

We have very few people. In fact, ObamaCare is not going to cover everybody in this country either until we get everybody in the same pool that the President wants us to go in. But these are all failed promises and high spending that we are getting from our leadership. I just wanted to throw that in, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman.

What I would like to do is take a moment to look through the retro spectroscopy, where we are today now that the bill has passed, look at the rhetoric that occurred during the debate—

Mr. BROUN of Georgia. Now, Dr. FLEMING, you better explain about retro spectroscopy because a lot of people haven't heard about that. They

have heard of a colonoscope or sigmoidoscope, but you are not talking about the same thing.

Mr. FLEMING. Right. Well it's a quasi-medical term which is equivalent to armchair quarterbacking or post-mortem in which we look back and we go. How do things look now, looking back, as opposed to the way they looked then? You know, what we were saying during the debate is this: This bill is by no means really paid for, that there is smoke and mirrors about the financing, that it will definitely cost tax for the middle class, although the President said otherwise.

The President said premiums would go down for insurance. We said they would go up. The President said people would get more care and better care, and we said, no, the care would be diluted, there would be less access to care.

Mr. BROUN of Georgia. Let me interrupt you again a half second, if you don't mind, Dr. FLEMING, because I have got some news for the American people.

The Congressional Budget Office, even missing all the numbers, as Dr. ROE and I were just talking about, the Congressional Budget Office has stated that the law will raise the individual market premiums by an average of \$2,100 per family, raise them. They are going to go up above what would have been if we did nothing. Now, I don't want to do nothing.

I know that you don't want to do nothing. You made that very clear in many hours here on the floor, talking. But the cost is going to go up by \$2,100 per family on the average across this country. That's another failed promise by Speaker PELOSI and Barack Obama.

Mr. FLEMING. So there were a number of promises made and, you know, each time we tried to rebut these, we were told that we were using scare tactics, that we are scaring old people and that, really, it was unconscionable to do that.

So what has happened since the bill was passed? Well, first of all, the bill had about 52 percent of Americans who were against it, against 38 percent who were for it. Today, 63 percent of Americans want repeal, so that means that more people now want to get rid of this bill than actually were against it before. That means that some people who were for it now want to repeal it.

And what was the first thing we heard after it passed? Almost within 24 hours, AT&T a write-down of \$1 billion, that is a loss of \$1 billion for the year; Verizon, \$970 million; John Deere, \$150 million; Caterpillar, \$100 million.

We had communication just the other day, a small business owner who thought he was going to be okay under ObamaCare because he had 24 employees, and he said, you know, the threshold is 25 employees, so you get special tax credits and you get support under this program because you are a small business owner that has fewer employees.

Mr. BROUN of Georgia. Say that again, please, so people can understand, because we just saw a report. I don't know if you saw the report, because we haven't talked about it.

There was a report just recently where businesses that were going to hire new employees, that are right on the cusp, have decided not to hire those new employees. So it's killing jobs, right?

Mr. FLEMING. Yes, what's happening is the employers, now that they are getting the language of the bill—remember that Speaker PELOSI said if we want to find out what's in it, we have got to pass it first, okay? Well, now it's passed. So, now, business owners are putting the pencil to it.

Here is what they are finding. This is a gentleman who said, you know, I have got 24 employees. So I should be under the threshold, and I should actually get some subsidies and tax credits.

But what he found out was that the way it's calculated, he would have to draw down his 24 employees to 10, and he would have to cut wages down to \$25,000 a year, fine print. The gentleman's name is Zach Hoffman.

He is going to have to go from 24 employees making an ample of \$35,000 a year down to 10 years making \$25,000, \$35,000 versus \$25,000 a year in order to make that happen. But that's not all. Remember, what I am telling you is not me telling you this. I am just passing on the bad news. Don't shoot the messenger here, okay.

What I am telling you is what people are finding out. The President's chief actuary, this is from, this is in the President's administration, soon after the bill was passed, said, You know what, we made a miscalculation on this. That's from CMS, that this is going to cost \$311 billion more than what was anticipated and that it will consume 21 percent of gross domestic product instead of the 16 percent that we predicted. This was within days of it passing.

And then also the CBO, the Congressional Budget Office, which we know played along with the smoke and mirrors and the sleight-of-hand financing of this says, oh, my goodness, there's \$115 billion that we haven't accounted for. So instead of this thing being revenue neutral or maybe a little bit on the plus side, no, it is going to go in the red just like we were saying all along.

Mr. BROUN of Georgia. That's another plus side, Dr. FLEMING. We were told that the cost curve would go down. Now that may be a nebulous term to most people in the country, some of that congressional speak language we talk about up here. We have heard over and over again from our Democratic colleagues, particularly in leadership, that the cost curve would go down.

In other words, that the spending, the total level of spending, the total level of spending in this country on health care would go down with ObamaCare.

Mr. FLEMING. Right.

Mr. BROUN of Georgia. But what you are just saying is great information, so that the American people can understand and hopefully our Democratic colleagues will understand, the cost curve goes up, higher than if we did nothing. In fact, this new estimate does not include any cost for the 52 new programs, 52 new programs that are in the bill that the CBO could not even measure and give us a figure for the cost because each program was authorized for such sums, blank check, such sums, funding level.

So our leadership, Ms. PELOSI and company, have given us 52 new programs that are funded at such sums that they need and is not even scored or accounted in this new estimate of \$150 million that the CBO missed because they couldn't even score that.

Mr. FLEMING. But it goes further than that. There's going to be \$120 billion in taxes that were not anticipated. That's on top of the \$600 billion that were already—

Mr. BROUN of Georgia. Tax increases.

Mr. FLEMING. Additional tax from the actuary who is saying it's going to be more taxes. Job cuts: 90 percent of medical device makers say that they will eliminate jobs. That's 9 out of 10 companies that make anything from tongue blades to pacemakers, what have you, as a result of the taxation, heavy taxation, excise taxation of medical devices.

Mr. BROUN of Georgia. Doc, let me interject something there.

Mr. FLEMING. Yes.

Mr. BROUN of Georgia. One of our constituents in northeast Georgia in my 10th Congressional District just wrote us a note saying that he is a small businessman, and he said that his small business was going to survive this economic downturn. But the way it was going to survive was he was going to let all of his employees go, and he and his family were going to run the small business. That's the only way you can stay in business.

It is ObamaCare that is running his employees, even of a small business, very small business, where they are having to let employees go because of ObamaCare, right now today.

Mr. FLEMING. Yes. So you have costs going up and you have jobs going down. We know that there's supposed to be 32 million more Americans covered under this than otherwise. Half of those are to be estimated to be going into Medicaid. And doctors across the country are dropping Medicaid.

Where are these people going to end up? They are going to end up in emergency rooms, not in the doctors's offices like was anticipated.

But let me get to something that I think is real important because you remember that we brought up the idea that there would be committees that may make a decision about what kind of treatment you may or may not get? Now, we know that they exist in Can-

ada and in the United Kingdom, but we started talking about these. I know that Sarah Palin, Governor Palin, made mention of this and the left blew apart. They said, my goodness, you are talking about death boards. Shame on you for scaring the American people.

Okay, well, let me tell you what's really happening, and this is being reported now. The President has nominated Dr. Donald Berwick to run the Centers for Medicare and Medicaid Services, that's CMS, and his job is to oversee CMS. He is also supposed to oversee the \$2.5 billion comparative effectiveness research.

Mr. BROUN of Georgia. Those are big words. What's that mean?

Mr. FLEMING. Well, what it basically means is that there's going to be a bunch of unelected bureaucrats, perhaps not even doctors, who are going to be tasked with looking at research, hopefully there's going to be research or they are going to do research, to decide what treatments and what diagnostic tests are worth paying for and which ones are not.

Mr. BROUN of Georgia. Dr. FLEMING, you and I talked about creative effectiveness research and comparative effectiveness of different treatments. For instance, as an example, my trout fishing buddy at home, a retired full bird colonel, Randy Dudley, served a stellar service in the United States Air Force, retired.

Randy Dudley has just undergone a series of treatments for his prostate cancer. He has been very open about it and that's the reason that I can bring that forward here tonight because HIPAA otherwise wouldn't let me do so.

But Colonel Dudley looked at surgery, looked at high-dose radiation therapy, low-dose radiation therapy, chemotherapy, or a combination of those, as he chose his treatment. We, as physicians, do comparative effectiveness evaluation or research to look and see whether the surgery for him is better or which of those treatments are a combination of treatments or better.

But this comparative effectiveness research that was started with a non-stimulus bill back a little over a year ago—that's when NANCY PELOSI and company funded the comparative effectiveness research—what the American people need to understand, Dr. FLEMING, is something you and I understand very firmly; it's not about what's the best treatment, but it's how to spend dollars.

Mr. FLEMING. Right.

Mr. BROUN of Georgia. They are going to use age as the means of trying to determine how to spend dollars. That means that one of my patients who is 75 that has diabetes versus another one of my patients that's 35 with diabetes, they are going to decide whether they are going to spend \$100 on my 75-year-old diabetic patient or \$100 on my 35-year-old diabetic patient.

Dr. ROE was talking about seniors are very upset because we know where

that decision is going to be, and that Federal bureaucrat who is not a doctor, that panel that is not going to be run by physicians, is going to be deciding the comparative effectiveness of spending dollars on an age-related basis with less dollars being divided by more people, which means rationing of care. And this panel is going to deny, deny, treatment to that 75-year-old.

□ 1945

And the reason Governor Palin was talking about death panels is because they're going to just say, So sorry, you can't get that treatment because comparative effectiveness says spending \$100 on you, a 75-year-old patient who has diabetes, is not as effective as spending \$100 on a 35-year-old, and our senior citizens are going to be denied treatment. And what's going to happen? They're going to get gangrene in their legs, and they're going to die from that. They're going to get pneumonia, and they're going to die from that. This panel is not going to put them to death, but it's going to deny treatment, particularly the more expensive treatment.

Mr. FLEMING. If the gentleman would yield.

Mr. BROUN of Georgia. Yes, sir.

Mr. FLEMING. Let me focus on Dr. Berwick, specifically, because this is important.

Mr. BROUN of Georgia. Thank you.

Mr. FLEMING. Dr. Berwick, this is a quote from him.

Mr. BROUN of Georgia. Now this is the head of CMS, who is going to be heading up the comparative effectiveness rationing panel. I call it a rationing panel.

Mr. FLEMING. Right. This is his quote. He considers the British health system "a global treasure." In fact, it's my understanding—I don't have it in my data right here—it's my understanding that he helped design it. And it's designed very simply just to be—a little more technical than what you were describing—is that what they do is they take the population and they assign a value, a numerical value based on quality-adjusted life years. And so just as you say, let's say that the government can afford 1,000 hip replacements this year because of the budget and you've got someone who's 75 with diabetes and let's say somebody 35 who's fully healthy—

Mr. BROUN of Georgia. A football player.

Mr. FLEMING. A football player, okay. Now, according to the quality-adjusted life years, the 35-year-old has not only more years left to live, but he has more productive years, that is, he's going to work for the state more years. In fact, the 75-year-old probably is not going to work any more years. And so they have to draw the line someplace: Which thousand is going to get the hip replacement this year? And guess which one it's going to be? It's going to be the 35-year-old. That is the way the comparative effectiveness system works.

That's the way they do it in England today. And anybody who's skeptical or doubts that that's where we're headed, they just need to read about Dr. Berwick and all the other information that's coming out on this. And again, there is much reported by *The Wall Street Journal*. It says, The decision is not whether or not we will ration care—according to *The Wall Street Journal*—the decision is whether we will ration with our eyes open. And right now, we are doing it blindly.

It goes on and on to describe the fact that if the quality effectiveness research board is not, in essence, a death panel, then I don't know what really is because, just in the case with the gentleman with the prostate cancer, that's a decision between him and his doctor whether he gets chemotherapy, whether or not he can get surgery. Or maybe he decides, he and his doctor, that the cancer has advanced too far and he's just going to go home, take pain medication, and not fight it. Some people decide that, but that is their decision. But this is going to make it the government's decision to do that.

If you doubt that that happens, again, go and talk to people from the United Kingdom and from Canada. It happens all the time. It's acceptable in those countries and in those cultures that if the government says you don't get treatment or you get only palliative treatment when there is a cure, then that is strictly the way it is. And as far as I know, there is no right to petition; there is no court or anything that you can go to.

So what we really have, just to summarize my comments here, is we had a number of promises by the President. He said the cost curve would go down, as you say; he said the middle class would not pay increased taxes; he said the premiums would go down; and he said a number of other things that I can't even think of today. He scoffed at the idea of death panels and any kind of board or bureaucrat that would dictate what your care would be like, whether the bureaucracy or government would come between you and your physician.

And he said that businesses would be happy, that this would be a boon for businesses. Well, today, where are we? None of those things have proven to be true. Now that the bill is in law, we have businesses not hiring people because we have an unemployment rate of 9.9 and holding because businesses know that if they hire people, they're going to have to pay a lot of money for their health care coming forward. And we also know that what we feared the most is actually in play, and that is that we will have a board, a comparative effectiveness board, just like that in the United Kingdom.

Mr. BROUN of Georgia. You're right, Dr. FLEMING. Let me reclaim my time.

Just today, the consulting firm of Towers Watson just released a study of large employers across the country, what their response is to ObamaCare.

And it's not at all surprising, really, to us because we've been talking about it. You and I and many of our Doctors Caucus members have been here on the floor talking about these things, you're just talking about it now, as we did for months and months before ObamaCare was put in place. But let me give you the data, some things that Towers Watson found that just released today.

The overwhelming majority, 90 percent of employers, believe that health care reform will increase their organization's health care costs. They're right. I don't know why it's not 100 percent, because it's going to; but 90 percent of employers believe their health care costs will go up, and they will. Sixty-eight percent plan to re-examine their health benefit strategy for active employees this year.

Now, I'll tell you something, just Sunday, I think it was in the Sunday Athens Banner-Herald, there was an article where the University of Georgia is very seriously considering not giving any new hire that the University of Georgia puts on their payroll retirement benefits once they retire, or health care retirement benefits because of the cost, because of ObamaCare, and because of the strain on the budget that University of Georgia is suffering from right now. So I know University of Georgia, there are a lot of people in Athens, Georgia, who want to go to work for the University of Georgia. It's a great place to work, it's a great school to go to. I'm a graduate of the University of Georgia. But 68 percent are going to re-examine their health benefit strategy. That, I'm sure, is going to please our President because he wants everybody to go off of private insurance; he said that himself. He didn't say it in those words; he said he wants everybody to be in the government pool, one pool.

Eighty-eight percent plan to pass increased costs from the law onto their employees through high premiums. So those people who are working today, those middle class people that Barack Obama said it wouldn't affect them, we heard over and over—still hear—95 percent of Americans are not going to see an increase in taxes. That's just totally erroneous; it's nothing but falsehood. Eighty-eight percent plan to pass on the increased cost to their employees through high premiums.

And let me give a couple more examples, and then I will yield back. Seventy-four percent plan to pass the law's higher costs onto their employees by changing the plan options, by restricting eligibility, which means more people won't be eligible to get insurance through their employer, or by increasing their deductibles or copays. More than one in 10 firms plan to pass on these higher costs of ObamaCare by reducing employment. Twelve percent say that they're going to do that, 12 percent, or by reducing employee contributions to their retirement plans, like their 401(k)s, 11 percent.

Forty-three percent believe that their plans will be subject to the Cad-

illac tax on high-cost plans. Of course, our leadership here in the House and our President want to get rid of Cadillac plans unless they're for who? The unions. In fact, they've given the unions a pass on the Cadillac plans because they want to do everything that they can do to support the unions.

Of those firms offering coverage, 43 percent said they are likely to eliminate or reduce retiree medical programs as a result of the law's enactment. That's what I just mentioned with the University of Georgia is a good example that is considering right now, very seriously—and I expect it probably will happen. Almost half of the companies in this country are going to reduce or eliminate their retirees' health care plans for their retirees.

I yield back to Dr. FLEMING.

Mr. FLEMING. If you would yield for just a comment about employers.

I'm a small business owner, and you, as a medical physician and one who has to run a business, in essence, for health care, I think a lot of people out there may feel safe in the fact that, you know, my employer has always taken care of us, they've always stepped up and done the right thing. But what people have to understand is that if an employer is paying these high premiums and their competitor is not paying those high premiums or reduces the number of employees, then your employer is no longer competitive in the marketplace, and he either has to do the same thing or he goes out of business.

So it's not like you can take comfort in the fact that, well, my employer always does the right thing, he always steps up and he always buys us insurance. This is a whole new paradigm because he's going to be competing; and if his costs are higher, then he's going to go out of business or match what the other one does.

I yield back.

Mr. BROUN of Georgia. Thank you, Dr. FLEMING.

We have just a couple of minutes left, and maybe I will get back to you in a second.

But I want to tell Madam Speaker and the American people that Republicans have been charged by our Democrat colleagues—and I've heard many a Democratic colleague come stand down here in the well or stand back there at the Speaker's desk and say that the Republican Party is the party of "no." We are the party of "k-n-o-w." So I'll admit that we are the party of "know" because we know how—k-n-o-w—we know how to reduce the cost of health care for everybody in this country. We know how to solve the problems of insuring those people who are uninsurable today because of preexisting conditions. We know how to maintain that doctor-patient relationship; it's how health care decisions are made. ObamaCare doesn't do that.

That's another failed promise, another myth that our President and

NANCY PELOSI and company have given to the American people. President Obama said over and over again, If you like your insurance, you can keep it. And Dr. FLEMING was just talking about, no, you can't. That's another myth; that's another failed promise. But the Republicans are the party of "k-n-o-w," know, because we know how to do those things. We know how to create jobs. We've been asking over and over again, Where are the jobs?

The American people are hurting. We see the statistics, 9.9 percent, but that's not correct. It's much higher than that. As an example, one of my county commission chairmen just told me that 1 year ago the unemployment in their county was 14.3 percent. Now it's down to, according to the statistics, 10.7. I said to him, That is fantastic. Where did the jobs come from? He said, PAUL, there aren't any jobs; people have just gotten discouraged and fallen off the rolls. And I think that's why we see it below 10 percent today.

We also mentioned earlier where teachers and policemen and other people are being furloughed and not being paid for those furlough days. There are millions of people who are unemployed. And people who are unemployed and getting jobs, the few that are out there, are being employed at a lower level than they are really qualified. So the unemployment, the underemployment, those that are off the rolls, it's much, much higher than 10 percent. I think it's above 20 percent, maybe even 25 percent; I don't have the data because we can't get those data. But the Republicans do have alternatives. And we're going to try our best to repeal ObamaCare and replace it with things that make sense, that will build jobs, build a stronger economy.

We're just going to see, in the next few days here on the floor of the House, a bill that they're going to call a "jobs" bill, and that's not correct. They are naming anything a "jobs" bill these days, but jobs are being killed by this outrageous spending.

The health care quality in this country is going to go down. The American people deserve better. We are going to try to repeal and replace ObamaCare and put in place something that makes sense economically and is good for the American people.

I yield back.

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THE ROAD TO ECONOMIC RECOVERY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from New York (Mr. TONKO) is recognized for 60 minutes as the designee of the majority leader.

Mr. TONKO. Madam Speaker, we are going to use the time made available to us in the majority to speak this evening about contracts and about

choices—about the change in the direction that this Nation is pursuing.

It is important for us, I believe, Madam Speaker, to talk about the changed order of policies, the new direction, the opportunities that we believe are essential if we are going to grow this economy after having witnessed what many would suggest to have been the worst financial crisis since the Great Depression. It took a turnaround in thinking. It took new leadership. It took a transition from the failed policies of the past.

The Bush recession, the Republican policies that dominated Washington, brought us into economic woes. It brought this country into a situation that found people in the ranks of the unemployed and brought the American economy to its knees—as I indicated, the worst since the Great Depression.

What I think is important to note is that, when we talk about choices, when we talk about contrasts, it is looking at where the allegiances lie. With the Republican Party, it was siding with big banks, with Wall Street, with the big oil companies, with credit card companies, certainly with the insurance industry, and in making certain that those special interests were their priorities.

Well, the turnaround here is an alignment with the American worker. Rather than with special interests, the Democrats have aligned with the American worker. Rather than with big oil companies and big banks, the Democrats have aligned with American families. Certainly, when it comes to the special interests that were held precious by the Republican leadership of the past, we here, as Democrats, have aligned with small business and in seeing that as the springboard to a recovery, in seeing that as the backbone of our economy. So there is a difference. There is a change of heart. There is a policy enhancement that finds us moving in a new direction.

What has that meant? I believe that one needs merely to look at the statistics out there. Let's look at the facts.

This chart here will show us in very stark contrast where we were headed with the economy over the last several years. The red lines, the bar graphs of red, will show us that severe drop, that constant loss in jobs, in payrolls, across this country.

Then, finally, a change in direction with the blue bars suggests the turnaround, the investment through policy that has enabled us to begin the climb upward. This formation of red and blue will show the sharp contrast. It will show the choices—the priority shift, if you will—where we have now begun to climb forward, where we are now experiencing absolute job growth.

Since December of 2009, this Nation has experienced some 573,000 jobs created, 84 percent of which are in the private sector category. That has been a goal to enable us to grow the economy, to create and retain jobs and to add to that private sector column. This goal is beginning to be achieved.

Now, one needs to recall that the changes here in our economy are not going to come nearly as quickly as we would like, because the problem, the dilemma, the siding with special interests, occurred over a number of years. So, with the change of leadership with the Obama administration, with the leadership in the House and, certainly, in the United States Senate, we have been able to march forward in a way that allows us to speak with dignity toward the American worker, to speak with compassion toward the American family, and to speak with productivity and growth toward the small business community.

How do we do that?

Well, there are a number of measures that have been proposed and passed here in the House, in both Houses, and in some cases that have been signed by the President. We are still in the midst of unfinished business, but we are continuing to work on a number of items. What we have currently is in this last bit of recovery where we are seeing that over one-half million jobs added to the picture are in sharp contrast—again, contrast and change here—to the 8 million jobs lost through the course of the Bush recession. That rivals—in fact, it surpasses—the statistics, the job losses, from the Great Depression.

It is a change in thinking where we embrace science and technology, where we look toward the strengths of an innovation economy, one that can use the American intellect and that can embrace the intellectual capacity of this Nation to not only advance research and development and basic research, which translates into jobs, but to also create new products, new discoveries, innovation that leads to businesses, that leads to production, that leads to job security and job growth, oftentimes, again, in the private sector.

So it was this stewardship of our economy arriving on the scene, inheriting a gross bit of policy that drove us deep into a recession, that found an impact not only on American workers and on the budgets of American households but on house sales and on all sorts of investments that need to be part of a robust economy. All of these were dulled. The competitiveness of business was dulled simply by this recession.

Again, the contrasts and the change, the choices.

As we approach an election this November for Members of this House, which will be a report card on the progress made to date, it is important to note that there is a changed order of thinking—the choice to be one of tremendously stark contrast, one that will look at hope, inspired simply by the opportunity to land a job. Now, there are still millions of people out of work. We know that. We are not happy yet with the point at which we've arrived. It is not our final destination, but it is certainly a climb in the right direction, and it is a climb out of what