

Dr. Walter Rosin (Secretary Emeritus, The Lutheran Church-Missouri Synod).

Representative John Shimkus (United States Congressman, Illinois).

Dr. Uwe Siemon-Netto (Former Religion Editor, United Press International).

The Rev. Jonathan P. Stein (Regular Pastor on FKUO-FM for more than 20 years).

Dr. Richard L. Thompson (Former Chair, Board of Directors, Lutheran Church-Missouri Synod).

Edwin A. Trapp, Jr. (Former member Board of Directors, Lutheran Church-Missouri Synod).

Dr. James Voelz (Dean of the Faculty, Concordia Seminary, St. Louis).

Phyllis Wallace ("Woman to Woman," Lutheran Hour Ministries).

John D. Wittenmyer (Vice-Chair, Board of Regents, Concordia Seminary, St. Louis).

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 Texas (Mr. POE) is recognized for 5 minutes.

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

HEALTH CARE BILL NEEDS EXPERT OPINION

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

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, when the White House summit occurs at Blair House to talk about health care, I am disappointed that not a single Member of the House of Representatives who has a background in health care has been invited, despite the fact that Medicare and Medicaid alone spend several hundred billion dollars. It would be nice if someone who has actually diagnosed a patient, prescribed medication, or treated a patient would be there, but so be it, it's not.

But also, as the discussions are coming forth, there are great differences between what one is looking at and the other party may be looking at for interventions here. We cannot have a system that simply is based upon raising taxes to pay for a broken system. There are 31-some taxes that my friends on the other side of the aisle have proposed, such as taxing employers for providing health insurance, taxing them if they don't provide it, tax you if you own insurance, tax you if you don't. If you spend money on health care, charitable contributions, alcohol, mortgage interest, pollution, oil, prescription drugs, payroll, capital gains, smoking, health care, and now a tanning bed tax. This does not change the system. In fact, it is something that is akin to just saying "take two

taxes and call me in the morning." That is not real health care.

Now, Republicans have talked about a number of things, such as allowing people to choose plans across the country, to join groups. I also believe people should be allowed to choose a basic plan, that is, choose a plan that is what you need instead of the government telling you what you need. But most important of all is the number of quality reforms which are not being addressed yet. In a \$2.5 trillion system, we waste from inefficiency, we waste from changes, perhaps between \$800 billion and \$1 trillion.

An article published by Wennberg, et al., in *Health Affairs* a couple of years ago described it well. Wennberg, Fisher, Skinner, and Bronner, all from Dartmouth University and Medical School, they said that part of the nature of the problem is the present value of projected lifetime Medicare costs for a 65-year-old in Los Angeles is \$84,000 greater than for a 65-year-old in Seattle. The difference between Portland and Miami is \$125,000 in a lifetime.

"Much of the health policy is based on the assumption that geographic variation and utilization is driven primarily by the local prevalence and severity of illness. In reality, prevalence of illness doesn't drive spending; only about 4 percent of the variation in Medicare spending among groups is associated with the regional variation in the prevalence of severe chronic illness.

"When we look at utilization," they go on to say, "among academic medical centers which care for the sickest of the sick, we see the same pattern; equally sick patients receive different care depending upon which academic medical center they routinely use for care."

I read on here: "Higher spending might be justified if more intensive use of in-patient care resulted in better quality of care or better health outcomes, but it does not appear to do so. At the population level, research has shown that patients with severe chronic illness who live in communities where more intensive use of in-patient care is the norm do not have improved survival, quality of life, or access to life. Indeed, outcomes appear to be worse."

They go on to propose a few changes here which are the things I have talked about at some length over time—that we need to make sure we are doing disease management. They say such things as, "We recommend that the Federal Government fund a program of clinical research designed to transform the management of chronic illness to a system where care is based primarily on illness level, valid science, and patient preference."

Detailed specification of the clinical pathways for caring for the chronically ill—for instance, when hospitalizing a patient with congestive heart failure, which patients with chronic obstructive pulmonary disease will benefit

from steroids, when to schedule patients for a revisit, or when to refer to a specialist for additional diagnostic testing are all important. Unfortunately, in the bills proposed by the House and Senate, they cut the funding for the very things that could do that, Medicare Advantage, cutting out \$500 billion from Medicare from the very programs that invest money in disease management where we can save money.

They go on to say as another strategy that the transition for Pay for Performance should be based upon cost-effective care. The endgame is the establishment of prospectively managed, cost-effective and coordinated care. The enrollment of patients and the cohorts for prospective care management requires risk adjustment methods that account not only for illness level, but also socioeconomic status, adherence patterns, and social supports. This care would be supported by adequate infrastructure, information technology systems, electronic medical records to provide clinical guidance through care coordination, and a program for monitoring quality and efficiency.

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Mr. Speaker and my friends, we cannot continue to pay for a broken system. There is a lot of great health care in this country, but as long as we have a system that continues to say we will pay doctors for procedures, whatever that might be, as opposed to paying doctors or hospitals, which are helping to treat patients to get better, then we will continue to see costs spiral.

I hope that the House and Senate work on really reforming health care, on really reforming health care and pushing for coordinated care. That, my friends, is the answer of how we lower health care costs.

THE PRESIDENT'S EXTREME AGENDA

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

Mr. BRADY of Texas. Mr. Speaker, this past week was the 1-year anniversary of the so-called "stimulus bill"—\$862 billion—every dime of it borrowed from the future and from our grandchildren.

When that bill was rushed through the House with almost no time to study it, we were promised as a country that it would jump-start the economy, that it would stabilize unemployment and that it would restore consumer confidence.

The fact of the matter is that we have lost 4 million jobs since the stimulus was passed. Unemployment has risen dramatically. It continues to hover around 10 percent. Only 6 percent of Americans in the latest poll believe that the stimulus actually created jobs in America. Most of them feel that that extra debt has actually hampered the economy. Six percent. By comparison, I should say 7 percent of Americans still believe Elvis is alive, so you

sort of know what range this credibility has for the stimulus.

The fact of the matter is that stimulus wasn't designed to create jobs. It was designed to bail out government workers at the State and local levels. The truth is, if you are a government worker or if you belong to a teachers' union, you probably got a pay raise from the stimulus. If you work in construction or in manufacturing, you probably got a pink slip.

The fact of the matter is the government has grown since the stimulus has passed. The jobs in the private sector—small businesses and medium-sized businesses—are disappearing and continue to disappear, and that's because it wasn't designed to create small business jobs. In fact, more money in the stimulus was set aside to buy public art in America than to help small businesses to create jobs. It shows.

Too much of it was wasted. Too much of it was exaggerated claims where the White House announced jobs created in fake congressional districts. You heard about some of the waste, the fraud and the abuse in the stimulus: the \$3 million turtle crossing in Florida, the \$50,000 hand puppet grant in one of our States, the \$4 million bike trail to Taco Bell in Massachusetts. By the way, I love Taco Bell, but that's not how our tax dollars should be spent. I'll end with this one, but this is one of those which is too hard to believe. \$390,000 of your tax dollars was spent at the University of New York, in Buffalo, in a study to compare the relationship between drinking malt liquor beer and smoking marijuana.

So American taxpayers have given to 100 people for 3 weeks \$45 a day. To do what? According to published reports, to drink malt liquor beer and to smoke marijuana. Those types of abuses are spread, unfortunately, throughout the stimulus. It's one of the reasons there is no public confidence in it.

Today, they are looking at a second stimulus. They call it a "jobs bill," but it's much like the first one, just smaller.

Over the district work period, I met with small- and medium-sized businesses in Orange, in Lumberton, in Lake Conner, and in the Woodlands. I asked them what they would do to create jobs, and they turned thumbs down on all this new stimulus spending. What they said is that the government is in the way.

In Orange County, at a roundtable, Keith Wallace, who owns a dry cleaners there and is on the port commission said, We need to get rid of the fear—the fear of higher health care mandates and taxes, the fear of cap-and-trade, the fear of new tax increases.

Marjorie Claybar, who runs a cafe in Orange County, said, We need certainty from our government. We need certainty.

Sue Cleveland, over in Lumberton, Hardin County, said, There is so much fear about what is going to happen in Congress with all of these tax increases, health care, and cap-and-trade.

Lori, from State Farms, said, People are simply too scared to invest.

The truth is that is it. Businesses are not willing to risk their hard-earned capital. They are not going to bring back workers that they had to let go. They are not going to hire new ones or make that expansion plan as long as government continues a job-killing agenda in Washington and as long as it proposes a job-killing budget. The President's budget, in my estimation, has killed more jobs than any budget in American history—new tax increases on small businesses, on energy companies, on local real estate companies, on families, on professionals all across the board, U.S. companies that compete overseas. All of those kill jobs in America.

The truth of the matter is we are not going to get out of this recession by government spending. Private enterprise, when those small businesses and medium-sized businesses start hiring again, is what will sustain an economic recovery in America. America hates being in a recession. They hate even more being in a depression. They are naturally prone to pull themselves out, but now the government is clearly the obstacle in the way of it.

We see this President and Congress pursue a more extreme agenda, a bigger health care bill—the President actually announced a bigger health care bill than the Senate one—more spending, more subsidies, more tax increases. They are not listening to the American public. They are not listening to our small business community. We are in trouble. It is time to get back on track.

THE SUCCESS OF STIMULUS I

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

Mr. GARAMENDI. Mr. Speaker, I keep hearing this discussion that the stimulus didn't work. I don't know what people are looking at, because, in my district in California and in the State of California, the stimulus has been of utmost importance in maintaining at least a base.

California received some \$63 billion from the stimulus. Where did the money go? Well, \$9 billion went to the school systems in California so we didn't have to lay off teachers and janitors and bus drivers. Those people continue to be employed, and they continue to do an extremely important piece of work. That is investing in our children.

Along the way, we also invested in those schools. In my district, some nearly \$100 million went into repairing schools—painting, fixing, improving their energy efficiency.

\$197 million backfilled money that the State of California couldn't put up to build a tunnel through the Caldecott mountains. Six thousand jobs will be

underway now and into the years ahead as people work on building the tunnel, and we are going to eliminate one of the great traffic jams in the Bay Area. It goes on and on and on.

The University of California and the State university system, instead of laying people off, received stimulus money, so they were able to continue to provide classes.

I don't know where all of this talk that the stimulus doesn't work comes from. It certainly doesn't come from the reality of what is taking place in California.

I've also noticed on television many of my Republican colleagues, who come here on the floor and say the stimulus does no good, who then go home and show some huge checks, taking credit for the stimulus money's providing jobs in their districts. So perhaps there is a speech on the floor, and then there is the reality out in the country.

Yes, we do need a second stimulus, and we need it to be a big one. People want to work. They don't want to take unemployment insurance. They don't want to have to be tax takers. They want to be taxpayers. The first stimulus did that. A second stimulus should do that.

I would also point out that, around the world, every industrialized Nation in the world, including China and India, did the same thing that we did in America, and they did far more. They actually put up a larger percentage of their GDP. Most of them borrowing as we did here in America. It is required that we put people to work. Otherwise, you are going to have tax takers. You are going to have greater unemployment. Let's give people a chance to have a job. Yes, it is deficit financing, but the second stimulus is going to be paid for fully by taking back the money that was given to the Wall Street rip-off.

So, Mr. Speaker, I think we need to understand that the stimulus, which is 1-year- and 1-week-old, actually worked. The second one is desperately needed because there is a world of hurt out there. If you are listening to your constituents, you know that they want to work. That is what the stimulus I did, and jobs for Main Street will do the same, using Wall Street money for Main Street jobs.

WORK TO SOLVE PROBLEMS RATHER THAN TO REWRITE HISTORY

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

Mr. POSEY. Mr. Speaker, I am a little bit tired of hearing "we inherited." We were on the floor today, and we were trying to have some dialogue about jobs and about the economy, and all I heard from the other side of the aisle all-day long was, You guys are the Party of No. You guys don't have any ideas. You guys yadda, yadda, yadda. You guys put us in debt.