

moon hanging low in the west over the mountains you can see from the top of your driveway. It was glowing orange and looked like a bowl that could hold something. I thought of those pictures of you and your dad. I thought of God holding the moon up there, holding your dad, holding you and your mom, holding this whole big world. It seemed like the moon was doing something else, Miah. It seemed that it was holding the hope of a lot of tomorrows. You see, as the moon falls, the sun rises on a new day. When your dad fell, it was so that you could have many more tomorrows in peace and freedom.

When I see a waxing moon glowing orange and hanging low in the west, stretching its light from South Carolina to that farm your dad loved in Montana, I'll think of you, Miah, and I'll think of your dad, and I'll pray for many tomorrows for you and for the country your dad loved.

Thank you, Miah.

Your friend, Bob.

P.S. Keep an eye on those dinosaurs in your doll tent. You know they scare me.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2701, INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2010, WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS, AND PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. ARCURI, from the Committee on Rules, submitted a privileged report (Rept. No. 111-419) on the resolution (H. Res. 1105) providing for consideration of the bill (H.R. 2701) to authorize appropriations for fiscal year 2010 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes, waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, and providing for consideration of motions to suspend the rules, which was referred to the House Calendar and ordered to be printed.

POLITICAL DRAMA AT THE WHITE HOUSE

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

Mr. AKIN. Madam Speaker, this evening we stand just before a day—tomorrow—of great political drama.

I am trained as an engineer, and not much of an expert on drama or plays, but I have at least one theory about acting in plays and drama, and that is, usually it's very good or very bad.

□ 1945

As we take a look at the drama that faces people who will be watching tomorrow, the question tonight is: What drama are they liable to watch? Are they going to watch the Olympics, the last part of the Olympics, which will be very exciting, or the political drama of 6 hours of discussions or debate? I think there will be more drama that will take place tomorrow on the health care bill.

Now, we have been talking about this health care bill for more than a year, and the subject has had a tendency to get a little bit stale, but tomorrow is an attempt to revive that discussion. One of the things that is required in good drama is the theme, or the major topic, and the different parts of that drama have to be believable. I think that's one of the things that may make the drama tomorrow more difficult in terms of its success. Let's just talk about what really is believable.

The President claimed about a year or so ago—I guess it was in a State of the Union message—that this new health care was going to save money and that it wouldn't cost us a dime. Well, I guess that's true. It's going to cost more like \$1 trillion. Is that believable?

The President repeatedly said that Republicans had no ideas. Yet, in Baltimore, just a month or two ago, he said, not that the Republicans had no ideas, but that he'd read a good number of the bills that had been introduced by the Republicans. Is that believable?

The President also pledged transparency and openness in the whole process of developing a health care bill. What we have seen has been that bills are developed behind closed doors, and for tomorrow, the bill that has been created behind closed doors is going to be revealed only for 24 hours. So is the transparency-openness pledge believable?

In Baltimore, the President talked about the fact that he has a lot of economic experts scoring the bill and taking a look at whether it works financially or not, whether or not the different component parts come together and whether or not it achieves the economic results that he wants. Yet, when the Congressional Budget Office, which is supposedly and to a large degree politically neutral, scored the bill, they said that the Republican bill actually reduces premiums by 10 percent while the Democrat bill makes them more expensive.

Then there is a question about whether or not the meeting tomorrow, which is attempting to be billed as bipartisan and bipartisanship—does that really make sense? Because, if you write a bill behind closed doors, unveiling it at the last minute, within 24 hours, and then demand that the Republicans agree to it, is that really bipartisanship? I wonder if that is believable.

The President promised us that the bill that he was going to present when

he was in Baltimore would include tort reform. Yet the bill that we have seen did the exact opposite. The States that had already enacted tort reform were forbidden from using those tort reform laws. So, in effect, it would reverse tort reform and would go in the exact opposite direction. Is that believable?

We were told that the special deals have been taken out. Yet, in a few minutes, we will take a look at those special deals which remain in the bill.

Then last of all—and it is the one that I find most amazing—the Republicans are obstructionists. I find that hard to believe how anybody could even repeat that, let alone believe it. I wish it were true. I sorely wish it were true. The Republicans here in this Chamber, my Republican colleagues, are 40 votes short of a majority. There is nothing that we could obstruct if our lives depended on it. The Democrats could lose 20 voters and still pass anything that they choose to pass. So how we could be, as Republicans, obstructionists, again, seems very hard to pass the old sniff test.

Now, it seems that the President, in setting up this great drama of 6 hours of televised discussion on health care, has made a major assumption, which is, if people just knew what was in his bill, they would really like it. Probably the opposite is true. What we have seen is our constituents, my constituents, have called in, and they have read portions of these bills. They know what is in the bill. Guess what? They don't like it. In fact, this bill that is being proposed is ugly. It's so ugly it has to sneak up on a glass of water just to get a drink. Well, let's take a look specifically at why it is that we are going to have this great health care political drama tomorrow, and yet we are not really passing the believable test. Let's just take a look to see if anything has really changed at all.

First of all, this bill imposes \$500 billion in Medicare cuts. That's a whole lot of money. Five hundred billion dollars is going to be taken out of Medicare. The old Democrat bill took \$500 billion out of Medicare. The President's new bill takes \$500 billion out of Medicare. The Republican alternative takes nothing out of Medicare. Well, nothing seems to have changed here.

This bill enacts job-killing tax hikes and government regulations, costing hundreds of billions of dollars. In the old Democrat bill, yes, that was true for it. The President's new plan, which is online, likewise enacts a lot of job-killing tax hikes and government regulations that cost billions of dollars. Yet the Republican alternative does not.

It spends \$1 trillion on a government takeover of the health care system. This is something that people are really conscious of. This is a government takeover of an entire sector of the U.S. economy—\$1 trillion. I think that number is short because it's not counting the unfunded mandates to States. The old Democrat bill does that. The President's new bill does it. The Republican

bill does not. So what has changed here?

It benefits trial lawyers by failing to enact tort reform. Well, the old Democrat bill did not have any real tort reform in it. In fact, it went the opposite way. The President's new bill is not different. The Republican alternative is the opposite. It protects backroom deals with Washington special interests. We've been told these deals have been taken out, but they've not been taken out. The old bill had those special deals. The new bill does. The Republican bill does not.

It puts government bureaucrats in charge of personal health care decisions. This is something a lot of Americans are very concerned with. It's bad enough if some insurance company is getting between you and your doctor, but it's even worse if a government bureaucrat does because, if you don't like the insurance company, you can change companies. You can't change governments. So, again, the new proposal is no different than the Democrat proposal, and the Republicans are not doing that.

It breaks President Obama's pledge not to raise taxes on those who make less than \$250,000. Well, certainly, the old Democrat bill did raise taxes on people making less than \$250,000. The new proposal still taxes people more who make less than \$250,000. The Republican proposal does not.

It forces individuals to purchase government-approved health insurance. That's something that people are pretty sensitive to—the government's telling you that you must buy health insurance. The old Democrat bill does that. The President's proposal still does it. Republicans reject that idea. It forces employers to choose government-approved health insurance or they are going to have to pay a new tax. So the government is going to tell you what kind of insurance you have got to purchase or you are going to have to pay a new kind of tax. The old Democrat bill did that. What the President is proposing continues to do it. The Republicans don't.

So is this great drama that is supposed to take place tomorrow really something new? I'm not so sure that it is in that it seems to follow the same pattern.

Now, if we take a look at the proposal, the proposal is still pretty much the same thing. Here is a picture of what this bill looks like. You have got a 2,000-page bill, and it is pretty complicated. To try and read 2,000 pages in 24 hours is quite an undertaking. The only advantage that some of us have is that it's so much like the other proposals that it is not really that different. You don't have to read all 2,000 pages of it to know what's in there.

As I mentioned, the President makes an assumption, which is that, if people just understood the bill better—now that's obviously something that he could talk about for 6 hours, I think, if it's that complicated. If people just un-

derstood the bill better, they would like it.

What I would propose is that the President is mistaken in that regard. What I would like to talk about for just a few minutes are the people who are not going to like this bill when they see what it has got in it, because there are a lot of these groups of Americans, various groups, and I will tell you which groups they are and why they're not going to like this bill. I think, the more that this bill is talked about and the more that people read it and see how it works, what's going to happen is that you're going to see these numbers change.

Right now, in the public opinion of health care, 58 percent of voters nationwide oppose the Obama health care reform plan; 58 percent oppose it; 50 percent of voters strongly oppose the plan, and 78 percent of voters expect the plan to cost more than projected. So it's not very popular now. The question is: If they see 6 more hours of drama, are they going to like the plan any more? I would suggest that there are all kinds of groups of people who are not going to like this plan. Let me talk to you about some of those groups of people.

The first is a category that I am increasingly putting myself in, and that's the group of people who are older. I just hit 62 years old, so I'm feeling a little bit older, and older people aren't going to like this plan for a couple of reasons:

The first reason they won't like it is because of something we mentioned just a minute ago, which is that this is going to take \$500 billion out of Medicare. Now, when I was first getting started in politics years ago, the Democrats always accused Republicans of taking money away from Medicare. Yet, ironically, this bill which is being proposed by the President is taking \$500 billion out of Medicare. So, if you're an older person, you probably won't like it for that reason.

If you are an older person, there is a bigger and more serious reason that you will not like this bill. If you are older, you will go to see the doctor more. If you go to see the doctor more, what this bill is going to do is it is going to harm the quality of American health care. It will harm the quality. This has been the experience of every nation that has had its government take over health care. It has also been the experience of two States—Massachusetts and Tennessee—which have had their State governments try to take over health care. In every one of those experiences, the quality of health care has gone down, and the cost of health care has gone up.

So, if you are an older person and if you see the doctor a little bit more, first of all, you're not going to like that great big cut to Medicare. Second of all, the quality of your health care is going to go down.

Now let's say, instead of being older, you're young. Certainly you would like

the bill if the older people don't like it. No. Wrong. If you're young, you won't like the bill because this bill forces you to pay for government insurance which is written the way the government says you have to buy the insurance. If you don't buy that insurance, you're going to be penalized. You're going to have to pay a penalty.

If you are a young person, if you like freedom and if you don't want the government telling you what kind of insurance to buy or if you have to buy insurance, you won't like this bill for those reasons.

The next group of people that will probably not like this bill is the group of people who are married. What this bill does to married people is it says, if you're married, you're going to have to pay more money for your health insurance than if you're single. So there is a marriage penalty in this bill.

In other words, if you have two individuals who are both making the same amount of money—say you have two individuals making \$32,000 a year. If you take a look at what those two single individuals have to pay, because they get all the subsidies under this bill, they are going to have to pay a lot less than the two people, as husband and wife, who are making the same amount of money. Those people will have to pay \$2,000 more. So this bill contains, for that example, \$2,000 of penalties for people who are married. So, if you're married, you probably won't like this bill.

Now, if you happen to fall in the category of being pro-life, or at least if you fall in the category of not wanting government money, your tax money, to pay for abortions, you won't like this bill because the bill that's being proposed is the Senate bill, and it allows in these insurance policies, which are government funded, for people to get abortions through the policies.

□ 2000

So there is not a strict and clean line in the bill the way the House version of the bill was passed which says that there is absolutely no using these government policies to do abortions. So if you're pro-life, you will not like the Senate version of this bill, and you will hear people who are involved in the pro-life cause standing and arguing vigorously that the Senate version is unacceptable.

Now, if you own a small business, you're not going to like this bill. If you own a small business, this is going to cause you trouble in a number of different ways. First of all, you're going to be taxed a tremendous amount of money to help pay for this whole thing. If you think about small business in America as being people who have 500 employees or less, that is, 80 percent of the jobs in America are small business people, those companies are not going to like this bill, the people that run those companies, because of the fact that it requires those companies, first of all, to pay a great deal of increased

taxes to help pay for the trillion-plus-dollar bill in this package, but also it requires those companies to buy the insurance that the government tells them they have to buy, and if even one employee doesn't like it, then there are going to be additional penalties. This is going to cost small businessmen a lot of taxes and a lot of regulations and red tape. If you're a small businessman, you're not going to like this bill.

If you're unemployed, you won't like this bill because this bill is going to cost jobs. It will make it harder for you to get your next job. How is it that this bill will make it harder for you to get your job? We'll get into that in a little bit more detail later, but the basic elements of creating jobs in our economy is allowing the small businesses to create the jobs by creating an environment in the small business that makes jobs.

How does that happen? Well, one, you don't want to tax the guy that owns the business because you want him to put his money back into the business to expand it, to buy new equipment, to put a new wing on the building in order to create more jobs. This bill does the exact opposite. It buries the small business owner in taxes and red tape and a lot of unknown costs for health care. When you do that, it's going to make the small business less likely to hire people, and, therefore, if you're unemployed, it's going to make it a lot harder to get a job because this is a job-killing proposal. So if you are an unemployed person, this is not something that you want to see passing right away.

The people in America who own health insurance are not going to like this bill. If you own health insurance, what this bill is going to do is it's going to charge you more money for your health insurance to help pay for the people who haven't bought any health insurance. So this bill is going to cost you more for the health insurance if you own health insurance.

Let's just run through the list of who wouldn't like this bill. If you're older, you won't like the bill. If you're young, you won't like the bill. If you're married, you won't like the bill. If you're pro-life, you won't like the bill. If you're a small business owner, you won't like the bill. And if you're somebody looking to get a job from that small business owner, you still won't like the bill. Then also if you have health insurance, you're not going to like the bill either. So there's a whole lot of people that just naturally when they take a look at what all of this complicated maze means to them, those are all people who aren't going to like this proposal.

Is that all there are who won't like the proposal? Oh, no. There are a lot of other people who won't like the proposal as well. Let's take a look at some of the others.

If you are concerned about illegal immigration, you won't like the bill because this bill provides no guarantee

that illegal immigrants cannot come in and get health care and get the subsidies to health care that will have to be paid for by the American public and all the people who are taxed to pay for this measure. So if you're concerned about illegal immigrants coming and getting a free ride in terms of government-paid-for health care, this bill does not contain the protections. If you're worried about illegal immigrants coming into this country and getting subsidized health care, this bill does that and there is no protection against it.

If you're one of 36 States who do not want the Federal Government to mandate that everybody in your State has to buy government-certified health care, if you want the people in your State to have some sovereignty, if you care about State sovereignty and you want the people of your State to make their own decisions how they'll spend their money and you don't want the Federal Government to force the people in your State to pay for insurance, then this bill is something that you don't want. And there are 36 different States, out of 50, 36 States that have legislation that is in the process of moving in those States essentially banning the Federal Government from requiring citizens of those States to have to buy health insurance product. So if you're one of those 36 States where the legislators are saying we don't want the Federal Government butting into our business, telling our citizens that they have to buy insurance, then this is something that you certainly wouldn't want.

The other people that might not like this, and this probably goes almost without saying, are people who make a fair amount of money. People who make a fair amount of money are going to be taxed very heavily in a number of different regards to try to help subsidize this new health insurance plan. If you're well-to-do and you don't like huge taxes, then you certainly are not going to like this plan.

If you happen to be somebody that's concerned with doing things in a just way, that is, if you're concerned that every State gets the same deal, that there are no special deals in this legislation, you're not going to like it. We've been told that the special deals have been taken out. But, unfortunately, that's not true. Here are some of the special deals in this proposal that are still there:

One of them is what they call Louisiana Purchase No. 2. And that is something for, I believe, MARY LANDRIEU out in Louisiana. The cost is \$300 million, and it provides a special assignment for States recovering from a major disaster. It's written just to include this one State, and it's \$300 million to add to the State Medicaid program. So that's a \$300 million special deal for Louisiana.

How about for Connecticut? Yes, there is a special deal for a Connecticut hospital, \$100 million, which

appears to apply only to some Connecticut hospitals.

There's millions of Medicaid dollars for Vermont and Massachusetts, that's \$1.1 billion total. It helps with the Medicaid program and gives about \$600 million to Vermont; Massachusetts \$500 million, for those States.

Cash for New Jersey drug companies. New Jersey's getting a deal. The cost is \$1 billion for special deals for New Jersey.

Extra cash for union health care plans. This is a deal of \$5 billion. It says that there's going to be a reinsurance program to defray the medical costs of union members. So that's \$5 billion for union member health care costs.

Are there other special deals? Yes, in fact, there are. We don't have to pay any Medicare Advantage. Remember how I said this bill is going to cut \$500 billion from Medicare. But it won't cut Medicare Advantage for people in Florida. So if you're in Florida, you won't get that Medicare Advantage cut; the other States will.

Special funding for coal miners in Montana. Yes, it does. The cost, we're not quite sure what that is, but it's Medicare coverage for workers exposed to environmental health hazards.

There is a fee exemption for politically connected insurers, in Michigan apparently. Higher Medicare payments for North Dakota providers. Hawaii hospitals are getting exempt from the cuts. And longshoremen are exempt from tax or health plans. There is a whole series of special deals. So if you don't like special deals for various States that your State doesn't get, you won't like this plan.

I think one of the groups, and this is probably not exactly small that doesn't like this plan, would be doctors. Why would that be? Well, what does a doctor do? Why does a doctor become a doctor? Many of them will say that they really wanted to take care of people and help them with their health care. Why, then, would a doctor dislike this plan other than its great complexity?

Well, one of the things that's extremely frustrating to doctors, as well as patients, is something that we don't like but has happened, and that is you allow an insurance company to come between a doctor and a patient. I think most people consider that doctor-patient relation—certainly my Republican colleagues would say if there's anything in health care that should be principally sacred, it would be the fact that the doctor and the patient need to make the final decisions on health care. That's something that we don't want to have disturbed, and if an insurance company is allowed to come between the doctor and the patient, we don't like that. We don't want somebody that's not a doctor getting involved in medical decisions.

Unfortunately, in versions of this plan, what you have is you have insurance companies who are allowed to

make medical decisions and are not held legally accountable for the outcome of those decisions. That's bad enough, but a doctor particularly won't like this plan because, instead of an insurance company, which you can always change or at least you have some chance to change, you have no chance to change the Federal Government if the Federal Government is the one that is coming between you and your doctor. So if you're a doctor, a lot of doctors do not like this plan. In fact, there have been a dozen different Republican doctors on the floor over the period of the last year talking about the fact that they don't like this plan. They think it's terrible, and that should tell us something. There is another constituent group that does not like the plan.

There's another group of people who will not like this plan, I happen to fall into this group, and it's one that you might not think of off the top of your head, and that would be people who have cancer. Why would people who have cancer not like this plan? Well, one of the things that has been done is to take a look at the survival rate in people who have cancer in various countries. What you find in England is the survival rate is much, much lower than the survival rate in America. The survival rate of cancer patients in Canada is lower than the survival rate of cancer patients in America. So if America, then, changes our medical system to be more like England or Canada, we have to assume also that then the survival rate of cancer patients is going to be less. It's going to be harder to try to survive cancer when you have a State-run system doing cancer. So there's cancer patients.

The list does seem to be getting a little bit long. And is it really such a good idea on this great drama that's supposed to take place tomorrow, in competition, by the way, with the Olympics, this great political drama, is the assumption really true that if the American people see this bill more closely, they're going to love it more, or is it possible that in this drama, the real villain in the drama is this very bill itself? Is it possible that all of these different groups of Americans really do have it right?

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Let's run through this again. This is a pretty significant list as I go through it. I would like you to ask yourself, do I fall into that group myself? Is this something that is going to affect me in a bad way? Certainly a great majority of Americans believe it will hurt them, and it is not a bill that they want. But let's take a look at who these people are that wouldn't like it.

First of all, if you're old. Then if you're young. If you're married. If you're pro-life. If you're a small business owner. If you're unemployed. If you have health insurance. If you're concerned about illegal immigration, and they are getting health insurance.

If you are one of the many States who are concerned with a government mandate that every citizen has to purchase government-certified health care. If you are well-to-do. If you are those who don't like the special deals that some States get and other ones don't get. If you are a doctor, you are not going to like this plan. And if you care about the doctor-patient relationship, you particularly won't like this plan. And if you happen to be a person with cancer, you're not going to like this plan. But then again, you may be dead, so you might not care as much.

And then you have other people, leaders who are in State government, governors, legislators, various senators or house members in State government. Why would they not like this plan? Well, here, this is another group that has a pretty good concern; and that is the trillion-dollar bill that has been attached to this plan, that trillion-dollar bill is not the full cost of the plan. A lot of cost is going to be passed down to the various States. So this plan contains unfunded mandates on the various States.

Now, a lot of States, because of the recession and the high level of unemployment, their State revenues are very tight. In fact, some of them are in the red. And if we, through this plan, produce something that first of all is going to create more unemployment and going to cost more money to the various States, people who have to manage the State budget, unlike the Federal budget, many States have a balanced budget requirement. And so if you keep adding more costs to those States, they are going to have to cut other things on the State budget in order to pay for this big government-run program. The exact numbers on what unfunded mandates this includes are not entirely known, particularly when a plan is being released and you have 24 hours for different economic experts to look at it.

Now, is it possible that the reason that this bill, after it has been put together behind closed doors, is trotted out for only 24 hours, that the reason for that is people really don't want a good economic look at what this is going to cost? I hope that is not the case, but it is very hard in 24 hours for the Congressional Budget Office to come up and say, well, here is what it is really going to cost.

And even if you take their best estimates, which I think they try, in the past their estimates of Medicare were way, way off by a factor of two or three or as much as seven times off. Those numbers tend to be much lower than what the real costs of the programs are. So there are a lot of people in various State leaderships that are not going to like this plan.

People who do not like red tape. I don't think we need explain that one very much. If you don't like red tape, you are not going to like this. This is a simplified version of a 2,000-page bill. And every one of these new boxes is

some government creation to try to make this thing work, because the government is taking over, you have to remember, almost a fifth of the U.S. economy. And when they do that, they have got to create a lot of bureaucrats and boxes and flow charts and all that kind of stuff. If you don't like red tape, you are not going to like this bill.

And then people who don't trust the government to run the economy. Well, I think there are a lot of people who think that the government is not proving to be very efficient in the way it runs a lot of things. Even the premise behind this bill is, well, we've got a problem with Medicare, so we're going to take the money out of Medicare, and Medicare isn't working quite right, so therefore what we need to do is to replace Medicare with the government taking everything over. There is something about that logic.

If you take a look at the overall finances of the U.S. Government, what you find is it is not a big problem with earmarks, the real big problem is with three entitlement programs which are growing because of the demographics in our country and because of the nature of those entitlement programs. The entitlement programs are Social Security, Medicare, and Medicaid. Two of those are medical entitlements, Medicare and Medicaid. Both of those are growing to the point that over time, and people disagree exactly what year it happens, but they bust the entire Federal budget. They grow so big, they balloon so large that you can't derive taxes any more, and they basically shut out all of the money that Congressmen are supposed to spend on different things like defense or all other kinds of government programs. So these things, like a cancer, are growing so big that they threaten to break the Federal budget and the Federal piggy bank. In fact, right now those three programs, Medicare, Medicaid, Social Security, have almost gotten to the point where they are taking half of the disposable budget of the country.

So now we have got Medicare and Medicaid out of control. And so what are we going to do? Oh, well, we're going to have the government take over all of health care. That doesn't seem to be a credible solution to that problem.

This is an article from the New York Times. "As a result," this is talking about this great meeting, this great political drama that is supposed to take place tomorrow, "Democrats now are considering a plan to use a parliamentary maneuver called budget reconciliation to attach changes to the Senate health care legislation as a budget measure which cannot be filibustered and requires only a simple majority for passage in the Senate."

Now, does this look like a bipartisan effort to cooperate on health care? I don't think so. What this is is a call by the captain of the ship to go to ramming speed, to take the bill which a majority of Americans do not support

and to try to jam it through. Now, there can be a nice political drama tomorrow, but is it really working in a cooperative spirit to go behind closed doors, put together a bill, pop it out within 24 hours, and then demand that the Republicans all go along with it? Is that really working in a bipartisan way or is it really just more of my way or the highway? I will leave that to your decision. But that is what the New York Times, not exactly a conservative oracle, is saying this is the plan, is to take the bill that went through the Senate, which a great majority of Americans do not support, and push it through anyway.

This is where the public is now. Fifty-eight percent of voters nationwide oppose this health care reform plan. Will 6 hours of drama tomorrow change that? Is this going to change? Is it really going to be drama, or does it lack credibility? I would suggest that when I take a good look at this, I think people may yawn and say, this sure looks like the same old same old, we haven't seen very much changing, and the Olympics is a whole lot more exciting.

As I started by saying, I have observed things about drama and plays. And the things that I have observed are that they tend to be either really good or really bad and boring. And so that is my concern about the high level of drama tomorrow.

Now, one of the connections that I think we need to make, and it is something that has been made, is the connection to something that I think is on the minds of Americans maybe more than a government-run health care program, and that is the problem of unemployment. I would like to connect these two because these two do connect together.

I see that I am joined by my good friend from Georgia. JACK, were you interested in joining our discussion?

Mr. KINGSTON. I certainly am. I wanted to ask the gentleman from Missouri something.

Mr. AKIN. I yield.

Mr. KINGSTON. As I understand it, this theater tomorrow, this summit at the White House about health care, I want to make sure I understand, is it health care only? Certainly they're going to talk about jobs. We had the stimulus program when the unemployment was less than 8 percent. It is now over 10 percent. The stimulus program, which was over \$800 billion, was spent over a year ago, it's deficit spending, it's borrowed money, and it was supposed to keep unemployment from going to 8 percent, now it's up to 10 percent. Certainly tomorrow at the White House the topic isn't going to be more spending for a government health care program. Certainly they do plan to talk about jobs.

Am I correct or incorrect?

Mr. AKIN. What you just said, Congressman KINGSTON, I would wish that that were true. I think the American public is concerned about unemploy-

ment. Somebody made the comment that unemployment is an important issue, but it really becomes critical when you are the one that is unemployed. Yet my understanding is that this drama, this political drama, is basically reshaping the same old play, which is, here we go again with this health care situation.

You made the comment that they had, I think it was a \$787 billion, some people called it a stimulus plan.

Mr. KINGSTON. If the gentleman would yield a second.

Mr. AKIN. I do yield.

Mr. KINGSTON. Actually, as price tags tend to expand after legislation is passed in Washington, the Obama stimulus plan was \$787 billion, but they revised it now another \$75 billion, so it is well over \$800 billion.

Mr. AKIN. Over \$800 billion?

Mr. KINGSTON. Yes.

Mr. AKIN. Some of us stood here and said, This is not going to work. I was standing on this floor a year ago and I said, This stimulus plan will not work. It wasn't because some of us were such geniuses. It is because we had learned from Henry Morgenthau back in the 1930s, who stood before the House Ways and Means Committee and said, we tried this idea of excessive government spending, money that we didn't have, and we tried to spend money like mad. This is the guy who was Little Lord Keynes's buddy, he was FDR's Secretary of the Treasury, and he said, it doesn't work.

Now, I don't think you had to be a rocket scientist to figure that when you and your family are in trouble economically that what you do is don't go spending money like mad. If spending money was going to give us a good economy, boy, we would have a great economy right now.

Mr. KINGSTON. I'm glad you brought that up. Because as you know, as Republicans we overspent.

Mr. AKIN. We did.

Mr. KINGSTON. We spent way too much money. Now, I will point out this year's deficit alone at \$1.4 trillion is more deficit than George Bush had in the entire 8 years. Let me repeat that. Eight years of Bush is still less debt than 1 year of President Obama.

Mr. AKIN. Let me just toss that number a different way. George Bush's worst debt year was with a Nancy Pelosi Congress, and that was about \$400-something billion. I agree with you that was too much debt. And that was '08. You go to '09 with President Obama, and his very first year was \$1.4 trillion, three times more than President Bush. And then they want to say, yeah, but it's Bush's fault. Wait a minute.

Mr. KINGSTON. Actually, also there might be something to it if the President had not been Senator Obama. Because Senator Obama voted for every single appropriations bill; and the Bush stimulus program in May of '08, about \$168 billion; July of '08, Fannie Mae, \$200 billion; Bear Stearns, \$29 billion;

AIG, \$85 billion going to \$140 billion, done by the Federal Reserve.

Mr. AKIN. What you are saying, Congressman KINGSTON, a billion here and a billion there, that starts to add up, doesn't it?

Mr. KINGSTON. It absolutely does. But the thing I am saying on this Federal Reserve spending is that neither Senator nor President Obama has spoken out against that. He embraced the TARP bill, the Wall Street bailout, with both arms. That is \$700 billion. Then there was \$410 billion for the omnibus spending bill. And then, as you pointed out, \$800 billion for the stimulus bill. Now he is proposing \$950 billion for this government health care plan. And yet he still says that he wants to reduce spending.

I'm on the Agriculture Committee. We had a hearing today with the Secretary. I think the Secretary is a very decent Secretary. But the proposal of the administration is to freeze agricultural spending. Agricultural spending has gone up 26 percent since 2007. Yeah, you have a run on the bank—

Mr. AKIN. Wait a minute. This is one of these ones just like we are talking about in that health care plan. This doesn't compute, does it? We say we are going to freeze something that we just raised by over 25 percent in a year or two. That's incredible.

Mr. KINGSTON. There is no end to this. Today at the Business Roundtable the President said something like, I am a staunch capitalist, I believe in the capitalist system. And yet let's look at the last record. There is not a government regulation that this administration hasn't embraced and said, look, we need the government to do this.

Mr. AKIN. Government to do more and more things. You know, if we go back to that whole thing you are talking about on that supposedly stimulus bill, this is such basic stuff, and yet somehow the administration doesn't understand it. We have a lot of unemployment, we have a whole lot of Americans that would like to get jobs, and so the question is what can the government do to try to get those jobs going? And I have made a list of all the wrong things to do. These are the things that are job killers.

Now, if you take a look at what are the things that kill jobs, first thing off the bat, we score the stimulus bill you are talking about, the health care bill that is supposed to be the centerpiece of this great political drama tomorrow, and it is supposed to be something new, and they are going to open the box and it is going to be the same old ugly thing that was there before. What is it that kills jobs? This stuff is not complicated. Anybody who ran a lemonade stand as a kid is going to understand what these things are.

The first thing is economic uncertainty. If a guy that owns a business, because you think all these jobs, most of them are in small businesses, 500 or less, that is 80 percent of the jobs in America, if you take a look at those

guys and if you say, hey, I don't know what in the world the future is going to bring, you are going to go, boy, I don't want to take any risks because we just don't know what's going to happen. You've got this huge tax for the socialized medicine bill, you've got this global warming deal, which is a tax on energy, tons of red tape that go along with it, a lot of uncertainty.

Mr. KINGSTON. The gentleman is right. Investment money is going to sit on the sidelines until the government sets the rules and keeps them. Businesses can adjust. Even if the rules are a bit excessive and high and unreasonable, business will adjust to it. But if you keep changing it, they can't adjust. So of course investment capital is going to sit on the sidelines. That's just economic common sense.

Mr. AKIN. So the first thing is if you take a look at what we have been doing, we have injected a whole lot of uncertainty into the system to begin with.

Mr. KINGSTON. With more to come. More to come. As you said, cap-and-trade, but you did not mention the banking bill. This is another financial takeover. And you know, I haven't seen a lot of wisdom behind the government-knows-best mentality of the Pelosi House.

Mr. AKIN. Congressman KINGSTON, I am glad you mentioned that, because when I take a look at some of this uncertainty, I think of three nets that are being thrown over free enterprise. The first was a net on everything that has to do with energy. And as an engineer, energy is very pervasive in everything.

□ 2030

So, if the government is regulating energy all over, that's, as you say, a government takeover of a type.

The next net is over all of health care. But the third net most people don't know about, and I'm very thankful that you brought that up, and that is the net over all the financial transactions. Now, you put those three nets in place and you don't have very much of free enterprise anymore, because the government is tinkering and tampering and adjusting and fiddling around with the rules in all of those areas. And that really builds that economic uncertainty, and that's a job killer.

Mr. KINGSTON. Well, you know, it's interesting the way the Pelosi-Reid-Obama triumvirate always is coming back to government and Washington solutions because, as I see it, looking at the government performance, Republican or Democrat, it hasn't been effective. Just think about Washington, D.C., two weeks ago, shut down because of snow. Now, you know it might be worth 48 hours, but this was a town where, essentially, everybody in the government took off for a week.

Now, it's interesting. My son works in Washington, D.C., in the private sector. Somehow, his roads were open. And I saw that over and over again, the

private sector people could get to work 2 weeks ago in the snow. Not every day, not every hour, because it was a bad storm. But for government employees—

Mr. AKIN. My friend, you've mentioned that snow. I heard—I wish you could tell me if it's true. I heard that the snow was going to continue unless Al Gore said “uncle.” Is that true?

Mr. KINGSTON. Well, let's just say the global warming campaign has been a great disappointment except for the Vice President's pocketbooks. He's done real well on this financially.

But, you know, you think about the government efficiency. Think about Katrina. What was that, \$120 billion to rebuild New Orleans? I would think Democrats and Republicans share the blame. Government did not do a very good job.

Think about the war in Afghanistan, now going into its eighth year. We have not executed the war very well.

Think about Social Security. It's going broke. I look at my 24-year-old son and your children. They are not going to get it. That's a mathematical reality. That's not political spin. It runs out of money in 2030, period. Now, we could tinker around the edges and postpone that maybe a year or two, but it needs working.

Mr. AKIN. Now, one of my favorites there is the Department of Energy. Did you know why the Department of Energy was originally created? Quiz time.

Mr. KINGSTON. I have a feeling it was Jimmy Carter trying to get us off Middle East oil. Is that—

Mr. AKIN. You go to the head of the class. The whole purpose of the Department of Energy was to make sure we're not dependent on foreign oil.

Mr. KINGSTON. And I think, at the time the export or the import amount from the Middle East was maybe 50 to 60 percent, or, no, excuse me. It was about 35 percent, and now it's up to the 50 or 60 level.

Mr. AKIN. Of course the Department has grown tremendously as we've become more dependent on Middle Eastern oil. What was it they said? The compassion of the IRS and the efficiency of the post office or whatever.

Mr. KINGSTON. Yes. But let's talk about the Department of Education. Boy, I tell you what. School systems have really done well, haven't they, since the Department of Education. I mean, there's no way you could argue that.

Mr. AKIN. Did you know there was a report that was done on the Department of Education? I think it was during the days of Ronald Reagan. Their conclusion in the report was that if a foreign country had done to America what the Department of Education had done to education, we would consider it an act of war. I thought that was kind of an interesting report that we're paying money for a department that has done what would be considered an act of war.

Mr. KINGSTON. Well, you know, the old expression, I'm from the govern-

ment, I'm here to help. I haven't found a school board or a school board member back home or a teacher in the classroom who can't spend the money more efficiently and more effectively because, you know, there's an old Loretta Lynn song about raising children. One needs a spanking, one needs a hugging, and one's on his way. And you know, that's the situation with education. It's the teacher in the classroom who knows how to teach Johnny, not some bureaucrat on the sixth floor three offices down at the Department of Education in Washington, D.C.

Well, you know, what about Medicare?

Now, Medicare's a very important health care program for our seniors—my mom's on it and I think your parents are—and yet it's going broke. \$36 trillion in unfunded assets? What are we doing to senior citizens? The program is going broke, and yet we have our head in the sand.

Mr. AKIN. What I was just talking about here on the floor a little bit with this great drama that's supposed to take place tomorrow, the question is, you know, drama, there's supposed to be some element of it being credible. A science fiction movie, it's a cheesy movie if it's unbelievable. And yet what's going on tomorrow is we're going to take \$500 billion out of Medicare.

Now, and then the idea is that after people watch this 6-hour great debate, that they're going to be happy and they're going to like the bill when they find that they've taken \$600 billion or \$500 billion out of Medicare. And I'm thinking, I'm not sure that people aren't going to just say that bill is ugly.

Mr. KINGSTON. You know, there's a joke about the guy asks his friend, he says, Why don't you ever read the Bible? And he says, Well, you know what? I just don't understand all that stuff that's in there. And the guy replies and says, Well, I don't think it's the part that you don't understand that is bothering you.

And the President says over and over again, I guess this is maybe his background in, you know, Ivy League schools or, you know, the circles that run around in the Northeast that, well, the American people, bless their heart, they just don't understand this health care bill. You know, what has he given, 50 speeches? I don't know. I know I had 19 town hall meetings. The people understand the health care bill. If there's one certainty in the whole debate it is that the American people understand the Obama-Pelosi health care bill.

Mr. AKIN. That's what I find is almost comical in this whole thing because, you know, you take a look at the American public—and this is my 10th year in the U.S. Congress, and I've got constituents that are reading this stuff, and they know the bill. And you can't tell me these people don't know what's in this bill. People know what's in it, and they don't like it. They think it's ugly

Mr. KINGSTON. You know, the town meetings that you and I had, the town meetings where you did not have to have an invitation, the town meetings where you invited Democrats, Republicans, Tea Party members, independents, out-of-towners, nonregistered voters, the kind of town meeting where you had open mikes and anybody could stand up and say anything they wanted—

Mr. AKIN. Those meetings seemed to have been pretty exciting this last year.

Mr. KINGSTON. Well, you know what I found though? The people were reading the bill. And I've got to say this to the people who supported the bill, they found some good stuff in there and said to me, you ought to support that. And there were some things in there that I think are worthy of supporting.

But I still think it's very difficult to make a bad bill a better bill. I think it would be better to start all over, pick and choose some ideas from Republicans. You don't have to start at Ground Zero as if you've never heard of health care reform ideas, but you should start all over in this legislation.

What if this was the Pelosi-Boehner-Reid-McConnell bill? What a different thing. And I think that's what we want to do. We want to work with the Democrats.

We were shut out of the stimulus bill. We were shut out of the omnibus bill. We've been shut out of health care. Maybe tomorrow isn't just theater. Maybe it's the turning point. I hope that it is. You know, I'd like to see something get done. But a lot of times, you know, these things are just positioning.

Mr. AKIN. Let me just respond to what you're saying because maybe I'm being too pessimistic about this. But let's take a look at the format. The format is we're going to huddle behind closed doors. We're going to produce a bill. You get 24 hours to look at it, and then we want you to come and tell us how much you like it. That doesn't seem to me to be sort of an open the kimono and let's work together as a team. It's more like, if you don't support me, then my way or the highway.

Mr. KINGSTON. Well, let me ask you this now. Who gets to look at it in 24 hours and when? Who is this group of people and when?

Mr. AKIN. Well, I'm not exactly sure of that. My understanding was the bill was supposed to be released 24 hours from the day that they're talking about it, and the only thing I'd seen earlier this morning was outlines, and the outlines, of course, the Congressional Budget Office can't score it. And it appears to be very much the same thing as the Senate health care bill is everything we can tell. We've been told that there aren't special deals in it, and yet as we take a look at it, we find that there are. Somebody managed to take a look at the ones that were there before and a lot of them are still there. The Louisiana Purchase is still in it, as I understand.

Mr. KINGSTON. I understand there's some special interests for Louisiana, Connecticut, Michigan, and those are the deals we know about because those were a little bit more visible. But you can imagine all the other oddball stuff in there, the hospital wings that will be built here and there.

Mr. AKIN. Hospital's in—my understanding is the hospital is in Connecticut; Medicaid dollars, Vermont, Massachusetts, New Jersey; drug companies; extra cash for union health care plans. I have a list of some of these. Montana coal miners. Florida seniors don't have to pay that Medicare Advantage. You know, Medicare's being cut, but you don't if you're a Florida senior. It's not cut there, but in other States it is. If you're a union guy, it's not. But if you aren't, you know. And then there's North Dakota Medicare payments. Hawaii hospitals are exempt from the cuts. And longshoremen. I didn't know about longshoremen. But there are, of course a bunch of these special deals in the program.

Mr. KINGSTON. So special interest groups have clearly been on the inside of this and their fingerprints are all over the health care bill.

Mr. AKIN. Yeah, exactly. That's the situation.

And I guess the other thing is, I think the American public is worried about this job thing. Excessive taxation is a big deal, because if you own a small business and you tax that guy really heavily, the small business owner is not going to have any money to invest in new equipment or new plants and things, so heavy taxation on a small business owner is going to be a job killer. And yet, this bill on medicine puts a heavy, heavy tax on small business owners. So, in that sense, it's a job-killing bill.

Mr. KINGSTON. And, you know, not to mention there will be a new tax on individuals because, you know, when you're forced to buy something, that is a tax. And so there would be less money for customers of small businesses on a discretionary basis. Whether they're buying hamburgers or clothes or tires or whatever, they'll have less of it in their pocket.

Mr. AKIN. Did you know that there are supposedly 36—I know Missouri is one of them. That's my home State. There are 36 States that have legislation moving exempting the States from having to be required to purchase health care when the government demands that everybody has to buy federally approved health care? There are 36 separate States moving legislation to stop that. That doesn't say something's popular.

Mr. KINGSTON. Well, again, the American people do understand this Pelosi-Obama-Reid health care package. And, you know, I think one of the great examples of government efficiency we saw in August, Cash for Clunkers. It was a program, actually pretty simple program. You turn in your old gas guzzler, you trade it in for

a more fuel-efficient car. We give you a tax credit. They take your old car, put it out to pasture and put it down. And, you know, it's kind of an easy thing to follow. Stimulates the car dealerships.

Well, that program was supposed to last from August to November. It was a \$1 billion program. I think they hired 100 employees, came back a week later and said they needed 1,100 employees and \$3 billion. And even doing that, Cash for Clunkers was dead and defunct within a matter of weeks.

So you now feel that that same government that brought us Cash for Clunkers, a \$3 billion program, is going to be able to run a \$2 trillion health care bill.

Mr. AKIN. Well, I thank you, gentleman, for joining me today. And the question at the beginning was is this going to be a credible theatrical performance tomorrow or are people just going to tune in to the Olympics. I guess we'll see tomorrow what's going to really happen, but I'm not sure there's much new, from what we can see about what's being proposed from the White House.

□ 2045

HEALTH CARE

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

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege to address you here on the floor, and I appreciate the dialogue that came from my colleagues the previous hour discussing this health care issue that has so consumed this Nation.

And we are here now on the eve of the 6-hour meeting that is scheduled at Blair House that the President has invited both Democrats and Republican leadership to join. And Mr. Speaker, I came to the floor to talk about this issue and help to put it in a perspective so that as the American people watch what's going to happen tomorrow, they understand it in perhaps a better perspective than they might otherwise.

Now, I would lay it out this way. I think there are two points, Mr. Speaker, that need to be addressed by Democrats. And these are significant points of vulnerability where there has been a persistent criticism from the public. They have made the point that of all of the agonizing national debate that's taken place on health care, that the Democrats have first of all shut Republicans out. They shut Republican out of the room, shut them out of the negotiations, shut them out of the office.

And the second thing is, the Democrats haven't had transparency. They've been cooking up these health care deals in secret. And as this thing unfolded, some time in early September was the last time that I am aware of that a Republican senator or