

got 25, 30 employees? Of course it's an affront to you if the House Majority Caucus, the Republicans, want to take away your tax credit.

Absolutely, that's an affront. If you are trying to make it, imagine yourself working for some company for years. You say, you know what, I don't want a boss, I want to be my own boss. I am starting my own company and you know what, I am only going to have to have one or two, maybe three, four people with me when I get started, but we are going to make a go of it. And you know what, you guys? Human beings get sick sometimes so we have got to have health care.

And then the Democrats come and say, we are going to help you pay for that health care. And then the Republicans say, no, we are not and they snatch it away. Of course that's an affront to our Nation's small business community. The Small Business Majority is absolutely right in their letter.

The tax credits and health insurance exchanges in the Affordable Health Care Act will help drive down the cost and offer small business owners more choices, more freedom when purchasing insurance which will, in turn, allow them to "spend less on insurance premiums and more on growing their businesses and creating jobs."

Now, the caucus that claims to be about jobs and the deficit actually is operating directly opposite to both the deficit and jobs. That means that we have got to read the fine print. We can't just go by what people say because people sometimes say anything, Mr. Speaker.

The Small Business Majority has recently released results of a November 2010 survey of 619 small business owners. In their survey the key findings highlight that one-third of employers who don't offer health insurance said they would be more likely to do so because of the small business tax credits.

So, there again, the small business tax credits in this bill are designed to help small businesses take care of their employees and meet their bottom line and, will hopefully, turn a profit, so that they can help grow our community.

It's been a pleasure, Mr. Speaker, talking about the danger of repeal and the importance of the Affordable Health Care Act.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Georgia (Mr. GINGREY) is recognized for approximately 26 minutes.

Mr. GINGREY of Georgia. Mr. Speaker, thank you for giving us the time and, in fact, we are very appreciative on our side of the aisle of having this opportunity this evening, Mr. Speaker, on, really, a historic day in which we finally delivered to the American people a promise that has been made over

a year ago, that should this bill, this comprehensive health care reform bill sometimes referred to as ObamaCare but more formally known as Patient Protection and Affordable Care Act of 2010, should this legislation pass, that if we had the opportunity to take control of this House of Representatives to get that gavel away from former Speaker NANCY PELOSI and the prior Democratic majority, that our first and number one priority on behalf of the American people would be to repeal this mistaken bill.

Today, Mr. Speaker, is the day that that happened and certainly I am extremely grateful, as cochairman along with my colleague, TIM MURPHY from the great State of Pennsylvania, Dr. MURPHY and I cochair the House GOP Doctors Caucus. Mr. Speaker, we grew our strength in this election, November 2. We had about 11 Members in their caucus, 11 very active hard-working Members who practiced medicine in one form or another, one specialty or another for many, many years.

In fact, I think, Mr. Speaker, one time we calculated the number of years that we have actually practiced medicine, and it was something like 350 years of clinical practice. As you notice, Mr. Speaker, there is a little bit of a grayness around the temple of some of us.

But we are very thankful for this election and the American people giving the Republican Party the opportunity to right this wrong and to bring seven additional Members, seven additional health care practitioners, again, some of them have been in practice many years, dentists, doctors, even some associate members of our group, some registered nurses to be part of this new majority.

As we voted today on H.R. 2, the repeal bill of ObamaCare, I can assure you that 100 percent of us, in fact, 100 percent of Republicans, all 242 on our side of the aisle, plus, I think, three or four Democrats in a bipartisan way, joined with us in voting to repeal this bill.

I realized this evening, Mr. Speaker, that our time is limited. I am very pleased that some members of the House GOP Doctors Caucus are with us.

I would first like to take the opportunity to yield to my cochairman, Dr. TIM MURPHY of Pennsylvania. Dr. MURPHY.

Mr. MURPHY of Pennsylvania. Thank you, Dr. GINGREY. I appreciate that.

Let me talk about a couple of important aspects of this bill and understand that if you have a car and it has a flat tire, you don't get rid of the car; you change the tire. But if you have a car with a great tire and the car is not running and it's broken down, you get a new car.

What we have here is a health care bill that indeed does have a few pages and some parts that we all agree on and we want to work on those together. However, there are also thousands of

pages of other problems and tens of thousands of pages, perhaps hundreds of thousands of pages yet to be written by boards, panels and commissions yet to be appointed on issues we have yet to know what is going to be included in this. And that is part of the reason why employers are frightened about what may be in this bill.

Members of Congress shake their heads and say how could something so massive—and it's going to cost over a trillion dollars a year to administer this plan—how could this happen without Congress really having oversight? Let me mention two areas of this which I am deeply concerned about.

We know that one of the ways we can provide better care and ultimately save a lot of money has to do with disease management, or care management.

This is when perhaps nurses or other specialists within the doctor's office or working with the hospital, work to stay in touch with the patient, patients who have asthma or diabetes or heart disease or other chronic illness, because they know if they can get that patient to follow up with their medications, their treatments, their therapies, they can prevent problems from worsening. They can help make that patient better. They can keep that patient out of the hospital.

In the area of mental health, chronic illness has twice the incidence of depression when it's not picked up, and when depression is present and not treated, costs double.

□ 2140

Now, unfortunately, this bill not only doesn't pay for this, but if you want something, the important area that did pay for it in Medicare Advantage, this bill in order to try and pay for it cut \$500 billion worth of Medicare, and a significant portion of that was in something called Medicare Advantage which covers millions of people, 7.4 million seniors around the country.

One of the clear, distinct advantages of Medicare Advantage is it provided this disease management. Here are a couple of examples: University of Pittsburgh Medical Center found they could reduce rehospitalization rates for diabetics by 75 percent. Another hospital in my district, Washington Hospital, reduced readmission rates for heart disease by 50 percent. Another plan reduced asthma rate readmissions by 28 percent, all by doing this important care management.

Well, unfortunately, if you like the plan you have, you can't keep it because this bill guts that and eliminates that portion of it.

Now out of this 2,900-roughly-page bill, to have a couple sections that people are talking about, the benefits of why we should keep this bill, these are areas we agree on: maintain pre-existing coverage, don't cut people because they're sick, let kids stay on their parents' policy for a little bit longer, all important parts and things

we will continue to work on as a conference because we understand health care.

And in particular this caucus made up of health care providers, we work with patients for many, many decades all together, hundreds of years, and we understand the bottom line is we must work on health care reform, and this bill just doesn't quite reform that.

Mr. GINGREY of Georgia. Mr. Speaker, I thank Dr. MURPHY for his remarks. And now I would like to yield time to my colleague from the great State of Georgia. I represent the 11th District; he represents the 10th District in the Athens area. He is a great friend of mine, a family practitioner, Dr. PAUL BROWN.

Mr. BROWN of Georgia. Thank you, Dr. GINGREY. I really appreciate your doing this Special Order tonight, and I look forward to this opportunity. We had great fun in the last Congress talking about how bad ObamaCare is, and I'm excited that today the Congress, the U.S. House of Representatives, voted to repeal it.

I was on Neil Cavuto this evening, and Neil Cavuto played some tapes or speeches of our Democratic colleagues and said we've heard over and over again that the Republicans don't have anything to offer. We heard last Congress that the Republicans are the Party of No. Well we are the Party of K-n-o-w because we know how to lower the cost of health care. We know how to provide good quality health care at the lowest price. And we know how to create jobs and create a stronger economy. And those are the things that we're going to be doing in this Congress with the Republican majority. So I'm excited.

But where do we go from here? Well, yesterday I introduced my bill, one of two that I had in the last Congress. I reintroduced one yesterday. The new number is H.R. 299. And what it would do is do five things. Number one is it would repeal ObamaCare if it is passed into law; number two, it would allow people to buy health insurance across State lines, which is a constitutional thing. Actually, we should under the commerce clause expand commerce. That's what the original intent of the commerce clause is. So that's what my bill would do.

Thirdly, it will allow anybody in this country, businesses, individuals to join associations so that they could join a huge pool, and this would mean that they would have multiple insurance products that they could buy at a much lower cost than they're paying today.

The fourth thing it would do is it would stimulate States to set up high-risk pools. Many States have already done that very successfully. And the fifth thing is it would allow everybody to deduct 100 percent of their health care costs off their income taxes, which would markedly change the dynamics of health care financing. I introduced that last time. I introduced it yesterday. My other bill, the Patient Option

Act, it was H.R. 3889 in the last Congress, we will be reintroducing that.

But our colleague from Georgia, Dr. TOM PRICE, who at the time was the RSC chairman, introduced the RSC bill, H.R. 3400 in the last Congress, which was the RSC's bill to reform health care financing. We've had multiple bills introduced. Why has nobody heard about these things? Well, because NANCY PELOSI has operated in a very dictatorial manner. She didn't want our bills to ever see the light of day and neither did the mainstream media. But I think you're going to see these bills come forward.

We need to repeal and replace ObamaCare. ObamaCare itself is going to destroy jobs. It's going to destroy budgets. It's going to destroy the quality of health care. It's going to destroy jobs. We just had our friend, our Democratic colleague KEITH ELLISON from Minnesota, just here talking about how repealing it would hurt small businesses. Well, the simple truth is that keeping ObamaCare is going to hurt small businesses. I have talked to a lady, a small employer, she has right now, today, eight employees. She desperately needs to hire some more, but she's not going to until we repeal ObamaCare because of the financial strain it will put on her business. It's going to break the budgets of every State in this country with the increased Medicaid.

We've got to repeal ObamaCare. We've got to replace it with something else that reduces the cost, not just slows the cost, but reduces the cost of every health care service and product in this country. And we can do that. My bill would do that. Other bills will do that.

And, Dr. GINGREY, we're going to repeal and replace ObamaCare. We're going to put it out for the American people to see so that they know that the Republican Party is the party of K-n-o-w. We know how to solve these problems.

Mr. GINGREY of Georgia. Reclaiming my time, and I thank the gentleman from Georgia from the 10th Congressional District. The gentleman makes some great points. And colleagues on both sides of the aisle, I would ask you to look at the posters that we have here because what Dr. MURPHY, Mr. Speaker, and Dr. BROWN are talking about is really the plan. And the plan is not a plan, but it is a series of plans, if you will. It's a plan A, it's a plan B, and it's a plan C. And of course today, the repeal as depicted on this very first and second poster was at least a House completion of plan A, and that is repeal of ObamaCare as this poster depicts. Priority number one, we feel very strongly that that's what we need to do, and that's what we did in this House today.

As Dr. BROWN was talking about, Republican priority number two is not only to repeal it, but to replace it, because every one of us, particularly the members of the House GOP Doctors

Caucus that are on the floor this evening, understand that nothing is perfect. And as Dr. BROWN and others have said, we tried to bring forth legislation during the 111th Congress. We gave a copy of "Better Solutions" to the President, Mr. Speaker. Pages 8 and 9 were all about our plans and other options other than a government takeover, lock, stock and barrel, of the health care system. The President said, well, I got it, I read it, and then went on to say, they have no ideas, they won't bring me any ideas, if they only would.

So priority number two, of course, replace ObamaCare with reforms that empower patients and protect our economy. And then, of course, as I say, Republican priority number three in this poster, repeal and defund provisions of ObamaCare until full repeal is successful if we're not able to get the Senate and the President to go along with us in regard to this full repeal. If they don't do it, quite honestly, they are not listening, Mr. Speaker, to the American people. They do that at their own peril.

I would yield back to the gentleman from Georgia for 5 seconds.

Mr. BROWN of Georgia. The President told us and the American people if anybody has any other idea besides ObamaCare, his door is always open. I know I knocked on his door and nobody was home. They didn't answer the door as they have for other members of our caucus.

Mr. GINGREY of Georgia. At this time, Mr. Speaker, I would like to yield to one of our freshman members, the gentleman from Arizona, Dr. PAUL GOSAR. Dr. GOSAR is a dentist and has been very, very active not only in his own practice in Arizona but in the American Dental Association. At this time I am proud to yield to a freshman member, our colleague, Dr. PAUL GOSAR.

Mr. GOSAR. Thanks to my colleague, Dr. GINGREY, to acknowledge me for some time.

As a practicing dentist for 25 years, I have seen how government-run health care actually works. It doesn't. I have actually seen where what we've done has spilled over into the private sector trying to laden the private sector with the liabilities from the public sector. What we have got to do is we've used creative accounting, taking 10 years of revenue to pay for 6 years of actual treatment. I don't know as a practicing dentist and as a businessman how that actually works in anybody else's terms.

We also have to look back at our past to go forward. And there's three things I was always taught: look at your mistakes, where you're failing; look at your accounts and your liabilities; and then make sure that you make an equal playing field. That's what we haven't done here. Where is the tort reform? Where is the liabilities and assets that we've had? And make sure that we're using those properly. And

last but not least is increase the competition in the marketplace, true insurance reform where we have insurance companies competing for us on the private sector as the individual on a patient-based center.

I thank the gentleman from Georgia.

□ 2150

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Arizona and welcome him, of course, to the House GOP Doctors Caucus.

Our final speaker, and I want to yield time to a cardiothoracic surgeon, Mr. Speaker, from Indiana, a new member, Dr. LARRY BUCSHON, and I think Dr. BUCSHON was here on the floor a little earlier when the Democratic 30 minutes was controlled by the gentleman from Minnesota, and he made some remarks against the fact that we were successful in repealing ObamaCare. And I think Dr. BUCSHON would like to comment on some of those points that were made.

At this time, I proudly yield to our new member, Dr. LARRY BUCSHON.

Mr. BUCSHON. Thank you, Dr. GINGREY, for allowing me this time.

Mr. Speaker, I was proud to vote for the repeal bill of health care today because, as a practicing physician for 15 years, I know that the government approach to health care reform is the wrong approach. It was said earlier tonight: Why aren't Republicans focusing on jobs? I would hold, Mr. Speaker, that this is a jobs bill today. The health care bill, the ObamaCare bill, is a job destroyer. I held roundtables for large and small businesses throughout my district, and I never heard any of the things I heard earlier tonight in this Chamber. What I heard is it is preventing them from expanding business; it is preventing them from starting new businesses, and some businesses are very worried that they may no longer be in business. So this is a jobs bill.

The other thing I would like to comment on is the physicians' support for this bill. It was said earlier tonight in this Chamber that physicians across the country support this bill. Well, the organizations that have been discussed, the last time I looked, represent less than 20 percent of the physicians in the United States. In actual fact, most national special medical societies were against the bill. So this is a gross overrepresentation of national physicians' support for the ObamaCare bill.

The President had a group of physicians at the White House in white coats saying that physicians are behind this bill, but he brought in a group of physicians who are known people who are proponents of single payer health care.

So, Mr. Speaker, I would like to say again that this is a jobs bill. This will hurt jobs in America.

The last thing I would like to say related to being a physician: What are we going to do about physician shortages in this country? This bill is going to

make that worse. How can we convince young people, like my son who is a senior in high school, to go into medicine when they are looking at no significant financial way to become a primary care doctor in this country going forward with this ObamaCare in place?

I want young people to love medicine, to go into medicine, to keep us in strong supply of physicians. But, Mr. Speaker, unless we do repeal this bill and replace it with things that we know that work as a private sector solution, that is not going to happen.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for his comments.

Before I yield again to my cochair, Dr. MURPHY, I want to make a few comments in regard to some of the things that were said on the Democratic side of the aisle just within the last 30 minutes. The gentleman that spoke is a fine, fine Member, has a great heart and a lot of compassion and is a friend of mine and I don't refute him in any way of being strident or any animosity toward him, but the gentleman made a comment about why not give the law a chance, I think is sort of the way it was put, Mr. Speaker. The Republican majority, the new Republican majority wanted to come along with H.R. 2 and repeal the bill, didn't even want to give it a chance to see how well it might work.

Mr. Speaker, I would just say on a point like that, we on this floor right now on the Republican side of the aisle, we doctors know that when you discover a cancer, you don't give it a chance to grow. You don't give it a chance to metastasize. You cut that sucker out and you get rid of it lock, stock and barrel. As our colleague from Iowa, STEVE KING, said the other day, you pull it out by the roots. I think, Mr. Speaker, the Speaker, JOHN BOEHNER, said the same thing. We feel very strongly that today we did the right thing.

I have a number of other charts here that my colleagues might want to reference in regard to specifics about what we feel about this bill and why we needed to repeal it and basically start over.

I will finally quickly say that I heard the other side talk about statistics, saying that only 18 percent of people wanted the bill completely repealed. That is not an accurate statistic. Eighteen percent wanted to leave it like it is. Fully 75 percent in the latest Rasmussen poll either wanted it to be repealed or repealed and replaced. Or if not repealed, significantly altered. And, of course, that is what we are about as we go forward.

I yield to the gentleman from Pennsylvania (Dr. MURPHY).

Mr. MURPHY of Pennsylvania. Another couple of brief points I would like to bring up, because out of a sense of compassion, we want to continue to practice health care and we want patients to be able to afford it. But let me point out a couple of ways this bill

is trying to fund the expanded government-run health care that actually increases cost.

One is that the very thing that we should be working on to reduce costs such as medical supplies and other practices will be taxed. Pacemakers will be taxed. Heart monitors will be taxed. Artificial joints will be taxed. The knees and hips that people will have replaced will be taxed. Stents, diabetes supplies, and prescription drugs are going to be taxed. That tax is an increase in the cost of health care and something that has to be paid for, which gets paid for by increasing the cost of insurance.

Employers also have to pay increasing taxes: if they don't have enough insurance or if they have no insurance for their employees. And if they have too much insurance for their employees, instead of rewarding them and saying this is good that you are providing comprehensive insurance for employees, that gets taxed as well. And employees themselves, if they are not covered, they have to pay taxes or, because the way this bill works because there is no time frame, they can get it when they are in the ambulance on the way to the hospital.

Another point. Part of the funding for this is to take \$70 billion from a long-term health insurance plan called the Community Living Assistance Services, which is the CLASS Act. Before it even starts, they will take \$70 billion out of this over 10 years; but what happens is the premiums will need to be paid in actual claims. Actually, it is far less than will be needed.

Now, if any of us tried to start an insurance plan and took all of the money out before it even got started, well, you wouldn't be able to get a license to provide that insurance. It is one of the many flaws in this program that does not have the money to pay for it. It is another reason why the bill had to be repealed before it is replaced.

Mr. GINGREY of Georgia. I realize our time is running short, and I want to make a couple of points before yielding to Dr. BROUN for a final comment.

Republican doctors can help the repeal-replace effort, and I have four bullet points that I want to point out to my colleagues.

Number one, health insurance reforms: Yes, but without government health plans.

Number two, guaranteed access to insurance: Yes, but without an individual unconstitutional mandate.

Number three, reduce the cost of health care: Yes, but without gutting Medicare, especially the Medicare Advantage program and taking something like \$130 billion out of that program. And I think it was pointed out earlier that 20 percent of Medicare recipients are on Medicare Advantage, or at least they were.

And number four, medical liability reform, and I will have a bill addressing that issue.

Let me turn to my colleague from Georgia for a final comment.

Mr. BROUN of Georgia. We hear from our Democratic colleagues that the budget deficit is going to be increased by repealing ObamaCare, but that is just simply not true. The Democrats have used some faulty accounting techniques, deceptive accounting techniques, to show that. The actual cost if we keep ObamaCare over the next 10 years, it is going to increase the deficit by over \$700 billion. If we keep it. We cannot afford it. States cannot afford it. They are already suffering. My home State of Georgia has a \$2 billion deficit, and the increase of Medicaid premiums that will be forced on States all over this country, they cannot afford to continue to do that.

We can lower the cost of health care. We can maintain good quality health care that is patient centered so patients can make their own decisions with their doctor. That is exactly the kind of health care system that we are going to bring forth to this House. We are going to repeal ObamaCare and we are going to continue to fight if it takes all of the way through the 2012 elections so that we get, hopefully, a President who will sign a repeal and replace bill. And then we will get through the Senate. So we will continue to fight for that.

I yield back to Dr. GINGREY.

Mr. GINGREY of Georgia. Just a few closing remarks.

Mr. Speaker, I want to thank Dr. GOSAR and Dr. BUCSHON for being with us tonight.

You know, we didn't have time to go into all of the details that we would like to have gone into, but one thing that is absolutely clear is that Governors across this country—and not just Republican Governors but Democratic Governors as well—are very, very concerned with the Medicaid mandates and the fact that this maintenance of effort requirement that says that Governors who can't even be innovative and creative in running their own Medicaid programs is resulting in budget-busting in all of these States that have to balance their budgets. Unfortunately, we don't do that up here. They're having to cut education to the bone, and they're having to cut public safety to the bone because of the massive increasing costs of Medicaid.

Well, we thank the Speaker for the time, and we appreciate the opportunity to speak to the American people. We will be back here tomorrow to pass House Resolution Number 9 so that we can get busy on replacing ObamaCare.

With that, I yield back the balance of my time.

SPECIAL ORDERS GRANTED

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

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

Mr. McDERMOTT, for 5 minutes, today.

Mr. AL GREEN of Texas, for 5 minutes, today.

Mr. FARR, for 5 minutes, today.

Mrs. CHRISTENSEN, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, January 26.

Mr. JONES, for 5 minutes, January 26.

Mr. FORTENBERRY, for 5 minutes, today.

Mr. PENCE, for 5 minutes, today.

Mr. GRAVES of Georgia, for 5 minutes, today.

Mr. McCLINTOCK, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. GARAMENDI, for 5 minutes, today.

ADJOURNMENT

Mr. BROUN of Georgia. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock p.m.), under its previous order, the House adjourned until tomorrow, Thursday, January 20, 2011, at 9 a.m.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Speaker-Authorized Official Travel during the second, third, and fourth quarters of 2010 pursuant to Public Law 95-384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON NOV. 28, 2010

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. James E. Clyburn	11/28	11/28	Haiti				(3)				
Hon. John Conyers	11/28	11/28	Haiti				(3)				
Hon. Barbara Lee	11/28	11/28	Haiti				(3)				
Hon. Donna Christensen	11/28	11/28	Haiti				(3)				
Hon. Jeff Fortenberry	11/28	11/28	Haiti				(3)				
Hon. Emanuel Cleaver	11/28	11/28	Haiti				(3)				
Hon. Sheila Jackson Lee	11/28	11/28	Haiti				(3)				
Hon. Marcia Fudge	11/28	11/28	Haiti				(3)				
Hon. Laura Richardson	11/28	11/28	Haiti				(3)				
Hon. Hank Johnson	11/28	11/28	Haiti				(3)				
John Lis	11/28	11/28	Haiti				(3)				
Robert Fuentes	11/28	11/28	Haiti				(3)				
Yelberton Watkins	11/28	11/28	Haiti				(3)				
Dan Harsha	11/28	11/28	Haiti				(3)				
Lars Hyde	11/28	11/28	Haiti				(3)				
Committee total											

¹ Per diem constitutes lodging and meals.

² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

³ Military air transportation.

HON. JAMES E. CLYBURN, Dec. 17, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO NORWAY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN DEC. 9 AND DEC. 12, 2010

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Nancy Pelosi	12/10	12/12	Norway		1,453.00		(3)				1,453.00
Hon. Wilson Livingood	12/10	12/12	Norway		1,282.00		(3)				1,282.00
Hon. Brian Monahan	12/10	12/12	Norway		1,318.00		(3)				1,318.00
Stacey Bako	12/09	12/12	Norway		1,999.00		4,896.00				6,895.00
Bridget Fallon	12/09	12/12	Norway		1,999.00		4,896.00				6,895.00