

thing I didn't want to do was be chairman of this committee and treat Washington, D.C., the way the Federal Government sometimes has treated my birthplace.

Where I found myself, as so many other folks, was with the United States as this country you love and then Puerto Rico as your loving birthplace, knowing they are attached, but somehow Puerto Rico doesn't get treated equally. So I said publicly, to the amazement of some and to the laughter of others, that I was going to be the first Member of Congress to ever relinquish power. I didn't want more power. I wanted to give up power. I wanted less and less to do with the District of Columbia. Let them govern themselves.

And so the first thing we did is we found out that we were not allowing the District of Columbia to have a sensible approach to the HIV/AIDS issue epidemic by not allowing a syringe exchange program. Now, it's important to note what we're talking about here. You have moneys that are raised locally by Washington, D.C., and then you have Federal dollars. And what happened was that Congress, for years, was saying that you can't use Federal dollars for certain programs, and you can't use local dollars either for certain programs. Now, this is the part that gets a little political, and I am going to try to be as fair and as balanced as possible, to quote somebody else.

I believe that some Members of Congress who did not wish to discuss these issues back home or could not fight these issues back home used the District of Columbia as the experiment by which they could say, "Abortion, I'm against abortion."

"Where?"

"In the District of Columbia."

"Needle exchange."

"Oh, I don't accept that."

"Where?"

"In the District of Columbia."

"Same-sex marriage?"

"Oh, I'm totally against that."

"Where?"

"In the District of Columbia."

And they couldn't go back home and accomplish these things in their districts, but they imposed it on the District of Columbia.

My role, I felt—and I did accomplish it, but unfortunately that may change soon—was that little by little I got bipartisan support from both parties to remove, under your leadership—and I'm being honest about that because you pushed, and you pushed and you pushed under your leadership—to remove these riders, to let them decide what to do with the HIV crisis, to let Washington, D.C.-elected council members and Mayor decide what to do with so many issues. That's all we did. We still kept the constitutional provisions. I don't go around rewriting the Constitution.

Now what I think will happen—and we begin to see—is a desire to once

again use Washington, D.C. as the experiment or the place where you do these things that you can't do back home.

So I would say to my colleagues, if you're strong—and I respect you on the issue of school vouchers. If you are strong on the issue of not letting women make choices in their lives, if you're strong on the issues of what rights or lack of rights gays should have, if you're strong on all of these issues, fight them at the national level, fight them back home. Don't single out the District of Columbia as this experimental ground by which you can say that you accomplished these things when, in fact, you did not.

The last one we had is the one that the public would really understand. The last one, which got lost in this budget that we just did, is the one that simply said that they could approve their own local budget without having Congress say "yes" or "no."

Now, picture throughout this country—there are people watching us right now throughout this country who have local school board budgets, who have local fire department budgets, who have local town and city and county budgets. They get their dollars from Federal funds, from local funds, from State funds, but they don't come at the end of the budget process and say, Members of Congress from all over the world, can you please approve my budget? No. And I don't think they should be treated that way.

So I hope that the changes we made remain in place. But above all, I hope that we respect the citizens, the American citizens who live in the District of Columbia, the residents who live here.

And lastly, we were elected to be Members of Congress. But I was not elected to be the Mayor of Washington, D.C., and I was not elected to be a member of the Washington, D.C. City Council. They have their own government. They can govern themselves well. They have their own finances. Let's give them the respect they deserve. And I hope as time goes on, these victories that we had, not for us—it's not going to get me reelected in my district—but for the people in Washington, D.C., that they stay in place.

And again, to my colleagues, if you want to make these points, make them back home, make them on the national level. Don't pick on the residents of D.C. to make your point.

Ms. NORTON. I very much thank the gentleman not only for his remarks today but for the extraordinary work he did. He's right. I was pushing, but he was the real pusher. He was the man at the steering wheel, and he kept doing it until all those riders got off. And I want to thank the gentleman, yes, from New York, but who has not forgotten his roots, the gentleman's roots in Puerto Rico, because his roots have enabled him to empathize with people who may not have the kind of democracy he holds to be emblematic of this country.

So you don't have to be one of us, it seems to me, to feel what we are feeling. You have to think about your own roots, about what matters to you, and particularly about the issues that have driven you in your life. And I think you will come to the conclusion that you should not expect for others what you would not have wanted for yourself.

And when the gentleman from New York mentioned Puerto Rico, he also reminds me—

The SPEAKER pro tempore. The time of the gentlewoman from the District of Columbia has expired.

□ 1630

THE UPCOMING CONTINUING RESOLUTION AND REPEAL OF OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Iowa (Mr. KING) is recognized for 30 minutes.

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege of being recognized to address you here on the floor of the House. And there's been some dramatic changes that have taken place in this country and dramatic changes that have taken place in this Congress.

I believe that as we move forward we're going to have some significant debates here on the floor. I look forward to the regular order component of this that's being initiated by Speaker BOEHNER, the process of using the committee process, the hearing process before committees, the markup before subcommittees, the markup before full committees, and bills going up to the Rules Committee after they've been approved by the actual standing committees, and that be the same bills that are passed by the committees that arrive at the Rules Committee where the Rules Committee can work their will and, wherever possible, provide for an open rule so that we can have the maximum amount of debate on the floor, so that Members can have their will debated and require an up-or-down vote, recorded vote on their issues.

That's not something that has been going on in this Congress. It's diminished each of the last 4 years. And the more than two centuries old, not necessarily a rule, not necessarily something written into the rules, but the practice and the tradition of open rules on appropriations has been essential to allow Members to have their voice. And I am thankful that that's the new tone of this Congress. It's been a great frustration to me and many other Members, Democrats and Republicans alike.

So we're here today, Mr. Speaker, on the cusp of a great big decision for this Congress; and as we make this transition from the era of Speaker PELOSI to the era of Speaker BOEHNER, and as he lays out the parameters of let the House work its will and let's go back to a regular order as it was devised and

approved in the constitutional structure by our Founding Fathers, with all of those parameters in mind, we have coming up before us a continuing resolution. And the pressure points that we have, the opportunity to bring leverage has been envisioned as the Constitution sets up article I, II, and III of the Constitution. And here we are. Taxes and appropriations need to start here in the House of Representatives.

And, Mr. Speaker, I'd just make this point, and it's an unequivocating point, and that is that unless the House approves of Federal appropriations, there shall be not a dime spent by the Federal Government otherwise. So whatever we do here, and we will bring a budget through and it will be a far more fiscally responsible budget than the nonbudgets that have been processed in previous Congresses and the extension by CR, not by the legitimate appropriations process, but there will be a budget and that budget will cut current spending significantly. And it probably won't be enough to satisfy me, but the budget process is another essential component of what we're doing here.

And another component of it is to be able to legitimately fund the balance of this fiscal year. If we do nothing, if this Congress doesn't act, if the House of Representatives doesn't act, Mr. Speaker, then the Federal Government will go into an immediate and automatic shutdown at midnight on the night of March 4 of this year. That was the provision that was written into the continuing resolution last December, when Democrats and Republicans got together and compromised.

If you remember, the Senate was going to pass that huge omnibus bill, all of the wish lists of the departing Senators and those that hadn't been up for election, the big spending bill that was just grotesque in its vision when you look through all the dollars they were going to spend in the Senate and send it over here.

Thankfully, the American people rose up, jammed the switchboards in the Senate, and even those hanging on the fence decided that they would get a hold of their better responsible nature and they decided to pull down that huge omnibus spending bill. And so we ended up with a small continuing resolution, a continuing resolution that funded the government from, I don't remember the exact date of the expiration of the last one, but in December, whenever we passed this, through January and February and into the 4th of March.

Now, some of us anticipated they would try to pass a CR for the end of the fiscal year, and that didn't happen. And a lot of us would have liked to have spent less money up to this point. But in that CR there isn't any funding that funds ObamaCare. Even though ObamaCare has passed and it's been signed into law and it's the law of the land, there's not funding going forward in the CR that we're operating the gov-

ernment on today. If that had been, the funding that was called for had been in the CR, there would have been about a billion dollars appropriated in the continuing resolution that passed last December and expires this March 4.

That money was not put into the bill because they needed the votes of then the seated Republicans and some Democrats to vote for the continuing resolution. So the old Congress, the 111th Congress, didn't vote to willfully fund the implementation of ObamaCare.

Now we're faced with the prospect of a continuing resolution coming before this Congress that's been announced to be five times greater than any appropriations bill ever voted on by this Congress before, and perhaps four times greater than any cuts that have been offered before. Well, that's because the whole string of 13-or-so appropriations bills gets packed up into one, and all that spending that's normally spread out over about 13, and perhaps a supplemental or two, packaged up into one bill with all that money in it. That's why it's that big.

Now in it, well, I think it's unlikely that there will be a line item anywhere in it that will fund ObamaCare. But I don't see resistance either from someone bringing an amendment that would declare that none of the funds in this CR shall be used to implement or enforce ObamaCare. That's pretty close to the language that I have advocated for, oh, ever since last March when I first introduced the repeal legislation to ObamaCare.

And by the way, MICHELE BACHMANN and I were within 3 minutes of each other in exactly the same language to initiate the repeal of ObamaCare. We've worked together on this, with others, CONNIE MACK and others. JERRY MORAN of the United States Senate today has been one of the leaders on repealing ObamaCare without hesitation and actively and aggressively. There are a lot of supporters across the board.

But, Mr. Speaker, I want to lay out the strategy that I have planned here on the repeal of ObamaCare in sequence so that people that think chronologically like myself can put this into the right context, and that is this:

I spent about a half a year of my life fighting the passage of ObamaCare. When it finally passed and was signed by the President, the night it passed here, I went out off the balcony and down into the lawn on the south lawn where there were thousands of people yet there pleading, keep your hands off my health care. And I said to them that night that we would start the repeal process the next day.

Now, I went home exhausted, thinking I would sleep until I was rested up. That didn't last very long. I got up and wrote the request for the repeal, as did the Congresswoman from Minnesota, Mrs. BACHMANN; and we submitted those repeal requests at the opening of

business that same day because it was after midnight when ObamaCare passed.

It was on that time, the strategy that I put together then was that we would file a repeal bill, seek the maximum number of cosponsors to repeal ObamaCare and then, Mr. Speaker, move forward with the discharge petition to seek to get 218 signatures on that so that then-Speaker PELOSI couldn't block the repeal from coming to the floor. We followed through on all of that to the point where we peaked out at 178 signatures on the discharge petition that could have circumvented the Speaker seeking to block the repeal of ObamaCare.

That discharge petition was one of the tools that was useful in winning the majority on November 2 of this past year. And there are Members here that openly say they wouldn't be here if they didn't have the discharge petition to point to their opponent and say, sign the discharge petition if you're serious. If you're against ObamaCare, here's the vehicle to repeal it. Sign it.

□ 1640

A number of those who did not and would not were voted out of office, and we have a new freshman class here that is 96 strong, 87 of them are Republicans, and I know of none of the 87 that did not run on the repeal of ObamaCare. I don't have confirmation, Mr. Speaker, but I believe that every one of the freshmen Republicans, the 87, ran at least in part, if not centrally, on working to repeal ObamaCare.

After winning the majority, so we could actually bring legislation to repeal ObamaCare, the next phase was to bring a repeal bill here to the floor of the House. I wanted it to be H.R. 1. It turned out to be H.R. 2. I don't know what H.R. 1 is yet, Mr. Speaker, but I'm very, very happy that the leadership took that high a priority to hold a vote here in the House to repeal ObamaCare so early in the first session of the 112th Congress. We saw a vote here that was bipartisan and it was unanimous among Republicans to repeal ObamaCare.

That is a very sound, a ringing, sound rejection of ObamaCare by the American people as a result of the election of November 2, by the people they sent here, 87 new freshmen Republican, many of them very, very solid.

Then, after H.R. 2 passed the House with unanimous Republican support and bipartisan support, Mr. Speaker, it went over to the Senate, where they said, "It could never pass over here, and it's a symbolic vote." Well, the Republican leader MITCH MCCONNELL did force a vote on the repeal of ObamaCare. It would have taken 60 votes to break the filibuster under those rules. Well, every Republican in the United States Senate voted to repeal ObamaCare.

So we are in this situation today, Mr. Speaker, where, if you look in the House and in the Senate, with far larger Republican numbers than we have

had in past years, every Republican in the House and the Senate has voted to repeal Obamacare. Every single one. They are serious, and they want to get the job done, and their constituents insist that we get the job done as well.

So now that we have taken this position that we are, all of us, for repealing Obamacare, and consistent with two thirds of the American people, if we voted to repeal it, it would be completely inconsistent for us to vote then to turn around and fund Obamacare.

Well, if the CR has language in it that allows for funding of Obamacare, then a vote in support of the continuing resolution is a vote that funds the very thing that we voted to repeal, which would be inconsistent. And I do not believe that we will have inconsistent members here in the House of Representatives.

I think they voted to repeal Obamacare, I think they are happy to vote to cut off the funding to Obamacare, and I believe that we will have universal support for that among our conference. And I believe the Senate, if they have an opportunity for the vote, would do the same thing. Down party lines, perhaps, but they would do the same thing.

But herein is the difficulty, Mr. Speaker, and it's this: That the funding that might otherwise be in this continuing resolution or may perhaps actually come out tomorrow in it is not very large in comparison to the overall cost.

The chairman of the Budget Committee has said that the spending under Obamacare is \$2.6 trillion—\$2.6 trillion. Now, there are taxes enacted by it, and we know how the CBO scored the information that they were given. But \$2.6 trillion in spending would be shut off if we repealed Obamacare today. We have voted to do so in the House. The Senate wasn't successful. The President likely would veto. It is his signature bill; it is his identity. He is the one that called it "Obamacare" at the Blair House February 25, and now it's in our dictionary. My spell check spells it out for me: Obamacare.

But in any case, the \$1 billion or so that might be cut out of Obamacare in the CR, if we say none of the funds that are written into this bill can be used to implement or enforce Obamacare, that \$1 billion pales by comparison to the funds that are automatically appropriated that are written into the Obamacare bill itself, and it is an unusual practice to have that happen.

When you have a large authorization bill like Obamacare come through, generally it authorizes the appropriations. They are authorized to be appropriated under this section, X many dollars, to go to implement or enforce the various provisions of Obamacare. That's where the money is. And the real money that's up in that, that's automatically appropriated, Obamacare anticipates and authorizes trillions of dollars to be appropriated to fund it, and it authorizes the collection of, I believe, tril-

lions of dollars in fees and taxes to fund it over time. But the automatic appropriations that are unusual but written into Obamacare that a lot of people didn't know was in there when it was voted on, they will automatically appropriate a number that approaches or exceeds \$100 billion in automatic appropriations.

We are crunching these numbers now, and I have to qualify these numbers, Mr. Speaker. Our low number is down around \$65.3 billion; our upper number is up around \$107 billion. CRS doesn't have a number, CBO doesn't have a number. Apparently, nobody has pressed them to produce the numbers of the automatic appropriations in Obamacare in all this time. So we are taking this apart and putting it back together, and that's why the range is, it's my shop doing the math on this range, \$65.3 billion on the low side, \$107 billion on the high side. Let's just call it around \$100 billion for round figures, Mr. Speaker.

We could come here on the floor next week and debate a CR, and we could see an amendment come that's in order that would cut off all funding in the CR that would be used to fund Obamacare. If we do that, we are cutting off about \$1.2 billion in spending.

If we bring an amendment that shuts off all the funding that's automatically appropriated in Obamacare, and if we are successful, we shut off maybe \$100 billion that would be used to implement and enforce Obamacare.

One billion versus \$100 billion. A 1 percent solution versus a 100 percent solution. And if we don't use the 100 percent solution, then \$100 billion, as much as or perhaps more, will be aggressively used by the Obama administration to implement and enforce Obamacare. And if they do that, the cancerous tumor that's growing because of what it does to our liberty and our freedom sends its roots down deeper, and it gets bigger and stronger and harder to eradicate. That is part of the strategy.

So, Mr. Speaker, I am hopeful that leadership and the chairman of the Appropriations Committee will get together, and sometime tonight, as they put the finishing touches on the CR legislation that they say will come out tomorrow, that they will write into the bill the language that I have proposed. And since we deal with 2,500 page bills here in the House, and we are chastised if we don't read and understand every word of them, I have an amendment here that I can read every word of, and perhaps it could be understood by everyone in America. This is the amendment that shuts off the automatic appropriations to Obamacare. It is this, and I quote:

"Notwithstanding any other provision of law, none of the funds made available in this act or any previous or subsequent act may be used to carry out the provisions of Public Law 111-148, Public Law 111-152, or any amendment made by either such public law."

That's the amendment, Mr. Speaker, that shuts off not just the funding in the CR to Obamacare, but it shuts off the self-enacting automatic appropriations that were, I believe, inappropriately written into the Obamacare bill and the reconciliation package that came over from the Senate as part of their deal. That is why I gave you two bill numbers instead of one, but they encompass what we commonly refer to as Obamacare.

That is the amendment that needs to be made in order here on the floor that allows the House to work its will, that allows the House to work within order under the rules. And, by the way, regular order is holding committee meetings, holding hearings, holding subcommittee markups and subcommittee appropriations. Chairman REHBERG would be seated at one of those markups, I would think, and that would be useful, a full Appropriations Committee markup at all of those stops. There would be an opportunity to introduce this language in committee, and then succeed, I believe, in dealing with a parliamentary challenge. Or, if it's written into the base bill, certainly there would be no parliamentary challenge. And if this goes out of the Appropriations Committee up to the Rules Committee and doesn't have my language in it, at that point the Rules Committee can protect this language, Mr. Speaker, from a point of order.

But if I bring this language to the floor under an appropriations bill, I know that I am facing a parliamentary challenge to this language. And it will be hard for the House to work its will if we get to the point where we have a parliamentary challenge on a piece of language that mirrors the will of the American people, mirrors the wishes of the American people, and mirrors the will and wishes of the Members of Congress, the majority of the Members of Congress, and mirrors the will and the wishes and the votes of 100 percent of the Republicans in the United States House and the United States Senate, and is bipartisan, at least in the House.

□ 1650

That is the endeavor that we need to be successful with, Mr. Speaker, and I am very determined to have this kind of debate and find a way to have this vote. If we are blocked from a vote that is essential to work the will of the House, how then can we say, how then can we say that the House has worked its will, if the House has been denied an opportunity to work its will?

I know there are arguments on both sides, Mr. Speaker, but I would point out that the language that I have read into the RECORD is not a precedent. It doesn't stretch the rules or the history or the traditions of this House. It doesn't stretch any written rule that I know of, and it is this. There is ample precedent, ample precedent in the form of the appropriations bills that were used to shut off the funding for the Vietnam War.

Now, I disagreed with the decision back then. I remember reading about it in the news in 1973 and 1974. In fact, my recollection says also 1975, but I don't happen to have those notes, Mr. Speaker, but I do have the notes to draw from a report by CRS out of the CONGRESSIONAL RECORD.

I am saying that we can bring an amendment that shuts off all funding, notwithstanding any other section. All of the automatic funding that was enacted by ObamaCare can be shut off in an appropriations bill in a continuing resolution. It can happen next week in the United States Congress, and we can put an end to ObamaCare then until such time as we elect a President who will sign the repeal as, hopefully, the first act of office in January of 2013. That is my hope and my wish and my work.

But for those who might wonder that this is language that stretches the parameters of tradition, it completely does not; and here are two examples of the House of Representatives and the Senate concurring.

Here is one, a supplemental appropriations bill, not a CR, but a supplemental appropriations bill that is in 1973, and actually the date on it is August 15, 1973. It says this: "None of the funds herein appropriated under this act may be expended to support directly or indirectly combat activities in or over Cambodia, Laos, North Vietnam and South Vietnam by United States forces, and after August 15, 1973, no other funds heretofore appropriated under any other act may be expended for such purpose."

So, Mr. Speaker, this supplemental appropriations bill that is dated enactment of August 15, 1973, and signed by the President July 1, 1973, says that none of these funds and no funds in the pipeline can be used to support directly or indirectly combat activities in Vietnam. If there were bullets that were on the way to be unloaded on the dock at Da Nang, they put the brakes on them and they went back. Those funds were on the way. They shut them down.

That doesn't mean they stopped everything, but none of those funds that were unobligated, would be a better way to put that, were allowed to be used by this act of Congress in a supplemental appropriations bill. Yes, the precedent exists. Yes, we can do this. Yes, it is a common practice, Mr. Speaker.

Those who might think this is a rare exception, I would go on down the line to another piece of legislation which actually was a CR, a continuing resolution. This is dated 1974, July 1, 1974; and this language in the continuing resolution then says this: "Notwithstanding any other provision of law, on or after August 15, 1973, no funds herein or heretofore appropriated may be obligated or expended to finance directly or indirectly combat activities by United States military forces in or over or from off the shores of North Vietnam, South Vietnam, Laos, or Cambodia."

There is the language again: "No funds herein and no funds heretofore appropriated may be obligated or expended directly or indirectly." That is an all-encompassing example of language that we have used as a template to shut off the funding that is automatically appropriated within ObamaCare and, I think, inappropriately automatically appropriated within ObamaCare.

That is where I stand on this, Mr. Speaker. And for those who think that is an ancient piece of legislative history and something that hasn't been used in the modern era and so therefore isn't a model or precedent, we go back 200-plus years for those things. I don't have trepidation about the Constitution that was ratified in 1789.

But just in the 110th Congress, the first 2 years of NANCY PELOSI's Congress, Mr. Speaker, she forced 44 votes. They might have been some in the Rules Committee, most of them came to the floor; 44 votes by this United States Congress that were designed to unfund, underfund or undermine our troops. I have those all on record and spreadsheet with hyperlinks to the language and the vote results.

We stood here and fought this off through the 110th Congress because the effort by the then-Speaker was to end the war in Iraq by shutting off all the funding and forcing us to bring our troops back home again. I am very thankful that George Bush prevailed in the surge and we have the optimistic situation in Iraq that we have today because of that decision that was made by George Bush. But it wasn't with any help from Speaker PELOSI, who forced 44 votes. Many of them, and I have not scored it in this fashion, but probably most of them follow down the same lines as the legislative procedure that I am advocating here.

So, Mr. Speaker, this is a very sound practice. It is a very constitutional practice. It is tried and it is true and it has been effective. It put the end to the Vietnam War, and we can put an end to ObamaCare if we bring language either as written into the bill or if we go back and have an Appropriations Committee, which I don't expect will happen, or if the Rules Committee protects my language so that the amendment can be legitimately debated here on the floor of the House and we can have a recorded vote. We can shut off 100 percent of the implementation and enforcement of ObamaCare.

If we don't take those steps, this Congress will not be allowed then, will not have been allowed at that point to work its will; and we have at best the chance to shut off \$1 billion, which amounts to 1 percent of the overall appropriations that are automatically enacted by ObamaCare. So we can come with a 1 percent solution and posture ourselves as we provided a solution, or we can come with a 100 percent solution with the best tools that the House has now to do the best job, to write the toughest bill that we can, send it over

to the Senate, because we know this: it is going to get worse in the Senate, and they are going to leverage back on us.

If it were just me, we could hold our ground. But; it isn't just me. So, Mr. Speaker, my advice to my colleagues whom I adore the privilege of serving with and whose judgment and statesmanship I greatly respect is this: We can't have people blink in this Congress, not when the destiny of America is at stake. And if you are wondering about blinking, just sign up with me, wait until I blink, and when I do, I guarantee my eyeballs will be dry and so will yours. But we must hold our ground. We must not blink.

We must send the language over to the Senate that cuts off all of the funding of that up to and perhaps exceeding \$100 billion that would be used to implement and enforce ObamaCare, that will be used aggressively by the Obama administration to send the roots down and grow this malignant tumor and metastasize this malignant tumor. We can pull it all out by the roots. We can do so if we move my amendment and make it in order under the rule or write it into the bill. If not, the America people will look back on this time and say, Where were you when it was time to stand up for the will of the American people?

Mr. Speaker, I have had my say. I appreciate the privilege of addressing you here this afternoon, to be on the floor of the House of Representatives. I entreat my colleagues to join with me, and let's get this job done. Let's repeal ObamaCare; let's pull it out by the roots, lock, stock and barrel, a 100 percent repeal, not a 1 percent repeal.

□ 1700

THE FUTURE OF AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Minnesota (Mr. WALZ) is recognized for 30 minutes.

Mr. WALZ of Minnesota. Thank you, Mr. Speaker.

Over the past several weeks, I have had the incredible privilege and honor to be traveling up and across my district, the First District of Minnesota, from the plains of Worthington to the Mississippi River Valley at Winona, listening and holding grocery store stops and hearing what the American people are talking about. They're not talking a lot about ObamaCare. They're talking a lot about jobs. They're talking a lot about moving the country forward. And this is a place that, I have to tell you, it was 18 below zero yesterday when I left. These are hardy folks. They're used to weathering tough times.

They're also the place that gave root to, in a collective effort, the Mayo Clinic. They're also a place that is one of the top leading producers of food in this Nation in feeding the world. Also, a place where we generate—the fourth