

health insurance that they can't pay for their rent or they can't pay for their mortgage or they can't put food on the table.

All of these people are going to benefit come October 1, when they can sign up for a good package and an affordable package. One of the main reasons it's affordable is that the Federal Government is helping pay the premium—is helping subsidize the premium—with tax credits but not with tax credits that you have to pay up front and then get a refund for when you file next April 15, but a tax credit like a subsidy that goes directly to pay for the premium.

We are already hearing—and I've said this to my colleagues in New Jersey—that the average health insurance policy is going to be about \$350 a month. Some people say, "Oh, \$350 a month," but that is incredibly affordable for a lot of people in New Jersey who are paying a lot more right now, and that's without the subsidy. With the subsidy, that can go down to \$100 a month depending upon your income.

So I can't stress enough how important this is, and for the Republicans to try to hold this hostage, no one on our side of the aisle is going to give up on the Affordable Care Act, because we know people need it. We are going to move forward, and, hopefully, they come to their senses and don't keep trying to shut this government down.

I want to commend the gentleman again. Thank you.

□ 1315

Mr. GARAMENDI. Mr. PALLONE, thank you so very much for your comments about New Jersey.

Mr. RYAN, I think we have maybe 2½ minutes left if you'd like to close, and I'll take the last 30 seconds and then we'll thank the public for their attention.

Mr. RYAN of Ohio. I think the last couple of points I would like to make is that we have very conservative Republican Tea Party Governors saying, We want to expand Medicaid, and they make all of the same arguments that we made during the health care debate. Coming into an emergency room and getting your primary care does not make any sense; you get sicker and it costs more money. There is also a moral aspect that we've got millions and millions of people going bankrupt, children not getting treatment, hitting the ceiling when they have cancer or some other issue. Those problems have been fixed.

Folks here in the House of Representatives, they need to recognize just how extreme their position is. When Karl Rove and JOHN MCCAIN and some of these other folks are saying, You folks are really out on a limb here, you're not making a lot of sense, that's not TIM RYAN and Mr. GARAMENDI and Mr. PALLONE and others who they would call liberals. That's Karl Rove, Bush's brain, who is telling you you're way out on a limb on this one, and it

doesn't make any sense. I think that's important. You have Republican Tea Party Governors making the same argument about expanding Medicaid. Critical, critical, critical points.

Lastly, as we see the top 1 percent and the top one-tenth of 1 percent garnering almost a third of the wealth created from 2009 to 2012, we've got a problem in this country. If we can't step in and say at the very least we can give some of these folks some basic health care, then we have to ask ourselves what kind of country we really want to live in.

Mr. GARAMENDI. Mr. RYAN and Mr. PALLONE, thank you so very much for joining us on this discussion about the Affordable Care Act and the way in which the Republican Party here in the House is using its repeal as a lever to really shut down government. It's not a good situation.

We normally spend our time here on the floor talking about jobs, infrastructure, how we can move this committee and this Nation forward. We hope to get back to that next week. We've got a critical vote coming in the next couple of days, or tomorrow or the next day, about the health care of America and more importantly about the way in which this government should operate.

Mr. Speaker, I yield back the balance of my time.

OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, I heard our President in a speech that I heard this morning say that in essence people who watch Fox News think ObamaCare is terrible, there are all kinds of problems. I sure hope that our President will start watching something besides CNN or MSNBC so he can find out that everything he's done is not made of gold, that people are hurting across America.

They heard him when the President promised that if you like your insurance, you'll get to keep it. He said it over and over and over and over: if you like your insurance, you can keep it. He made that speech across the Nation over and over and over.

He said that if you like your doctor, you can keep your doctor. It turns out that wasn't true. If you like your insurance, you're probably going to lose it or it's going to cost a whole lot more. That's what people are finding across the country.

So I appreciate my colleagues talking about and actually saying some of the same things about ObamaCare that they said 3½ years ago. The trouble is now that ObamaCare is upon us and people are being hurt. They've lost their insurance, and they've lost their doctor. They can't afford the extra thousands of dollars it is costing. I think it was PolitiFact that took a

shot at me for accurately saying it would cost people thousands of dollars if they were at 133 percent of the poverty level, that they'd have to buy the insurance or pay the extra income tax.

When you get down to it, even their article that criticized me pointed out at the end that still, with all of the government subsidies, it was still going to cost a few thousand dollars. That was the estimate. It's costing people money they don't have. They're getting less care, not more. And I don't have to just give opinion on that. We've got case after case, email after email from real Americans that have seen the harm it's done.

A young friend that I have tremendous respect for across the aisle pointed out, from his limited experience, that Congress has worked in a very partisan way the last few years. What he doesn't realize is that in the 4 years the Democrats controlled the House, they presided over the Congress that had more closed bills—that meant they didn't allow a single amendment. They ostracized nearly half of the country from being represented because they did not allow a single amendment to more bills than any other Congress in the history of our country. It was the most ruthless, partisan, overreaching Congress in the history of the country. It was unbelievable.

So it gets a little difficult to hear leaders who were in charge during the four most oppressive partisan years when it comes to having input from the other side tell us about responsibility and bipartisanship when they showed what they think when they were in charge. It was really quite mean.

We were told by our colleague earlier that Republicans gave us sequester. I encourage my friends across the aisle to go back and look at accurate history. It was the President who proposed sequester. I didn't think it was a good idea at all. That's no way to really legislate. We should have made the difficult choices and made the cuts. Then to hear comments that the Democrats believe freedom has made us great, I absolutely do, too. But freedom has a price. Freedom requires responsibility from Americans. It requires that everybody be involved, that everybody pay attention to what the government is doing.

So for those who have said for so long, I don't care what the government does as long as they stay out of my business, if that's your approach, the government does not and will not stay out of your business. It gets to where we are right now with ObamaCare. Every American's most private secrets about their own personal and private health will be kept by the Federal bureaucracy headquartered in Washington. The records may be kept elsewhere. I think the administration made a deal with GE. So GE and the Federal Government will have everyone's most personal secrets. It's a good thing they can keep a secret in the Federal Government so that nobody's

personal records will be leaked out once they get into the possession of GE or the Federal Government.

But for my friends across the aisle to talk about hostage politics, all I know is that people that I talk to across my district—I think the lowest denominator probably ended up at 500 to four that gave examples or talked about how bad ObamaCare was. You'd have a few people that said, Well, actually, we got our 26-year-old on our health insurance, so it's not so bad. Gee, the Republicans were ready to agree to that. We were ready to do bipartisan bills, but the most closed-minded and closed Congress in our history would not allow input. They didn't want our input. They were going to do it all themselves. As a result of that kind of mean-spiritedness, Americans are suffering today.

I have my friend from Texas, also a former State district judge. As I understand, he has heard from his constituents, as well. I yield to my friend from Texas.

Mr. POE of Texas. I appreciate the gentleman yielding some time.

Earlier this morning, I was reading some emails and Facebook posts on my Facebook from people with the question that I asked: How does ObamaCare affect you? We ran out of time earlier this morning. Unlike the Senate, we can't talk until we're through talking, as you know.

I'm going to read a few more of those in the next few minutes from some of these folks that I received comments from in my district and people on Facebook this morning.

Tonya told me:

My family's insurance premiums have tripled since ObamaCare was signed into law. I'm not sure how much longer I will be able to keep it.

Pam says:

The huge chemical plant my husband works for has made changes to his benefits package, which include higher deductibles, co-pays, and loss of some prescription drug benefits—all done in the anticipation and implementation of the health care act. He works hard, I am a public school teacher, and we want to send our daughter to her dream school upon graduation this year: the University of Texas.

Mr. GOHMERT and I may have a disagreement on that. Anyway, they want to send their daughter to the University of Texas, and she continues:

More coming out of our pockets for health insurance means less available for college. Please help.

Shannon says that because of ObamaCare:

Premium doubled, all co-pays went up. So I had to change employers because of the law.

Brandy:

I am the finance manager for a non-profit company with 16 employees. We may not be able to offer health insurance next year.

Linda, who I went to high school with said:

I'm feeling the pain of ObamaCare today. My doctor's office told me this morning that

my insurance company will no longer, they have in the past, cover a procedure for my knee. I will now have to pay \$1,080 out of pocket.

Asked if this was a result of ObamaCare, she replied in the positive.

Also, TRICARE won't cover it and my doctor dropped Medicare coverage. Expensive.

Matthew says, I'm an outlaw now. I'm a subcontractor, and I just can't afford ObamaCare.

Kristin:

If I could afford insurance, I would already have it. This forces me to buy something I can't afford.

Jenn says this:

Deductible went up, co-pay went up, I have thyroid problems and have to have it tested one to two times a year. Insurance always covered the test. No longer covers it. I'm still trying to figure out the "affordable" part of the health care when my costs keep getting higher.

Here's what Kristy says about her family business:

Family business has had a 47 percent increase in cost to company since ObamaCare was passed. Will have to cut somewhere.

David:

I am a U.S./Texas citizen living in Bahrain/residence in Bahrain. My employer provides my insurance in Bahrain. I am told I have to buy a U.S. policy or pay a penalty.

And Teddy, the last one, presents a rough situation for people he cares about:

My fiancé went from 40-plus hours a week to 27 hours because her employer said they had to in order to avoid penalties from ObamaCare. My sister has been told that her test and some of the medicines for her MS will not be covered because ObamaCare mandates say she is no longer going to be a "viable" person at the age of 50.

These are real people who have contacted me today about the effects of ObamaCare. Contrary to what the folks on the other side have said for the last hour, it's not all great for a lot of Americans. It's a tough piece of legislation. It affects people's health. It affects them financially. This law turns over America's health to the Federal Government. There's got to be a better way.

I appreciate the gentleman from Tyler yielding me some time.

□ 1330

Mr. GOHMERT. Reclaiming my time, real people being hurt in real ways is what ObamaCare is doing. And for those who think it is a good thing, those were people that would have been helped by either side of the aisle.

But it should be noted that insurance companies, under ObamaCare, are paying an additional tax to the Federal Government. Everybody is having to pay more for everything, and yet they're getting less health care.

I get questions: Why, under ObamaCare, are we now going to see everything—we've already gotten notice, it's so much more expensive, and yet we're getting less coverage, less health care, higher deductibles, those kinds of things.

Part of that answer is, well, we've got to pay for the 18,000 or so IRS

agents who are going to be hired to help you with your health insurance so they can monitor more closely what you make and what you spend it on and whether you are spending enough on health care and how you are spending it. But we've got to pay for all the IRS agents. Now, that's not going to help anybody's health.

But then you also look at all the navigators that are being hired, and that's a problem. I saw over \$1 billion was about to be spent on advertising to tell Americans how good they were going to feel under ObamaCare. All of those things end up coming out of the coverage and the health care that people would otherwise get.

I see my friend from Pennsylvania has arrived, and I yield to him at this time.

Mr. PERRY. I would like to thank the gentleman from Tyler, Texas, for yielding to me.

I would just like to talk about what many Americans hear talked about in Congress but maybe can't put a face or a name to, and that is access to care. What does that mean, "access to care"? And our claim is that ObamaCare reduces access to care. "Access to care" is your ability to have a doctor take care of you or some kind of practitioner take care of whatever your health care need is. I think it's important that we show examples of that.

So, as of right now, on January 1, thousands of Americans are at risk of losing their lifesaving dialysis treatments which they need to survive. We're not talking about, I need to have my bunions reconfigured. We're not talking about, I've got a skin tag or I have an upset stomach. We're talking about dialysis. People who are on dialysis must have it on a regular basis to live.

I visited a dialysis clinic with 25 machines that operate 6 days a week in the Fourth Congressional District. Mr. Speaker, 6 days a week, 25 machines, all day long people come in, and it serves primarily the underprivileged population of Harrisburg, Pennsylvania, which is the capital. That's its primary clientele. And the gal there that was running the place told me that on January 1, if ObamaCare continues to go through, they will cut their operating hours from 6 days to 3, 3 days a week from 6. So those 25 machines will be idle half the time that they're currently being used. That's 50 percent.

Now, Medicare payments already fall very short of covering the entire cost of this, but this clinic makes up the difference by the other paying customers. And I would ask the folks that support ObamaCare, do they really think that the rich in this Nation are going to go without access to care? We've heard about concierge medicine. The rich are going to continue to receive care one way or another. But it's the poor, it's really the abject poor that are going to suffer under this.

I just want to put some names to this. I met a Vietnam veteran named Johnny. You know, people think, Oh, if you have dialysis, you've got diabetes. You didn't take care of yourself. This man is fit, doesn't smoke, and does take care of himself, but he just happens to have diabetes. And he comes into this clinic, and he needs to come in more than once a week. So when you go from 6 days to 3 days, Johnny is going to have to look for some other way to get his dialysis.

And then there's Amy. Amy comes in a couple times a week and hooks herself up. She comes and knows it so well that the people there that are actually administering the service and the care don't have to do that work for her. She comes in and takes care of that herself so she can literally stay alive.

And then there's Chris, 34. People think, Oh, if you need dialysis, you didn't take care of yourself. You are an old person who didn't take care of yourself. Chris is 34 years old. When you go to dialysis, it's 4, 5 hours, sometimes, and more in the chair. That's a day away from work, away from family. And it's hard to sustain employment when you are gone 4 or 5 hours a day, two or three times a week to stay alive. But that's what these people must do. Chris supports himself. He is a chef in a local restaurant. He has got type 1. He's had kidney failure. So he's going to have to find another place to get his dialysis, because this place will no longer be there.

So that's what "access to care" means, and that's putting a face and a name to it; and that's what ObamaCare is going to do in the community that I represent, literally taking this life-saving care away from people.

I would urge my colleagues, Mr. Speaker, to really take a look at the upcoming votes both in the Senate and in the House regarding this bill, regarding this law. It is not ready to roll out. There are significant failures of it and shortcomings. We understand it was laudable trying to find a way for every American to receive care. That is a laudable goal, and we support that.

We have a plan here in the House of Representatives. We would like the plan to be aired, but none of that is going to happen. None of that is going to happen if ObamaCare is fully implemented as is planned for in the upcoming days. None of that is going to happen. And these people that are receiving their dialysis on the west shore in the Fourth District of Pennsylvania are going to have to find some other way, literally day by day, to stay alive thanks to ObamaCare.

Mr. GOHMERT. I thank the gentleman.

The gentleman is absolutely correct. But it's not just Pennsylvania, and it's not just Texas. It's everywhere. People are hurting.

My friends across the aisle in the last hour had commented about Republicans wanting a shutdown. We don't want a shutdown. We don't. TED CRUZ

does not want a shutdown. I visited with him quite a bit yesterday. He doesn't want a shutdown. But we know the damage ObamaCare is doing not just to the economy—that's bad enough—but to people's health.

Here is an email. We've gotten so many of them. Just in the short time I have, I'm trying to decide which ones to present. This one from Kaytee says:

Just got notice my health care coverage options and costs will be changed. They will send out the info next month. I am one of the 26,000 part-time Home Depot employees whose hours were cut back to never exceed 29 per week. We used to do the 6-week thing. They would schedule us for 35 to 39 hours per week for 5 weeks, then cut us back in the 6th week to 25 or so and then back up again. Now it's always going to be less than 29 hours per week. I'm scared to death to see what the rate changes will be. Probably way more than I make.

My doctor of 9 years is retiring this month. She is only 46 and an amazingly exceptional family medicine practitioner. Says she'll grow a garden and herd goats, but she won't be a contributing member of the insanity. She is an Indian Hindu born and raised in Canada. She came to Texas because of the messed up state-run medical care in Canada.

Insurance not the same, losing the doctor.

Here is one from Sandric:

My wife has a bone disease and is always in severe pain. We see a specialist in Longview, Texas. This specialist travels from Dallas, 110 miles away, and practices here a couple of days a week. But since ObamaCare, he has said that he can no longer afford to have two practices so far apart and will have to close his Longview practice and that he may just retire early. Now there will soon be no doctor in this area for my wife to see, and she is too debilitated to make the drive to Dallas every month. We are not sure what to do now.

These are real Americans agonizing over the damage that ObamaCare is doing. And I can't bring myself to call it the Affordable Care Act, because it isn't.

Here is one from a widow that lives in east Texas, Joy. She says:

I am losing my insurance, which I have had for over 30 years.

So much for, "If you like your insurance, you can keep it." There's no telling how many millions of times that promise will be broken in the subsequent months if we can't put off the damage ObamaCare is doing.

Back to her letter. Talking about the insurance, it says:

It was in my husband's name, and he has recently died. So here I am, a widow and losing my insurance. I am frustrated and a little scared. I've never had to do anything like research for insurance and don't even know where to begin. I am from Tyler, Texas, and saw your post on Facebook. Enclosed is the letter my insurance company sent me. They do not directly say it is due to ObamaCare, but it's pretty easy to read between the lines.

And actually, you don't even have to do much reading between the lines. She enclosed a copy of the letter from New York Life Insurance. At the end of the first paragraph, it says that their insurance, their Group Health and Life

Insurance Trust will terminate at midnight on December 31, 2013.

The decision to exit this market was not an easy one. The determination was made based on the evolving market conditions and regulatory requirements stemming from the Patient Protection and Affordable Care Act.

I think that's pretty clear. She lost her insurance because of ObamaCare.

I know that there's nobody on the Democratic side that really wants to do this, put this kind of fear and suffering into a dear widow, but it's being done. I know that nobody voted on this side of the aisle for ObamaCare intending to hurt widows and children like is happening, but it's happening. And now that it's happening, it is absolutely incorrigible if my friends do not help us help those that are being hurt by at least postponing this disastrous, hurtful ObamaCare.

Here's another from Jay:

On Tuesday of last week, my 89-year-old mother-in-law fell and broke her hip. Her doctor gave her only a 50 percent chance of survival, but survive she did. He stated after the operation that she was lucky that it happened this week. He said, "In 2 weeks, I could not have performed the same procedure because it is not an approved procedure under the new rules. It's too expensive." We all wondered what her chances of survival would have been under Dr. Obama.

She will have insurance, but we're already hearing from people that they've been told they'd better get the procedure now because, if they wait, it's not going to be covered because the ObamaCare board apparently thinks if you are of a certain age then maybe you don't need or deserve a pacemaker or back surgery.

Here's another:

I work for a commercial electrical contractor who has been in business in east Texas for over 30 years. At the beginning of this year, we employed over 100 workers. The company provides group health insurance and pays 75 percent of the cost for the employees. At this time, we have 66 employees. We will intentionally have less than 50 employees by the end of the year, and the owner is planning to drop the health plan at the first of the coming year.

So much for, "If you like your insurance, you can keep it." Not only are you not going to keep your insurance, you are not keeping your employment.

Here is another from Bobbye: With the health mandate looming, the college where he teaches "determined that adjunct professors could no longer teach four classes per semester because the time for prep/teaching would require they provide me health insurance." So he has been dropped from the class maximum to three. He said: I didn't expect health insurance from the college, but the mandate has now dictated my workload.

It dictated less work. So how does he make it?

Here's one:

I am a 56-year-old single woman with no children, and I have been stuck as part-time toll collector for Harris County, Texas, since the passage of ObamaCare. For 4 years, I only work 72 hours every 2 weeks, with no benefits whatsoever. Last year, the County

Commissioner stated they will no longer hire full-time employees. I have \$39 left for groceries once mortgage payment and bills are paid. ObamaCare will destroy me.

□ 1345

Here's another, from Charles:

I recently applied for a job in Tyler at a new restaurant. At my interview, I asked how many hours I could expect. The owner said, verbatim: I'm sorry but because of ObamaCare I cannot afford to hire anyone for more than 30 hours per week.

Here's another, from Timothy:

I am the only one that works in my house. I support a family of five and would be considered lower middle class. I just received notice from my employer that I now have to pay an additional \$6 per person per month as a surcharge on the new health care law. Also, my premium is going up \$60 per month. It's a total of \$100 per month, or increase of about \$1,200 per year. I am basically looking at a 34 percent increase for nothing. I don't know how I'm going to be able to afford this as my budget is pretty tight already. Repeal the Affordable Health Care Act, please, because for me, it's anything but affordable.

Here's another, from Rose:

I'm 54 years old and have always had health insurance, which I pay for myself. I too received a letter telling me that, due to this so-called affordable health care, they will not be providing me with continued insurance. I will need to make decisions about what insurance I want, but they have no idea what choices I will have and of course, no idea what I will be charged, but were quick to say it will likely be more than I pay now. Thanks a lot, ObamaCare.

We have no extra income to pay for this. Please stop this from happening to our family and families throughout our country who are having their rights taken away from us.

Here's one from Andrea. She sells insurance for State Farm. They partner with Assurant Health for our individual medical plans:

Ever since we were forced this monstrosity in the most partisan vote ever, we have seen major changes come from the health insurance policies we were able to offer. Not only is there a noticeable increase in the price, we no longer offer maternity coverage, we no longer offer prescription copay, we no longer offer an office copay, we no longer offer the low deductibles we once did.

We have lost many of the networks that allowed people in our area the best choice as their doctor being in network. Now, the premium increases at the renewal are much higher than pre-reforms.

Here's another, from Melissa:

I am self-employed, and I'm already paying for my own health insurance. I received a letter from my insurance provider 3 weeks ago that stated there would be changes in my policy and they would be sending me additional information in the coming months. Based on the estimates I've seen, my monthly insurance costs will go up roughly 136 percent.

ObamaCare is damaging real Americans. We owe it to them to do everything we can to stop it, and stop the waivers and exemptions.

Mr. Speaker, I yield back the balance of my time.

HOW WE GOT HERE

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 3, 2013, the Chair recognizes the gentleman from Iowa (Mr. KING) for 30 minutes.

Mr. KING of Iowa. Mr. Speaker, it's my privilege and honor to be recognized to address you here on the floor of the United States House of Representatives, especially at this time, as the House and the Senate hurtle towards some type of perhaps collision and sometimes perhaps a conclusion to the drama that's taking place over the funding of our government. And it seems as though the focus of all this comes down on ObamaCare.

But I'd like to first, Mr. Speaker, paint the picture on how we got here. And it's this: the House has consistently passed a budget, and then, the House-passed legislation, essentially, required the Senate to finally, after over 1,000 days, pass a budget over there themselves.

Of course it was a token and, of course it was pushed off to the side and, of course it wasn't something that could be reconciled with a responsible, legitimate budget here in the House of Representatives. But it met the criterion narrowly.

So the functionality of this Congress, which has been in the past, 12 or so appropriations bills passing here, starting here, being messaged over to the Senate where, when things worked right, the Senate picked up those appropriations bills and, through their appropriations process, their hearings, their deliberation, their subcommittee and their committee process, worked their will with the House bill that had been messaged to them.

And one at a time, 12 or 13 appropriation bills would work their way so that they had passed the House in one form and, generally, the Senate in a different form, in which case, a conference committee would be appointed, and House Republicans and Democrats would sit down with Senate Republicans and Democrats, hammer out the differences in one of 12 or 13 appropriation bills, and come to an agreement, send the conference report to the House or the Senate, for passage, in which case it would pass both, be messaged to the President. That appropriation, then, would be concluded and fulfilled.

A responsible government starts with hearing from our constituents, in November, December and January, as we look forward to the end of the fiscal year, which happens next Monday night at midnight—we're working towards getting all of our government funded appropriately.

And in those months of January, it starts up, and then in February and March, the intensity of hearing from constituents and their budgetary concerns, the appropriations hearings in the Appropriations Committee, and then here on the floor under an open rule, bill after bill after bill, a dozen appropriation bills are debated, and the open rule that allows amendments to be brought forward on that to adjust

the appropriations up or down, or perhaps transfer some of those appropriations, and the House work its will, the Senate work its will.

We come together and agree on a conference report. We send it to the President. The President signs it, and those departments of government that are funded by that appropriation bill then are given their budgetary responsibility and their spending authority for the upcoming fiscal year.

That's how it has worked in the past. It does not work that way under this dysfunctional setup that exists today.

What happens now in this Congress that we have, Mr. Speaker, is this: the House debates the appropriations bills, 12 of them or so. We have passed several of them at this point in the House. We've sent them over to the Senate.

They go, messaged to the Senate, where they arrive at the Majority Leader HARRY REID's desk. And figuratively speaking, HARRY REID then puts that appropriation bill in his desk drawer and closes the drawer, not to be discussed or heard from again for the balance of the fiscal year. And another appropriation bill goes and another and another and another.

And what you see happen is, we've seen this happen in the past, where we have passed, I remember, under Chairman Jerry Lewis, the Appropriations chair at the time, all of our appropriation bills by July. Messaged them all over to the Senate, where they all would go in HARRY REID's desk drawer.

At the end of the fiscal year, some time about now, or maybe a week ahead of this time, HARRY REID would look around and think, oh, we're facing a government shutdown if I don't get those bills out of my desk drawer.

And so he pulls out a dozen appropriations bills. Each one of them is a collective judgment of the majority of the United States House of Representatives, constitutionally messaged to the Senate, stacks them up and takes his little marker through there, and he draws a line through the appropriations that he doesn't like, and he writes in all of the line items and puts on all the Christmas tree spending that he does like, and he puts in the wish list of the Senators that he wants to help out, so to speak, and some are Republicans and many are Democrats.

He creates this omnibus spending bill. Sometimes we call it omnibus if it doesn't show up at the end of the year. Otherwise, if it's at the expiration of our spending of our appropriations, as it is now, we call it a continuing resolution.

We've been operating on continuing resolutions for too long. And it isn't because of ObamaCare, necessarily, that we're at this point today. The leverage has been created because HARRY REID didn't deal with our appropriations bills.

And furthermore, he's not going to deal with our appropriation bills. He is going to create this crisis so that it increases the leverage that he has in defeating the will of the people, which is