

proper consideration, here comes another bill from the Energy and Commerce Committee. This time it is H.R. 2749, the Food Safety Enhancement Act of 2009.

I do believe that our Nation has the safest food supply system in the world, and I also agree that we should continue to examine that supply system to make certain that we continue to improve upon it. However, H.R. 2749 will not make us a better food safety country. Instead, it will expand the Federal bureaucracy, and it will impose unnecessary costs on a struggling ag economy. This legislation represents a dramatic shift in Federal policy that could, just like cap-and-trade, devastate agriculture.

This legislation was considered by the Energy and Commerce Committee just a couple of weeks ago. Now, just like cap-and-trade, the Democratic leadership wants to bypass the expertise of the Committee on Agriculture and bring this bill to the floor, this time under a suspension of the rules—no further consideration, no markups by other committees of jurisdiction, no amendments, just a vote.

One provision of H.R. 2749 that is of particular concern is section 103. This section would require the U.S. Food and Drug Administration to set on-farm performance standards. For the first time, we would have the Federal Government telling our farmers and ranchers how to grow crops and raise livestock.

The cultivation of crops and the production of food animals is an immensely complex endeavor involving a vast range of processes. We raise a multitude of crops and livestock in numerous regions, using various production methods. Imagine if the government is allowed to dictate how all of that is done. Chaos will ensue. Unfortunately, that is what H.R. 2749 allows.

Those who have never been on a farm will be allowed to tell a producer how to conduct his or her operations. We will not improve food safety by allowing the Food and Drug Administration to tell our farmers what to do. We will improve food safety by allowing farmers and ranchers to do something that they and their ancestors have been doing for generations.

There are other problems with this bill as well—new penalties, record-keeping requirements, traceability, registration mandates, user fees—all things that do nothing to prevent food-borne diseases and outbreaks but that do plenty to keep regulators busy and that increase costs.

I raised these concerns today in a hearing of the House Agriculture Committee, which was reviewing food safety. The witnesses representing the FDA tried to reassure the committee by telling us not to worry, that they knew what they were doing and that they would consult with the Department of Agriculture. However, the FDA has no expertise in crop and livestock production practices, and I have little

confidence that the FDA will work with the USDA.

In fact, a recent example of the FDA's unwillingness to accept the expertise of the USDA was demonstrated this week. It involved another bill, H.R. 1549, which would restrict—in fact, eliminate—the use of animal antibiotics. H.R. 1549 would institute a ban on the nontherapeutic uses of antibiotics, which is another ill-conceived concept concerning a very complex issue. Yet we learned today that no consultation by the FDA has occurred with the USDA.

In a hearing earlier this week before the House Rules Committee, the FDA suddenly shifted its course and supported this ban. No new research or scientific analysis was presented. Again, apparently no consultation with the USDA occurred. So much for collaborating with the Department of Agriculture.

Mr. Speaker, we must stop rushing legislation through Congress without careful, thoughtful and complete consideration. Congress rarely gets things right when we have ample time to properly consider policy changes, but it never makes good decisions when rushed by arbitrary timetables. H.R. 2749 needs to be referred to the Committee on Agriculture to allow for necessary improvements to this food safety bill, improvements which will actually improve the food safety of our country and will not shut down agriculture.

We do not need FDA from farm to fork.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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#### WE NEED PATIENT-CENTERED HEALTH CARE REFORM

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

Mr. BOOZMAN. Mr. Speaker, I share the views of my constituents in the Third Congressional District of Arkansas that we need health care reform. I believe all Americans deserve access to quality, affordable health care; but the one-size-fits-all experiment won't give hardworking Americans, like Melissa Swaim, the peace of mind that she and her family deserve when seeking medical treatment. Melissa is all too familiar with doctors' offices. Her son requires special medical treatments every 3 months that her insurance helps pay for. She is grateful to have insurance help cut the cost of these beneficial procedures and told me if her family didn't have insurance, finding the money to cover the cost would be

very difficult. But she would rather scrape her pennies together and make sacrifices on her own to pay for her son's health care rather than have someone else decide treatment on his behalf.

We need to preserve the doctor-patient relationship that Melissa and millions of Americans have learned to depend on. This allows patients to make choices that suit their individual requirements, not Washington bureaucrats. Politicians making decisions about our health care needs is a prescription for disaster. Instead of taking away health care choices, we need to be offering more opportunities for patients.

We need patient-centered health care that allows them to get the treatments and the care that they need when they need it. The Obama prescription will deny patients treatments and make them wait to get the treatments that they are allowed to receive. Recently my mother needed to have the battery changed in her pacemaker. My mom is 88 years old. She is doing very well and is a wise and caring mother, grandmother and great-grandmother to her family. With government-run health care, after taking \$500 billion from the Medicare program to help pay for the new plan, it's not a given that she would have gotten the treatment when she needed it at the proper time. This is not the standard of care that I want; it's not the standard of care Melissa wants; and it's not the standard of care 90 percent of my constituents, who have taken my online survey about government-run health care, want.

We need a plan that reduces health care costs, expands access and increases the quality of care. Unfortunately the 1,018-page Obama proposal does not achieve these goals. We need to be asking some tough questions. We need to be asking the President, we need to be asking the authors of this plan such things as, Will this allow illegal immigrants, illegal aliens access to health care? There's nothing in the bill that says no. We need to ask about the elderly, people who in the past have enjoyed access to cataract surgery to restore their vision, access to artificial hips, artificial knees to increase their mobility in a timely fashion. Will this plan allow that sort of care to continue? Those are the things that we need to be working on, and certainly to try to cram this down the American public's throat in 2 weeks is not workable. Luckily we still have time to get this right. Let's work together and make patient care the top priority of our reform.

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

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

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

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

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

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

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

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

#### THE COST AND DANGERS OF THE GOVERNMENT TAKEOVER OF OUR HEALTH CARE SYSTEM

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

Mr. SCALISE. Mr. Speaker, today in the Energy and Commerce Committee we started having hearings on President Obama and Speaker PELOSI's bill, the proposal to create a government takeover of our health care system. I think the components of this bill and some of the things that have been talked about need to be discussed here on this House floor because the bill itself will actually lead to rationing of health care for Americans across this country. The bill will absolutely raise taxes on every American in this country and every small business in this country. In fact, there are over \$580 billion in new taxes in this bill. This bill was just filed earlier this week. The Congressional Budget Office hasn't even been able to do a full assessment of it. There was a meeting held yesterday in the Energy and Commerce Committee with the CBO. Unfortunately the chairman decided that that meeting would be held in secret. He did not allow the media to come in. He didn't allow the public to have access through the Internet or through television to see what the head of the CBO had to say. You know, maybe if somebody supports this government takeover, I can see why they might want to try to hide the details from the public because the details that start to come out are showing the true cost to the American people and the true dangers of going into this government takeover of our health care system. I think the people ought to know what those details are. I think when you're talking about a bill this massive, a bill that is so enormous, probably one of the biggest transformations of government—and in an administration that has had many, many attempts to try to take

over different aspects of our lives, this may be the biggest one.

We have a chart right here that we've put together which actually shows the organizational structure of this new government takeover. If government is allowed to take over the health care system based on the bill that President Obama and the Speaker and her top lieutenants in this House and in the Senate have filed, this is the structure of what government-run health care would look like.

There are a number of points that I think are important to go through. You hear President Obama talking a lot about, if you have the health care you like, you get to keep it. Now that sounds great. I agree with that. The problem is, the bill that President Obama and Speaker PELOSI and others filed takes away your health care. It allows a government czar—and unfortunately they've created so many czars. The government is running the insurance companies. The government is running banks right now. The government is running car companies. And the government is not doing a real good job of it. And now the government wants to run the health care system in this country. If you look at this organizational chart, you will see a whole lot of Federal agencies interfering in the relationship between a patient and their doctor.

Now these are the people that are saying that the government won't tell you when you can go see your doctor. Everywhere in this organizational chart and everywhere in their thousand-plus page bill they're giving this new health care czar the ability and the power to interfere between the relationship of a patient and their doctor. If you like the health care plan you have, there's actual language in this bill that allows this health care czar that's created, it gives this government bureaucrat in Washington the power to tell your company, if you like your health care, the government can now take away, literally disqualify your company's health care plan from being eligible and force you onto this government-run plan. They have taxes that cover all different aspects of life. They tax businesses, \$583 billion in taxes on working people in this country. There's actually—and this was verified yesterday by the Congressional Budget Office—\$29 billion in new taxes on uninsured people. Now the real irony of that is, the real reason that they're bringing this bill—over 300 million Americans participate in health care today, and there is a number of uninsured people. Some people say the number is 45 million. Others have narrowed it down, when you remove the illegal aliens, when you remove people that just choose not to get health care who are eligible, the real number of uninsured people has been honed down to about 7 million people, and that's a number we should go address. Health care needs to be reformed, and there are a lot of bipartisan approaches to re-

form that system. But you reform something that's broke. You don't blow up the whole system that's working.

In America we've got probably the best medical care in the world. People who have government-run systems, like Canada, like England, the citizens that have the means actually come to America to get care because our system is so good, even with the flaws. So let's go address those flaws. But you don't set up a system like this, some Byzantine system of bureaucrats and czars that are going to tell you which doctor you can see, to take over our health care system. Unfortunately we have got a debate started; and hopefully the public gets involved in this because when you look at the taxes, literally \$29 billion of taxes on uninsured people when the bill was supposed to be designed to address the uninsured. When you look at small businesses and the impact on small businesses and middle-class families, in the bill they literally allow taxes on people making less than \$50,000. This is a bill that needs important debate. Hopefully people will look at the details, and we can defeat it.

#### CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO THE FORMER LIBERIAN REGIME OF CHARLES TAYLOR—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111-58)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

*To the Congress of the United States:*

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the Federal Register and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the Federal Register for publication the enclosed notice stating that the national emergency and related measures dealing with the former Liberian regime of Charles Taylor are to continue in effect beyond July 22, 2009.

The actions and policies of former Liberian President Charles Taylor and other persons, in particular their unlawful depletion of Liberian resources and their removal from Liberia and secreting of Liberian funds and property, continue to undermine Liberia's transition to democracy and the orderly development of its political, administrative, and economic institutions and resources. These actions and policies continue to pose an unusual and extraordinary threat to the foreign policy of the United States. For these reasons, I