

Please. I'm a successful farmer. Please come out and help me get insurance. I remember distinctly this one farmer said, The insurance agent said you don't want me to come out to quote you a price because I know you can't afford it. We don't even want to bother even trying to sell you insurance because I don't care how successful a farmer you are, because with you and your family, you won't be able to afford it, so we don't even need to try to sell you the policy.

There are all sorts of circumstances going on that I learn of as I accept invitations around the country to meet with health care experts in hospitals, in medical schools, in town hall meetings where people are trying to get some relief from this terrible fact that originally 37 but now 50 million people are without any insurance at all. And more people who are losing their jobs end up going into that column as well.

Mr. ELLISON. Well, if the gentleman yields back, I just want to point out that you mentioned Medicare has an administrative fee of about 3 to 5 percent. The fact is, however, that if you look at the top five health insurance companies, their administrative costs are 17 percent, and if you look at the average overall private insurance, it's about 14 percent.

What do they spend all that money on? How come they can't get down to a reasonable percentage of medical loss ratio? Does the fact that some of these CEOs just get exorbitant pay have anything to do with it? And if there was a public option—the CEO of the public option, I guess, would be Governor Sebelius, who is the Secretary of HHS, Health and Human Services. She is not making \$10 million a year as a public servant. I guess my question is what are they spending all that money on. How come they can't be more efficient?

Mr. CONYERS. Well, exorbitant salaries to the chief executives and the managers of the company, as you imply, runs into millions of dollars annually, and many of them are the precise people who, through their lobbyists on K Street, are fighting any kind of serious health care reform. It's not a pretty picture.

Mr. ELLISON. Well, if the gentleman would yield, it was recently reported that the lobbyists are spending \$1.4 million a day to try to stop health care. Why would they want to spend so much money? And does this amount of money, \$1.4 million a day, how does that compare to the profits that they reap by, say, excluding people? They are excluding their enrollees and are not covering medical procedures.

Mr. CONYERS. Well, there is a relationship, and that's what makes it so difficult for us to come to a conclusion and to do something about this. Notwithstanding the great intellect of the President and his determination to correct the situation, there are people that put profits before health care. I'm sorry that that's the case, but that's what it really comes down to.

Mr. ELLISON. I just want to say that in this last 5 minutes that we're here tonight with this Progressive Hour that the goal and the purpose and the soul of our efforts to reform health care should focus on the word care, health care. We should act like we care. This is not widgets; this is people.

At the beginning of this hour, Mr. Speaker and Congressman CONYERS, I shared stories about people from my district. I know you could have done the same thing. You get letters. The President gets letters. We all get letters. But care should be what drives us. I believe that you, Mr. CONYERS, have worked so hard and done so much to start with a single payer, but because of your advocacy, we have gotten to a point where a public option is a real option, and I thank you for that.

But public option is not the best name. It could be called patient option or a we're-in-this-together option, an option that says that we're going to have a public plan that could compete with the private plans, that could have some real cost drivers; not just drive down cost, but can offer best practices so that we really put an emphasis on health care and wellness, not just on processing people, fee-for-service, overutilization, which, as you know, has been a very serious, serious problem.

I think as we close up, Mr. Speaker—and I want to leave the gentleman from Michigan time to make some closing remarks, and we'll give him the final word since he's so eloquent—I just want to say that it's important for us to understand that if Americans want real health care reform, the time is now, I think, Mr. Speaker, to raise your voice. I'm not saying what people should or shouldn't do, but I'm saying that if you want health care reform, this is not the time to be silent. It's a time to raise your voice. And if you happen to live in an area where you have a Representative who is not for reform, I think that this is an especially important time to have something to say about that and exercise your constitutional right and offer your views on that.

I just want to say that we've fought hard here, and this piece of legislation that we're fighting for now is every bit of a civil rights issue as the 1964 Civil Rights Act. The 1964 Civil Rights Act was passed just a few years before you came to Congress, Mr. CONYERS, so you really were in the ambit and in the aura of this great triumph of American democracy. You were a friend of Martin Luther King. In fact, Rosa Parks worked in your office for many years and was a dear friend of yours throughout her life.

I think I feel something like what you must have felt then, that we are on the doorstep of seeing great change in the American democracy, but it's going to take the energy and the prayers and the voices of everyone to get us over the line. When the President comes out on the television here at prime time, it's not just because he doesn't have anything else to do.

It's serious. It's important, and it's very essential that everybody click in, raise their voice and make sure that if you want health care reform, if you want an end to being dropped and kicked off and denied for a preexisting condition, that if you're tired of discrimination because of gender and because of age, if you feel that a public option should be able to compete with a private insurance to drive cost down, and if you really believe that in our country that a health insurance company should be able to operate with a 4 or 5, 6 or 7 percent administrative cost as opposed to 17, 18, 19 percent, completely inefficient, then it's time to step up and do something about it. It's time to step forward.

If you want to do something about health care disparities between people of color and other people, it's time to step up and do something about it. This is not the time to sit back and figure. Well, Conyers will probably save us. Obama will save us. Somebody will do the right thing. No, this is time for everybody to step up and demonstrate their own leadership.

With the moments remaining, I just want to yield—I think that's it. The gentleman from Michigan has yielded to me. Therefore, what I'm going to do is thank the Speaker for allowing us to come to the floor tonight and talk about the Progressive Caucus, arguing for a public option, starting out our debate for single-payer health care, but being reasonable and being practical and saying that we've got to have a public option, that that is where we stop compromising.

We've done our part already. We are proud that people like Congressman KUCINICH have made it possible for States to be able to pursue single-payer. We're practical Progressives. We're not doctrine here. We're practical. What we want is good results for the people of the United States so we can join the 36 other countries in this world who have national health insurance.

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

□ 2230

#### HILLARYCARE AND THE NEW HEALTH CARE PLAN

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

Mr. KING of Iowa. I want to acknowledge the presence of the chairman of the Judiciary Committee here tonight and Mr. ELLISON both. I appreciate the young man from Minnesota coming down here and spending an hour down here. I expect that out of him since he's got all of that youthful vigor. But the chairman of the Judiciary Committee could have found something else to do, and I think this is a testimonial to his commitment and his belief in the policy.

And so as much as I was tempted to engage in that debate, I was also very interested in the exchange from the gentleman of Minnesota and the chairman of the Judiciary Committee.

There are other Members off doing other things tonight, and perhaps doing nothing. But some of us are interested in the future of America.

And I wanted to point out this chart that I am sure will be something that the gentleman from Michigan (Mr. CONYERS) will recognize, or at least when I describe it he will recognize it.

This is the flow chart from Hillary's national health care plan from 1993. And it has some differences between that and the current plan that we have. But I had this chart on the wall in my construction office when it was available in 1993, and it hung there throughout the decade. And I believe it's still somewhere in my archives unsorted. They're still some things left over from that from the time I sold my business out to my oldest son.

But this chart animated me. It animated me because I'm a private-sector person. I'm a person who had to make a living competing on low-bid and being efficient producing and building things, and I provided health insurance for my employees and retirement plans for my employees. And I was one of the early people to do that. I recall back in the 1980s, that was an exception in people that were within the scope of the business that I was in and many other businesses. And I was happy to do all I could do because I wanted to keep employees working for me. I wanted to give them the best employment we could, the best employment package we could.

And when I saw this come out, this Hillary's plan, I began to look through all of this chart, all of these new programs, acronyms that I don't know that the gentleman from Michigan could come up with what these mean today. I thought I knew them all back then. But there were many of them new government programs.

And some of this is similar to the proposals that are out there today. The stark difference, is this is black and white. The new flow chart is in Technicolor. I imagine a generation from now it's going to be 3-D. But it creates whole new different programs and new different agencies, and that was enough to put the brakes on this program back in the early 1990s.

When the American people got a look at all of this government that was prescribed, all of the hoops they were going to have to jump through, they concluded that they didn't want to make that big change and didn't want to make that big leap.

So just the idea of this chart, I think, if this chart had been pulled out of the equation, I think perhaps Hillary's health care plan would have passed. But the American people can see—and in one snapshot picture—this huge growth in government that comes about and the loss in freedom. This is

about freedom. And when I look down through this list, I see HMO provider plan. Global budget plan. A global budget plan for a national health care plan? All of these agencies over on this side, DOL, PWBA, I don't even know what those mean any more, but grown, creating new government. How it's interrelated with State government, a national health board. That sounds pretty familiar. Executive office of the President sitting on the top of that.

But this chart was something that caused the American people to wonder how many lines would they stand in, how many government agencies would they have to deal with. And when you look at Americans standing in line, it's pretty—you know we do that occasionally in the cities when things are busy in the grocery store or wherever. If you are standing in line, you are giving up some of your freedom, your time that you could be doing something different with. And when you stand in line for retail, you always have the opportunity to go for another line. When you stand in line for government, there is only one line, and you shall wait until that line slowly progresses through the door.

We have a new chart here, and this is the chart that reflects the new language, and this chart is—this is a chart that when the American people absorb all of the components of this, they will also understand that there is freedom that will be lost.

I put this out here because I want to make sure that the gentleman from Michigan can see this. And I want to make this point because this is a dialogue situation that we have here on the floor. When I looked at this chart, I will say that reading the bill over and over again doesn't draw a description that you can see in your head the way you can if you have the chart to follow.

This is 31 new government agencies. This is 31 new hoops that people have to jump through. They won't have to jump through every one to get their tonsils out, but they will have to jump through some new ones to get their tonsils out or a hip replacement, or a knee or whatever it might be.

But in this whole flow chart that reflects these many pages of legislation, the one that I bring my attention to—and the one that causes me concern—is this right here, this little segment down at the bottom: Traditional health insurance plans. These are the 1,200 or 1,300 plans that the chairman of the Judiciary Committee alluded to. I call that a lot of competition; 1,200 to 1,300 health insurance plans competing against each other for the premium dollar. They're out there trying to devise new packages and new ways to market and different ways to accommodate the needs of the health insurance consumer. Thirteen hundred. In fact, my number is over 1,300 of these policies.

Well, under this proposal, this new national—the House Democrats' health plan, this new health care plan, any

health insurance policy that you have today would have to go into this circle, this purple circle here called the "qualified benefits health care plans." They would be the private-sector plans. So these 1,300 or so plans would have to meet the newly written government regulations in order to qualify under the qualified plans.

Those regulations will not be specified out in this bill. They won't say in the bill that you have a certain deductible or a certain copayment or no copayment. There will be some regulations that will be written in there such as, perhaps, portability—which I know that we need to address—but in any case, the qualified health benefit plans, that's the pool that this whole box of 1,300 would have to go into. They will have to meet the new standards, the new standards that will be written by the Health Choices Administration Commissioner, whom we can confidently define as a health choices administration czar. It's just "commissioners" have a better sound to it today, because we have 32 czars. We're kind of worn down on czars, but commissioner are okay.

This commissioner will, with whatever board that directs him and whatever direction he gets from the White House, and perhaps with input from the House and the Senate, perhaps will write new regulations. And he will tell these 1,300 and some health insurance policies, You will conform to these standards in order to be qualified. If you are not a qualified health insurance plan, you will not be allowed under this law to sell insurance in the United States of America.

So, when the President promises that if you like your health insurance plan, you get to keep it, I do not believe that the President could be able—with any kind of confidence—to make that promise, because in reality, he doesn't know yet what these qualified health benefits plans are. But we do know that they aren't going to qualify every plan as it is. They may not qualify any plans as they are. But they will be pushed into this circle here, and they will have to be written in such a way that the new plan, this other purple circle, the public health plan—that's the public option that the gentlemen had been speaking about over this last hour. The public option is designed to compete against these 1,300-and-some private health insurance plans.

Now, there are a couple of things that can happen. If the public option is having trouble competing, they can either lower the premiums and subsidize them with tax dollars, or they can raise the regulations on the private plans so that the health insurance plan today that people have—one of those 1,300-and-some plans that are there—they have to meet the new government regulations. You raise the regulations, you raise the cost, you raise the premiums.

These policies will not be the same policies if this health insurance plan

changes. That's why the President can't make that promise. He can make the promise, but he can't keep it, and the American people know he can't keep it.

So the difference between this full technicolor plan and the HillaryCare plan behind us in black and white is this: That the HillaryCare plan was a single-payer plan. It was a plan that was not quite one-size-fits-all, but it was one government plan for all.

This is a transitional plan to HillaryCare plan. This is a plan that sets up and transfers all private health insurance today into government-approved, qualified health benefit plans. The government will write the regulations. They will say what's mandated. They will tell the companies what they have to provide for insurance, what they have to cover, whether they can have deductibles, whether they can have copayments, and what kind of portability may or may not exist. And I think the portability will exist.

□ 2240

By the time they write the regulations, you won't be able to tell whether you have a private health insurance plan or whether you have the public option because they will be written under the same rules. So it will just be the difference of whether someone is out there still hanging on.

I can tell you what happened in Germany. Germany has the longest history with a public health insurance plan of any country in the world. They put it in under Otto Von Bismarck, for political reasons I might add. And today, even though they have a private option as we are being promised here, 90 percent of the health insurance in Germany is the public plan. It is the plan that they write and they put the dollars into it. The 10 percent that are out there that have private plans are mostly people that are self-employed, that are making the kind of an income that allows them to go outside the government market to buy some health insurance that they think might give them a little bit better access to the health care, 10 percent private, 90 percent public, 90 percent government.

Now I don't know what is in this dialogue or in this bill that is going to change our way of thinking, that will change what happens here in the United States. But we know that as much as people say about how popular the Canadian health care plan may be, they keep coming to the United States for health care from Canada. And in Canada, there is a law that prohibits the Canadians from jumping ahead in the line. They have lines now that, let's see, the numbers, I will recall them, a 360-day waiting period for a knee joint, for a new knee joint and 196 days waiting for a new hip joint.

In America, well, we can get you in tomorrow or next week. What's your pleasure? We will make sure we adjust the schedule of the health care providers so that we do get people in for

that kind of surgery, whether it is heart surgery, knee surgery, hip surgery, whatever it might be. We don't have waiting lines in the United States, unless they are waiting at the emergency room with people that are walking in there.

I will point out, also, Mr. Speaker, that the dialogue that we have heard, not just here in the previous hour ahead of me, but constantly throughout this entire health care debate, has been the blending, the merging and the confusing of the terms "health care" and "health insurance."

For example, when the gentleman said just previously, "Millions and millions of people who don't have health care," that was the chairman. Well, we don't have anybody in America that doesn't have health care. Everyone in America has access to health care. But we don't have everybody in America that is insured. When we blur the terms and we say that there are millions of people that don't have health care, we need to drag that thing back to the reality of the truth and make it the point that, no, everybody has health care. At least if they will access it, they have health care. But they don't all have health insurance.

When you take the full numbers of people in the United States and you start subtracting from that the numbers of people who are just simply not exercising an option of picking up health insurance, we will hear the number that there are 44 million to 47 million people in America that are uninsured.

But when you start subtracting from that, first, I'm not interested in insuring the illegals in America. I think those people that came into the United States illegally should go home. I think we have got an obligation to put them back in the condition they were in prior to them breaking the law. We should not reward them for violating our immigration laws. So the illegals should be subtracted. Also, newly arriving immigrants are supposed to take care of themselves. They can't hardly press themselves on the public dole and plead with us that the minute they arrive here we should provide them health insurance. We provide them health care. Nobody gets turned away. But they cannot demand health insurance. Then when you subtract from that the people that are making over \$75,000 a year, they could surely find a way to take care of some health insurance with some income like that.

And you shake this number down, what are we really after here? We are after a number that identifies those people who apparently can't take care of themselves, who can't take care of their own health insurance, the chronically uninsured. The chronically uninsured in America are a number between 10.1 million and 12 million, depending on whether you believe the two-professor study at Penn State University or a number that came out from one of our nonpartisan organizations here, and I hesitate to quote them.

But 10.1 to 12 million, some place in that zone, is the total number of those who are chronically uninsured in America. Divide that out, say 11 million, and divide it by 306 million, you're in the zone of about 4 percent. We have the best health care system in the world. We do spend a high percentage of our gross domestic product on health care, and we have got the best health care system in the world. I won't argue that we shouldn't take some dollars out of this, because there are a lot of dollars in our health care system. But we are looking at upsetting the best health care system in the world to try to address the 4 percent of our population that are chronically uninsured.

Why would we do that? What is our goal? Don't we know some things from all of the experience that we have had in dealing with people who have had public policies offered to them? If you look across the States, what percentage of those kids that are eligible are signed up for SCHIP? And we look at how government abuses SCHIP when in Wisconsin 87 percent of those signed up for State Children's Health Insurance Program are adults, and in Minnesota, the gentleman from Minnesota, Mr. ELLISON's, State, 66 percent were adults? They were abusing the system. They were not using the system.

If you look at the numbers of people who are eligible for Medicaid versus those who are actually signed up for Medicaid, just slightly over half of those that are eligible for Medicaid are actually signed up. So why would we think that we can fix this problem of the 4 percent of the population that is chronically uninsured even if we do bring a public plan and a public option? Why would we think that they would sign up? I don't think they are going to sign up in any greater numbers than they do for SCHIP or any greater numbers than they do for Medicaid.

One of the reasons is because a certain percentage of the population is just simply not responsible enough to step up to that responsibility. And there is supposed to be a reward in this country for people who do take the initiative and take care of themselves. But I'm concerned about this loss of freedom. I'm concerned about this transition of the traditional health insurance plans crowded into the qualified health benefits plans with new regulations written that may compel them to pay certain benefits that would be morally objectionable to many of us.

And then it is written so that they would compete with the public benefits plan. And seeing also that this is a transition to get us to the HillaryCare plan which was a complete substitution of the private health insurance in America and replaced with a government-run plan, another major moral objection that I have.

I will say this is actually the moral objection, and I will tell this in an anecdotal form. Sometime in the early

80s, at least sometime in the 80s, my Congressman was Fred Grandy. Many people will remember Fred Grandy as Gopher on "Love Boat." He was a very smart guy, a Harvard graduate, a policy wonk. He still has left an impression upon colleagues I serve with here on how smart and how policy-able he is and was active in those years.

It was unusual for a Member of Congress to come to my little town. Fred Grandy did do a stop in my little town of Odebolt, and we met in the basement of the Lutheran church. There was a pretty good crowd for a small town. There were about 80 people there. I went and sat down in the front row. Most of the reason is because I can't hear very well in the back row. Of those 80 people there, Congressman Fred Grandy proposed his model for a national health care plan. As he described it, I listened to it carefully.

Then he stopped, and he said, how many of you in the room are employers? I raised my hand. I remember looking around the room, and there were 12 of us with our hands up, a dozen out of 80 or so that were employers. And then he asked the question, how many of you provide health insurance for your employees? I left my hand up. But it was the only hand up out of the 80 in the room. And then Congressman Grandy came directly in front of me, and he leaned down and he said, and of the way I have described this national health plan, how much will this change the way you do business? And I gave him the answer that was in the front of my head, and I think I would do that pretty much today, as well. I said, well, Congressman, it probably won't change the way I do business very much unless you're going to compel me to pay for abortion, in which case I quite likely will no longer be an employer. That was my answer. It was a blunt answer, and it was exactly what I was thinking. And the place erupted in applause. I had no idea that there was a nerve out there to be touched in that fashion. I had no idea that I would ever enter into public life in any fashion. I had no idea that I'd be serving on the Judiciary Committee at a time like this, no idea I would be standing here on the floor of Congress relating a story that was more than 20 years old where I found out it wasn't just me that considers requiring Americans to pay tax, to take their tax dollars to fund the ending of innocent human life and calling that the expansion of freedom is abhorrent to many Americans.

□ 2250

And that, at the core of this, I don't know how this administration avoids the position that they have taken, but I don't know how American people step up and get out their checkbook and write a check to the IRS if that check is going to go into—or write a check for health insurance premiums for that matter—if that check is going to go into Planned Parenthood, the abortion

clinic, into the snuffing out of innocent human life.

When it gets to the point where it is a moral principle, the American people, I don't believe, will tolerate the imposition of a policy like that. And this policy, some will say, well, we don't have any proof that it's going to be, we're going to be compelled to pay for abortion in this health insurance plan. The history of the entire funding of abortions since *Roe v. Wade* has been, if there is not a specific exemption in the bill, if there's not a specific exemption passed by Congress, then government will fund abortions. That's how it has been since 1973.

And so this bill, when it was offered in committee to prohibit any of this money from going to abortions, that amendment was shot down on almost exactly a party-line vote. So this Congress has already spoken. If anybody thinks that this massive, technicolor flowchart, new health care plan, crowd your private plan into competing against the public plan and eventually the public plan swallowing all of the private plans, if anybody thinks this isn't designed today by the people in power in this Congress to fund abortion, they would be wrong.

And we had the opportunity of the White House Budget Director, when asked the question, he would not rule it out that they would be funding abortions under this program. So, we all have to take them at their word, their spoken or unspoken word. But if the legislation doesn't explicitly exclude abortion, we know that they are going to be seeking to fund abortion.

Sixty-nine percent of Americans oppose taxpayer funding for abortion according to a Zogby poll just last year, 69 percent oppose. And in May of 2009, a Gallup poll finds that 51 percent of Americans identify themselves as pro-life. But if you start dropping off some of the exceptions, you go right on up the line as high as 75 or more percent. And no one can win the argument, if you ask them what instant their life began if they believe in the sanctity of human life, unless they take the position that they are pro-life.

And so I think that this legislation that goes after a big chunk of our economy, at least 17 percent of our economy, it goes directly after a strong moral objection that many of us hold against abortion itself, let alone compelling people to fund abortions here in the United States or in a foreign land.

And now, Mr. Speaker, I take you back to the President's basic principles that he's argued about as to why he says we need to establish this national health care plan. His principle is this: The economy is a mess. It's not quite any longer in free fall, but we are in an economic situation that's quite difficult. And he says, President Obama, health care is broken. And he also contends that we can't fix our economy unless we first fix health care. Well, health care/health insurance, let's put that all together, because now I think he's talking about the package.

And so here's the situation. The economy is in a shambles. It's limping along. It doesn't show any signs of recovery. It may still be declining. And so with a bad economy, and the President says we have to overhaul the health care system in America in order to recover economically, here's the principle.

How do you bring something out economically if you're going to propose a \$1.2 trillion to \$2 trillion plan that's going to require increasing taxes by \$800 billion or \$900 billion and leave, by all accounts, at least a negative \$239.1 billion deficit created by all of this?

How do you, if we can't afford a health care plan that we have, how do you create one that costs \$1 trillion to \$2 trillion more, increases the deficit and increases the taxes, how do you create all that and say that's a fix? It looks to me like no, it's more like an addiction on increasing taxes and increasing government.

Here's a conclusion that I've come to, Mr. Speaker. No matter what kind of logic this side of the aisle will apply, no matter what the metrics are from an economic approach, no matter what we can point to that shows that this is the best health care system in the world—and by the way, before I get to the conclusion on the no matter whats, I want to list the things that I do agree on.

We spend too much money on health care in this country, too high a percentage of our GDP. We have to do something about portability in America, because when people move from job to job, they should not have to stay in a job because their health insurance doesn't go with them if they leave. We agree on those things.

Something else that's missing from this flowchart, though, is liability reform. Medical malpractice insurance is too high, and it is a significant part of this, but, you know, if you can produce all government workers producing all the health care, then you can end up with sovereign immunity and we can maybe get rid of this litigation in the end, if that's where it's going. I suspect it's not.

So those are the two things that we agree on. Costs too much money, we need to make it portable. Aside from that, there are many other solutions that I would apply.

One of them would be if health insurance premiums are deductible for anyone, if they're deductible for the corporation or the employer, they should be deductible for everyone. The same kind of commodity should be deductible for an individual, for the ma and pa shop, for the farms. They should be deductible for everybody in America in the same fashion that they're deductible for a company. That would move a lot of people out of their existing programs and let them market or shop and own their own policy. So I'm for full deductibility.

I'm for expanding health savings accounts. I'm for limiting the liability

under medical malpractice, adopting the language that we passed out of the Judiciary Committee and off the floor of this House about 3 or 4 years ago that caps the noneconomic damages at \$250,000. I'm for doing those things.

I don't know anybody that's for doing nothing. We want to do all we can to fix this program, but we want to keep the competition in place and we want people to keep their freedom. But it does not follow logically, Mr. Speaker, for the President to claim that we are in an economic difficulty of proportions not seen since the Great Depression and that we can't fix the economy without first fixing health care/health insurance, and that the fix for health care and health insurance is a \$1 trillion to \$2 trillion government spending program with an \$800 billion and \$900 billion tax increase, with a \$239.1 billion deficit.

How does going further in debt, spending more money, solve a problem for a health insurance program that already spends too much money? If you put more money into the system, where are they taking it out? I don't see where they're taking it out except squeezing down Medicare. That's one of the components that are there, and I've seen numbers as high as \$500 billion that might be, not in here on this flowchart, but in the finer print of the bill.

If they squeeze down Medicare, Medicare that, in my district and on average is paying only 80 percent of the cost of delivering the service, and in Iowa, out of the 50 States, we have the lowest Medicare reimbursement State in the entire country. We have the lowest reimbursement rate. We are in the top five in quality year after year. There are a number of different categories. Sometimes we're number one in some of the categories. But out of all 50 States, when you look at the aggregate of the quality of the health care, Iowa ranks in the top five consistently year after year after year, and we are last in reimbursement rate in the country year after year after year.

And so this idea of squeezing \$500 billion out of the Medicare reimbursement rates because they think somebody's making too much money, what happens is it pushes those costs over onto the private payers, called cost shifting. You shift the cost. At some point, this bubble has to burst. I think that this bill squeezes it to the point where the bubble bursts.

And so I would make this point, too, that we should get our verbiage right. We should call health care health care. That's the providers. That's the service. That's when we are taking care of patients. We should call health insurance health insurance. That's when a premium gets paid to an insurance company and the insurance company pays the liability that comes when there's a claim, when there's health care provided.

□ 2300

That's the difference. I've watched this verbiage get confused over the immigration debate over the last few years, too. I made the point then—and in fact it was to the White House at the time—that they couldn't get past the idea that they were proposing amnesty. They tried to redefine amnesty, and the American people didn't buy it. We can't redefine this language around health care. The American people are not going to buy it. They know the difference between health insurance and health care. And they like to know where it is because they know their very lives are at stake, and they don't want to stand in line.

I have a chart here that describes the quality of American health care. This is the survival rate of cancer patients compared to different regions. Here's prostate cancer, here's breast cancer. There's two good indicators that are there. If you look at the United States, our survival rates are at the top in both prostate and breast cancer. And then when you see the—shall I call it burgundy here—that's Canadian. Canadian survival rates are higher, substantially higher, especially for prostate, than they are for Europe or for England. Europe and England are down, Canada's up, the U.S. is better than Canadian. It's also the case when you look at breast cancer, only it's not so stark, the difference between Europe and England and the United States.

I look at this and I think, how did Canada be so close to the United States with survival rates of cancer? We have the best survival rates here, by the way. How can Canada be so close? Could some of it be that because Canada is so close, Mr. Speaker? Could it be that Canadians come from Canada down into Detroit to get their cancer treatment? Could it be that they're coming down to the Mayo Clinic in Minnesota to get their cancer treatment, and could that be one of the reasons why their survival rates are better in Canada as compared to the other countries that have a socialized medicine program?

But make no mistake, Mr. Speaker, this is socialized medicine. It's the government writing the rules. It's taking away your freedom. You can't own your health insurance policy the way you own it today. The government will interfere and intervene and will write new rules. And when the President says that you get to keep your plan if you like it, I guess maybe if you're working for a company, you may get to keep your plan if you don't like it. But when Wal-Mart makes a decision, as they did a couple of weeks ago, that they would endorse an employer mandate health insurance plan, that should tell us something.

Why would Wal-Mart do that? They insure about 52 percent of their people. Their competition insures about 46 percent of theirs. So there's a little push there competitively. But surely they have to think that the health insur-

ance for their employees is going to be cheaper if it's under a public plan.

So when the President says if you like your health insurance plan, you get to keep it, what does he say if Wal-Mart, for example, should decide that they're going to drop all of their private insurance carriers and policies and go over onto the public plan? Doesn't Wal-Mart or any employer have the option to shift if we offer? If we offer people a public plan over here in this chart, is it the President's position, that a company can't switch? Is he saying to a company that's providing health insurance to their employees, if your employees like these plans, you have to keep it? Is he saying that to the descendants of Sam Walton?

I don't think so. I think companies will make that decision. It will be an economic decision. It may well be a moral decision for a lot of our responsible employers as well. But the President cannot guarantee that you get to keep your health insurance plan. That decision will be made by the employer if he provides it. And if you're an individual that owns your own plan, that plan will still have to qualify to be sold in the United States of America. It will not be legal to sell health insurance in America unless you comply under this circle with the qualified health benefits plans, the rules of which will be written by the health insurance czar.

Thirty-one different agencies there. There's a lot of freedom that's lost, a lot of lines will be created, a lot of freedom will be lost, some lives will be lost, and we know that people die in line.

Mr. Speaker, I have a couple of subjects that I wanted to address when I came here tonight, and I wanted to just take this little moment while the Chair of the Judiciary Committee was here and ask, as we've had many of these discussions and dialogues, if he would be open to a little colloquy. I would make the point to the gentleman from Michigan that today the Government Reform Committee released a report on ACORN. I have read the executive report on ACORN. From my perspective if the 82 pages of report that's released support the statements made in that executive summary, it is earthshaking for me to read all the implications of that.

I know that you've had some real interest in looking into ACORN to examine the propriety of the operations that they have, with the very breadth of all the corporations that are affiliated, and I would just inquire if the gentleman has had an opportunity to read the executive summary of the Government Reform report at this point.

Mr. CONYERS. If the gentleman will yield, I haven't read it yet. But I will be reviewing it tomorrow and I will be prepared to discuss this with him next week.

Mr. KING of Iowa. Reclaiming my time, I thank the gentleman for that commitment. I look forward to having

that dialogue. This is something that you know I've been very concerned about for many months. I know that the chairman of the Judiciary Committee has taken a real interest in this. This is real evidence, as I understand it, real definitive evidence that's now in the CONGRESSIONAL RECORD in a composite form.

Hopefully the chairman and his committee staff could take a real thorough look at this and either produce a response to the evidence that's there, or I would be very interested in opening up hearings so we could examine ACORN.

Would the chairman have any inclination on what he might do at this point?

Mr. CONYERS. Not until I've examined the document the gentleman has referred to.

Mr. KING of Iowa. Reclaiming my time, I thank the chairman for his indulgence in this. Again I appreciate it. It's late at night here, and JOHN CONYERS is here engaging in this health care debate and paying attention to the things that matter. I did intend to bring up the ACORN issue at this point, so it wasn't an injection into the dialogue.

If the gentleman had further points, I would be happy to yield.

Mr. CONYERS. Well, I haven't seen the report that you've reviewed. But I will be happy to look at it next week. We're in dialogue. We see each other every day that we're in session. I will be delighted to discuss it with you.

Mr. KING of Iowa. Reclaiming my time, I thank the chairman again for his indulgent attention to the matter. I will at this point, then, move on to that subject matter. And unless the gentleman from Texas came to speak on health care and health insurance, I would be happy to yield.

Mr. GOHMERT. I appreciate my friend from Iowa yielding and that is something I did want to mention, as I am still so deeply disturbed by the fact that this Congress would be censored, where we did not have the freedom to debate, when that ability is what gave us this country, is what started this country. If you go to the Speaker's Web site, you will find all kinds of references that are clearly political and clearly demeaning to Republicans. Yet I don't know of any Republican that has said that she needs to personally pay for her Web site since it's political.

Yet here we find out today that we're not allowed to use the term "government-run health care" because that is considered political and demeaning to the Democrats' plan and, therefore, if we're going to put that in any correspondence, then we have to personally pay for it. We can't do like the Democrats have done, when they send out all this mail trashing Republicans, some of it valid, a few years ago, that we were overspending.

And so I thought perhaps the silver lining would be when they got the majority they'd do what they said and cut

spending, but it's gone the other direction. Nonetheless, in the chart, as I'm sure my friend from Iowa has pointed out, that has these 31 different new created entities, we're not allowed to put that, we're told, on our Web site. Otherwise, we'll have to pay for the Web site. We're not allowed to send that out in any literature because the fact of the business is, that might educate people on just what it is that's going on here. But we were told we have to use the term "public option" rather than "government-run health care."

□ 2310

JOHN CARTER was told today that if he was going to use the term "government-run health care," he would have to pay for his mail-out. He couldn't use franking to do so. That he would have to use the term "public option."

It is so outrageous that in this body we're being censored by people who have made a living out of being political. It is just outrageous. And I've got too many friends on the other side of the aisle that I can't believe would condone that kind of conduct. Because they should have the freedom to criticize any Republican plan. We should have the freedom to criticize any Republican plan. And we both should have the freedom to criticize the Democratic plan. That's supposed to be constitutional. Yet, we're told we can't use political, demeaning terms to their health care plan.

I'm telling you, it is socialized medicine on its way. It is nationalized health care. It is the government's effort to take over your body.

I've got three daughters, my friend knows. While somebody is under my roof and I'm paying their health care bills, then I feel like I've got the right to tell them you need to eat better, you need to do this, you shouldn't do that, because I'm paying for their health care bill. And if they're going to run it up doing something, then I have a right to have some injection and control over that. That's what this is about.

I've said it months ago, that what we're running into in this body is the GRE, the Government Running Everything. And that's what is taking over health care.

Once the government has this government-run program, let's face it, you cannot in the private sector compete with a government, especially a Federal Government program. Because it can run in the red and it can count on being funded by the government. You can't compete with that if you're in private business because you can't run in the red. You've got to run in the black or you go bankrupt. Well, it used to be you went bankrupt, unless the government wants to run in and bail you out because you're good buddies with people in the government.

Nonetheless, I talked today, this morning, with a lady from Tyler. And I love her delightful British accent, because she's originally from England.

And she had called wanting to speak with me, really needing to speak with me about health care.

She told me that her mother died of cancer and she herself was later found to have breast cancer, and that if she had been under the system her mother was, she would have died. But she's alive because she's in the United States and is a citizen here. Her mother is dead because her mother was in England and she didn't get the kind of care she would have here in the America that Sue got. I don't want people dying like that unnecessarily. And the government has to put you on lists.

I will yield to my friend from Iowa. Have you quoted the President on that town hall? I see my friend shaking his head.

This was Pam Stern was on the town hall meeting with the President and talked about her mother, that she's now 105, but over 5 years ago her doctor said that he couldn't do any more to help her unless she had a pacemaker. But she's nearly 100 years old.

And the daughter felt like—her doctor—that she ought to get a pacemaker. Everybody was in favor of it, except her arrhythmia specialist, who had never met her. So her doctor said, He needs to meet you, because that's going to be worth a thousand words.

So he makes an appointment with the arrhythmia a specialist. He meets with Pam Stern's mother and he realizes—and, according to Pam—that because he saw her and her joy of life, then he said he was indeed going to go forward with the pacemaker because this woman had a real zeal for life and was enjoying life and doing well.

And so Ms. Stern went on and said to the President—was asking about his plan and was wondering what treatment someone elderly could have, and asked this, basically: Outside the medical criteria for prolonging life for someone who is elderly, is there any consideration that can be given for a certain spirit, a certain joy of living, quality of life, or is it just a medical cutoff at a certain age?

And I went online early this morning and watched this YouTube and typed it up myself and went back and forth to make sure I got everything right. I left out two or three uhs.

Anyway, he says, "We're suggesting—and we're not going to solve every difficult problem in terms of end of life care. A lot that is going to have to be—we as a culture and as a society starting to make better decisions within our own families and—and—for ourselves."

I've have got to pause here. The woman is 105. She got a pacemaker 5 years ago, and her quality of life is excellent. How does she need to make better decisions within her family? Her family is supposed to tell her you can't have a pacemaker because it's time for you to just roll over and die?

But the President goes on. He says, "But what we can do is make sure that

at least some of the waste that exists in the system that's not making anybody's mom better, that is loading up on additional tests or additional drugs that the evidence shows is not necessarily going to improve care, that at least we can let doctors know and your mom know that, You know what, maybe this isn't going to help. Maybe you're better off not having the surgery but taking a—a painkiller."

The woman got a pacemaker and has had a wonderful quality of life, a zeal and a joy for life and, according to this President, maybe what we just should have told her is, You don't need a pacemaker. You need a painkiller.

It is just unconscionable. We value life more than that in this country. And what grieves me most—and I heard on the news; I don't know if it's true—that AARP is now endorsing this. If they are, then at some point, bless their hearts, they're going to owe their members an apology. Because if we go to this proposed plan that supposedly on the news they said today they were endorsing the President's plan, then the people who will be hurt dramatically will be the seniors. They will go on lists like Sue's mother did in England and they will die because that's what will happen.

That's how you keep a socialized medicine plan from going broke. You put people on long lists, they stay there, and then they die.

Mr. KING of Iowa. Briefly reclaiming my time, I hope to come back to the gentleman from Texas. I would add to this that in this bill there's also language in there that sets up government counselors to go and see the family and talk to the children of people who are aging and presumably to counsel them on hospice care and end of life decisions in order to avoid the cost of taking care of people when they get older.

This is going to be an economic equation that's going to be counseled by people who will go to college to learn how to do that and they'll get a check from the Federal Government to go and visit the children of our senior citizens, and perhaps our senior citizens, and counsel them in why a pacemaker is not a good option; why pain pills are a good option instead.

This changes our values. When I think about the President answering that question with recommending a prescription for pain pills, even after the fact, what kind of arrogance does it take for an individual who, let me just say, has no medical training, has not examined the patient. Just simply tosses out a prescription because he is President of the United States. That is a very high degree of self-confidence and that is very much an understatement on my part.

I'd illustrate also what happens with the health insurance. When you see the private health insurance plans get crowded into the public health benefits plan and they have to compete against the public, they will have set up under this bill a very similar scenario to

what we had when the Federal Government decided to get into the flood insurance business.

□ 2320

Now, you can look across the country and try to buy a private flood insurance plan, and all you can find out on the market is a Federal flood insurance plan because the Federal plan crowded out the private plans and crowded it out because they didn't charge premiums that reflected the risk. And the result is, the Federal flood insurance plan is \$18 billion in the red. They've starved out all the competition. The government has a monopoly on flood insurance. They set the premiums, and the taxpayers in America are subsidizing the flood insurance for other Americans to the tune of \$18 billion. That's the deficit.

When the government gets in this business, we lose those automatic checks and balances that come with competition, and we lose the human nature of dealing with people individually. I don't want to be in these end-of-life decisions. I don't want to write the rules for that, and I wouldn't think that a President would want to make such a prescription of take the pain pills. It's what you have. Old age is terminal, so take a pain pill until it's over. That's what I hear was prescribed to this lady.

I yield to my friend from Texas.

Mr. GOHMERT. My friend from Iowa's words are exactly right. Like my friend from Iowa said, this is after the fact, after we know it's helped, he still says that at least we can let the doctors know and your mom know that, you know what, maybe this isn't going to help. Maybe you're better off not having the surgery but taking a painkiller.

But let me also point out, the President is a very smart individual, well educated, extremely articulate, obviously very good and persuasive, but he won't be the one making the decisions. It will be some bureaucrat who is not as smart as the President. That's where this is going.

I have shared on this floor before about a gentleman from Canada I've talked to whose father died in the last year or so, whose father was on a list to get a bypass surgery for 2 years, and some bureaucrat kept moving people in front of his father. I said I thought it was a crime to move up the list in Canada. He said it is illegal to pay somebody to move you up, but it's not a crime. In fact, it's required that the government has bureaucrats in little cubicles somewhere that are not nearly as smart as President Obama who read these things, look at this stuff and say, you know what, let's move this guy in front of his father and this guy. They kept moving people in front of him for 2 years, and he died because the bureaucrat was wrong. His father really did need the surgery.

So it's scary enough that the President would say about a woman who had successful pacemaker surgery 5 years

ago that, you know what, maybe we just should have said to her, You're better off without the surgery. Take a painkiller. Well, imagine somebody who is not even as smart as he is making those decisions for you. So this is really dangerous stuff before us.

And if I might add one more thing, you know, some people say that this debate over health care is all about politics. I just want to say, if this debate over health care were really just about politics, the smartest thing that my friend from Iowa and I could do is sit back, say nothing and let this bill pass, not point out all the dangerous stuff in this thing, the life-ending stuff in this, the freedom-ending stuff in it, just sit back and not say anything, because what would happen is the bill would pass if we didn't stand up against it and didn't let the people in America know how bad it is so they didn't inform their Congressman. Just sit back and let America find out how many freedoms are taken away, how many loved ones they lose because they're in this system. The American public, I believe, would be so irate, they would turn out the Democratic majority for at least two or three more generations, they would be so irate. That's the political side of it.

But the factual side is, this is so bad, and we care so deeply because we know where this goes. I saw socialized medicine in the Soviet Union as an exchange student there in '73. I don't want this. I know how it goes. I would rather stay in the minority and be free of this kind of government intervention that ends lives and takes money for abortions and takes money to have people take a painkiller and die instead of having the pacemaker they need. I would rather do that and stay in the minority than have people endure this kind of plan. That's politics. And if we were smart politically, we wouldn't point out all the problems. We would just go home and let America find out and then put us in the majority party.

Mr. KING of Iowa. Reclaiming my time, I completely agree with the judge in that statement. This is a horrible policy for America. I would put it out this way: This is the HillaryCare plan. This is 1993 HillaryCare, the flowchart that I think sunk HillaryCare. The chart that scared the American people and mobilized them to ring the phones off the hook then, to run ads and raise their resistance because they did not want to have a government-run plan that took away their freedom. That's HillaryCare. This is ObamaCare. If you hated HillaryCare, you can't like ObamaCare.

This flowchart, the black-and-white HillaryCare flow chart, was devastating to a national health care agenda. Can I say, a government-run health care program? Can I say that about the old one, I wonder? I wonder if this one was mailed off by frank mail. I wonder if the people in charge then in 1993 had ruled that there wasn't freedom of speech on the part of Members

of Congress. I will bet that this chart went into all kinds of envelopes and got spread all the way across America, and people opened it up and put it on their kitchen counter and stuck it up with magnets on the refrigerator and thought, What are they doing there in Washington, D.C.? We didn't send them there to grow a Big Government program. They rejected it. That was the end of the momentum of the Clinton Presidency then when HillaryCare went down.

Now we have ObamaCare, and the censoring of this—first of all, I want to make this point that I don't really need to show this chart and send it to my constituents. They already know what we're going into. They know that my vote on this and my effort on this thing are pretty well settled. I have said for years that I'm going to oppose any national health care plan.

No amount of logic is going to change the minds of the people over on this side of the aisle. They have come to a political conclusion, a conclusion that they're going to band together and they're going to pass something that President Obama will sign. He'll sign most anything as long as it says that it's got the public health plan in it. If it has the public health plan in it, it will starve out the private and we will have what almost all of them have said from the beginning.

They want a single-payer plan, a government plan. They don't believe in private health insurance. They don't believe in the best health care system of the world. They do believe in censoring, but the American people cannot be censored. We have Internet. We have Twitter. This kind of a chart can be forwarded all over this country, and by tomorrow morning it could be on every computer if the American people just decided they wanted to make sure that you could see it. You can't understand this health care program if you read the print, but if you look at this chart on your screen, you will pick up the phone, and the American people will be scared enough, I think, to jam the phone lines again in field offices.

I yield to the gentleman from Texas.

Mr. GOHMERT. I realize the gentleman's time is going to expire at 11:30, but I just wanted to finish. This is about freedom of life, pursuit of happiness. This is about freedom and life, and Mark Levin's book *Liberty and Tyranny*, he has got so many tremendous quotes, but I just wanted to make this final comment.

President Reagan—this quote's in the book—said "Freedom is never more than one generation away from extinction. We didn't pass it to our children in the bloodstream. It must be fought for, protected, and handed on for them to do the same, or one day we will spend our sunset years telling our children and our children's children what it was once like in the United States where men were free." That's why we're here fighting.

I yield back the balance of my time.

Mr. KING of Iowa. When men were free. Reclaiming my time, and concluding. I want to conclude. However appropriate it was, the statement made by the gentleman from Texas, that when the President says if you like your health insurance plan, you can keep it, here is what the bill actually says.

Section 102, "By the end of the 5-year period, a group health plan must meet the minimum benefits required under section 121." That set qualified plan I talked about, no plan is going to be the same in 5 years as it is today. If you like your health insurance plan that you have, as John Shadegg said, get ready to lose it or rise up and defend your freedom.

With that, Mr. Speaker, 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:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. SALAZAR, for 5 minutes, today.

Mrs. MALONEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

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

Mr. POE of Texas, for 5 minutes, July 30.

Mr. JONES, for 5 minutes, July 30.

Mr. DANIEL E. LUNGREN of California for 5 minutes, today.

#### ADJOURNMENT

Mr. KING of Iowa. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 30 minutes p.m.), the House adjourned until tomorrow, Friday, July 24, 2009, at 9 a.m.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

2778. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; Contract Reporting (DFARS Case 2007-D006) (RIN: 0750-AF77) received July 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

2779. A letter from the Director, Regulations Policy and Mgmt. Staff, Department of Health and Human Services, transmitting the Department's final rule — Beverages: Bottled Water [Docket No.: FDA-2008-N-0446] received July 13, 2009, pursuant to 5 U.S.C.

801(a)(1)(A); to the Committee on Energy and Commerce.

2780. A letter from the Director, Office of Personnel Management, transmitting a report on agencies' use of the Physicians' Comparability Allowance Program for fiscal year 2008, pursuant to 5 U.S.C. 5948(j)(1); to the Committee on Oversight and Government Reform.

2781. A letter from the Acting Chief Acquisition Officer, Office of the Chief Acquisition Officer, GSA, Department of Defense, transmitting the Department's final rule — Federal Acquisition Regulation; Federal Acquisition Circular 2005-35; Introduction [Docket FAR 2009-0001, Sequence 6] received July 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

2782. A letter from the Acting Associate General Counsel for General Law, Department of Homeland Security, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

2783. A letter from the General Counsel, Department of Housing and Urban Development, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

2784. A letter from the Secretary, Department of Transportation, transmitting the Department's annual report for Fiscal Year 2008 prepared in accordance with Section 203 of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (No FEAR Act), Public Law 107-174; to the Committee on Oversight and Government Reform.

2785. A letter from the Director, Office of Human Resources, Environmental Protection Agency, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

2786. A letter from the Director, Office of Human Resources, Environmental Protection Agency, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

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