whereas, in England, where they have the socialized medicine that some of our friends across the aisle are trying to drive us to, they have about 20 percent less success, and about 20 percent more die of cancer. They don't need to if you let them have the mammogram when they need it.

And those are the kinds of things that need to come out. People need to know those. I yield back.

Mr. KING of Iowa. Reclaiming my time, I thank the judge from Texas.

On the transparency side of this discussion, too, to broaden that out, Madam Speaker, when I address transparency, I am speaking of two things. One is transparency in the negotiations, so everything is out there in sunlight. And the other is transparency in billing, so people know what is being paid for health care services.

The part about the negotiations that is so important, if they took place on C–SPAN out in the open, out in the light of day, if it is a big negotiating table that is there and in comes Big Pharma and here comes AARP, here is the health insurance companies, here is a doctor sitting over here. The patients, I would like to think they have a place at the table, but I am not sure just what entity speaks up so well for them.

□ 2310

But here's how a piece of legislation gets passed in this Congress today. This is what happens. Think of the scales of justice, blindfolded. Justice is blind, and here they are balancing these scales of justice. That's what I see. There's an image in that; that image of justice and equity. I'm reluctant to use the word ''fair.''

But in legislation, it works out this way. It's kind of a scale, and somebody comes up with a bad idea. Let's just say it's cap-and-trade or it's socialized medicine. They put all their ideas over here and, clink, here's the way the scale sits. All the bad ideas weigh it down. And then people start to say, Well, wait a minute. I've got a couple of ideas that are pretty bad. Let's take them off the table and put an idea over here you think is a good idea. And then it starts to weigh a little bit. You don't see that scale move. It's still sitting there.

Then one large entity after another starts to come to a conclusion that passage of this bad bill is inevitable. So they take away their opposition to a bad bill and they begin to negotiate for their own carve-outs and exemptions in a bad bill so it damages everybody but them. When they get their carve-out, the political capital over here that is on the ''no'' side either goes to neutral or over here on the plus side because they've agreed to support a bill now because they've got their exemptions so they're not affected by the bill. That might be the Cornhusker Kickback. That might be the Florida exemption for Medicare Advantage or the $11 billion in clinics in Maine or the Louisiana Purchase or it might be exemptions from executive pay controls in Big Pharma. It could be anything. They will add and add and add over on this side until all of this ''no'' political capital that knew it was a bad idea when it began, enough that has moved over to the plus side or moved to neutral to where if you put that final little weight on the scales—I like to call it the straw that breaks the camel's back—clink, it goes over this way.

Now there's enough support to pass a bill. And that's when they ram it through and they don't let you up for air because they're afraid they will lose votes. When that little moment comes when they think they've got the votes, it comes through. That's why the United States Senate was doing business for 3 constant weeks without a break and that's why they were doing business on Christmas Eve, to pass socialized medicine with a 60–40 majority on December 24, Christmas Eve, because they finally stacked the scales to the point where, clink, it would go over on the side where they could barely pass the bill. That's what they did.

If those kind of negotiations are taking place out in the open where the American people understand it, they would be revolted by the concept of how this is business, how very little of it is a discussion about what is the best policy for America and how much of it is a discussion about how you get the support of this group or that group or how you leverage to get the vote of a Member of Congress or United States Senator. Instead of evaluating the policy and stepping back and looking at it objectively and coming up with new ways to make something right for the American people, it becomes a political equation.

If we could get it out in the sunlight, we could get rid of some of those political equations and come a lot closer to getting the right policy for the American people. That's why transparency matters so much. That's why C–SPAN in those negotiation rooms would matter so much. That is actually a very big part of this Declaration of Health Care Independence. And I am proud to be part of it, and I'm looking forward to our press conference tomorrow.

I'd be happy to yield just a moment to the gentleman from Texas.

Mr. GOHMERT. I understand we just have 1 minute left, but I appreciate so much Mr. KING from Iowa taking this time to point out what we need in the way of health care reform. It isn't the massive 2,000-page monstrosity. It's true transparency. It's true accountability. And I appreciate this discussion with my friend from Iowa tonight.

Mr. KING of Iowa. Reclaiming my time, I thank my friend from Texas for being up late at night and coming down here. When you have a friend that will stand with you like Judge GOHMERT, in the end we can, I think, together, do some good things for the American people, Madam Speaker. So we'll be working to get to that point.

We want to empower rather than limit an open and accessible marketplace of health care choice and opportunity. And if we're going to do business now, the rules have changed. There are new rules for the road. These are the new rules for road, and we're going to find out when people are serious. If they're ready to address lawsuit abuse, the people that are advocating for socialized medicine, if they're ready to address lawsuit abuse, we're ready to do business. If not, there's a new sheriff in town.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. ELLISON (at the request of Mr. HOYER) for today on account of travel problems.

Mr. ORTIZ (at the request of Mr. HOYER) for today on account of health reasons.

Mr. CRENSHAW (at the request of Mr. BOEHNER) for January 19 through 27 on account of medical reasons.

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. DEFAZIO, for 5 minutes, today.

Mrs. MALONEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. GRAYSON, for 5 minutes, today.

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

Mr. FORTENBERRY, for 5 minutes, today.

Mr. POE of Texas, for 5 minutes, February 2.

Mr. MORAN of Kansas, for 5 minutes, February 2.

Mr. DREIER, for 5 minutes, today.

Mr. JONES, for 5 minutes, February 2.

Mr. CAO, for 5 minutes, today.

Mr. MCCLINTOCK, for 5 minutes, today.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 2950. An act to extend the pilot program for volunteer groups to obtain criminal history background checks, to the Committee on the Judiciary.

SENATE ENROLLED BILL SIGNED

The Speaker announced her signature to an enrolled bill of the Senate of the following title:

S. 2949. An act to amend section 1113 of the Social Security Act to provide authority for