

Well, it's one thing to have advisers in the White House. Quite frankly, the Bush administration was pushing the edges of this in their faith-based office that went from an office inside the White House to then appointing a faith-based office in each department that then the faith-based policy person had some influence over, although it wasn't as direct.

By calling somebody a czar presumably means they have the power of the President to go behind and use their staff authority as though they were line, which is exactly what the founding fathers were debating about. There's a great new book, *Plain Honest Men—The Making of the American Constitution*, by Richard Beeman, a professor at the University of Pennsylvania. It's the first update probably in about 30 years of actual minutes, letters and things during the constitutional debates. And one thing through that book you constantly see is they couldn't agree on what powers the President was supposed to have. They went back and forth. Alexander Hamilton got so mad because he wanted it to be a permanent position that went basically for life, like a Supreme Court Justice, and he stormed out of the convention for nearly 30 days, only came back to sign it. So clearly there was a debate, and Hamilton lost, for accountability and a checks and balances of the system. And the czar approach is avoiding those checks and balances.

Now, my friend and colleague, Congressman KINGSTON has introduced a bill, the Czar Accountability and Reform Act, the CZAR Act, that has three simple points to it. The person has to have advice and consent of the Senate. He is to not be exempted from the competitive service by reason of confidential, policy-determining, policy-making or public-advocating character, which is kind of the debates we've had on the task forces around health care. With the former President Clinton it came up in multiple debates in the last White House where they say that Congress can't get e-mail oversight, we can't call certain people up because it's a policy-making decision, advice to the President. This bill would say it doesn't apply to a czar.

And also if they perform or delegate functions which but for the establishment of such task force, council, or similar office would be performed or delegated by an individual in a position to which the President appoints an individual by and with advice and consent of the Senate, which basically means a czar can't take authorities from people who would have been approved by the Senate.

Now, we actually have a model for this. It's the Office of the National Drug Control Policy. The so-called drug czar was the first czar. But we actually have legislation that guides his budget, that even gives the duties and delineation of his duties and the deputy director's duties and other people underneath it. It says which things he

has line authority for. As chairman of the committee that did the last five-year reauthorization of this, we had all sorts of how high-intensity drug trafficking areas are supposed to be used; the national youth anti-drug media campaign; the counter drug technology assessment center. We had appropriations for his staff and how much he would have for his staff and how much for his appropriations. We had specifics on how he was going to relate to the Department of Interior, the Department of Agriculture, the Attorney General, homeland security, defense. We had guidelines of what reports come to Congress and of the different relevant committees. Because while Government Reform had primary jurisdiction over the drug czar, it also went to Judiciary, to Energy and Commerce and other committees, so there were different reporting strategies. In fact, czar was a slang term up until this administration.

For example, in high intensity drug trafficking area it says, "Designation—The director, upon consultation with the Attorney General, Secretary of Treasury, Secretary of Homeland Security, heads of the National Drug Control Program agencies and the Governor of each applicable State may designate any specified area of the United States as a high-intensity drug trafficking area." That's explicit. That's not somebody wandering around with undefined authority. He's got a specific budget and so on.

Here's the great irony. We had one czar who was in the cabinet, approved with the advice and consent of the Senate with a specific budget. And our current director of the Office of National Drug Control, Gil Kerlokowski, is a good man and would have been clearly cleared. But this administration chose to take the one czar that was approved with advice and consent of the Senate and take him out of the Cabinet, and now he's not certified either. So now even the one czar who has descriptions, who was following the pattern under this administration, has been changed. And the danger here is we do not know how the interrelationships between the people cleared by the United States Senate are working with noncleared people. We run into background check problems like Mr. JONES. But we run into other huge questions, and that is so much power centered in one place that's not accountable to Congress, that it's not even clear how we do oversight of that function.

I criticized the last administration when they did too much of this and we had some back and forth about why they wouldn't appear in front of the different committees, even on policy advisers. We need to have direct, aggressive oversight in this House and in the Senate to find out how this is working, how decisions are being made, who's commanding what, and are the people now running the agencies' hands tied. The people who we delineated their duties, who were cleared with ad-

vice and consent of the Senate, are their hands now tied by a bunch of people who haven't gone through this process, who haven't been vetted, who do not have clear line authority, but are using the staff power coming out of the President of the United States to usurp the constitutional power of those who are designated principal officers and commanded by the Constitution to report to the House and Senate.

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

(Mr. INGLIS 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 Kansas (Mr. MORAN) is recognized for 5 minutes.

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

HEALTH CARE REFORM

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

Mr. BARTLETT. Madam Speaker, I believe that we can all agree the health care reform proposals ignited debates in homes and workplaces all over the country. The intense interest in health care policy by so many Americans made this August district work period unusually exciting. My offices were busy taking phone calls, e-mails, and having people drop by voicing their concerns. This healthy health care debate has led many Americans to become involved in politics for the first time.

Whenever we in Congress do something really important, we need to get outside the Beltway because that's where the great wisdom in our country lies. All of us in the Congress share three goals for health care reform legislation: We want to make health care insurance more affordable and accessible. We want to improve the quality of health care. We want to reduce the cost of health care. Where we disagree is how to accomplish these goals.

I would like to share some of what I did and learned concerning health care over the recess period. As a scientist and engineer, I seek out the facts to guide my decisions. I also earned my master's and doctorate degrees in human physiology, the basic medical science.

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This training led me to a 20-year career teaching anatomy and physiology to both medical and nursing students. That's why one of the things I did and that my staff did was to read the House leadership bill, H.R. 3200, and the amendments by three House committees.

I'm very proud that so many of my constituents were also interested in learning what proposed health care reform bills would do and exactly what they say. That's why I posted on my Web site the House Majority Bill 3200 with information about the approved amendments.

I also posted on my Web site an alternative bill that I support, H.R. 3400, the Empowering Patients First Act, developed out of suggestions by my colleagues in the Republican Study Committee. For those constituents without computer access, I provided hard copies of these bills to eight libraries and my four district offices.

Besides reading legislation, I also engaged in a lot of listening and dialogue. I visited with local doctors in my district to get their perspective about health care.

At the recommendation of one of my constituents, Dr. John Vitarello, who is a cardiologist who practices at Frederick Memorial Hospital in my district, I toured the cardiac catheterization "cath" labs at Washington Adventist Hospital on August 27. I was invited to tour the lab by Dr. Mark Turco, an interventional cardiologist. Dr. Turco is also a leader of the three-member physician team from Washington Adventist Hospital which volunteered to supervise and assist a joint training venture for physicians in Frederick Memorial Hospital so they could also perform innovative procedures in cath labs that shorten patients' recoveries and hospital stays compared to traditional surgical repairs.

While I was there in scrubs and mask, I observed a procedure called an endograft. An endograft is an innovative procedure in this case used to repair an aneurysm in the patient's aorta.

In the image-guided endovascular repair, a stent graft, a woven polyester tube with a metallic skeleton, was compressed inside a carrier catheter. While viewed on an x-ray monitor, the endograft was inserted through a small incision in the patient's groin and threaded through the catheter through arteries to the site of the aneurysm. The stent graft was then placed across the aneurysm and released. As the stent graft expanded, it gripped the normal arterial wall on both ends of the aneurysm, bypassing the bulge from the inside.

As I observed this procedure, I marveled at both the advances of our medical research and technology as well as the dedication in caring for human lives represented by this joint venture between Frederick Memorial Hospital and Washington Adventist Hospital. This procedure cuts down the recovery time for patients as well as the time required for patients to be in the hospital.

One of my greatest concerns about health care reform is that we don't curtail the innovations in health care that are invented predominantly here in the United States.

There is also a lot of concern about competition in health care. Competition is important. Competition always does two things: It drives down costs and increases quality. However, there is also a lot of cooperation in medical care today. Here, I observed physicians at one hospital helping physicians at another local hospital to increase the availability, the competition, for innovative medical treatments that benefit patients with improved outcome and less time in the hospital.

I am 83 years old. I have seen in my own career and life and that of my family that innovation in modern medicine, American style, moves at an astonishing speed. It is this innovation that has so improved the quality of our lives as well as extending the lifespans of Americans.

By far, the most enlightening and informative exercise was three nights of teletownhalls that I held during the break. On two nights, Dr. John Vitarello joined me as a guest for these townhall meetings. Over 180,000 telephone calls were placed; almost 20,000 people were home and listened to some part of the townhall.

Madam Speaker, I believe that the prescription for health care reform in the present bill will make it worse and more expensive. These changes are the opposite of what we need and Americans want.

HONORING BILL HEFNER

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from North Carolina (Mr. KISSELL) is recognized for 60 minutes as the designee of the majority leader.

Mr. KISSELL. Thank you, Madam Speaker.

It is truly with mixed emotions that I rise tonight on the floor of the House of Representatives. It's a sadness in noting that last week we lost Congressman W.G. Bill Hefner, a Congressman from North Carolina for 24 years from 1974 to 1998. And we truly give our condolences and our regards to his daughters Stacy and Shelly and to his wonderful wife, Nancy.

But the legacy of Bill Hefner did not end last week, as we're going to see tonight as we spend some time remembering and talking about and telling stories of Bill Hefner, that his memory will go forth because of the things he did, the person he was, and the Congressman that represented his district in North Carolina so well.

Now, I have to tell you, Madam Speaker, that tonight I shall refer to Congressman Hefner as "Mr. Hefner" quite often because I was raised in a time and a place when the ultimate respect that you could give to someone is to call him "Mister." And while his wonderful, loving, lovely wife, Nancy, convinced me that I could call her "Nancy," I could not bring myself to call Bill Hefner anything but "Mr. Hefner" because that's the respect that people in the district had for him.

And, Madam Speaker, as some might be saying, you know, Why is a freshman Congressman from North Carolina the first one to speak tonight? It's because Bill Hefner, Mr. Hefner, was my Congressman from the Eighth District of North Carolina. And with all of the reconfiguring that took place from time to time in my home county, Montgomery County, North Carolina, was always in Mr. Hefner's district. And it was the way that Mr. Hefner represented us and, once again, who he was that we want to talk about tonight.

Madam Speaker, I believe that one of the greatest ways we can remember is by telling stories, and tonight we're going to talk about Mr. Hefner. And I have several colleagues and friends of not only myself but who knew Mr. Hefner at the time, and they have been so generous with their time to be here tonight to help us remember.

And I just want to start out very briefly by just letting the story of Bill Hefner be told a little bit.

Bill Hefner was born in Tennessee. He went to Alabama. He was a son of a sharecropper. He saw that his way out of poverty was through a gift that he had been given by God, and that's through the singing of gospel music. And he was very good, and he received an invitation to come to North Carolina.

And this was the time period of the late 1950s and early 1960s where television was much different than it is today, when there was only just a few stations there in North Carolina, and they often filled their time in the afternoon with gospel singing.

And Mr. Hefner was so good and his group was so good that they were asked to be part of three television stations in North Carolina. Now, we didn't have that many stations, so this was a great majority of the stations that were represented, and he became known to the people in North Carolina with his group, The Harvesters.

He eventually was successful enough and a good businessman that he bought a radio station. And at some point in time, a former Congressman came in and was interviewed by Mr. Hefner, and Mr. Hefner went home and told his wife, You know, I believe I can do that, because Mr. Hefner had never been elected to a public office, never sought public office. He was the president of his PTA and that was his background, but his background was much stronger. He had the background of knowing the people of his district.

So he went out, Madam Speaker, and he ran for Congress. And without any political background other than knowing the people and caring about the people and having a sense of who the people were, he was elected in a landslide.

So that's the background as to this man W.G. Bill Hefner that I want everybody to be aware of.

Now we want to fill it in with some personal stories, and I would like to