he lost his job, is going back to school. No income, trying to better their life. The daughter was in the stroller there.

This woman is telling me this story. She has a condition. She's got to take medication. It's very expensive. She can't afford it. Now they're paying out of pocket. She makes $32,000 a year, down from $58,000 because the husband lost the job. And she said, Do you want me to go on welfare and go on Medicaid? Because that's what I'm forced to do.

Now, if there's any value we respect here in America, it's somebody that wants to work. She wants to work. She wants to provide for her kids, her husband. She wants to have a nice family. She wants to have the dignity of work. And the system now is set up that that really may be the best decision for her and her family is to go on Medicaid and take welfare benefits. That's not what we want.

And what we're saying is why should this woman who's working her rear end off, her husband is going back to school to get retrained, those are the people we want to help. That's what this whole thing, the whole thousand pages that everyone keeps talking about, that's what this whole thing is about. It's about helping that woman, her husband, and that kid.

And that's why, DEBBIE, as you said, the stakes are high. KENDRICK, the stakes are high, and we need to pass this thing.

Mr. MURPHY of Connecticut. If our friends on the other side of the aisle want to have a debate about freedom, let's have a debate about freedom.

Listen, we don't legislate on anecdote here. We legislate on data and statistics and evidence. But the anecdotes are powerful because they're representative of what the data tells us.

And I think about the woman in my district who raised her hand at an event I had at Town Green last week, and she said, Listen. I work for an employer who's downsizing and looking to cut costs wherever they can, and I've got a child with a very serious illness. She's on this employer's health care plan, and I know that I am targeted. I know that if they can get rid of me and get rid of the expenses associated with my daughter, they've just saved a lot of money. And I know if I lose this job, I'm not going to be able to find another one because there's no way that somebody is going to pick me up if they have to cover the cost of my daughter who has an illness through no fault of her own, no fault of mine.

What kind of freedom is that?

I think about the guy who raised his hand and told me the story about the fact that he had been working for a new company that had just hired him in New Britain, Connecticut, a couple of years ago. He had had a good, steady income for 2 years, but he got diagnosed with gallbladder cancer and he couldn't show up for work any longer, and they fired him. They fired him and he lost his health insurance.

□ 2310

Now he spends every single dime that he makes off of his unemployment checks to pay for cancer treatment. What kind of freedom is that? When we want to talk about freedom, health care reform, giving freedom to people who have insurance and want to keep it, giving freedom to people who lose it and need to get medical care, let's have a debate about freedom, because the proponents of reform are going to win that debate, Mr. MEEK.

Mr. MEEK of Florida. We have 30 seconds left.

Ms. WASSERMAN SCHULTZ. I just appreciate being together again and knowing that on a regular basis over the next several weeks and months we will be getting together to press for health care reform for everyone.

Mr. MEEK of Florida. Absolutely. Madam Speaker, with that, from these Members that came before the House tonight, we want to definitely let other Members know that we will be coming to the floor. We will be sharing accurate information as we have done over the years, and we will continue to do it good or bad. We look forward to the President coming and addressing us tomorrow in a joint session.

With that, we yield back the balance of our time. Thank you.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. BURGESS) is recognized for the remaining time until midnight.

Mr. BURGESS. I thank the Speaker for the recognition. I almost feel like now that I have got equal time for a reply from the last 45-minute segment, I would remind my friends on the majority that they are in the majority. This is the House of Representatives of the United States. Any bill can pass on the floor of this House with 218 votes. As I recall the last numbers, we have 177 Members on the Republican side, you have 258 members on the Democratic side. That means you can pass pretty much whatever you want whenever you want as long as you keep only 40 Members of your party from straying, and you can only lose 40 Members from your side and you can pass whatever you want.

Now we read some articles in the paper today where there are 23 Democrats who say no way are they voting for this health care bill after they have been through the summer that they have had. Okay, you still have a comfortable margin of 20 votes to pass whatever bill you want. So, please, don't set this up as a straw man Republican versus Democratic argument. The Republican Party in the House of Representatives in this Congress cannot stop you from passing anything that you want to pass. We do not have the numbers. We do not have the organization. Some might argue we don't have the leadership to block anything that you want to pass.

So your argument is an internal argument. It is Democrat versus Democrat. Bring the bill to the floor of the House that you want to bring. Bring it to the Rules Committee. You certainly have done it plenty of times. Bring it to the floor of the House. We will have our obligatory 2 hours of debate. We will have the vote, win the vote, and send it over to the Senate. You have 60 votes on the Senate side. This should not be a challenge for you. Send it down to the White House. You have a President who will sign virtually anything you send down to him.

This is not an argument that you are having with Republicans. This is an argument you are having internally within your own caucus. And why are you having that argument internally within your own caucus? Because you have not sold this proposal to the American people. And you felt that acutely during the August recess.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman is reminded to address his remarks to the Chair and not to others in the second person.

Mr. BURGESS. Absolutely. I will refer to the Chair.

Madam Speaker, this is because the other side did not make the sale to the American people. They did not engage the American people from the bottom up, from the grass-roots up, which is the way you have to do tough legislative proposals, transformative legislative proposals. You don't start at the top and work down. That's the Soviet style of doing things, Madam Speaker. This is America. We go from the grass-roots up.

Our friends on the Democratic side chose not to do it that way. Instead, they would rather vilify Republicans because, after all, that's what helps them raise money and win votes. And after all, isn't it all about just winning votes and maintaining your majority? You're not really held to account by the American people as to whether or not you pass your agenda or not, apparently, if we are to believe the poll numbers.

But, Madam Speaker, I do not believe this can be done from the top down. I do believe this has to come from the grass-roots up. We saw a Member of Congress, a Democrat in one of the midwestern States, plaintively ask her audience on YouTube during the month of August during one of the August town halls, don't you trust me? And the response she got back from her audience was, well, apparently not. The audience didn't trust her.

All across this country, Members of Congress have heard the voices of August. The question is, the real question for this House is, was anyone listening to those voices as they were speaking to us?

Right now, this Congress has historic low credibility ratings. We have some of the lowest credibility ratings in the

last 26 years. Two years ago, 2½ years ago, when the Senate tried to pass massive immigration reform, they found because of the very low credibility levels that they had that no one trusted the United States Senate to pass this type of immigration reform. As a consequence, despite the backing of two very powerful Senators, one on the Republican side and one on the Democratic side, despite that very powerful backing, they were unable to pass sweeping immigration reform in 2007. The American people recoiled in horror when they saw what was happening, flooded the Senate switchboard, shut down the Senate servers, and the Senate got the message and very quickly went on to other things that might occupy their time for the rest of that summer.

Well, this summer has been no different. Switchboards have been shut down. Servers have been overwhelmed. The American people have weighed in on this issue, and it is overwhelmingly opposed to what the Speaker of the House has pushed through the three committees here on the House side.

Now, if we do not have the credibility to do a sweeping proposal, a sweeping legislative proposal such as has been before us, to essentially allow the government to claim one-seventh of the Nation's economy, if we don't have the credibility to do that, should we just do nothing? Or should we, in fact, try to achieve some deliverables for the American people? I think every one of us heard that the American people are interested in us effecting some reforms. We heard some of them mentioned just in the last hour on the Democratic side. There are things on which we do agree. There are things on which we can work. And there are deliverables we can accomplish for the American people.

But the fact of the matter is the American people do not trust us, do not trust us to undertake this type of sweeping reform and transform the way health care is delivered in this country such that many people may not even recognize it.

Now, I do take some exception to some of the comments that I heard in the last hour. I was a physician. For 25 years, I practiced medicine. There are plenty of times I got up in the middle of the night, and I knew that delivery I was going to do or that operation I was going to perform was something for which I would never be compensated. That's just part of the job. American physicians, men and women, show up all hours of the day and night to render this type of care, and they don't ask where the payment is coming from.

People get taken care of in this country in a timely and respectful manner, and it happens every day of the week. And quite honestly, I am very tired of hearing the type of rhetoric we just heard on this House floor where America's physicians are seemingly indifferent to the plights of people who happen to be ill and uninsured. Patients are taken care of all the time across this country in clinics, in hospitals and in emergency rooms by caring physicians, caring nurses and caring hospital staff without regard for that patient's ability to pay. It happens every day of the week.

It is so frustrating to hear people talk about the only way to pay for health care in this country is either through a private insurance or a government program. There is plenty of care that is just donated by the generosity of America's physicians, America's nurses and America's hospitals.

In fact, the only thing standing in the way of this sweeping health care reform that the President is going to come talk to us about tomorrow night is, again, an internal conflict on the Democratic side. If we had done this bill in July, as had been proposed, if, in fact, we had voted on this bill on July 31, which was what the chairman of the three committees desired, which is what the President at the White House desired, had we voted on this bill by the 31st of July, we would have gone home to face our town halls; but it would have been a different equation because the bill would have already been passed and would be off to the Senate. But we didn't do that.

A funny thing happened on the way to ramming this thing through, and many Members on the Democratic side began to hear from their constituents and began to hear that this was not perhaps such a good idea after all.

Do bear in mind, Madam Speaker, 218 votes are what are required to pass any bill out of the floor of this House under a rule. The Rules Committee is the Speaker's Committee. The Speaker has a 9–4 advantage in that committee. The Speaker could get any rule pushed through the Rules Committee that she wishes. She could bring any bill to the floor that she wishes. We have seen it time and time and time again; 218 votes are what is required.

□ 2320

Do not tell me, do not continue to perpetuate the fantasy that somehow 177 Republicans are able to prevent this bill from coming to the floor. And again, I would reiterate, you have the magic 60 votes in the Senate. You don't need reconciliation; you don't need a fancy procedural maneuver, you have the votes, 60 votes in the Senate, to pass whatever you care to pass. And of course you have a President who has already committed to signing this bill.

One of the things that I heard a lot back home was a concern about the cost. And this is something that is going to continue to come up and continue to be problematic for anyone who wants to undertake a bill that is as sweeping as the one that we had before our committees last month. The bill itself had very little in the way of cost containment contained within the bill. Oh, sure, there were some physician cuts—we always rely on those—there were some cuts to home health care, there were some cuts to our radiologists and imaging, but in general there was very little in the way of cost containment in the bill.

Now, we do hear a lot of talk and there is a lot of rhetoric on the issue of preventive care. Preventive care, preventive medicine, you bet, I'm for that. The cost savings from preventive care, though, are much less certain and the timeline to achieving those cost savings is also uncertain. In fact, the Congressional Budget Office in its report to our committee in July delineated the very low rate of return on those savings and the fact that it might be years before those cost containments were achieved. That doesn't mean that it's not worthwhile, it doesn't mean that it's not worth doing, but to go to the American people with the statement that we're going to do all of these things and we're going to be able to pay for all this additional care by not cutting anyone's services, but because we're going to do things better, faster, cheaper, smarter just, in fact, does not square with the facts and the American people have seen through that.

Now, many of the studies have shown that in fact in the early years, by increasing the preventive regimen, the cost may in fact increase. And you would expect this to be the case because there is going to be more spent on the infrastructure necessary, more spent on the clinics, the exam rooms, professional personnel, nurse practitioners, paramedics, the physician extenders that are going to be necessary to see the increased numbers of patients who will be coming through those clinics as we increase the throughput through those clinics. So it is going to cost more money up front. I think there is broad recognition of that.

Now, we did hear some concern about the Medicare part D program. I would just simply remind people that Medicare part D, when it was passed in this House of Representatives back in 2003, Medicare part D was a prevention-based strategy. It only made sense, if you were going to cover the doctor's expense, if you were going to cover the hospitalization as was covered under Medicare's part A and B at the time and you did not allow for the coverage of a prescription drug benefit, that it was going to be much harder to deliver on the promise of preventative care without the medicines available to prevent the illnesses that you wish to prevent. It seemed relatively simple and straight forward in 2003, it seems relatively simple and straightforward now.

I think this Congress, I think the people who have written this bill would have done well to look at some of the things from the Medicare part D program that actually have worked very well. And true enough, there were some problems with Medicare part D as it was passed. There were some problems with implementation, I don't think

anyone would deny that. But the fact of the matter is that under the Medicare part D program, remember, there was no mandate. There was never a mandate that said a senior had to take a certain type of prescription drug coverage. Different levels of coverage were available to every senior. Every senior was encouraged to have some type of credible coverage for prescription drugs. There was a cut-off date beyond which there would be an increased cost for buying into the insurance program if someone did not enroll during the open enrollment period, but it did not come to us under the mantle of a mandate.

There was no requirement that every senior buy coverage. There was simply the recommendation that every senior have credible coverage under the plan. In fact, there were some benefits for people if they went ahead and established that credible coverage by a certain cut-off date. And what that meant was that the companies that were involved in providing the coverage then were competitive on the basis of trying to create programs that people actually wanted rather than saying we know you've got to buy this, so we're just going to put one or two programs out there and you can pick or choose from one or two and take it or leave it. Dr. McClellan, Mark McClellan, who at the time was head of Medicare and Medicaid Services, said there were going to be six protected classes of drugs within the program. Within each of those six classes there have to be at least two different choices. And with those relatively simple parameters, the companies were allowed to go out and construct programs and go out there and compete in the marketplace.

Now, we were told early on when we talked about this type of change in the Medicare part D program that in fact you will never get companies showing up to provide these products; you would have to mandate something, otherwise people just simply won't have any program at all from which to choose. But Dr. McClellan stuck to plan, and as a consequence, in some States we have well over 40 different plans that were there making available different types of Medicare part D coverage. In fact, we were criticized a year into the plan that there were too many choices, people couldn't possibly decide what to buy because there was too much choice out there. Well, in fact, it was a good problem to have. And as a consequence, now we have the Medicare part D program where the coverage rate is in excess of 90 percent, the satisfaction rate is in excessive 90 percent.

And it rivals any insurance program with a mandatory or coverage mandate, whether it be an individual or employer mandate. By creating the type of program that people actually want, that is actually useful, that actually matters to them in their lives, we have been able to provide more coverage to more people at lower costs than anyone thought possible back in 2003 when the legislation was passed.

Now, we heard very many compelling anecdotes in the past 45 minutes about people with difficult problems in tough medical situations. And no one would argue that those are not compelling stories. I would just remind people that are studying this issue that the bill that we had before us that came out of the three committees, the bill that will likely come to the floor sometime this month, while it does provide for a public option and it does provide for a public option for coverage, those methods of coverage do not become generally available to the general population until 2013, 3 years after the enactment of the bill. So those are not going to be immediate benefits that are going to be accessible by any of the tough situations that you've heard described here in the last hour. In fact, those programs are going to lag significantly behind the start-up time of that bill.

Well, what can we expect in January when the bill starts if the bill is passed and signed as is planned? What can we count on in January? Well, you can count on the taxes occurring. Those certainly will. The taxes will begin January 1 of 2010. An 8 percent payroll tax on small business in this country. An 8 percent payroll tax may will be the largest single employment tax that has ever been passed in this country.

This may be the largest single job-killing event to occur in this young century. This is something that we need to be very, very careful about as we go about enacting this legislation because we are in the midst of a recession. We are hopeful that the recession is ending, but one of the difficult things about ending a recession, as we found in my early years here in 2003 and 2004, that as a recession ends, job growth does not necessarily follow immediately. What is the major engine of job growth in this country? Well, it's small business. So if we don't do anything to encourage small business and in fact we go so far as to hurt small business, it will be very, very difficult to grow those jobs that are actually going to be what ultimately lifts us out of this recession.

None of us likes to look forward to a jobless recovery, and yet that seems to be what's in the cards for us right now. This is a very serious situation and something to which this Congress should best place some heed because the absence of job growth in this economy will lead to that double dip or W-shaped recession that many economists talk about.

I did have several meetings with small business owners in my district. I conducted forums with small business owners just to hear their concerns about what Congress was doing. And yes, we heard some on the energy bill that was passed earlier this year and how that would be a job killing piece of legislation, but a lot of concern over what is happening in health care. And even more to the point, there is so much uncertainty out there in the country right now. No one knows what we're going to do, Madam Speaker. Are we going to pass this bill? Are we going to put an 8 percent payroll tax on top of the taxes that small businesses already pay?

□ 2330

Many employers with whom I spoke told me, Yeah, the recession may be ending. We see some signs. Things seem to be easing up a little bit.

Well, are you going to expand your business? Are you going to be adding jobs? Are you going to be bringing back some of those jobs that you outsourced or laid off?

Well, I'm not so sure about that because the environment out there is kind of unsettled right now. We don't know what you're going to do with this health care bill. We don't know what you're going to do with that energy bill. As a consequence, we're going to put our expansion plans on hold for right now.

I heard this over and over and over again.

Now, to be sure, every business that I talked to was, perhaps, talking about adding one or two or three jobs, and they put those plans on hold, but when small businesses across the country are putting on hold plans of adding one, two or three jobs, spread over the entire country and over the entire economy, that's a significant number of jobs that are right now being held in limbo because, again, employers are not certain about what Congress is going to do next.

Well, I think one of the things that came through loud and clear for me in listening to my constituents during the month of August was that Congress fundamentally lacks the trust of the American people to do something this large, and it is very, very difficult to do this in a top-down centralized fashion. We really do need to recruit, to encourage and to educate the American people as to what we are trying to do and as to where the value for them is in it on what we are trying to do rather than to just simply superimpose this large government program on the American people.

You've heard it over and over again: Have you read the bill? Who can read the bill? It's too big. It's too complex. No one can understand it.

This is a valid complaint, and it's reflective of the fact that this legislation is large, that it is sweeping and that people do not trust the Congress to make those kinds of changes on a portion of their lives that is that important to them. People do not trust the Congress to be able to do the right thing.

We've heard over and over again from our constituents: Hey, if this is not even good enough for Members of Congress, why should we sign up for it? Why should we accept what you won't even take yourselves?

Now, to be sure, during the debates in the committees, there were a number

of amendments that were offered. Some suggested that whatever the public option is and whatever it turns out to be should be the type of insurance that Members of Congress and that members of the administration and their staffs are required to take. That is, if it is good enough for the American people, it ought to be good enough for the governing class as well. I don't disagree with that. That amendment was knocked out on a technicality in our committee, and we never had the chance to vote for it. That ruling was appealed, and the appeal of the motion of the Chair was upheld on a party-line vote. So, essentially, every Democrat said, Hey, we don't want this coverage for ourselves. Every Republican said that we should at least have the debate, that we should at least hear the amendment and that we should hear from both sides on this issue, but we weren't allowed to do it. It was shut down in committee on a party-line vote.

I had an amendment that would have made Medicaid available to every Member of Congress. Congress could be a mandatory population under Medicaid, so every Member of Congress would be covered under the Medicaid system, and every Member of Congress would then understand what it is like to try to find a physician—doctor—for themselves or for a family member in the Medicaid system. It can be very difficult to do that. Why is that? Because reimbursement rates under Medicaid are so low that members of the medical profession simply cannot afford to take large numbers of Medicaid patients into their practices for fear that they won't be able to cover their overhead and for fear that they will not be able to keep their practices open.

Again, on a technicality, this was prevented from a vote, and it just underscores the hubris of the United States Congress when it will consider doing things to the American people, those things it would never consider doing to Members of Congress. People see that and they resent that. They can feel that it is not right that a Member of Congress would vote on a type of bill that would require Americans to take a certain type of insurance when that Member of Congress would have no intention of taking that insurance himself.

We heard it in some of the townhalls that were conducted by the White House: Is this insurance something that will be good enough for members in the White House and for members of their staffs?

No, not necessarily. We want something good for members of the White House.

It is exactly that type of hubris that has gotten people so upset. We could deal with that. We could deal with that by requiring that any public option or that even Medicaid is something that is not just made available but required of Members of Congress, but we won't have that discussion. We won't have that debate. It somehow seems to be demeaning or beneath us to have that debate, but certainly that's a problem we could fix and that we could fix pronto.

There was nothing in this bill that dealt with liability reform. As a physician, I will tell you that that is one of the single largest issues that faces physicians in this country. It is the constant threat of medical litigation, the expense of medical liability insurance and the cost of defensive medicine that drives the cost of the practice of medicine literally through the roof.

A study back in 1996 by Dr. McClellan from Stanford University at that time estimated a cost of nearly $30 billion for two diagnoses in the Medicare system because of defensive medicine. Well, that was in dollars of 12 or 13 years ago. Imagine what those dollars have grown to today in our current liability climate.

This is something that the American people understand needs to be fixed, and they simply do not understand why Congress will not at least consider entertaining the debate. What they see is that this is something that is being blocked by special interests and that this is something that is being blocked by a certain lobbyist group that is being prevented from even being discussed in a congressional committee. The American people look at that and say, Well, that's not right. We cannot possibly believe anything else that's in that bill, because we don't trust you to have a rational discussion about this.

I dare say, if liability reform and fairness in the physician compensation system had been on the table at the very beginning, you might well have had some Republicans on board for this bill right from the start.

What I do know is that you never tried. Never did any of the committee chairmen, Madam Speaker, and never did the President or the White House seriously try to achieve any type of bipartisan balance in this bill. It simply was of no interest to them because—and I'll go back to my early remarks about the arithmetic in the House—they can lose 40 votes in the House and still pass a bill. They have 60 votes in the Senate. They can cut off debate at any time and pass a bill and send it down to the White House and get it signed into law.

We heard over and over again in our townhalls this summer about the problems with preexisting conditions and about the problems with insurance recision. We're talking about insurance reform. That is something that we could accomplish. Yes, there are some thorny issues to be addressed, but it's certainly no more difficult than anything else we've taken on. We could have solved that problem. We could have debated that problem. We could have voted on that problem before we went home for the August recess, and we could have shown the American people that, in fact, we were serious about taking care of a very serious problem that affects 8 to 10 million people in this country, a problem that prevents them from getting the health care coverage they would like to have.

Yes, there are going to be some difficult arguments to have over rating bans. Yes, there are going to be some difficult arguments as to whether or not there is a premium cap or whether or not there is a premium to be paid for someone's not having had insurance before someone got a tough diagnosis. We can have those arguments. There perhaps could be new moneys made available in State and Federal subsidies for people who can't afford the cost of a State high-risk pool. Nevertheless, we could have those debates. We could have those arguments. We could look at those figures and decide what a correct number would be. Again, that is something that is easily within our level of achievement, and this House could have done it before we went home for August, but for some reason, we chose not to.

On the issue of portability, we could have dealt with that before we went home for the August recess. One of the biggest problems that people are having right now is job loss because of the recession. Yes, if someone loses his job and he has employer-sponsored insurance, it becomes tough to continue that insurance. Under COBRA, employer-sponsored insurance has to be offered for the next 18 months, but it's extremely expensive. For someone who has just lost his job, to be able to cover his portion and the employer's portion and an administrative fee becomes terribly difficult, but we could have dealt with that. The fact of the matter is we chose not to. We chose to go home for the August recess with our work being undone, and the American people saw right through that. That's why they were so frustrated with us in the month of August.

Now, we heard on one of the Sunday shows this weekend that the President's main adviser said, In some States, why, there is no competition. There's only one insurer.

Well, how do you deal with that if there is only one insurer in some States? Do you really make the situation measurably better by adding a second insurer? Well, maybe. If it's a government-run program, then maybe that's a good thing. Maybe it's a bad thing. Maybe you run out the one insurer who was there already, and you're back to one insurer which is now the public option. There are 1,300 different insurance companies out there. If we would simply relax some of the restrictions against selling across State lines, we could open those markets up, not to one other insurer, not to ten other insurers, but to hundreds of other insurers.

□ 2340

That's real competition in the marketplace. The same type of competition you see today for car insurance

and for life insurance and with the power of the Internet, those costs have come down significantly for those two products. We could have achieved the same type of success in the health insurance market if we were just clever enough to have the discussion and begin to negotiate how we would go about putting the protections in place so that people weren't taken advantage of in that situation, and that's well within our power to do that, Madam Speaker.

I again come back to the concept that Members of Congress were not willing to take the very insurance that they were requiring the American people to take. When you talk about hubris, that's one of the things I heard over and over again. The bill is too big; nobody knows what's in it. You haven't even read the darn thing and why won't; if it's so darn good, why won't a Member of Congress sign up for it?

We heard those same comments over and over and over again. And what did they tell us? It's a big bill. People are frightened of Congress' ability to actually deliver on a bill like this or ability to deliver on a promise like this. And if it is so darn good, then why aren't you willing to step up and take it yourself?

And that really distills the arguments that we heard during the month of August. Now, unfortunately, coupled with all of this—and we heard some of the comments in the last hour when the Democrats had the floor—you heard the comment made, Madam Speaker, that it's the right-wing talk radio crowd that's causing the objections to this health care bill, otherwise it would be done.

I submit to you the right-wing talk radio crowd is my crowd. They talk to Republicans. But it's only 177 Republicans in the House of Representatives. You have got 258 Democrats. The right-wing talk radio crowd doesn't talk to the 258 Democrats, and you can still lose 39 Democrats and pass almost any bill that you want out of the House.

So, please, it is not a Republican that is preventing you from doing this. Recognize what's happening here. It is the fact that you have not sold this bill to the American people. That's what's preventing this from being done.

Now, the other unfortunate thing this summer was the Speaker of the House took it upon herself and the majority leader took it upon himself to write a joint op-ed piece for USA Today where they vilified the American people. Well, you know, if you are trying to build a grass-roots consensus for what you are trying to do, for something as big as transforming the delivery of health care in this country, is it really a smart idea to vilify the very people whom you are trying to recruit to help you to do this project? I don't think so.

I mean, that's Politics 101. That's one of the first tenets. You don't, you don't, you don't irritate the very people that you are going to be asking to help you pass a bill of this magnitude.

I do believe it is possible, that it is reasonable for us to get down and work on some of these things that I have outlined tonight. I suspect there are others out there that people on both sides of the aisle might like to see. These are just mine that came up during my town halls.

I would like to see us have some serious discussions on this. I think the American people really do want to see this done in a bipartisan fashion.

Now, tomorrow night we are going to have a big speech here in the House. The President will come down; all of our friends from the Senate will be here. We may well have members of the Cabinet here as well to hear what the President is going to say.

Will there be something new brought up tomorrow night? I don't know. Will we simply see, hear a rehash of the same things? Will we hear criticisms of Republicans for not working with Democrats on this issue? We might.

I would just simply again offer that we don't have the numbers to stop anything; and when I made overtures to the other side early this year, in fact, even during the transition period before the President was sworn in on inauguration day, completely rebuffed by the chairman of my committee, by the President's transition team. No one seemed interested in any Republican input at that point.

We have got the votes, we won the election, we can do it all and so we shall.

Well, it's August. It was a hot month; things got a little heated at home. And now that we are back here in the fall working on this, perhaps it is time to rethink this.

I saw it on one of the Web sites the other day: maybe it's time for the President to hit the reset button. Maybe that's not a bad idea. This is a big, big change in the way things are being handled in America in regards to health care.

The benefits in this bill don't go into effect for 3 years' time. There is no rush to do this thing this month. There is time for us to get this right.

And, you know, like the old saying goes, if you don't have time to do it right when are you going to find time to do it over? Or as one of my surgery professors used to tell me years ago, this is so important, let's go slowly. We don't have time to be in a hurry.

Well, I think those are words that might serve us well as we continue to work on this legislation.

We are going to hear from the President tomorrow night. I, for one, am looking forward to what he is going to say. I would welcome the fact that perhaps we can all get back together and work on some of these things. My concept would be on let's keep it a little bit simpler so that we do build some trust back with the American people.

Certainly the President enjoys a much higher popularity figure, much higher poll numbers than any of us in the United States House of Representatives have. But, on the other hand, that popularity is waning as well.

I think it's important that the American people see that we can work together on this, that we can produce deliverables for the country. And I, for one, would be happy to get on with that work.

With that, Madam Speaker, I am going to yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mrs. MCCARTHY of New York (at the request of Mr. HOYER) for today and the balance of the week on account of recovering from back surgery.

Mr. RODRIGUEZ (at the request of Mr. HOYER) for today on account of travel issues.

Mr. TANNER (at the request of Mr. HOYER) for today and September 9 on account of attending a funeral.

Mr. DREIER (at the request of Mr. BOEHNER) for today on account of events in the district.

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:)

Mr. HOYER, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. MCGOVERN, for 5 minutes, today.

Ms. KAPTUR, 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. JONES, for 5 minutes, today, September 9, 10, 14 and 15.

Mr. BURTON of Indiana, for 5 minutes, today, September 9 and 10.

Mr. POE of Texas, for 5 minutes, today, September 9, 10, 14 and 15.

Mr. MCCOTTER, for 5 minutes, today.

Ms. ROS-LEHTINEN, for 5 minutes, today and September 14.

Mr. NEUGEBAUER, for 5 minutes, today and September 10.

Mr. SOUDER, for 5 minutes, today.

Mr. INGLIS, for 5 minutes, today.

Mr. MORAN of Kansas, for 5 minutes, today, September 10, 14 and 15.

Mr. BARTLETT, for 5 minutes, today.

SENATE BILLS REFERRED

Bills of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 713. An act to require the Administrator of the Federal Emergency Management Agency to quickly and fairly address the abundance of surplus manufactured housing units stored by the Federal Government around the country at taxpayer expense, the Committee on Transportation and Infrastructure.