off-road vehicles are used in a manner that protects natural resources, minimizes conflict with other users, and provides and protects motorized recreation.

Until we finalize the travel plan, snowmobilers will be able to, under this sense of Congress, enjoy their favorite activity, and communities should continue to reap the economic benefits of hosting these winter sport enthusiasts.

I yield back the balance of my time.

The Acting CHAIR. Does anyone seek time in opposition?

Seeing none, the question is on the amendment offered by the gentleman from Colorado (Mr. POLIS).

The amendment was agreed to.

Mr. HASTINGS of Washington. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. MULLIN) having assumed the chair, Mr. STEWART, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 3590) to protect and enhance opportunities for recreational hunting, fishing, and shooting, and for other purposes, had come to no resolution thereon.

□ 1615

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO THE SITUATION IN OR IN RELATION TO CÔTE D'IVOIRE—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 113–90)

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

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency, unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13396 of February 7, 2006, with respect to the situation in or in relation to Côte d'Ivoire is to continue in effect beyond February 7, 2014.

The situation in or in relation to Côte d'Ivoire, which has been addressed by the United Nations Security Council in Resolution 1572 of November 15, 2004, and subsequent resolutions, has resulted in the massacre of large numbers of civilians, widespread human rights abuses, significant political violence and unrest, and fatal attacks against international peacekeeping forces.

Since the inauguration of President Alassane Ouattara in May 2011, the Government of Côte d'Ivoire has made progress in advancing democratic freedoms and economic development. While the Government of Côte d'Ivoire and its people continue to make progress towards peace and prosperity, the situation in or in relation to Côte d'Ivoire continues to pose an unusual and extraordinary threat to the national security and foreign policy of the United States. For these reasons, I have determined that it is necessary to continue the national emergency and related measures blocking the property of certain persons contributing to the conflict in Côte d'Ivoire.

BARACK OBAMA.

THE WHITE HOUSE, *February 4, 2014.*

SHERIFF WINDERS

(Mr. HOLDING asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HOLDING. Mr. Speaker, last week, North Carolina lost a real leader and a good man—my loyal friend, Sheriff Carey Winders of Wayne County. He was only 57 years old.

Carey was one of the youngest men to be elected as sheriff in Wayne County, and 2015 would have marked his 20th year of service. He was dedicated to the people he served and respected by all. Carey was a lifelong member of Union Grove Free Will Baptist Church, where he met his wife of 33 years, Teresa. Family was everything to Carey. Carey had three daughters—Jessica, Ashley and Carianne—and two granddaughters.

Mr. Speaker, Carey was devoted to Wayne County and driven by his faith, his family and his commitment to the citizens who put their trust in him. While it is a dark time in Wayne County, we know that the light of his life and his principled example will illuminate this community in the days ahead.

THE GOP DOCTORS CAUCUS: THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY of Georgia. Mr. Speaker, here we are now in February 2014, and the second session of the 113th Congress has begun. The administration still has to deal with daily headlines speaking of the disaster of—you guessed it—the Affordable Care Act. I have to sometimes refer to that as the ''Unaffordable Care Act.''

Today, the news came from the nonpartisan CBO, the Congressional Budget Office. My colleagues are all familiar with that. Their report states that the administration's rosy projections are a mere fairy tale. If you take a dive into these numbers from the CBO, Mr. Speaker, you will see last year's goals amended lower as the low participation and atrocious rollout of the exchanges have finally caught up with those estimates.

Let me just give you, colleagues, a few highlights:

The CBO lowered the estimate of exchange enrollees to 6 million. That is 1 million less than they estimated at this time last year. Now, this isn't all that surprising given the problems with the Web site—healthcare.gov—and the rest of the implementation of ObamaCare, but it definitely reinforces the notion that this plan is not working.

The CBO estimates that 31 million Americans will still be uninsured in 2024. Colleagues, when this bill was being discussed in Energy and Commerce way back in 2009—in 2008 even—the Democratic majority at the time said there were 45 million people who were uninsured. That number really shrunk down considerably when you realized that there were a number of people who were eligible for Medicaid who just didn't know it. It could have been as many as 10 or 11 or 12 million. Obviously, there are a lot of people in this country illegally uninsured but who are not eligible. Then there were the people making $75,000 a year in their households who could afford health insurance but who just chose, because of the Constitution—their personal liberty—to pay as they went. It is not something I recommend. The CBO estimates now that in 2024—10 years later—after its passage and full implementation on October 1 of this year, 2014, that there will still be 31 million Americans uninsured. What have we really solved here? It doesn't sound like we have really helped very much.

Now, this bill was sold to the American people as the solution to eliminating the uninsured. Instead, the bill only, really, adds cost in the form of very expensive mandates to everyone who already had insurance. A lot of them now are just saying, Heck, I will be one of these who will go bare. I will, maybe, set up my own savings account for health care, and will put $100 a month—or whatever—in a checking account and get a physical when I need it annually or biannually, and I will pay my own way—that has happened—and pay the little fine of $95.

So that is what is happening, and it is quite a legacy for the President's signature piece of legislation. I don't think it is the legacy that he anticipated, and it is certainly not the one that he wants today.

Finally, there is the headline from the newspaper, The Hill. Most of us read that, don't we, colleagues? We read all of these newspapers if we don't run out of time. In The Hill today, here is its headline: ''CBO: O-Care Slowing

Growth, Contributing to Job Losses''—with ''O'' standing for ''ObamaCare.''

The CBO projects that the law will reduce labor force compensation by 1 percent from 2017 to 2024, twice the reduction it previously had projected. This will decrease the number of full-time equivalent jobs by 2.3 million in 2021, and this is up from the previous estimate of 800,000. There is a big difference, my colleagues, between 2.3 million and 800,000. This is remarkable. Through a combination of higher health care costs, resulting in lower compensation and perverse incentives for folks to not work as much in order to preserve their subsidies, it is truly not the American Dream.

The administration, Mr. Speaker, continues to push for more money for jobs programs, yet, at the same time, it continues to fight for a bill that has yet to work and will lead to rewarding people for working less. What were these jobs programs? Just get rid of—what can I call it?—the worst bill, maybe, that has ever been passed in the history of this body, of this Congress. The Affordable Care Act has given us higher costs, not lower. It has performed much worse than was promised, and it will incent our citizens to work less. That is not what we want. That is really not what they want.

Mr. Speaker, it is time for the administration to give in to reality and to let us repeal this bill. I don't think it is the first choice to just sit back and see it collapse under its own weight. You hear that expression a lot. I think that very well could happen, but let's take, maybe, a more responsible approach.

Mr. Speaker, I would say this to the President:

Mr. President, let's take a more responsible approach, and you work with the Congress—with Republicans and Democrats, with the House and the Senate. You get more engaged than you have ever been before, and work with us. Let's repeal it, and let's start over with something that truly does work, because we all agree that we have the greatest health care on the face of this Earth. Why is it that people pay thousands of dollars to get on a jet plane to fly from other countries to go to the Mayo Clinic or to Sloan-Kettering or to the WellStar Health System in my district, the 11th of Georgia, to get their health care, to get their surgery, to get their treatment for cancer? You don't see people from this country going in the opposite direction, because they get that good care here. So, Mr. President, we can work together. We can. The American people want us to. They don't want one side jamming the other. They do want us to work together.

I want to take some time during this Special Order hour that our Republican leadership has afforded us. I hope some of my colleagues from the House GOP Doctors Caucus will be joining me momentarily, and I will yield to them as this is the opportunity for us to explain to our colleagues on both sides of the aisle what needs to be done and how we can work together and clearly get this done and get it done in a timely fashion, if not this year, certainly in the 114th Congress.

This Doctors Caucus that I mentioned, Mr. Speaker, is something that I put together a number of years ago, and we are now up to about 22 members. I say ''doctors.'' There are a lot of categories of doctors, but I am talking about doctors who work specifically in the health care space, which is one-sixth of the economy of this country. These doctors can be medical doctors. They can be dentists. They can be psychologists. They can be advanced practice nurses. Indeed, even hospital administrators are part of this group because they know. They understand that in our caucus we have, probably, 600 years of accumulated clinical experience. That means there is a little gray around the sideburns on a few of us.

This knowledge—this expertise—our leadership on the Republican side recognizes that. Our committee chairs on Energy and Commerce and on Ways and Means and Education and the Workforce—every one of those committees that has any jurisdiction over health care—understand that, and they look to us. They look to us for expertise and guidance and explanations just as we who have worked in the health care sector before we got elected to the Congress look to educators, look to accountants, look to attorneys in their previous lives to help us on issues that we are not so up to date on or on which we don't have that level of expertise. That is the way it should be, and that is the way it should be, in my opinion, on both sides of the aisle.

□ 1630

So we Doctors Caucus meet, if not weekly, at least every 2 weeks. We talk about issues. We have been talking about this Affordable Care Act for the last 3 years and going through it section by section and trying to have a thorough understanding. We bring understanding to the table, but everybody can learn something that they didn't know in a 2,700-page bill. That is the due diligence that we have done over these last several years.

When we read in the media or we hear from the Democratic side of the aisle, or either in the House of Representatives or from the Majority Leader HARRY REID and the Democratic majority in the Senate, saying, well—or even, Mr. Speaker, the President of the United States. How many times have we heard him say: If you have an idea, if you have a better plan, bring it to me, bring it to me; I am all ears; I want to listen? And we have done that.

I value the opportunity to be here today to explain some of the things that have been done and that they have really come through the House GOP Doctors Caucus. One of our members is my colleague from Georgia, an orthopaedic surgeon, Dr. TOM PRICE. Dr. TOM PRICE and I served in the Georgia Senate. We are medical colleagues: he, an orthopaedic surgeon; I, an obstetrician. Now we have been in the Congress together for 10 years. And so he is a very active member of this House GOP Doctors Caucus, and he has a bill.

To just set the record straight, colleagues, let me tell you about Dr. TOM PRICE's bill, H.R. 2300, Empowering Patients First Act. Well, that bill is not 2,700 pages, but it is a comprehensive bill. A lot of the sections in that bill are individual ideas that have come from the Doctors Caucus. I am proud that he has included a number of my suggestions in regard to medical liability reform and other things. And so, it is a compendium of ideas.

It is a very good bill, a very good alternative. It is market driven. It does not interfere with the doctor-patient relationship, that sanctity, and it is a sanctity. Dr. PRICE understands that, and every member of the House GOP Doctors Caucus understands that. This bill, believe me, has the opportunity to get traction and, when it is brought to this House floor, to pass this Chamber.

Now, at the same time, we just heard, Mr. Speaker, in recent days that the Senate has drafted a bill. It doesn't have a number yet, but Dr. TOM COBURN, the OB/GYN family practitioner from Muskogee, Oklahoma, whom I have worked very closely with, the Doctors Caucus has worked very closely with, and Dr. BARRASSO and Dr. JOHN BOOZMAN. So, the Senate Republican doctors and the House Republican Doctors Caucus have worked together.

Dr. COBURN, along with Senator BURR from North Carolina and Senator ORRIN HATCH, one of the most senior and thoughtful and brilliant Members of the Senate from the State of Utah, they have this bill. They call it the Patient Choice, Affordability, Responsibility, and Empowerment Act, the acronym, Patient CARE Act from the Senate.

So, we are right there, Mr. President. With all due respect, we have ideas. We have Dr. PRICE's bill. We have Dr. COBURN's bill. We have other members of the Doctors Caucus. And the Doctors Caucus in the Senate is smaller, but we are here to help. We want to help. We truly want to bring down the cost of health care and maintain that quality that we are so proud of. It can be done. It can, indeed, be done.

Let me talk a little bit about the economy in regard to current law, PPACA, ObamaCare, Patient Protection and Affordable Care Act. ObamaCare has forced employers to cut hours, and as a result, part-time employment has gone through the roof. It has already forced many businesses to choose between, on the one hand, hiring new workers or providing health coverage. Mr. Speaker, they just can't do both.

President Obama always says health costs are rising at the lowest rates ever. Well, that is not because of his bill. That is because the economy is

dragging. His bill has not helped the health care industry. The costs are lower because people are not seeking care; they don't have the money. And so, yeah, sure, the overall costs of health care are going down, but that is not a good thing. That is a bad thing.

The Obama administration delayed the job-killing employer mandate for a full year so that doesn't go into effect, colleagues, until January 1 of 2015, 11 months from now. It has left the rest of Americans on the hook for this massive tax hike. The bill adds costs to running a business, massive tax increases, and of course, as I said at the outset, higher monthly premiums.

You know, one of the promises the President made, among many that he failed to keep, was that the average cost, of a health insurance premiums would be $2,500 a year lower than pre-ObamaCare.

Just the opposite has happened. And I don't think he ever said anything about what the deductible would be, Mr. Speaker. But in some of these policies, an individual deductible might go from $1,000 a year to $3,000 a year, and a family deductible from $3,000 a year to $8,000 a year. That is a 200 percent increase, a doubling of the monthly premiums. It creates just enormous uncertainty across large corporations, small businesses, and, of course, particularly the one-sixth of our economy that is the health care industry.

Think about the medical device tax and what it is doing to jobs in that industry. The medical device tax has already forced companies like Michigan-based Stryker Corporation to cut a thousand jobs. Boston Scientific canceled plans to build new facilities in the United States, instead moving these high-paying, highly technical, and innovative research jobs across the pond, overseas.

Let's look for a moment at the effect on small businesses. I speak often, and I know all of you do, too, on both sides of the aisle, because we go back home and we face our constituents; we have to, and we should. But I speak with these small business owners in the 11th District of Georgia, northwest Georgia, and my four counties. I want to know how President Obama's health care law has affected the day-to-day operations of their companies.

Well, ObamaCare has not even been fully implemented because of all these executive orders and the fiats that come down and the waivers that are granted to certain ones but not others. So ObamaCare really has not been fully implemented, even though the date is passed, but job creators and employees in Georgia and nationwide are already feeling the pain. Across the board, they have expressed frustration with its new rules and the ''moving target'' regulations, the increase in health care costs, and, of course, the uncertainty that they hate. This law has certainly created a heck of a lot of that, hasn't it, colleagues?

ObamaCare has forced employers to cut hours; and as a result of that, part-time employment has gone up, as I said a few minutes ago. It has already forced many businesses to choose, again, do I hire that 50th worker or do I just say no, I am going to take two part-time workers instead of one full-time? Or, even worse, I am going to hire that 50th worker, but I am going to drop health care coverage, Mr. Speaker, for all of my employees. And while I get a waiver for the first 30, for the next 20, I am going to pay $2,000 a year per employee that will go into the exchange.

One Georgia businessman who employs 47 people told me that ObamaCare has forced him to hire subcontractors instead of hiring new full-time employees. Another owner who has 49 workers recently purchased a robot instead of hiring new welders. That robot doesn't have to feed a family of four. It may be very efficient, but the robot doesn't have a heart and doesn't have anxiety.

On Main Street, uncertainty and higher costs get even worse when a company needs to create more than 50 jobs, as I just mentioned, creating a barrier to job creation and the expansion of their business.

ObamaCare forces employees to work fewer hours to stay on as part-time workers. It is estimated that ObamaCare will require American job creators, families, and health care providers to spend—get this, colleagues—more than 127 million hours a year on compliance. The EPA couldn't have been more onerous than this bill, and they are pretty darned onerous.

One Georgia businesswoman has been forced to hold numerous meetings on company time for her employees to help them understand the paperwork involved in trying to get health care. Besides a loss in productivity, these new rules are costing her. She recently hired an outside health care expert just to ensure she is running her company ''by the books.''

Mitzi Smith's small plumbing company in Marietta, Georgia, is known for its quality and its compassion and the excellence of its workers; and yet they are struggling to hold on, even with a wonderful reputation, because of this law.

Providing relief for taxpayers by delaying these costly mandates for 1 year is not enough, and I will continue fighting to dismantle every single piece of this train wreck law. I pledge to the people of Georgia that that is what I am going to do. It is an accountability pledge. It is not a term limit pledge. It is just to say, Look, I am not up here to be a potted plant. You have hired me to be your voice to speak for you on issues like this one. There are others. But I think now, as we approach the elections of 2014, what is more important than putting people back to work and providing them assurance that they can keep their doctor, they can keep their hospital, they can keep the health care that they want, not larded up with a bunch of funded mandates, really, that are causing those premiums to go up that they don't need and they don't want?

□ 1645

It is a one-size-fits-all. And in health care, one size, colleagues, and you know this, one size doesn't fit all.

I mentioned a few minutes ago about the excise tax, the 2.3 percent on medical devices. Let me mention a couple of companies that have been in touch with my office concerning this issue.

Smith & Nephew medical company announced in February that it will lay off almost 100 workers in their Tennessee and Massachusetts plants.

Cook Medical, a very familiar name, has canceled plans to open five, count them, five United States factories because the tax, this medical device tax, would cost them $20 million a year in the coming years. And remember, colleagues, this medical device tax is not on their profits. This is a tax on their revenue, so it is much more onerous than if it were just a tax on their profit.

Boston Scientific, planning for a more than $100 million charge against earnings in 2013, has now built, get this, a $35 million research facility in not Boston, but in Ireland, and is building a $150 million factory in China.

Stryker Corporation, based in Michigan, blames the tax for 1,000 layoffs.

Zimmer, based in Indiana, is laying off 450 people and taking a $50 million charge against earnings.

Medtronic, one of my classmates from Georgia Tech was the CEO of Medtronic, brilliant man, retired now, but I will never forget him. He was brilliant at Georgia Tech and throughout his entire career, and he was the CEO at a time for Medtronic. They make heart valves and many lifesaving medical devices. They expect an annual charge against earnings of $175 million.

Covidien has cited the tax in explaining 200 layoffs and a decision to move some production to Costa Rica and Mexico. I have nothing against Costa Rica or Mexico, great countries, great people, but, you know, when we are looking at an unemployment rate of 6.7 percent—if you believe that, it is probably closer to 15 percent when you count all the people that have just given up. They have been unemployed for over a year and they are just out of it, they are not even counted anymore.

So, I could go on and on and on and give you examples. I will give you one more.

A Guthrie, Oklahoma, Taco Bell has cut its full-time employees' hours to 28 per week or less. If you had a job and you got to work 28 hours a week, colleagues, I don't know about y'all, but I would need three of those jobs to support my family and my children and help support my grandchildren.

Former employee Johnna Davis said, and I quote Johnna, ''They informed everybody,'' the company, ''that nobody was considered full-time any longer . . . that everybody was now

considered part-time, and they would be cutting hours back to 28 or less due to ObamaCare.''

Spiritwear, an Idaho-based clothes company that specializes in licensed college and football team colors and logo apparel is poised to more than double their business this year.

Mr. Speaker, that is great news, isn't it?

However, the company is on the cusp of having 50 full-time employees. She is upset that what seems to be her best solution, hiring independent contractors, would give her less control—and it would—over worker hours and how much involvement they can have in other parts of the company.

Darden Restaurants, parent company of such well-known and very good restaurants as Olive Garden and Red Lobster and Longhorn Steakhouse, they tested making some workers part-time last year. The chain has decided not to make all full-time workers part-time, but it has not ruled out a broader shift toward that very thing, part-time work.

Then in January 2014, Target announced that they would no longer provide health care coverage for their part-time employees.

Mr. Speaker, how much time do we have left?

The SPEAKER pro tempore. The gentleman has 29 minutes remaining.

Mr. GINGREY of Georgia. Mr. Speaker, we have some time left, but I think, colleagues, that you get the picture here. We have a real problem right here in River City—and by that, I mean the Nation's Capitol, but I also mean the entire country—and we have to do something about it.

We can't just keep kicking the can down the road, as we have done with Medicare and Social Security, needed reforms, protections, strengthening to make sure that these programs are there for our children and our grandchildren.

But here we have created a whole new entitlement program that really, when you look at it, it is punishing both our seniors and our young because it is forcing the young people who finally reach that 27th birthday, and they can no longer, now, be on their parents' health insurance plan. Maybe they have been living at home, post-college, and the parents have finally just said, Honey, you are just going to have to move out. We need our space. We need a little privacy.

These young people have a job, and they want to move out with a friend or someone that they went to school with. They want to move on with their lives. They are adults now, and they have got a job, and they find that, to get health insurance, it is astronomical. Yet the salary that they make, their entry-level salary, is too much to make them eligible for a subsidy.

So what are they going to do? They are going to pay that fine, that $95 fine, and maybe even when it gets to $600, they are going to pay that, and they are going to go bare. I use that as an expression of being not having health insurance coverage. They may be 10-foot tall and bulletproof. They may take care of themselves. They may not do skydiving and some risky sort of behavior. But you never know when that Mack truck is going to run you down and you are going to end up in the emergency room.

So we want to make sure we get this right. So far we have gotten it totally wrong. But we can do better. We will do better. We need to do it in a bicameral, bipartisan way.

I mentioned my colleague, Dr. PRICE, and his bill. I mentioned my other colleagues on the House GOP Doctors Caucus as we continue to work on things, my cochair, Dr. PHIL ROE, a fellow OB/GYN from Tri-Cities, Tennessee, former mayor of Kingsport or Johnson City. We can do it and we will do it.

But, Mr. President, you said, if you like what you have, you can keep it. You also said, if anybody, Member of Congress, has a better idea, bring it to you and you will consider it. Well, I have mentioned two bills here tonight. We have other ideas, and you have 2½, almost 3 years left in your second term. You want a legacy? We are going to help you have a legacy, and a good one, but you have got to work with us. It is a two-way street.

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

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

FOREIGN POLICY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentleman from Iowa (Mr. KING) for 30 minutes.

Mr. KING of Iowa. Mr. Speaker, it is an honor to be recognized to address you here on the floor of the House of Representatives and this great deliberative body that we are part of. I appreciate the delivery of Mr. GINGREY a little bit earlier.

I wanted to take us, if I could direct your attention, Mr. Speaker, to the situation in the Middle East. And we know that the implication in our Constitution is that the President conducts the foreign policy. I would teach that class if I had the time, and I don't disagree with that.

But also, this Congress has responsibility. We have responsibilities, for example, that are specific within the enumerated powers of the Constitution. And if anyone thinks that the House of Representatives or the United States Senate or Congress itself, as a body, doesn't have a voice on foreign policy, I would direct them to the enumerated power of the power to declare war.

Certainly, we have also foreign policy responsibilities here, and we appropriate funds for foreign aid and a good number of other resources that go to help out countries that are either our allies or hopefully will become our allies one day. There is a lot that we do that has to do with foreign policy. We have a Foreign Affairs Committee. We have a Select Committee on Intelligence. We have Armed Services. All of those things are committees that deal with issues that have to do with our foreign relations and our foreign policy.

So, because of that, Mr. Speaker, a number of us in this Congress have taken a responsibility to step forward and be engaged in foreign policy, and also to have a voice and be better informed than simply letting the message come from the White House.

SAN JOAQUIN VALLEY AND THE DROUGHT IN CALIFORNIA

Mr. KING of Iowa. Mr. Speaker, I see that my friend from Utah has just filed the rule, and I appreciate the gentleman from Utah, not only what he has done here today, but his leadership. I want to take a moment to make the message here as the topic that is coming up now is a rule that was referenced by the gentleman from Utah about the San Joaquin Valley and the drought in California.

I have traveled out there, and I have been there to see about 250,000 of 600,000 acres that were manmade drought. And now we have nature-made drought that is coupled with the manmade drought, and I intend to support the legislation that comes to the floor tomorrow.

I thank especially the California delegation for leading on this and helping the rest of the country understand how important the water issues are around the country.

I have worked with water and water management all of my professional life, and these issues come close to home when you either need water or you can't get rid of it. And that is what this bill is tomorrow. It is about needing water and directing it to the best resources.

But if I would, Mr. Speaker, revert back to the topic at hand, and that is the topic of the foreign policy and the very solid constitutional claim that Congress has to be engaged in foreign policy, to help manage that foreign policy and to appropriate resources to foreign policy.

To that end, a number of us in this Congress, and not nearly enough of us, have been involved in foreign policy and free trade agreements and traveled to a good number of countries to engage with people in other parts of the world to help stitch together and knit together our relationships that are so important.

□ 1700

So if I could, Mr. Speaker, I would like to first paint the big picture of what the world looks like. I will offer a little bit of history first and then paint a picture of how the globe looks today.

I will take us back to World War II, which was the most dramatic shift in power that the world has seen, at least