

SOLIS today in calling for the reauthorization of the Ryan White CARE Act and cosponsoring her bill to support the observance of National Latino AIDS Awareness Day.

Mr. Speaker, we need to recognize the disproportionate affect AIDS has on our communities of color, and I join my fellow Members of the Congressional Hispanic Caucus tonight to call on Congress to work swiftly to reauthorize and strengthen the Ryan White CARE Act and to make sure these programs are fully funded.

GENERAL LEAVE

Ms. SOLIS. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

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

(Mr. BROWN of Ohio 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 Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana 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 Illinois (Mr. EMANUEL) is recognized for 5 minutes.

(Mr. EMANUEL 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 California (Mr. GEORGE MILLER) is recognized for 5 minutes.

(Mr. GEORGE MILLER of California 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 New Jersey (Mr. HOLT) is recognized for 5 minutes.

(Mr. HOLT 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 Arizona (Mr. GRIJALVA) is recognized for 5 minutes.

(Mr. GRIJALVA 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 Georgia (Mr. BARROW) is recognized for 5 minutes.

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

A CRISIS IN THE COURTS OF AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Texas (Mr. CARTER) is recognized for 60 minutes as the designee of the majority leader.

Mr. CARTER. Madam Speaker, I rise this evening to talk about an ongoing crisis that is in this country, a crisis in the courts of America. People are using the third branch of this government as an abusive form of receiving money from the court system, in many instances just because they file a lawsuit. People are using the courts of America to intimidate others out of their constitutional rights because of the expense of litigation. Most importantly, and what I rise today for, they are driving the medical profession into the ground.

Madam Speaker, I have spent 21 years of my life working with fine lawyers in a courtroom. I have seen the courtroom and how things work in the courtroom change substantially in that 21 years on the bench as a trial judge in Texas.

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The courts were designed for people to seek recourse when they were damaged. The courts were designed to grant fairness to all parties involved. The courts were not designed to use the economic expense of litigation to force people to settle lawsuits or to force people to pay money. They were designed for a fair presentation of the evidence and a fair decision to be rendered by the trier of facts and the trier of the law.

Yet, today, in modern society, we see in every area courts being used to try to force someone to do something contrary to their best interests, to pay when, in reality, the only reason they are paying is because, quite frankly, it is cheaper than fighting the litigation, cheaper for insurance claims to be settled, because it is easier to settle an accident than actually stand up for what is right. We see this, and if the spotlight is placed upon this, we see what it is doing to our medical profession.

Madam Speaker, we love to all sit around and reminisce about the old country doctor who would actually make house calls. The doctor that would make a house call with a little black bag today probably ought to be seriously examined for being crazy, because if all he brings is the resources of that bag to make that house call, surely there is a lawyer some place that is going to sue him for something because

he said he did not do the right thing. So what is happening to our legal profession?

In many instances, doctors will tell us, unnecessary tests are being required of our patients. The cost of our medical care in this country is skyrocketing not because maybe that doctor thinks he may know what is wrong with that patient, but he also wants to make sure that he has that MRI and that CAT scan on record to confirm what his diagnosis is. Why? Because of the trial lawyers standing outside the door, ready to sue him for the slightest thing because he thinks he can prove that that test was not right.

Madam Speaker, we have women in south Texas that cannot find a baby doctor to deliver their baby and cannot find a pediatrician to care for their baby when it is born. Patients in south Texas cannot find a neurologist or a neurosurgeon when someone has been in a car wreck and has a brain injury and desperately needs someone that can treat them, either a neurologist or a neurosurgeon. There are people that are being hauled all the way from the Rio Grande Valley, Brownsville, and McAllen, all the way to San Antonio to try to find a neurologist that will take care of a serious, serious case.

Madam Speaker, this is a crisis in America. I am just looking at Texas. But this is not just new to Texas; this is all over the country. There are multiple States that are in crisis when it comes to medical liability. Tonight, I am up here and I am joined by many of my colleagues to talk about H.R. 5, the Help Efficient, Assessible, Low-cost, Timely Health Care Act of 2005 entitled HEALTH. This is sponsored by my colleague, the gentleman from Georgia (Mr. GINGREY), a medical doctor and a good friend from the State of Georgia, and I am sure that he will join us here in just a little while. Right now, he is with the Committee on Rules, and that is why he is not the first one to talk, because he is the doctor.

But he will tell us, as I will tell my colleagues and my colleagues will tell us, this crisis in America is causing skyrocketing medical costs, unfair jury verdicts and judgments against the doctors of this country and causing doctors to say, I am not doing this anymore.

Madam Speaker, when we drive out the people who are there to protect our lives, when we drive them away with these frivolous and sometimes onerous, most of the time onerous lawsuits, we are driving away people that are there to save our lives. Nobody asks when they are dragged into the emergency room after a terrible car wreck where the jaws of life have pried them out of the car, they do not ask, where is my lawyer, they are looking for a doctor. Yet, I have talked personally with emergency room surgeons, and they tell me that their profession is getting thinner and thinner and thinner every day. In fact, most of the people that still are willing to go and be emergency