the family of a fallen Marine. Mr. Speaker, on this poster is an enlargement of a copy of a letter that the Secretary of the Navy sent to a Marine Corps family. The Marine was killed for this Nation serving in Iraq. And I read from the letter from the Secretary of the Navy, and I will point out that the head of the letter says, ''the Secretary of the Navy, Washington, D.C.,'' with the zip code, November 18, 2008. ''Dear Marine Corps family, on behalf of the Department of the Navy, please accept my very sincere condolences on the loss of your loved one.''

Mr. Speaker, if this becomes reality this year, should this be a requirement, if any more of our Marines are killed in Afghanistan and Iraq, the letterhead would say, ''the Secretary of the Navy and Marine Corps, Washington, D.C., Dear Marine Corps family, on behalf of the Department of the Navy and Marine Corps.''

Mr. Speaker, that is what it is all about. This is one fighting team, and the name should carry equal, Navy and Marine Corps. And with that, Mr. Speaker, before I close, I will ask God to continue to bless our men and women in uniform. I ask God to place in His loving arms, to hold the families who have given a child dying for freedom in Afghanistan and Iraq. And I close by asking God to continue to bless America.

DISPELLING THE MYTHS OF HEALTH CARE REFORM

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

Mr. MURPHY of Connecticut. Mr. Speaker, as we begin a potentially transformational debate about health care this year, I think it is critical that we start making policy based on facts and empirical data, rather than anecdotes. Currently, our Nation's conversation about the future of health care is a little sloppy when it comes to backing up interesting stories with actual data. The result is that dozens of myths both about our own health care system and about that of other countries with systems of universal care have become so dangerously prevalent as to risk becoming accepted truth.

So, I thought it might be useful for the next few months to try to come down to this floor and dispel some of those myths and to put hard cold facts back on the table as we begin to move forward with a better way of providing health care for this country.

□ 1700

So let's start with this. Over and over I have heard the health care reform skeptics tell stories about people that they know or that they have heard of living in Canada or living in England waiting for care, who had to wait weeks or months or maybe even years to get to see a doctor or to get to have a procedure done.

Every time I hear these stories I think to myself, ''Well, they are right; that one person probably did encounter that type of resistance from the system.'' But then I also think to myself that it doesn't matter, because in this place we need to make policy not on anecdote, we need to make policy based on true, real, aggregated data.

So I think it is time that we started talking about this idea, often promulgated by menacing stories of people waiting in other countries for a necessary surgery, that a health care system run or overseen by a public entity comes automatically with unreasonably long wait times for care. The fact is not only is that idea a myth, but the very idea that our own health care system delivers the speediest care in the world might be an even bigger myth.

So here are the facts.

Mr. Speaker, a Commonwealth Fund study of six industrialized nations showed that the U.S. actually ranked fifth out of six in patients reporting that they could receive a same day or next-day appointment for an immediate medical problem. We were behind New Zealand, Great Britain, Germany, and Australia, just in front of Canada. In fact, the difference between us and England was astonishing, especially because many of the stories that you hear about wait times come from the British system.

In England, 71 percent of patients receive a next-day appointment for a nonroutine or emergency care visit. In the United States, that number is 47 percent. That means, in other words, that more than half of Americans when they believe that they have an immediate need to see a doctor have to wait at least 48 hours to get in to see that physician.

Here's another fact. A study by the Institute for Health Care Improvement cited in a recent speech by a medical director of a large U.S. insurer showed that, on average, Americans are waiting nearly 70 days to see a health care provider. That same medical director noted that many people who are diagnosed with cancer are waiting over a month to get in for their first appointment for care.

Compare that to Canada, a country with a system of universal health care most often cited as having unreasonable wait times. Canada's national statistics agency reports that its citizens are now waiting about 3 weeks for elective surgery, a week less than many people in the United States are waiting for cancer treatment. And today in Canada, there are no wait times for emergency surgery.

Now as Paul Krugman points out, it is true that across the board, Canadians do wait longer for nonelective surgeries. For instance, in one case, the facts back up the claim that hip replacement and knee replacement surgeries happen more quickly in the United States. And, in fact, there probably are people from Canada traveling to the United States to get those procedures done. But you know who pays and schedules those procedures here in the United States? You guessed it, the government. As it turns out, in America's government run health care system, Medicare, which pays for those hip replacement and knee replacement surgeries, wait times aren't really that much of a problem.

The fact is, there is ample evidence to dispel the myth that Americans don't wait for health care, and those in government-run systems do. And when we looked at the Canadian, which in some cases does have longer wait times, we need to remember this: In Canada, they are spending about half as much money on a per capita basis as the United States. If they spent 1 percent more of their GDP, they could eliminate their wait times.

The bottom line? Stories about people waiting in lines for health care in other countries are just that; they are stories.

The facts, on the other hand, dispel that myth. We wait for health care, too. Mr. Speaker, health care reform is our chance to fix that.

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

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

AIG BONUSES

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. Mr. Speaker, I rise this evening in the House in strong opposition to AIG's recent payments to employees in the form of bonuses. I can't believe that this conversation is even necessary. The handling of these bonus payments by AIG's management is an insult to the people who are ultimately paying for them, the American taxpayer.

I believe that good business behavior and superior professional performance should be rewarded. That's the way the market system works and should work. People that are good at their jobs should be recognized. Compensation bonuses awarded to certain AIG employees do not fall into this category of recognition. The American people own 80 percent of this company, yet 73 individuals employed by AIG received a bonus of at least $1 million each.

The CEO of AIG today here on Capitol Hill called the bonuses ''distasteful.'' I can tell you that Kansans have a much more colorful description when they are telling the story about these bonuses. Their outrage stems from a series of corporate actions, actions that have steadily eroded our Nation's confidence in the competency of Wall Street and the business community, and the Federal Government's response