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## House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Ms. HIRONO).

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
September 24, 2007.

I hereby appoint the Honorable MAZIE K. HIRONO to act as Speaker pro tempore on this day.

NANCY PELOSI,  
*Speaker of the House of Representatives.*

### MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 4, 2007, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. BOUSTANY) for 5 minutes.

### HEALTH CARE

Mr. BOUSTANY. Madam Speaker, 2 years ago, on September 24, Hurricane Rita smashed into Louisiana and Texas, making landfall first in my district at Johnson Bayou in Cameron Parish, a small town in southwest Louisiana. The storm was one of the worst ever to enter into the Gulf of Mexico, causing \$11 billion of damage to the area.

Hard-working individuals at the community level have had the greatest impact on our recovery and reconstruc-

tion, and that's despite fits and starts with government health and so forth. It's the individuals, local officials, families on the ground that made the difference.

This storm also caused unprecedented damage to the oil and gas industry. Again, individuals working in those companies got our oil and gas infrastructure back up and running in record time, so that we could fuel America's energy needs.

At the Federal level, funds have been appropriated for assistance, but they have been clearly slow to arrive, because of bureaucracy. This has been an ongoing battle that we in Congress have had to fight with and local officials have had to fight with as well.

Two weeks ago, I was down there at Johnson Bayou, that little town where they struggled to get their school back. Actually, private funding allowed the school to come back before we could even get Federal funds down there, because of the bureaucracy. That took 2 years, but private funds allowed for the school to be rebuilt. It was one of the first schools to be rebuilt back in Louisiana.

I was down there 2 weeks ago for a very special time. We had a ribbon-cutting for a new health clinic in Johnson Bayou down in Cameron Parish. This little town did not have a health care clinic. It never had one. In fact, families had to drive many, many miles on small roads or oftentimes had to rely on a ferry to cross a body of water to receive health care, and if that ferry was down, they were stranded.

But with the opening of this health clinic, for the first time, families at Johnson Bayou now have access to health care. This was very special, because a family donated the land for the clinic. A company actually put up money, \$2 million to build the clinic, and an additional \$1 million to fund its ongoing operations for the next 3 years. For the first time what we have

now seen is a health care clinic in Johnson Bayou, where the community came together to put this in place to create access for health care.

You know, we all talk about how all politics is local, but I would submit that all health care is local. If we don't have access to health care, it doesn't matter. It doesn't matter what's available in Boston, Massachusetts, or in San Francisco and New York, because if the folks down in Johnson Bayou don't have access to health care, then what good is it? What good is the great advance in Boston or the wonderful hospitals around the country if folks can't even enter into the health care system in their own community?

Access is critically important, and there are many, many things, many factors that affect access. I know this firsthand, as a cardiovascular surgeon before coming to Congress, that many rural communities don't have access because there aren't doctors in these rural communities, or there are no clinics in these rural communities.

We have a severe shortage of physicians nationwide right now, and there are many reasons we have shortages. I have asked for a GAO study in the past on this and tried to pass an amendment in the higher education bill last year to look at why we have these shortages. Clearly there are a number of factors, and we need to correct those deficiencies to get a sufficient physician workforce to fill our rural communities and provide access.

There are cost issues that limit access, cost for families, where they can't afford health insurance. There are costs, actually, reimbursement factors for physicians which do not provide adequate incentives for physicians and nurses to be in rural communities. We have a severe shortage of nurses. All health care is local, and we have to remember that if we are going to reform the health care system.

The United States has one of the best health care systems in the world, and

This symbol represents the time of day during the House proceedings, e.g.,  1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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