

There is currently no Federal agency with specific jurisdiction over the mortgage servicing industry, and therefore, no mechanism for anyone to address this pressing issue. The proposed consumer financial protection agency would bring nonbanks who offer financial services to and interact with consumers into our regulatory system.

Another reason we need a consumer financial protection agency is to protect consumers from complicated products and hidden and predatory fees. According to Harvard Professor Elizabeth Warren, the average credit card offer now comes bundled with more than 100 pages of fine print. Buried within this fine print are provisions about restrictions, teaser rates and penalties. This fine print is nearly impossible for consumers to make informed decisions and pick the credit card or other lending product which is right for them. This leads some borrowers to be trapped in credit cards or loan products with hidden and abusive fees. This agency could solve this problem by working with the industry to reduce fine print and hidden fees.

The final reason we need this new agency is stability. Our financial markets are built on consumer lending. Our current crisis began when collateralized debt obligations and mortgage-backed securities were packed with exotic products, such as no-doc loans and liars loans. It was exacerbated as consumers were continually squeezed with excessive penalties and fees from bank products, reducing purchasing power and leading families everywhere to make tough decisions. A strong regulator, one which focused solely on consumer safety and championed simpler disclosure and products, could have prevented all of this.

We need a consumer financial protection agency to deal with this kind of crisis so that it never occurs again.

NATIVE AMERICAN INDIAN HEALTH CARE MEDICAL MAL- PRACTICE, PAGE 2

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

Mr. POE of Texas. Madam Speaker, government-run health care leads to doctor shortages, rationing of services and long waiting lines. The United States Government has been trying to run health care for the American Indians for over 200 years. And it is a miserable failure. It has resulted in medical malpractice against Native American Indians.

Over the last two centuries, Members of Congress have spoken out about the way Indians are treated by the Federal Government. Among those outspoken critics include David Crockett and Sam Houston. The prime example of mistreatment today is the government-run health care for Native Americans.

In 1787, the Federal Government agreed to provide for the health, safety

and well-being of Indian tribes on reservations in exchange for over 450 million acres of land. The United States Government has been running Indian health care ever since.

The Indian Health Services is part of the Department of Health and Human Services. They took over the Indian health care in 1954 from the Bureau of Indian Affairs. Now, Indian Health Services oversee medical care for about 2 million American Indians and Alaskan Eskimos in 35 States.

Last week, I talked about just a few of the tense tragic stories of some of the victims of this U.S. Government-run health care system. Like Ta'Shon Rain Little Light, the little girl who went to an Indian Health Service clinic in Montana. The doctor said Ta'Shon was just depressed. But she kept complaining to her mom that her stomach hurt and stopped eating and drinking. After going back to the same clinic 10 more times, her lung collapsed. She was then airlifted to a private children's hospital, where she was diagnosed with terminal stomach cancer. She died a few days later. Ta'Shon Rain Little Light was 5 years of age.

Rhonda Sandland lives on the Standing Rock Reservation in North Dakota. She had to threaten to kill herself to finally get treatment for severe frostbite on her fingers. The government health care providers wanted to cut off all of her fingers. A private doctor happened to stop by on the reservation and prevented the amputation. Instead, he prescribed the medicine that took care of the problem.

And then there is Victor Brave Thunder who had congestive heart failure. The clinic at Standing Rock gave him Tylenol and cough syrup and sent him home. He died of a heart attack a few weeks later. Then there's Harriet Archambault who died when her hypertension medicine ran out. She tried five times to get an appointment to get her medicine refilled. She never got to see a doctor before she died.

These are not isolated incidents.

The Cheyenne River Sioux tribal officials have held hearings on their South Dakota reservation to document conditions at the Eagle Butte Indian Health Services hospital. Betty Crowe worked at the reservation hospital for years. Betty said all they could do most of the time was hand out painkillers. Others testified at that hearing that people who had appendix problems were given pain medicine and sent home until their appendix burst. Betty's own son had leukemia. He used to get his leukemia medicine through his wife's private insurance, but then he got a divorce and he lost that insurance. He couldn't pay for it by himself. And Betty said that the bureaucrats at the Butte Indian Health Services hospital wouldn't allow him to get the leukemia medicine from the Federal Government.

Germaine Means says that nonmedical staff was deciding who would or would not get medical treatment. Now

imagine that, Madam Speaker. In the Indian Health Services agency, a bureaucrat, not a doctor, decides who can get medical care and who doesn't. That is called "rationing."

On the reservations it is said, don't get sick after June because the government runs out of money and runs out of medicine. The Indian Health Service Agency itself calls their organization a "rationed health care system."

When the taxpayer money runs out, they can't pay for those services. So they ration. America has proven universal nationalized health care results in a rationed system of care by the way we treat the American Indians. And every nation that has tried socialized medicine has proven its results in rationing and in poor health care.

There are more problems with this universal plan. To cut costs, the government solution is to pay all the private doctors the Medicare rate for their services. It's in their 1,000-page bill. They call it "cutting medical costs." The main problem with that scenario is that Medicare rates don't pay for a doctor's overhead. So they run the doctors out of business. Why would anyone want to go to medical school and spend all that money just to open up a practice that doesn't pay for itself? And to make matters worse, the American Medical Association has warned us that we are losing more doctors than we are getting.

Madam Speaker, we don't have to wonder what health care, run by the Federal Government, looks like. We have our own long, lamentable, sad, sick history to prove it doesn't work. Socialized medicine has the competence of FEMA, the efficiency of the post office and the compassion of the IRS, and results in medical malpractice against the American Indians. Just ask them. And that's just the way it is.

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

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

WE MUST RETHINK OUR POLICY IN AFGHANISTAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Madam Speaker, the administration is currently reviewing our military strategy in Afghanistan. General McChrystal, the leader of U.S. and NATO forces, is expected to give his report to the President in just a few weeks.

But the President isn't the only one who should be reviewing our policy. Every Member of this House should be reviewing our policy too, because we are once again relying on the military