United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 111th CONGRESS, FIRST SESSION

Vol. 155 WASHINGTON, WEDNESDAY, OCTOBER 21, 2009 No. 153

House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. PASTOR of Arizona).

DESIGNATION OF THE SPEAKER PRO TEMPORE

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

WASHINGTON, DC
October 21, 2009.

I hereby appoint the Honorable ED PASTOR to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

Rev. Darrell Armstrong, Shiloh Baptist Church, Trenton, New Jersey, offered the following prayer:

God of Abraham, Isaac, and Jacob, God of Miriam, Deborah, and Esther; Thou who art my creator, redeemer, and sustainer; Thou art from everlasting to everlasting; anoint, O God, bless and guide today's session of the United States House of Representatives.

Grant Thy special grace upon these ordinary women and men who gather in these hallowed walls with extraordinary positions of influence and power.

Give them wisdom, knowledge, discernment, and understanding to make decisions which positively impact the lives of American and world citizens alike. And as Micah charged us in the prophetic scriptures, help us to do justice, to love kindness, and to walk humbly with You, O God.

Bless our international community of nation states, bless our beloved United States of America, and do, God, bless our President.

Out of loving respect to my brothers and sisters of the other faiths—Jewish, Islamic, Buddhist, Hindu and others—I offer this prayer in the name of the One I call Jesus the Christ. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Texas (Mr. POE) come forward and lead the House in the Pledge of Allegiance.

Mr. POE of Texas led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1818. An act to amend the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 to honor the legacy of Stewart L. Udall, and for other purposes.

The message also announced that pursuant to Public Law 110–315, the Chair announces, on behalf of the President pro tempore, the appointment of the following individuals to be members of the National Advisory Committee on Institutional Quality and Integrity:

Daniel Klaich of Nevada,
Cameron Staples of Connecticut, and
Larry Vanderhoef of California.

WELCOMING THE REVEREND DARRELL ARMSTRONG

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey (Mr. HOLT) is recognized for 1 minute.

There was no objection.

Mr. HOLT. Mr. Speaker, I rise today to welcome and introduce to my colleagues the Reverend Darrell L. Armstrong, pastor of Shiloh Baptist Church, in Trenton, New Jersey.

Rev. Armstrong, a native of Los Angeles, California, moved to New Jersey in 1995 to pursue ministerial training at the Princeton Theological Seminary. In 2000, he was elected by near unanimous vote to serve as pastor of the acclaimed Shiloh Baptist Church, which was founded in 1893. As only the third pastor to lead this church over the past 100 years, Rev. Armstrong has helped to double its membership to over 1,800 congregants, and he has solidified Shiloh Baptist's reputation as a thriving and respected church in central New Jersey.

He is the proud husband of Melanie Pinkey and the father of two children, Amaris Kayla and Daniel LaRue.

Rev. Armstrong is one of more than 70 central New Jersey religious leaders here today for meetings with Members of Congress, administration officials, and outside groups. I know that his inspiring prayer this morning will help to guide not only today's session of the House, but also our meetings throughout the day.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 15 further requests for 1-minute speeches on each side of the aisle.

TIME FOR COMPREHENSIVE HEALTH CARE REFORM

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

Printed on recycled paper.

Mr. BRALEY of Iowa. Mr. Speaker, the time for comprehensive health care reform is now. Yesterday, in the House Oversight and Investigations Subcommittee, we had a hearing on the impact on small businesses of our current health care delivery system.

A constituent of mine from Davenport, Iowa, Mick Landauer, came and testified about the challenges his small business faces providing health care to its employees. The challenge is greater when you have an employee like Mick, who suffers from a critical chronic disease like congestive heart failure.

In the last 2 years, he has seen the deductibles for employees go from $2,000 to $4,000 to $8,000 for single individual coverage. That is unacceptable, and that is why Democrats in the House have put forward a comprehensive health care reform bill that is going to provide small businesses with much greater opportunities to find competitively priced products for their employees.

One of the things we have to do is make sure the emphasis on coverage applies to people, no matter where they live, the number of employees they are trying to insure, and to give them more flexibility in a more competitive marketplace. That is why we need to pass this bill and pass it soon.

STIMULUS BILL FUNDS EXPENSIVE PR SIGNS

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, if there is one thing the Federal Government is really good at, it is wasting money, and thanks to the so-called stimulus bill, there are millions of citizen dollars floating around loose being blown by the wind of the waste-acrats.

The money is not being used to create permanent jobs in the private sector. State governments are using stimulus money for their own pet programs. But States are also required to put up stimulus signs where no projects have even started.

One New Hampshire community was told if they didn't put up a government sign, they wouldn't get any money. Pay for the stimulus boondoggle PR blitz, or no funds. And these signs cost taxpayers up to $2,000 a piece. Now, here is one of those signs. The Feds are trying to convince people that the stimulus is a success. Of course, there is no work taking place below this sign.

It is easier to create million dollar public relations signs than it is to create real jobs. The PR propaganda campaign by the Federal Government claiming the stimulus plan is working is an expensive myth.

And that's just the way it is.

HEALTH CARE REFORM

(Mr. BACA asked and was given permission to address the House for 1 minute.)

Mr. BACA. As we move closer to health care reform, let us not lose focus on who exactly we are trying to help.

Our seniors need help as they try to make ends meet between fixed income and increased health care costs. Our families need help as they are living paycheck by paycheck, often postponing doctor's visits. In my district in the Inland Empire, we have at least 217,000 who are uninsured, and this number keeps rising every day.

All of these individuals have nowhere else to turn to. We must not turn our backs on them. I state, we must not turn our backs on them. We have seen what a quick fix can do to health care reform. This only leads to more problems with expensive consequences.

Health care reform must include a public option, where everyone can participate and not be left out in the cold. A public option will bring down health care costs and give individuals and families a choice, instead of leaving them stranded without coverage.

I urge my colleagues to remember who this health care reform is for and not let special interests cloud the picture of real reform. Let's support health care reform.

HEALTH CARE REFORM SHOULD NOT COST PATIENTS THEIR HEALTH CARE

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

Mr. GINGREY of Georgia. Mr. Speaker, health care reform should not cost my patients their health care. In every plan, the Democrats pay for health care reform on the backs of my patients, particularly seniors and those who get health care from their employer.

Our seniors have suffered tremendously since the recession began. However, my Democratic colleagues don't think seniors have paid enough this year, so now they are asking our seniors to foot the bill for health insurance reform by cutting Medicare by $50 billion. And despite our tough economic times, the Democrat plans would fund the health reform plan by creating massive new taxes on employers that will result in as many as 5.5 million jobs lost.

Don't believe me? Ask the 22 Democrats who signed a letter to Speaker PELOSI on July the 16th telling her that the Obama plan could increase small business taxes to 50 percent. Fifty percent, my colleagues.

Mr. Speaker, health care reform should not cost my patients their health care.

MARKING NATIONAL SAVE FOR RETIREMENT WEEK

(Ms. SCHWARTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SCHWARTZ. I rise today to recognize National Save for Retirement Week, which started on Sunday and will last until Sunday, October 25th. This week encourages Americans to prioritize the important responsibility of saving for their retirement. I am proud that earlier this year the House of Representatives passed my resolution marking the importance of this week.

Not enough Americans are putting money away for retirement. While more Americans started to save recently, we do not know yet whether this will be sustained.

According to the Employee Benefit Research Institute, less than two-thirds of workers or their spouses are currently saving for retirement, and the actual amount of retirement savings lags behind the amounts families will need to fund their retirement years. The average 401(k) account has just over $45,000, far below the amount needed to finance retirement for most Americans.

So even in these challenging financial times, this week serves as an important reminder that for all of us it is never too early or too late to begin to save for retirement.

SMALL BUSINESS SHOULDN'T BE PUNISHED FOR HEALTH CARE REFORM

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, I have been a family physician for over 30 years, and that is why I believe the Democrat health care reform proposals being circulated in Congress right now are bad for American families, bad for American seniors, and bad for American small businesses.

If we allow a government takeover of health care, a $544 billion surtax is going to be imposed on the so-called rich to pay for this awful plan. Who are these ''rich'' people, Mr. Speaker? They are small business owners. Small businesses create 7 out of 10 jobs, yet we are about to cripple employers and guarantee that the 10 percent unemployment rate that we currently face will only continue to rise. The result of these new taxes on jobs will be the loss of an estimated 5.5 million jobs.

Overall, Americans will suffer $820 billion in new taxes; another broken promise by the President. Democrats also want to impose another $208 billion in new taxes on businesses that can't afford to pay for their employees' health care.

Why are Democrats pushing a government takeover of health care?

FINDING DIFFERENT WAYS TO SAY NO TO HEALTH CARE REFORM

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Mr. Speaker, our Republican colleagues continue to find different ways of saying no to the health care reform that the American people so desperately need and want. One of those outrageous ways of saying no is to claim that the government is somehow going to get between doctors and their patients.

Well, America's seniors know that is not the case, because under Medicare, doctor-patient relationships are sacred. Veterans know that is not the case, because the VA knows that doctor-patient relationships are sacred.

But the people of California don't know that. A recent study revealed that 22 percent of the claims made to insurance companies are denied. Now who is getting between the doctor and patient relationship? It is the insurance companies, not the government.

Republicans ought to figure out a way to say yes instead of no. It has been 126 days and counting since the Republican leadership said they were going to advance a plan to reform America's health care. Instead, they still find crazy ways to say no. It is time for them to join us in saying yes.

HEALTH CARE REFORM

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

Mr. BURGESS. Mr. Speaker, health care reform should not cost patients their health care. Unfortunately, several of the plans that have been passed by this House and are now being written in secret in the Speaker's Office with the White House will do just that.

If it is cheaper for employers to drop employees from employer-sponsored insurance and move them into a public option, employers will do just that.

One-quarter of America's seniors who enjoy the added benefits of Medicare Advantage will lose their coverage. They get the things we want them to get: care coordination, disease management, medical homes, the things that we have told our seniors we will provide for them. And yet they will lose it under the health care reform. Millions more Americans will be moved into Medicaid.

Patients whose doctors can no longer afford their liability insurance will lose their doctor if we don't pass some sort of meaningful liability reform. Not just another study, but meaningful liability reform like we passed in Texas in 2003, and the point has been proven over the years since that has happened.

Portability should bring hundreds of more choices. We don't need a public option that will simply deliver a single additional choice.

No cuts to Medicare. America's seniors have paid, and they deserve better.

□ 1015

SAYING NO TO HEALTH CARE REFORM

(Ms. WASSERMAN SCHULTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WASSERMAN SCHULTZ. Mr. Speaker, it's been 125 days, 126 days since Representative ROY BLUNT, the point man for the rumored Republican alternative health reform plan, said: I guarantee you we will provide you with a bill. Republican leaders from Governor Bobby Jindal to former Senate majority leaders Bill Frist and Bob Dole have indicated that Republicans need to work with Democrats to offer health care solutions.

But rather than coming up with a plan to lower health care costs and stop insurance companies from discriminating against you if you get sick, Republicans are choosing to be the party of ''no'' and the status quo.

No is not a solution. Saying no costs the average family $1,800 in increased health costs each year. Health insurance reform is about putting the American people and doctors back in charge, not the insurance companies, to guarantee stability, lower costs, higher equality and more choices of plans. Our friends on the other side of the aisle can't run away from the fact that they have no plan, as much as they might like to. The time to act on health insurance reform is now.

UNCERTAINTY HURTS JOB CREATION

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

Mr. WILSON of South Carolina. Mr. Speaker, Democrat policies in Washington are creating uncertainty across America. This uncertainty is chilling job creation, and small businesses have to wait and see when the next tax increase or government mandate is going to arrive. Whether it is more government intrusion into the financial sector, a national energy tax, devaluation of their dollar, a Big Government health care takeover, small businesses see a Democrat agenda that is out of touch with their needs.

Further promoting this uncertainty is the Democrats' refusal to provide the transparency they promised. Long gone are the plans to draft a health care bill in public. Now those decisions are made behind closed doors. The Democrat leadership is even refusing to hold a vote on a proposal to have all legislation available online for 72 hours.

We need to say ''yes'' on H.R. 3400, health insurance reform. Republicans have a bill for access and affordability, and I urge my Democrat colleagues to consider H.R. 3400.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

PUBLIC OPTION MYTH BUSTER

(Ms. EDWARDS of Maryland asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Mr. Speaker, it's been 126 days since the Republican leadership promised a health care bill and today, 126, still no bill. Mr. Speaker, I rise today to set the record straight. The American people overwhelmingly support a robust public health option. And despite months and months of insurance companies, lobbyists and even political leaders spreading the myth that the American people don't support a public health insurance option, we have clear evidence to the contrary. A poll released by The Washington Post and ABC News earlier this week confirmed that 57 percent of Americans support a public health insurance option.

The American people realize that the current system is broken, the status quo is unacceptable and the time for real health care reform is now. But instead of supporting reform, the party of ''no'' 126 days later, and insurance profit-mongers continue to work to kill reform and defend a system that discriminates against people with chronic illnesses, a history of domestic violence and continues to see premiums and deductibles skyrocket, forcing 14,000 Americans each day to lose their health care coverage.

Mr. Speaker, the American people have spoken and it's time for all Members of Congress, Republicans and Democrats, to listen. They want real health care reform, a robust public option to expend coverage, create real competition and bring down costs.

AMERICA'S RIGHT TO KNOW

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

Mr. BUCHANAN. Mr. Speaker, the State of Florida leads the Nation with one of the toughest right-to-know laws in the country. Florida's strong Sunshine Law guards against back-room deals and secret negotiation by government officials. Democracy thrives best when the people are fully involved and engaged.

Along these lines, I've introduced a resolution demanding that the critical decisions made on the sweeping health care reform bill now before Congress be conducted under the watchful eye of the American people. My resolution puts the House on record against secret, closed-door deals on a health care bill that seeks to overhaul one-sixth of our country's entire economy. In the past, massive legislative measures have been written in the middle of the night by a handful of Members and staff and then quickly passed into law before the American people have had a chance to even see what the final version looks like, let alone determine how they feel about it.

It's time for Congress to follow Florida's lead and ensure that any conference committee meeting on health care reform be conducted in the light of day and under full public view. I hope Members on both sides of the aisle will cosponsor this important right-to-know measure and join me in this effort.

MISREPRESENTATIONS ON MEDICARE

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

Mr. ANDREWS. Well, it's been 126 days and the minority party's not given us their plan for health care. What they have given America's seniors is a lot of misrepresentations on Medicare. This bill does not cut Medicare benefits for seniors. It cuts corporate welfare for insurance companies. There is a program called Medicare Advantage, and it's an advantage for the insurance industry because it works like this: for every $100 that we spend on regular Medicare to take care of seniors, insurance companies get $114. They keep most of that $14, if not all of it, and do not use it to help seniors. We're getting rid of that and I think that makes sense.

This bill will work in favor of seniors on Medicare because when you go to the doctor for preventive care if you're a senior on Medicare, no more copay, no more out of your pocket. Medicare pays it all. The cost of your prescription drugs will drop, and Medicare benefits will be strengthened. The life of the Medicare trust fund will be extended by 5 years.

So after 126 days, you'd think they'd come up with something, but what they've come up with is more misrepresentation.

PUBLIC OPTION DISASTER

(Mr. ROE of Tennessee asked and was given permission to address the House for 1 minute.)

Mr. ROE of Tennessee. Mr. Speaker, this week The Washington Post published a poll supposedly showing that 57 percent of the American people support, and I quote, ''having the government create a new health insurance plan to compete with the private health insurance plans.'' Unfortunately, what The Post failed to ask and what poll after poll has consistently shown is that Americans who claim to support a government-run option switch their opinion when they find out that creating such a plan will decrease quality and access and increase costs.

How do I know this will happen? I practiced medicine in Tennessee under a plan very similar to what the Democrats are proposing here. We sought to increase access to health insurance by lowering provider payments and promising free medical care to our State's government-run Medicaid plan. Our plan was called TennCare, but it might as well have been called H.R. 3200. It resulted in costs tripling in 10 years and rationing of care when our State couldn't pay for the care that was promised.

Our businesses realized they could shift the cost to the public sector, and our State saw 45 percent of individuals on TennCare who had previously been on private health insurance. It was a disaster. And I'm trying to prevent that disaster from playing out on a national level.

INSURANCE COMPANY CATCH–22

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. This month a health insurance company tried to deny health coverage to a 4-month-old baby in Colorado. Why? Because they said he was too fat. An insurance company also, just this week, denied coverage to a 2-year-old girl. Why? Because they said she was too thin. Too fat, too thin, sounds like a no-win situation, a catch-22.

And, in fact, it was designed that way. An industry spokesman said they might reconsider covering those children if they got medical treatment and seemed healthy over a period of time. So in order to get health insurance, these children need to get treated without health insurance until they prove they're healthy enough to satisfy the insurance company. A cruel trick. And these companies pull it every day just to preserve their profit margins.

The apple doesn't fall far from the tree. Our friends across the aisle have been using similar logic to defend these companies and to defeat health insurance reform. They tell us that a public option will mean government-run health insurance, and that must be stopped. They tell us our health reform plan will endanger Medicare which is, of course, a public option. Which is it: too fat, too thin, too much government or not enough?

HEALTH INSURANCE EXPANSION SHOULD NOT COST PATIENTS COVERAGE OR BENEFITS

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

Mr. BOOZMAN. Mr. Speaker, I rise today to say that health insurance expansion should not end up costing patients their quality of care or their benefits. In January 2008 the Arkansas Department of Health reported that 51,707 Arkansans were currently enrolled in Medicare Advantage. The Department also noted that the number of enrollees was increasing every day.

Most of these men and women are located in rural areas of the State, places where access to health care is already strained and doctors are no longer seeing new Medicare patients. With the massive proposed cuts to Medicare Advantage, how am I to explain to these patients that the reform that they've been waiting for, the reform that many claim will broaden access and help them get the services they need will actually cost them the quality of care and coverage that they depend on?

I cannot find a good explanation, and I will not support legislation that sacrifices the health of seniors in Arkansas by cutting Medicare Advantage.

AMERICANS ARE TIRED OF WAITING

(Mr. MURPHY of Connecticut asked and was given permission to address the House for 1 minute.)

Mr. MURPHY of Connecticut. Mr. Speaker, I'm a patient man, so I've been willing to take my Republican colleagues at their word that they're not really trying to obstruct health care reform, that they want to fix the system as well. So I've been willing to wait for a plan. And many people out there in the public have been willing to wait as well for the Republicans to produce a health care reform before they pass judgment on what the best course is to fix our broken health care system.

Well, 126 days later, we're tired of waiting. Americans are ready for health care reform now because they want affordable choice that competes with private plans. They know that they are one bad checkup or one pink slip away from being kicked off their coverage. And they can't wait any longer for Republicans to share their solution.

Mr. Speaker, the status quo is unacceptable to the vast majority of Americans, except to those who have left us waiting.

FIND WAYS TO HELP SMALL BUSINESSES

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

Mr. ROGERS of Alabama. Mr. Speaker, the folks in east Alabama, as across most of America, are hurting right now. In my home county, we have 11 percent unemployment, and that's the lowest unemployment in that region of the State. I have several counties in my district with 15 percent unemployment, and I have one county with 17 percent. That's real pain. And instead of this Congress and this administration finding ways to help small businesses create jobs and get these people back to work, they're talking about raising taxes on small businesses and creating government-run health insurance and mandating it on small businesses.

We need to find ways to help small businesses create jobs. We need to offer tax credits if you'll hire new employees. We need to offer tax credits if

you'll buy new equipment, expand your plants and create jobs. We need to find ways to help these small businesses provide health insurance by allowing association health plans, simplified billing, allow us to purchase health insurance across State lines and passing tort reform.

It's time for us to come up with the ways to help small business create jobs instead of finding ways to hinder them.

287(G) PROGRAM

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

Mr. POLIS. Mr. Speaker, I rise today in strong opposition to the Federal 287(g) program. This unconscionable program authorizes local governments to carry out immigration law compliance, threatening law enforcement and our constitutional protections. We've seen Sheriff Arpaio of Maricopa County, Arizona, despicably racially profile and round up Latinos in front of TV cameras as he enforced his 287(g) powers. We've watched in horror as he and others who are a disgrace to the uniforms they wear detain people based solely upon the color of their skin.

Arpaio is now, thankfully, under investigation for civil rights violations for his discriminatory, unconstitutional searches and seizures. Nevertheless, I'm sad to announce that last Friday afternoon, ICE announced 287(g) agreements with 67 State and local law enforcement agencies across the county. 287(g) scares victims and witnesses of crimes to avoid contacting police for fear of being mistreated. 287 invites exploitation by those who know that they won't be reported to police because it combines the contradictory duties into the same police force.

What's the result? A sweep of terror that's frightened legal and undocumented immigrants into hiding, undermining law enforcement efforts across our country. 287(g) programs undermine the spirit and the text of the Constitution, and I encourage Congress to repeal 287(g).

□ 1030

HEALTH CARE AND SMALL BUSINESS

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

Mr. GUTHRIE. Mr. Speaker, we can all agree that health care needs to be made more affordable and accessible. However, under the proposed House bill, those who are working to get our economy back on track will be burdened with financing the government takeover of health care.

Some in Congress want to enact a $544 billion surtax to help pay for the legislation. However, according to the data from the IRS, more than half of those targeted under the surtax are small business owners.

Small businesses have historically employed more than half of the U.S. workforce and have created more than 72 percent of the new jobs across the country. With unemployment climbing to record numbers and the Federal deficit reaching $1.4 trillion, Congress simply can't keep ignoring these issues.

Prior to being elected to Congress this year, I was working for my family's small business and know how important small businesses are not only to local communities but to our national economy as well.

Imposing taxes on small businesses that are doing all they can to stay afloat is not a viable answer and could make job losses even worse.

HEALTH CARE BILL IS MOVING FORWARD

(Mr. PALLONE asked and was given permission to address the House for 1 minute.)

Mr. PALLONE. Mr. Speaker, I just want to say how proud I am of the fact that both in the House and the Senate we are now moving towards health care reform. The committees of jurisdiction have moved bills. The bills are now being prepared for a floor vote in both the House and the Senate.

It is so important to my constituents and to every American that we have affordable health insurance. The number of people without insurance continues to grow. The statistics about increased costs for health care and insurance next year continue to go up. We need to accomplish the goal of providing affordable insurance for everyone, and that's about to be accomplished here in the Congress—both in the House and the Senate.

I think we can move forward with these bills in the next few weeks and then go to conference and have a bill on the President's desk by the end of this year, which was the goal of President Obama since the beginning.

So we should be very proud of the fact that we are moving forward and that this is something that finally will be accomplished for the American people.

GOVERNMENT TAKEOVER OF HEALTH CARE

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, contrary to what my colleagues from across the aisle have said, Republicans do have commonsense plans for reforming health care. They're different from the Democrat plan for a government takeover of health care, which will be an economic burden that will fall squarely on the backs of small business owners and their workers.

At a time when Americans are cutting back and making sacrifices, they expect Washington to do the same. Instead, the Democrats' proposed government-run health care plan imposes $208 billion in new taxes on small businesses who simply cannot afford to pay for their employees' health care. An estimated 5.5 million jobs will be lost at a time when this country already suffers from unemployment not seen in 26 years.

The worst thing that Washington can do is introduce a job-killing health care plan that restricts the growth of small businesses during these tough economic times. The American people deserve better, and Republicans have proposed better ways.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1793) to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1793

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; REFERENCES.

(a) SHORT TITLE.—This Act may be cited as the ''Ryan White HIV/AIDS Treatment Extension Act of 2009''.

(b) REFERENCES.—Except as otherwise specified, whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).

SEC. 2. REAUTHORIZATION OF HIV HEALTH CARE SERVICES PROGRAM.

(a) ELIMINATION OF SUNSET PROVISION.—

(1) IN GENERAL.—The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109–415; 120 Stat. 2767) is amended by striking section 703.

(2) EFFECTIVE DATE.—Paragraph (1) shall take effect as if enacted on September 30, 2009.

(3) CONTINGENCY PROVISIONS.—Notwithstanding section 703 of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109–415; 120 Stat. 2767) and section 139 of the Continuing Appropriations Resolution, 2010—

(A) the provisions of title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.), as in effect on September 30, 2009, are hereby revived; and

(B) the amendments made by this Act to title XXVI of the Public Health Service Act

(42 U.S.C. 300ff et seq.) shall apply to such title as so revived and shall take effect as if enacted on September 30, 2009.

(b) PART A GRANTS.—Section 2610(a) (42 U.S.C. 300ff–20(a)) is amended by striking ''and $649,500,000 for fiscal year 2009'' and inserting ''$649,500,000 for fiscal year 2009, $681,975,000 for fiscal year 2010, $716,074,000 for fiscal year 2011, $751,877,000 for fiscal year 2012, and $789,471,000 for fiscal year 2013''.

(c) PART B GRANTS.—Section 2623(a) (42 U.S.C. 300ff–32(a)) is amended by striking ''and $1,285,200,000 for fiscal year 2009'' and inserting ''$1,285,200,000 for fiscal year 2009, $1,349,460,000 for fiscal year 2010, $1,416,933,000 for fiscal year 2011, $1,487,780,000 for fiscal year 2012, and $1,562,169,000 for fiscal year 2013''.

(d) PART C GRANTS.—Section 2655 (42 U.S.C. 300ff–55) is amended by striking ''and $235,100,000 for fiscal year 2009'' and inserting ''$235,100,000 for fiscal year 2009, $246,855,000 for fiscal year 2010, $259,198,000 for fiscal year 2011, $272,158,000 for fiscal year 2012, and $285,766,000 for fiscal year 2013''.

(e) PART D GRANTS.—Section 2671(i) (42 U.S.C. 300ff–71(i)) is amended by inserting before the period at the end '', $75,390,000 for fiscal year 2010, $79,160,000 for fiscal year 2011, $83,117,000 for fiscal year 2012, and $87,273,000 for fiscal year 2013''.

(f) DEMONSTRATION AND TRAINING GRANTS UNDER PART F.—

(1) HIV/AIDS COMMUNITIES, SCHOOLS, AND CENTERS.—Section 2692(c) (42 U.S.C. 300ff–111(c)) is amended—

(A) in paragraph (1)—

(i) by striking ''is authorized'' and inserting ''are authorized''; and

(ii) by inserting before the period at the end '', $36,535,000 for fiscal year 2010, $38,257,000 for fiscal year 2011, $40,170,000 for fiscal year 2012, and $42,178,000 for fiscal year 2013'' ; and

(B) in paragraph (2)—

(i) by striking ''is authorized'' and inserting ''are authorized''; and

(ii) by inserting before the period at the end '', $13,650,000 for fiscal year 2010, $14,333,000 for fiscal year 2011, $15,049,000 for fiscal year 2012, and $15,802,000 for fiscal year 2013''.

(2) MINORITY AIDS INITIATIVE.—Section 2693 (42 U.S.C. 300ff–121) is amended—

(A) in subsection (a), by striking ''and $139,100,000 for fiscal year 2009.'' and inserting ''$139,100,000 for fiscal year 2009, $146,055,000 for fiscal year 2010, $153,358,000 for fiscal year 2011, $161,026,000 for fiscal year 2012, and $169,077,000 for fiscal year 2013. The Secretary shall develop a formula for the awarding of grants under subsections (b)(1)(A) and (b)(1)(B) that ensures that funding is provided based on the distribution of populations disproportionately impacted by HIV/AIDS.'';

(B) in subsection (b)(2)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by striking ''competitive,''; and

(II) by adding at the end the following:

''(iv) For fiscal year 2010, $46,738,000.

''(v) For fiscal year 2011, $49,075,000.

''(vi) For fiscal year 2012, $51,528,000.

''(vii) For fiscal year 2013, $54,105,000.'';

(ii) in subparagraph (B)—

(I) in the matter preceding clause (i), by striking ''competitive''; and

(II) by adding at the end the following:

''(iv) For fiscal year 2010, $8,763,000.

''(v) For fiscal year 2011, $9,202,000.

''(vi) For fiscal year 2012, $9,662,000.

''(vii) For fiscal year 2013, $10,145,000.'';

(iii) in subparagraph (C), by adding at the end the following:

''(iv) For fiscal year 2010, $61,343,000.

''(v) For fiscal year 2011, $64,410,000.

''(vi) For fiscal year 2012, $67,631,000.

''(vii) For fiscal year 2013, $71,012,000.'';

(iv) in subparagraph (D), by striking ''$18,500,000'' and all that follows through the period and inserting the following: ''the following, as applicable:

''(i) For fiscal year 2010, $20,448,000.

''(ii) For fiscal year 2011, $21,470,000.

''(iii) For fiscal year 2012, $22,543,000.

''(iv) For fiscal year 2013, $23,671,000.''; and

(v) in subparagraph (E), by striking ''$8,500,000'' and all that follows through the period and inserting the following: ''the following, as applicable:

''(i) For fiscal year 2010, $8,763,000.

''(ii) For fiscal year 2011, $9,201,000.

''(iii) For fiscal year 2012, $9,662,000.

''(iv) For fiscal year 2013, $10,144,000.''; and

(C) by adding at the end the following:

''(d) SYNCHRONIZATION OF MINORITY AIDS INITIATIVE.—For fiscal year 2010 and each subsequent fiscal year, the Secretary shall incorporate and synchronize the schedule of application submissions and funding availability under this section with the schedule of application submissions and funding availability under the corresponding provisions of this title XXVI as follows:

''(1) The schedule for carrying out subsection (b)(1)(A) shall be the same as the schedule applicable to emergency assistance under part A.

''(2) The schedule for carrying out subsection (b)(1)(B) shall be the same as the schedule applicable to care grants under part B.

''(3) The schedule for carrying out subsection (b)(1)(C) shall be the same as the schedule applicable to grants for early intervention services under part C.

''(4) The schedule for carrying out subsection (b)(1)(D) shall be the same as the schedule applicable to grants for services through projects for HIV-related care under part D.

''(5) The schedule for carrying out subsection (b)(1)(E) shall be the same as the schedule applicable to grants and contracts for activities through education and training centers under section 2692.''.

(3) HHS REPORT.—Not later than 6 months after the publication of the Government Accountability Office Report on the Minority Aids Initiative described in section 2686, the Secretary of Health and Human Services shall submit to the appropriate committees of Congress a Departmental plan for using funding under section 2693 of the Public Health Service Act (42 U.S.C. 300ff–93) in all relevant agencies to build capacity, taking into consideration the best practices included in such Report.

(g) GAO REPORT.—Section 2686 (42 U.S.C. 300ff–86) is amended to read as follows:

''SEC. 2686. GAO REPORT.

''The Comptroller General of the Government Accountability Office shall, not less than 1 year after the date of enactment of the Ryan White HIV/AIDS Treatment Extension Act of 2009, submit to the appropriate committees of Congress a report describing Minority AIDS Initiative activities across the Department of Health and Human Services, including programs under this title and programs at the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and other departmental agencies. Such report shall include a history of program activities within each relevant agency and a description of activities conducted, people served and types of grantees funded, and shall collect and describe best practices in community outreach and capacity-building of community based organizations serving the communities that are disproportionately affected by HIV/AIDS.''.

SEC. 3. EXTENDED EXEMPTION PERIOD FOR NAMES-BASED REPORTING.

(a) PART A GRANTS.—Section 2603(a)(3) (42 U.S.C. 300ff–13(a)(3)) is amended—

(1) in subparagraph (C)—

(A) in clause (ii)—

(i) in the matter preceding subclause (I), by striking ''2009'' and inserting ''2012''; and

(ii) in subclause (II), by striking ''or 2009'' and inserting ''or a subsequent fiscal year through fiscal year 2012'';

(B) in clause (iv), by striking ''2010'' and inserting ''2012'';

(C) in clause (v), by inserting ''or a subsequent fiscal year'' after ''2009'';

(D) in clause (vi)(II), by inserting after ''5 percent'' the following: ''for fiscal years before fiscal year 2012 (and 6 percent for fiscal year 2012)'';

(E) in clause (ix)(II)—

(i) by striking ''2010'' and inserting ''2013''; and

(ii) by striking ''2009'' and inserting ''2012''; and

(F) by adding at the end the following:

''(xi) FUTURE FISCAL YEARS.—For fiscal years beginning with fiscal year 2013, determinations under this paragraph shall be based only on living names-based cases of HIV/AIDS with respect to the area involved.''; and

(2) in subparagraph (D)—

(A) in clause (i)—

(i) in the matter preceding subclause (I), by striking ''2009'' and inserting ''2012''; and

(ii) in subclause (II), by striking ''and 2009'' and inserting ''through 2012''; and

(B) in clause (ii), by striking ''2009'' and inserting ''2012''.

(b) PART B GRANTS.—Section 2618(a)(2) (42 U.S.C. 300ff–28(a)(2)) is amended—

(1) in subparagraph (D)—

(A) in clause (ii)—

(i) in the matter preceding subclause (I), by striking ''2009'' and inserting ''2012''; and

(ii) in subclause (II), by striking ''or 2009'' and inserting ''or a subsequent fiscal year through fiscal year 2012'';

(B) in clause (iv), by striking ''2010'' and inserting ''2012'';

(C) in clause (v), by inserting ''or a subsequent fiscal year'' after ''2009'';

(D) in clause (vi)(II), by inserting after ''5 percent'' the following: ''for fiscal years before fiscal year 2012 (and 6 percent for fiscal year 2012)'';

(E) in clause (viii)(II)—

(i) by striking ''2010'' and inserting ''2013''; and

(ii) by striking ''2009'' and inserting ''2012''; and

(F) by adding at the end the following:

''(x) FUTURE FISCAL YEARS.—For fiscal years beginning with fiscal year 2013, determinations under this paragraph shall be based only on living names-based cases of HIV/AIDS with respect to the State involved.''; and

(2) in subparagraph (E), by striking ''2009'' each place it appears and inserting ''2012''.

SEC. 4. EXTENSION OF TRANSITIONAL GRANT AREA STATUS.

(a) ELIGIBILITY.—Section 2609 (42 U.S.C. 300ff–19) is amended—

(1) in subsection (c)(1)—

(A) in the heading, by striking ''2007'' and inserting ''2011''; and

(B) by striking ''2007'' each place it appears and inserting ''2011''; and

(C) by striking ''2006'' and inserting ''2010'';

(2) in subsection (c)(2)—

(A) in subparagraph (A)(ii), by striking ''to have a'' and inserting ''subject to subparagraphs (B) and (C), to have a'';

(B) by redesignating subparagraph (B) as subparagraph (C);

(C) by inserting after subparagraph (A) the following:

''(B) PERMITTING MARGIN OF ERROR APPLICABLE TO CERTAIN METROPOLITAN AREAS.—In applying subparagraph (A)(ii) for a fiscal year after fiscal year 2008, in the case of a metropolitan area that has a cumulative total of at least 1,400 (and fewer than 1,500) living cases of AIDS as of December 31 of the most recent calendar year for which such data is available, such area shall be treated as having met the criteria of such subparagraph if not more than 5 percent of the total from grants awarded to such area under this part is unobligated as of the end of the most recent fiscal year for which such data is available.''; and

(D) in subparagraph (C), as so redesignated, by striking ''Subparagraph (A) does not apply'' and inserting ''Subparagraphs (A) and (B) do not apply''; and

(3) in subsection (d)(1)(B), strike ''2009'' and insert ''2013''.

(b) TRANSFER OF AMOUNTS DUE TO CHANGE IN STATUS AS TRANSITIONAL AREA.—Subparagraph (B) of section 2610(c)(2) (42 U.S.C. 300ff–20(c)(2)) is amended—

(1) by striking ''(B)'' and inserting ''(B)(i) subject to clause (ii),'';

(2) by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(ii) for each of fiscal years 2010 through 2013, notwithstanding subsection (a)—

''(I) there shall be transferred to the State containing the metropolitan area, for purposes described in section 2612(a), an amount (which shall not be taken into account in applying section 2618(a)(2)(H)) equal to—

''(aa) for the first fiscal year of the metropolitan area not being a transitional area, 75 percent of the amount described in subparagraph (A)(i) for such area;

''(bb) for the second fiscal year of the metropolitan area not being a transitional area, 50 percent of such amount; and

''(cc) for the third fiscal year of the metropolitan area not being a transitional area, 25 percent of such amount; and

''(II) there shall be transferred and made available for grants pursuant to section 2618(a)(1) for the fiscal year, in addition to amounts available for such grants under section 2623, an amount equal to the total amount of the reduction for such fiscal year under subparagraph (A), less the amount transferred for such fiscal year under subclause (I).''.

SEC. 5. HOLD HARMLESS.

(a) PART A GRANTS.—Section 2603(a)(4) (42 U.S.C. 300ff–13(a)(4)) is amended—

(1) in the matter preceding clause (i) in subparagraph (A)—

(A) by striking ''2006'' and inserting ''2009''; and

(B) by striking ''2007 through 2009'' and inserting ''2010 through 2013'';

(2) by striking clauses (i) and (ii) in subparagraph (A) and inserting the following:

''(i) For fiscal year 2010, an amount equal to 95 percent of the sum of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2009.

''(ii) For each of the fiscal years 2011 and 2012, an amount equal to 100 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2010.

''(iii) For fiscal year 2013, an amount equal to 92.5 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2012.''; and

(3) in subparagraph (C), by striking ''2009'' and inserting ''2013''.

(b) PART B GRANTS.—Section 2618(a)(2)(H) (42 U.S.C. 300ff–28(a)(2)(H)) is amended—

(1) in clause (i)(I)—

(A) by striking ''2007'' and inserting ''2010''; and

(B) by striking ''2006'' and inserting ''2009'';

(2) by striking clause (ii) and redesignating clause (iii) as clause (ii);

(3) in clause (ii), as so redesignated—

(A) in the heading, by striking ''2008 AND 2009'' and inserting ''2011 AND 2012'';

(B) by striking ''2008 and 2009'' and inserting ''2011 and 2012''; and

(C) by striking ''2007'' and inserting ''2010'';

(4) by inserting after clause (ii), as so redesignated, the following new clause:

''(iii) FISCAL YEAR 2013.—For fiscal year 2013, the Secretary shall ensure that the total for a State of the grant pursuant to paragraph (1) and the grant pursuant to subparagraph (F) is not less than 92.5 percent of such total for the State for fiscal year 2012.''; and

(5) in clause (v), by striking ''2009'' and inserting ''2013''.

(c) TECHNICAL CORRECTIONS.—Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended—

(1) in subparagraphs (A)(i) and (H) of section 2618(a)(2), by striking the term ''subparagraph (G)'' each place it appears and inserting ''subparagraph (F)'';

(2) in sections 2620(a)(2), 2622(c)(1), and 2622(c)(4)(A), by striking ''2618(a)(2)(G)(i)'' and inserting ''2618(a)(2)(F)(i)'';

(3) in sections 2622(a) and 2623(b)(2)(A), by striking ''2618(a)(2)(G)'' and inserting ''2618(a)(2)(F)''; and

(4) in section 2622(b), by striking ''2618(a)(2)(G)(ii)'' and inserting ''2618(a)(2)(F)(ii)''.

SEC. 6. AMENDMENTS TO THE GENERAL GRANT PROVISIONS.

(a) ADMINISTRATION AND PLANNING COUNCIL.—Section 2602(b)(4) (42 U.S.C. 300ff–12(b)(4)) is amended—

(1) in subparagraph (A), by inserting '', as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status'' after ''HIV/AIDS'';

(2) in subparagraph (B)—

(A) in clause (i), by striking ''and'' at the end after the semicolon;

(B) in clause (ii), by inserting ''and'' after the semicolon; and

(C) by adding at the end the following:

''(iii) individuals with HIV/AIDS who do not know their HIV status;''; and

(3) in subparagraph (D)—

(A) in clause (ii), by striking ''and'' at the end after the semicolon;

(B) in clause (iii), by inserting ''and'' after the semicolon; and

(C) by adding at the end the following:

''(iv) includes a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities;''.

(b) TYPE AND DISTRIBUTION OF GRANTS.—Section 2603(b) (42 U.S.C. 300ff–13(b)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (G), by striking ''and'' at the end after the semicolon;

(B) in subparagraph (H), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(I) demonstrates success in identifying individuals with HIV/AIDS as described in clauses (i) through (iii) of paragraph (2)(A).''; and

(2) in paragraph (2)(A), by striking the period and inserting: '', and demonstrated success in identifying individuals with HIV/AIDS who do not know their HIV status and making them aware of such status counting one-third. In making such determination, the Secretary shall consider—

''(i) the number of individuals who have been tested for HIV/AIDS;

''(ii) of those individuals described in clause (i), the number of individuals who tested for HIV/AIDS who are made aware of their status, including the number who test positive; and

''(iii) of those individuals described in clause (ii), the number who have been referred to appropriate treatment and care.''.

(c) APPLICATION.—Section 2605(b)(1) (42 U.S.C. 300ff–15(b)(1)) is amended by inserting '', including the identification of individuals with HIV/AIDS as described in clauses (i) through (iii) of section 2603(b)(2)(A)'' before the semicolon at the end.

SEC. 7. INCREASE IN ADJUSTMENT FOR NAMES-BASED REPORTING.

(a) PART A GRANTS.—

(1) FORMULA GRANTS.—Section 2603(a)(3)(C)(vi) (42 U.S.C. 300ff–13(a)(3)(C)(vi)) is amended by adding at the end the following:

''(III) INCREASED ADJUSTMENT FOR CERTAIN AREAS PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subparagraph for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in an area that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if—

''(aa) for fiscal year 2007, such area was a transitional area;

''(bb) fiscal year 2007 was the first year in which the count of living non-AIDS cases of HIV in such area, for purposes of this section, was based on a names-based reporting system; and

''(cc) the amount of funding that such area received under this part for fiscal year 2007 was less than 70 percent of the amount of funding (exclusive of funds that were identified as being for purposes of the Minority AIDS Initiative) that such area received under such part for fiscal year 2006.''.

(2) SUPPLEMENTAL GRANTS.—Section 2603(b)(2) (42 U.S.C. 300ff–13(b)(2)) is amended by adding at the end the following:

''(D) INCREASED ADJUSTMENT FOR CERTAIN AREAS PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subsection for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in an area that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if the conditions described in items (aa) through (cc) of subsection (a)(3)(C)(vi)(III) are all satisfied.''.

(b) PART B GRANTS.—Section 2618(a)(2)(D)(vi) (42 U.S.C. 300ff–28(a)(2)(D)(vi)) is amended by adding at the end the following:

''(III) INCREASED ADJUSTMENT FOR CERTAIN STATES PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subparagraph for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in a State that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if—

''(aa) there is an area in such State that satisfies all of the conditions described in items (aa) through (cc) of section 2603(a)(3)(C)(vi)(III); or

''(bb)(AA) fiscal year 2007 was the first year in which the count of living non-AIDS cases of HIV in such area, for purposes of this part, was based on a names-based reporting system; and

''(BB) the amount of funding that such State received under this part for fiscal year 2007 was less than 70 percent of the amount of funding that such State received under such part for fiscal year 2006.''.

SEC. 8. TREATMENT OF UNOBLIGATED FUNDS.

(a) ELIGIBILITY FOR SUPPLEMENTAL GRANTS.—Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended—

(1) in section 2603(b)(1)(H) (42 U.S.C. 300ff–13(b)(1)(H)), by striking ''2 percent'' and inserting ''5 percent''; and

(2) in section 2620(a)(2) (42 U.S.C. 300ff–29a(a)(2)), by striking ''2 percent'' and inserting ''5 percent''.

(b) CORRESPONDING REDUCTION IN FUTURE GRANT.—

(1) IN GENERAL.—Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended—

(A) in section 2603(c)(3)(D)(i)(42 U.S.C. 300ff–13(c)(3)(D)(i)), in the matter following subclause (II), by striking ''2 percent'' and inserting ''5 percent''; and

(B) in section 2622(c)(4)(A) (42 U.S.C. 300ff–31a(c)(4)(A)), in the matter following clause (ii), by striking ''2 percent'' and inserting ''5 percent''.

(2) AUTHORITY REGARDING ADMINISTRATION OF PROVISION.—Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended—

(A) in section 2603(c) (42 U.S.C. 300ff–13(c)), by adding at the end the following:

''(4) AUTHORITY REGARDING ADMINISTRATION OF PROVISIONS.—In administering paragraphs (2) and (3) with respect to the unobligated balance of an eligible area, the Secretary may elect to reduce the amount of future grants to the area under subsection (a) or (b), as applicable, by the amount of any such unobligated balance in lieu of cancelling such amount as provided for in paragraph (2) or (3)(A). In such case, the Secretary may permit the area to use such unobligated balance for purposes of any such future grant. An amount equal to such reduction shall be available for use as additional amounts for grants pursuant to subsection (b), subject to subsection (a)(4) and section 2610(d)(2). Nothing in this paragraph shall be construed to affect the authority of the Secretary under paragraphs (2) and (3), including the authority to grant waivers under paragraph (3)(A). The reduction in future grants authorized under this paragraph shall be notwithstanding the penalty required under paragraph (3)(D) with respect to unobligated funds.'';

(B) in section 2622 (42 U.S.C. 300ff–31a), by adding at the end the following:

''(e) AUTHORITY REGARDING ADMINISTRATION OF PROVISIONS.—In administering subsections (b) and (c) with respect to the unobligated balance of a State, the Secretary may elect to reduce the amount of future grants to the State under section 2618, 2620, or 2621, as applicable, by the amount of any such unobligated balance in lieu of cancelling such amount as provided for in subsection (b) or (c)(1). In such case, the Secretary may permit the State to use such unobligated balance for purposes of any such future grant. An amount equal to such reduction shall be available for use as additional amounts for grants pursuant to section 2620, subject to section 2618(a)(2)(H). Nothing in this paragraph shall be construed to affect the authority of the Secretary under subsections (b) and (c), including the authority to grant waivers under subsection (c)(1). The reduction in future grants authorized under this subsection shall be notwithstanding the penalty required under subsection (c)(4) with respect to unobligated funds.'';

(C) in section 2603(b)(1)(H) (42 U.S.C. 300ff–13(b)(1)(H)), by striking ''canceled'' and inserting ''canceled, offset under subsection (c)(4),''; and

(D) in section 2620(a)(2) (42 U.S.C. 300ff–29a(a)(2)), by striking ''canceled'' and inserting ''canceled, offset under section 2622(e),''.

(c) CONSIDERATION OF WAIVER AMOUNTS IN DETERMINING UNOBLIGATED BALANCES.—

(1) PART A GRANTS.—Section 2603(c)(3)(D)(i)(I) (42 U.S.C. 300ff–14(c)(3)(D)(i)(I)) is amended by inserting after ''unobligated balance'' the following: ''(less any amount of such balance that is the subject of a waiver of cancellation under subparagraph (A))''.

(2) PART B GRANTS.—Section 2622(c)(4)(A)(i) (42 U.S.C. 300ff—31a(c)(4)(A)(i)) is amended by inserting after ''unobligated balance'' the following: ''(less any amount of such balance that is the subject of a waiver of cancellation under paragraph (1))''.

SEC. 9. APPLICATIONS BY STATES.

Section 2617(b) (42 U.S.C. Section 300ff–27(b)) is amended—

(1) in paragraph (6), by striking ''and'' at the end;

(2) in paragraph (7), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(8) a comprehensive plan—

''(A) containing an identification of individuals with HIV/AIDS as described in clauses (i) through (iii) of section 2603(b)(2)(A) and the strategy required under section 2602(b)(4)(D)(iv);

''(B) describing the estimated number of individuals within the State with HIV/AIDS who do not know their status;

''(C) describing activities undertaken by the State to find the individuals described in subparagraph (A) and to make such individuals aware of their status;

''(D) describing the manner in which the State will provide undiagnosed individuals who are made aware of their status with access to medical treatment for their HIV/AIDS; and

''(E) describing efforts to remove legal barriers, including State laws and regulations, to routine testing.''.

SEC. 10. ADAP REBATE FUNDS.

(a) USE OF UNOBLIGATED FUNDS.—Section 2622(d) (42 U.S.C. 300ff–31a(d)) is amended by adding at the end the following: ''If an expenditure of ADAP rebate funds would trigger a penalty under this section or a higher penalty than would otherwise have applied, the State may request that for purposes of this section, the Secretary deem the State's unobligated balance to be reduced by the amount of rebate funds in the proposed expenditure. Notwithstanding 2618(a)(2)(F), any unobligated amount under section 2618(a)(2)(F)(ii)(V) that is returned to the Secretary for reallocation shall be used by the Secretary for—

''(1) the ADAP supplemental program if the Secretary determines appropriate; or

''(2) for additional amounts for grants pursuant to section 2620.''.

(b) TECHNICAL CORRECTION.—Subclause (V) of section 2618(a)(2)(F)(ii) (42 U.S.C. 300ff–28(a)(2)(F)(ii)) is amended by striking '', subject to subclause (VI)''.

SEC. 11. APPLICATION TO PRIMARY CARE SERVICES.

(a) IN GENERAL.—Section 2671 (42 U.S.C. 300ff–71), as amended, is amended—

(1) by redesignating subsection (i) as subsection (j);

(2) in subsection (g), by striking ''subsection (i)'' and inserting ''subsection (j)''; and

(3) by inserting after subsection (h) the following:

''(i) APPLICATION TO PRIMARY CARE SERVICES.—Nothing in this part shall be construed as requiring funds under this part to be used for primary care services when payments are available for such services from other sources (including under titles XVIII, XIX, and XXI of the Social Security Act).''.

(b) PROVISION OF CARE THROUGH MEMORANDUM OF UNDERSTANDING.—Section 2671(a) (42 U.S.C. 300ff–71(a)) is amended by striking ''(directly or through contracts)'' and inserting ''(directly or through contracts or memoranda of understanding)''.

SEC. 12. NATIONAL HIV/AIDS TESTING GOAL.

Part E of title XXVI (42 U.S.C. 300ff–81 et seq.) is amended—

(1) by redesignating section 2688 as section 2689; and

(2) by inserting after section 2687 the following:

''SEC. 2688. NATIONAL HIV/AIDS TESTING GOAL.

''(a) IN GENERAL.—Not later than January 1, 2010, the Secretary shall establish a national HIV/AIDS testing goal of 5,000,000 tests for HIV/AIDS annually through federally-supported HIV/AIDS prevention, treatment, and care programs, including programs under this title and other programs administered by the Centers for Disease Control and Prevention.

''(b) ANNUAL REPORT.—Not later than January 1, 2011, and annually thereafter, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report describing, with regard to the preceding 12-month reporting period—

''(1) whether the testing goal described in subsection (a) has been met;

''(2) the total number of individuals tested through federally-supported and other HIV/AIDS prevention, treatment, and care programs in each State;

''(3) the number of individuals who—

''(A) prior to such 12-month period, were unaware of their HIV status; and

''(B) through federally-supported and other HIV/AIDS prevention, treatment, and care programs, were diagnosed and referred into treatment and care during such period;

''(4) any barriers, including State laws and regulations, that the Secretary determines to be a barrier to meeting the testing goal described in subsection (a);

''(5) the amount of funding the Secretary determines necessary to meet the annual testing goal in the following 12 months and the amount of Federal funding expended to meet the testing goal in the prior 12-month period; and

''(6) the most cost-effective strategies for identifying and diagnosing individuals who were unaware of their HIV status, including voluntary testing with pre-test counseling, routine screening including opt-out testing, partner counseling and referral services, and mass media campaigns.

''(c) REVIEW OF PROGRAM EFFECTIVENESS.—Not later than 1 year after the date of enactment of this section, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall submit a report to Congress based on a comprehensive review of each of the programs and activities conducted by the Centers for Disease Control and Prevention as part of the Domestic HIV/AIDS Prevention Activities, including the following:

''(1) The amount of funding provided for each program or activity.

''(2) The primary purpose of each program or activity.

''(3) The annual goals for each program or activity.

''(4) The relative effectiveness of each program or activity with relation to the other programs and activities conducted by the Centers for Disease Control and Prevention, based on the—

''(A) number of previously undiagnosed individuals with HIV/AIDS made aware of their status and referred into the appropriate treatment;

''(B) amount of funding provided for each program or activity compared to the number of undiagnosed individuals with HIV/AIDS made aware of their status;

''(C) program's contribution to the National HIV/AIDS testing goal; and

''(D) progress made toward the goals described in paragraph (3).

''(5) Recommendations if any to Congress on ways to allocate funding for domestic HIV/AIDS prevention activities and programs in order to achieve the National HIV/AIDS testing goal.

''(d) COORDINATION WITH OTHER FEDERAL ACTIVITIES.—In pursuing the National HIV/AIDS testing goal, the Secretary, where appropriate, shall consider and coordinate with other national strategies conducted by the Federal Government to address HIV/AIDS.''.

SEC. 13. NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES.

Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended by adding at the end the following:

''PART G—NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES

''SEC. 2695. INFECTIOUS DISEASES AND CIRCUMSTANCES RELEVANT TO NOTIFICATION REQUIREMENTS.

''(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this part, the Secretary shall complete the development of—

''(1) a list of potentially life-threatening infectious diseases, including emerging infectious diseases, to which emergency response employees may be exposed in responding to emergencies;

''(2) guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided; and

''(3) guidelines describing the manner in which medical facilities should make determinations for purposes of section 2695B(d).

''(b) SPECIFICATION OF AIRBORNE INFECTIOUS DISEASES.—The list developed by the Secretary under subsection (a)(1) shall include a specification of those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means.

''(c) DISSEMINATION.—The Secretary shall—

''(1) transmit to State public health officers copies of the list and guidelines developed by the Secretary under subsection (a) with the request that the officers disseminate such copies as appropriate throughout the States; and

''(2) make such copies available to the public.

''SEC. 2695A. ROUTINE NOTIFICATIONS WITH RESPECT TO AIRBORNE INFECTIOUS DISEASES IN VICTIMS ASSISTED.

''(a) ROUTINE NOTIFICATION OF DESIGNATED OFFICER.—

''(1) DETERMINATION BY TREATING FACILITY.—If a victim of an emergency is transported by emergency response employees to a medical facility and the medical facility makes a determination that the victim has an airborne infectious disease, the medical facility shall notify the designated officer of the emergency response employees who transported the victim to the medical facility of the determination.

''(2) DETERMINATION BY FACILITY ASCERTAINING CAUSE OF DEATH.—If a victim of an emergency is transported by emergency response employees to a medical facility and the victim dies at or before reaching the medical facility, the medical facility ascertaining the cause of death shall notify the designated officer of the emergency response employees who transported the victim to the initial medical facility of any determination by the medical facility that the victim had an airborne infectious disease.

''(b) REQUIREMENT OF PROMPT NOTIFICATION.—With respect to a determination described in paragraph (1) or (2) of subsection (a), the notification required in each of such paragraphs shall be made as soon as is practicable, but not later than 48 hours after the determination is made.

''SEC. 2695B. REQUEST FOR NOTIFICATION WITH RESPECT TO VICTIMS ASSISTED.

''(a) INITIATION OF PROCESS BY EMPLOYEE.—If an emergency response employee believes that the employee may have been exposed to an infectious disease by a victim of an emergency who was transported to a medical facility as a result of the emergency, and if the employee attended, treated, assisted, or transported the victim pursuant to the emergency, then the designated officer of the employee shall, upon the request of the employee, carry out the duties described in subsection (b) regarding a determination of whether the employee may have been exposed to an infectious disease by the victim.

''(b) INITIAL DETERMINATION BY DESIGNATED OFFICER.—The duties referred to in subsection (a) are that—

''(1) the designated officer involved collect the facts relating to the circumstances under which, for purposes of subsection (a), the employee involved may have been exposed to an infectious disease; and

''(2) the designated officer evaluate such facts and make a determination of whether, if the victim involved had any infectious disease included on the list issued under paragraph (1) of section 2695(a), the employee would have been exposed to the disease under such facts, as indicated by the guidelines issued under paragraph (2) of such section.

''(c) SUBMISSION OF REQUEST TO MEDICAL FACILITY.—

''(1) IN GENERAL.—If a designated officer makes a determination under subsection (b)(2) that an emergency response employee may have been exposed to an infectious disease, the designated officer shall submit to the medical facility to which the victim involved was transported a request for a response under subsection (d) regarding the victim of the emergency involved.

''(2) FORM OF REQUEST.—A request under paragraph (1) shall be in writing and be signed by the designated officer involved, and shall contain a statement of the facts collected pursuant to subsection (b)(1).

''(d) EVALUATION AND RESPONSE REGARDING REQUEST TO MEDICAL FACILITY.—

''(1) IN GENERAL.—If a medical facility receives a request under subsection (c), the medical facility shall evaluate the facts submitted in the request and make a determination of whether, on the basis of the medical information possessed by the facility regarding the victim involved, the emergency response employee was exposed to an infectious disease included on the list issued under paragraph (1) of section 2695(a), as indicated by the guidelines issued under paragraph (2) of such section.

''(2) NOTIFICATION OF EXPOSURE.—If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has been exposed to an infectious disease, the medical facility shall, in writing, notify the designated officer who submitted the request under subsection (c) of the determination.

''(3) FINDING OF NO EXPOSURE.—If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has not been exposed to an infectious disease, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the determination.

''(4) INSUFFICIENT INFORMATION.—

''(A) If a medical facility finds in evaluating facts for purposes of paragraph (1) that the facts are insufficient to make the determination described in such paragraph, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of the facts.

''(B)(i) If a medical facility finds in making a determination under paragraph (1) that the facility possesses no information on whether the victim involved has an infectious disease included on the list under section 2695(a), the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of such medical information.

''(ii) If after making a response under clause (i) a medical facility determines that the victim involved has an infectious disease, the medical facility shall make the determination described in paragraph (1) and provide the applicable response specified in this subsection.

''(e) TIME FOR MAKING RESPONSE.—After receiving a request under subsection (c) (including any such request resubmitted under subsection (g)(2)), a medical facility shall make the applicable response specified in subsection (d) as soon as is practicable, but not later than 48 hours after receiving the request.

''(f) DEATH OF VICTIM OF EMERGENCY.—

''(1) FACILITY ASCERTAINING CAUSE OF DEATH.—If a victim described in subsection (a) dies at or before reaching the medical facility involved, and the medical facility receives a request under subsection (c), the medical facility shall provide a copy of the request to the medical facility ascertaining the cause of death of the victim, if such facility is a different medical facility than the facility that received the original request.

''(2) RESPONSIBILITY OF FACILITY.—Upon the receipt of a copy of a request for purposes of paragraph (1), the duties otherwise established in this part regarding medical facilities shall apply to the medical facility ascertaining the cause of death of the victim in the same manner and to the same extent as such duties apply to the medical facility originally receiving the request.

''(g) ASSISTANCE OF PUBLIC HEALTH OFFICER.—

''(1) EVALUATION OF RESPONSE OF MEDICAL FACILITY REGARDING INSUFFICIENT FACTS.—

''(A) In the case of a request under subsection (c) to which a medical facility has made the response specified in subsection (d)(4)(A) regarding the insufficiency of facts, the public health officer for the community in which the medical facility is located shall evaluate the request and the response, if the designated officer involved submits such documents to the officer with the request that the officer make such an evaluation.

''(B) As soon as is practicable after a public health officer receives a request under subparagraph (A), but not later than 48 hours after receipt of the request, the public health officer shall complete the evaluation required in such paragraph and inform the designated officer of the results of the evaluation.

''(2) FINDINGS OF EVALUATION.—

''(A) If an evaluation under paragraph (1)(A) indicates that the facts provided to the medical facility pursuant to subsection (c) were sufficient for purposes of determinations under subsection (d)(1)—

''(i) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

''(ii) the medical facility shall provide to the designated officer the applicable response specified in subsection (d).

''(B) If an evaluation under paragraph (1)(A) indicates that the facts provided in the

request to the medical facility were insufficient for purposes of determinations specified in subsection (c)—

''(i) the public health officer shall provide advice to the designated officer regarding the collection and description of appropriate facts; and

''(ii) if sufficient facts are obtained by the designated officer—

''(I) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

''(II) the medical facility shall provide to the designated officer the appropriate response under subsection (c).

''SEC. 2695C. PROCEDURES FOR NOTIFICATION OF EXPOSURE.

''(a) CONTENTS OF NOTIFICATION TO OFFICER.—In making a notification required under section 2695A or section 2695B(d)(2), a medical facility shall provide—

''(1) the name of the infectious disease involved; and

''(2) the date on which the victim of the emergency involved was transported by emergency response employees to the medical facility involved.

''(b) MANNER OF NOTIFICATION.—If a notification under section 2695A or section 2695B(d)(2) is mailed or otherwise indirectly made—

''(1) the medical facility sending the notification shall, upon sending the notification, inform the designated officer to whom the notification is sent of the fact that the notification has been sent; and

''(2) such designated officer shall, not later than 10 days after being informed by the medical facility that the notification has been sent, inform such medical facility whether the designated officer has received the notification.

''SEC. 2695D. NOTIFICATION OF EMPLOYEE.

''(a) IN GENERAL.—After receiving a notification for purposes of section 2695A or 2695B(d)(2), a designated officer of emergency response employees shall, to the extent practicable, immediately notify each of such employees who—

''(1) responded to the emergency involved; and

''(2) as indicated by guidelines developed by the Secretary, may have been exposed to an infectious disease.

''(b) CERTAIN CONTENTS OF NOTIFICATION TO EMPLOYEE.—A notification under this subsection to an emergency response employee shall inform the employee of—

''(1) the fact that the employee may have been exposed to an infectious disease and the name of the disease involved;

''(2) any action by the employee that, as indicated by guidelines developed by the Secretary, is medically appropriate; and

''(3) if medically appropriate under such criteria, the date of such emergency.

''(c) RESPONSES OTHER THAN NOTIFICATION OF EXPOSURE.—After receiving a response under paragraph (3) or (4) of subsection (d) of section 2695B, or a response under subsection (g)(1) of such section, the designated officer for the employee shall, to the extent practicable, immediately inform the employee of the response.

''SEC. 2695E. SELECTION OF DESIGNATED OFFICERS.

''(a) IN GENERAL.—For the purposes of receiving notifications and responses and making requests under this part on behalf of emergency response employees, the public health officer of each State shall designate 1 official or officer of each employer of emergency response employees in the State.

''(b) PREFERENCE IN MAKING DESIGNATIONS.—In making the designations required in subsection (a), a public health officer shall give preference to individuals who are trained in the provision of health care or in the control of infectious diseases.

''SEC. 2695F. LIMITATION WITH RESPECT TO DUTIES OF MEDICAL FACILITIES.

''The duties established in this part for a medical facility—

''(1) shall apply only to medical information possessed by the facility during the period in which the facility is treating the victim for conditions arising from the emergency, or during the 60-day period beginning on the date on which the victim is transported by emergency response employees to the facility, whichever period expires first; and

''(2) shall not apply to any extent after the expiration of the 30-day period beginning on the expiration of the applicable period referred to in paragraph (1), except that such duties shall apply with respect to any request under section 2695B(c) received by a medical facility before the expiration of such 30-day period.

''SEC. 2695G. MISCELLANEOUS PROVISIONS.

''(a) LIABILITY OF MEDICAL FACILITIES, DESIGNATED OFFICERS, PUBLIC HEALTH OFFICERS, AND GOVERNING ENTITIES.—This part may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, any designated officer, any other public health officer, or any governing entity of such facility or officer for failure to comply with the duties established in this part.

''(b) TESTING.—This part may not, with respect to victims of emergencies, be construed to authorize or require a medical facility to test any such victim for any infectious disease.

''(c) CONFIDENTIALITY.—This part may not be construed to authorize or require any medical facility, any designated officer of emergency response employees, or any such employee, to disclose identifying information with respect to a victim of an emergency or with respect to an emergency response employee.

''(d) FAILURE TO PROVIDE EMERGENCY SERVICES.—This part may not be construed to authorize any emergency response employee to fail to respond, or to deny services, to any victim of an emergency.

''(e) NOTIFICATION AND REPORTING DEADLINES.—In any case in which the Secretary determines that, wholly or partially as a result of a public health emergency that has been determined pursuant to section 319(a), individuals or public or private entities are unable to comply with the requirements of this part, the Secretary may, notwithstanding any other provision of law, temporarily suspend, in whole or in part, the requirements of this part as the circumstances reasonably require. Before or promptly after such a suspension, the Secretary shall notify the Congress of such action and publish in the Federal Register a notice of the suspension.

''(f) CONTINUED APPLICATION OF STATE AND LOCAL LAW.—Nothing in this part shall be construed to limit the application of State or local laws that require the provision of data to public health authorities.

''SEC. 2695H. INJUNCTIONS REGARDING VIOLATION OF PROHIBITION.

''(a) IN GENERAL.—The Secretary may, in any court of competent jurisdiction, commence a civil action for the purpose of obtaining temporary or permanent injunctive relief with respect to any violation of this part.

''(b) FACILITATION OF INFORMATION ON VIOLATIONS.—The Secretary shall establish an administrative process for encouraging emergency response employees to provide information to the Secretary regarding violations of this part. As appropriate, the Secretary shall investigate alleged such violations and seek appropriate injunctive relief.

''SEC. 2695I. APPLICABILITY OF PART.

''This part shall not apply in a State if the chief executive officer of the State certifies to the Secretary that the law of the State is substantially consistent with this part.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

Mr. PALLONE. I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of S. 1793, the Ryan White HIV/AIDS Treatment Extension Act of 2009, as passed by the Senate. The Energy and Commerce Committee has filed a report which constitutes the legislative history for the House version of this bill. The House bill is nearly identical to the bill before us today.

We worked closely with our Republican colleagues, and I would like to thank Congressmen WAXMAN, BARTON, and DEAL for their hard work on this issue. We also worked with our Senate colleagues to come together on this legislation, and I am proud to say that what we have before us today is both bipartisan and bicameral.

The Ryan White CARE Act was named after a young boy who contracted the AIDS virus from a blood transfusion and sadly lost his life to this horrible disease. Since his death in 1990, we as a Nation have made great strides in preventing and treating HIV/AIDS in large part due to the Ryan White program.

Not so long ago, an HIV/AIDS diagnosis was a guaranteed death sentence. Today, many patients are living full and long lives due to the advancements in treatment and the complicated but effective mix of drugs and therapies that are currently on the market.

In addition, we have made huge progress on education, awareness, and prevention. New knowledge of the disease has allowed for better and more targeted prevention programs that have effectively slowed the spread of HIV/AIDS.

In spite of these advancements, however, Mr. Speaker, there are nearly 40,000 new HIV infections reported each year, and according to the CDC, approximately 1.1 million Americans are currently living with the disease and approximately 51,000 people in my home State of New Jersey. Since the beginning of this epidemic, an estimated 580,000 Americans with AIDS have died.

It is more crucial than ever given the high numbers of Americans suffering

from this disease that we have the Ryan White program. Accounting for roughly 19 percent of all Federal funds that are used on HIV/AIDS care, the program provides treatment and support services to individuals and families living with the AIDS virus and serves over half a million low-income Americans. This program is without a doubt extremely vital in our battle against this epidemic.

The bill before us today does a number of things. It reauthorizes the Ryan White program for 4 years. It increases the authorization amounts to account for the increased number of individuals living with the HIV/AIDS diagnosis. The bill eliminates the sunset provisions so that never again will patients have to fear that their services will abruptly end. It allows States who are still reporting using a code-based system to continue transitioning to a names-based system without disrupting the provision of care to patients, and it ensures that no area receives too much of a cut in funding from the previous year while also making sure that the money does get directed to those areas of the country that are hardest hit by the HIV/AIDS epidemic.

This is a strong bill, Mr. Speaker, that will ensure continued health care services for millions of Americans who depend on them with their lives. And I urge my colleagues to join me in voting for this vitally important bill.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield to the gentlewoman from California (Mrs. CAPPS) for 2 minutes.

Mrs. CAPPS. Thank you to my colleague.

Mr. Speaker, I am rising in strong support of the Ryan White HIV/AIDS Treatment Extension Act, and I want to add my thanks and my acknowledgment to the great work of our committee's chairmen, the ranking members, to swiftly move this extension through the process in a bipartisan and bicameral manner.

The Ryan White HIV/AIDS program has been the critical safety net for Americans diagnosed with HIV and AIDS. Since its inception, we have watched diagnosis and treatment evolve to a point where we can now manage HIV as a chronic condition rather than as a fatal disease.

This issue is especially important in my home State of California, which has the second-largest disease burden in the United States and a significant number of new cases each year, particularly among the Latino population. And in today's world, California—like some other States—is experiencing a severe budget crisis. State HIV and AIDS funding has been drastically reduced.

My district serves as the main source of HIV services between Los Angeles and San Francisco, and I want to ensure that central coast providers have all the resources they need to care for their patients. We need to make sure HIV patients and their families' livelihoods aren't interrupted by our failure to act.

This legislation really is a stopgap measure that we need to ensure that nobody loses their existing services. I am pleased that we haven't hesitated to address the most pressing funding and logistical needs, especially those that affect distribution of funds to population centers.

I am looking forward to the next authorization, when we can address all of the lingering improvements that are necessary to make Ryan White HIV/AIDS programs operate in an even better way for patients. As HIV research and care evolves, we must also respond accordingly. I urge my colleagues to vote in favor of the Ryan White HIV/AIDS Treatment Extension Act.

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent to yield my time to the gentleman from Texas (Mr. BARTON) to control.

The SPEAKER pro tempore. Without objection, the gentleman from Texas is recognized.

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I thank the gentleman from Tennessee for his leadership on this issue until I could arrive on the floor.

Mr. Speaker, I rise in support of the Ryan White HIV/AIDS Treatment Extension Act of 2009. This is the second reauthorization of this piece of legislation. It was originally passed approximately 10 years ago. It was reauthorized the first time, I believe, 4 years ago and expired at the end of this month. And so with the leadership of Chairman WAXMAN and Subcommittee Chairman PALLONE, with the support of Ranking Member DEAL, myself, and Congresswoman MARY BONO, we have been working with the majority to bring this bill to the floor and reauthorize it because of the importance of the programs which it has jurisdiction over.

This is a program which has provided care for millions of Americans that have been affected by HIV and AIDS. It provides primary care services and drug assistance as a payer of last resort for those individuals that have these afflictions.

The bill before us includes several legislative priorities that I would like to highlight. It does allow States additional time to report their HIV/AIDS cases by names versus the old, inaccurate code-based system but does not release States of the requirement to move towards the more accurate name-based reporting.

The bill also continues reforms that were put in place 3 years ago that will move these programs closer to ensuring that funds are allocated to the existing need—and I am going to highlight existing need—for States and localities. The legislation establishes a new HIV/AIDS testing goal of 5 million citizens through Federally supported HIV/AIDS prevention, treatment, and care programs.

The bill also reestablishes the notification of possible exposure to infectious disease provisions, which will allow notification to emergency responders of a possible communicable infectious disease.

Mr. Speaker, I am an original cosponsor of this legislation in this Congress and was chairman 3 years ago when we reauthorized it. This is a high priority for the country and the committee. And again, I am very pleased that Chairman WAXMAN and Subcommittee Chairman PALLONE agreed to a regular order process so that we could reauthorize this bill in a timely fashion.

With that, Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I would yield 2 minutes to our full committee chair from California (Mr. WAXMAN), who was the original sponsor of the Ryan White Act and has been working on this for years.

Mr. WAXMAN. Mr. Speaker, swift passage of this bill is absolutely essential to the nearly half a million people served by the Ryan White program. Representatives PALLONE, DEAL, BARTON, and I worked with the Senate in a bipartisan and bicameral fashion to develop the bill before us today. We didn't see eye-to-eye on everything, but we all agreed that the HIV/AIDS epidemic isn't a partisan issue and that the Ryan White program must continue.

This bill contains improvements that will strengthen and grow the program over the next 4 years.

I would like to thank the administration, as well as the over 300 HIV/AIDS organizations who developed consensus recommendations that immensely helped the process. The Congressional Black, Hispanic, and Asian Pacific American Caucuses also provided vitally important input.

I would like to thank all of the House staff that worked on the bill: Camille Sealy, Elana Leventhal, Naomi Seiler, Aarti Shah, Melissa Bartlett, Blake Fulenwider, and Ryan Long.

□ 1045

Finally, I would like to thank Chairman PALLONE, Ranking Member DEAL and Ranking Member BARTON for their work on this important piece of legislation.

I urge all Members to support it.

Mr. BARTON of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to my colleague from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, I want to congratulate Mr. WAXMAN and Mr. BARTON, Mr. DEAL and Mr. PALLONE, our Chair of the Subcommittee. This is tough work.

I rise to express my deep support for the reauthorization of the Ryan White HIV/AIDS program; a debt of thanks to Chairman PALLONE for your outstanding work in New Jersey.

For nearly two decades now, the Ryan White program has made it possible for individuals living with HIV/AIDS to access life-saving services. In the program's early years, I served as the chairman of the Paterson-Passaic-Bergen HIV Planning Council, and I saw firsthand how the Ryan White program reduces health disparities and improves and extends the lives of thousands. Families have been held together because of Ryan White legislation. I see that firsthand day after day.

New Jersey has the fifth largest HIV/AIDS epidemic in the Nation. In my hometown, we have over 1,700 individuals living with HIV/AIDS. Even after 20 years of progress, these sobering facts are a reminder that we still have work to do.

I urge my colleagues to join with me in passing this legislation to extend and provide additional much-needed funding for the vital services provided by the Ryan White program.

Mr. BARTON of Texas. Mr. Speaker, I continue to reserve.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. Let me thank the gentleman from New Jersey for yielding and also for your leadership, and also to our chairman because this is such an important bill. I want to thank both sides for crafting this bipartisan—bicameral, really—compromise. I also wanted to thank you and say that we appreciate your taking into consideration the concerns of the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus.

This bill will strengthen the Minority AIDS Initiative by moving it back to a formula-based grant system requiring a GAO study and a subsequent Department plan by HHS to ensure that the Minority AIDS Initiative functions as it was intended. This initiative was begun under the leadership of Congresswoman MAXINE WATERS in the late nineties and it's working, but it hasn't been fully funded and the resources haven't really been directed to where the need is the greatest.

We have, as you know, a devastating epidemic in the United States, and young gay men, minorities, people of color, and women are facing the brunt of it. We've got to do a better job in protecting those who are most at risk while taking care of those already infected.

I am pleased that the President is developing a National AIDS Strategy to guide our response to this epidemic. As one who has worked consistently over the years on the global HIV pandemic both here and abroad, I think we need a PEPFAR, a domestic PEPFAR. But this is a compromise bill. It will increase the funding 5 percent each year, but I think we must do more.

Also, let me just say that we have to really take a look at some of the interventions that we know will work which are tough political issues to address, such as needle exchange, such as comprehensive sex education, such as this real epidemic. And it is in our prisons. So we have to take many, many steps to really begin to look at how to turn this around and to stamp HIV/AIDS from the face of the Earth.

So I just want to thank you Mr. PALLONE and Mr. WAXMAN, and all of you who have taken the lead in putting this bill together.

Mr. BARTON of Texas. Mr. Speaker, I continue to reserve.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from the Virgin Islands, Dr. CHRISTENSEN, who is also a member of our committee.

Mrs. CHRISTENSEN. Thank you for yielding.

Mr. Speaker, I rise today—on behalf of the more than half million low-income Americans living with HIV/AIDS who rely on this program—in full support of the Ryan White HIV/AIDS Treatment Extension Act of 2009, particularly those in my community where we have the second highest incidence of AIDS in the country.

I applaud the leadership and hard work of Chairmen PALLONE and WAXMAN and Ranking Members BARTON and DEAL, as well as those in the other body, for this bipartisan, bicameral bill.

The Ryan White program plays a pivotal role in addressing the unique health care challenges facing low-income Americans with HIV/AIDS and their families. I would have liked to have seen a more robust investment in this program to end the ADAP waiting lists and more support for the National Minority AIDS Education and Training Center at Howard University, especially when minorities are making up the vast majority of people with HIV/AIDS. But we have the opportunity today to provide assistance to large and midsize cities, States, and territories with high HIV/AIDS incidence and/or prevalence, and to expand access to care and support services for women, infants, children, and youth.

I am particularly pleased that we improve the Minority AIDS Initiative by going back to formula funding and by removing some of the barriers to funding that prevented many eligible entities from applying.

As a physician who cared for AIDS patients from the outset of the epidemic, I cannot express enough how today—how voting in full support of this bill—will mean so much to the hardworking Americans who deserve the opportunity, just like all of us here, to achieve their lives' potentials.

Mr. BARTON of Texas. I continue to reserve, Mr. Speaker.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California, Ms. LYNN WOOLSEY.

Ms. WOOLSEY. Thank you, Chairman PALLONE, for all of your efforts in regards to HIV/AIDS and the efforts that you support, that we support, that we must continue.

I rise in strong support of H.R. 3792, the Ryan White HIV/AIDS Treatment Extension Act of 2009. This legislation provides important funding for life-saving medical and support services that individuals with HIV/AIDS depend upon.

With this reauthorization, we're ensuring that several of the Transitional Grant Areas that were slated to lose access to these grants will continue to receive funding. One of the TGAs is Santa Rosa, California, in my district, which is north of San Francisco. This important change will ensure that Santa Rosa will be able to continue to provide a continuity of care to patients with HIV/AIDS.

The Bay Area is an example for all of us of just how important the funding is that we provide now, and how necessary it is that we increase this funding and that we pay particular attention to prevention of HIV/AIDS; then we won't need so much over time to cure and provide care. But until we prevent, we will be working to help those who are already afflicted.

Again, I urge my colleagues to support this legislation.

Mr. BARTON of Texas. We continue to reserve, Mr. Speaker.

Mr. PALLONE. Mr. Speaker, I will yield myself such time as I may consume.

I just wanted to stress the importance of this in my home State of New Jersey. I know that in my district in New Brunswick we have the headquarters for the Hyacinth Foundation, which is one of the organizations that receives some of the money under the Ryan White Act. The type of work that they have been doing over the last few years to help with HIV/AIDS patients is just incredible. Obviously, we need more research, but the services and the treatment that are provided are really lifesaving for a lot of these patients, and it is so important.

I know that there was some concern about the time running out because of the authorization expiring, but now we are going to guarantee that this money continues. In fact, this bill does not have a sunset provision so that these programs will continue. We won't face this problem of having another deadline in the future. So that is really crucial, and I can't stress it enough.

At this time, I would like to yield such time as she may consume to Representative LEE again.

Ms. LEE of California. Thank you again for yielding.

I just wanted to take a moment to call your attention to several efforts in my own home State and my own home county. One is in Alameda County.

I believe it was in 1999, we had to declare a state of emergency in the African American community, and that state of emergency helped focus attention on what was taking place in the African American community. It helped us really begin to garner resources for those wonderful community-based programs which have survived through this period, but they

need additional resources if we are going to really tackle this epidemic. And so this reauthorization will really help with our state of emergency and those organizations that are helping on the ground with minimal resources doing wonderful work.

Secondly, in my city where our great former colleague, Mayor Ron Dellums, former Congressman Ron Dellums, serves as Mayor, we have initiated, under his leadership, a ''Get Tested'' campaign, which is really about making sure that prevention and education is provided in a very real way to those most at risk. This campaign is working, and again, reauthorization of Ryan White will really help make sure that this campaign is fully successful. Getting tested is such an important strategy, and I would encourage Members, as we move forward and focus on this reauthorization, to make sure that we take some leadership and get tested and show why testing is a key strategy to prevention and education.

Finally, let me say, and I know Ms. CAPPS mentioned the budget crisis in California. I have talked with many of my AIDS providers—and as I said earlier, with minimal resources, they are doing unbelievable work—and now, with not only California but other States in this budget crisis, these organizations are losing their funding. And so, again, the reauthorization of Ryan White is going to help these organizations stay in business and help them provide the services that are desperately needed.

So once again, I just have to thank you, Chairman PALLONE, thank all of you for this reauthorization. And though it's not everything we want, I know it's a compromise, and it's going to go a long way in helping.

Mr. PALLONE. At this time, Mr. Speaker, I have no additional speakers. I just want to thank my colleagues on the Republican side, Mr. BARTON and Mr. DEAL, for making this a truly bipartisan piece of legislation.

At this point, I would urge passage of the bill and yield back the balance of my time.

Mr. BARTON of Texas. Well, I appreciate the opportunity to close the debate.

This is an important piece of legislation. It has been worked over several years on a bipartisan basis. Chairman WAXMAN and Chairman PALLONE have been extremely positive and very gentlemanly in their approach to this bill. We are glad that it is being reauthorized in a timely fashion. We urge a strong bipartisan vote of ''yes'' on this bill.

Ms. PELOSI. Mr. Speaker, for almost two decades, the Ryan White Act has played an essential role in the development and maintenance of systems of care for people living with HIV and AIDS. Today, Congress has the opportunity to continue this lifesaving work.

Essential to our efforts has been the leadership of Chairman FRANK PALLONE of the Energy and Commerce Subcommittee on Health. And I want to especially acknowledge Chairman HENRY WAXMAN for his decades of magnificent and determined leadership in the fight against HIV/AIDS. From day one of this epidemic, HENRY WAXMAN has been on the frontlines leading the charge.

I also want to pay tribute to another great leader who was there from day one of this epidemic: Senator Edward M. Kennedy. Senator Kennedy was tireless in his efforts to ensure the federal government, and the entire health system, eventually rose to the challenge of this crisis with the resources and commitment it demanded. His legacy lives on in the Ryan White Act and the hundreds of thousands of people each year it helps access the medication and primary care they need to stay healthy.

As everyone knows, San Francisco was hit early and was hit hard by the devastation of AIDS. But San Franciscans responded to the needs of our neighbors by developing a system of community-based care that became the model for the Ryan White CARE Act when it was first enacted in 1990. As a result, San Francisco produced data that showed the country comprehensive HIV/AIDS care and services not only saves lives, but also saves money by keeping people healthy and productive.

Today, Ryan White-funded initiatives are a fundamental component of the systems of care upon which low income individuals with HIV and AIDS rely. Declines in AIDS deaths are a direct result of the therapies and services that have been made more widely available through the Ryan White Act to large numbers of uninsured and under-insured people living with HIV and AIDS.

Each year, this legislation ensures access to lifesaving medical services, including pharmaceuticals, for over 500,000 clients—almost half of the individuals living with HIV/AIDS in this country. Passage of the Ryan White reauthorization will continue to increase access to primary care and medications by providing additional resources and facilitating the transition to HIV reporting.

The Ryan White Act has always focused on establishing and maintaining effective systems of health care. This means avoiding drastic cuts that destabilize existing resources. For this reason, many of us were disappointed when the Bush Administration implemented the 2006 reauthorization in a way that caused drastic cuts to several jurisdictions, including the San Francisco Eligible Metropolitan Area. Unfortunately, Senate Republicans objected to correcting these implementation flaws in this reauthorization. However, I remain committed to responding to these needs through the appropriations process, as we have done each year since the Bush Administration first attempted to impose these destabilizing cuts.

The Ryan White HIV/AIDS Treatment Extension Act will continue our commitment to hundreds of thousands of low income people living with HIV/AIDS. In so doing, we will save lives, save money, and help create a healthier America. I urge my colleagues to vote ''yes.''

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

This important program has helped numerous people across the country living with HIV/AIDS by helping to provide funding to states, urban areas, insurance providers, and other organizations for HIV/AIDS related care. It is estimated that the Ryan White Program helps more than half of a million people annually, and legislation to extend this program is incredibly important for those individuals' wellbeing. Reauthorized three times since it was first enacted in 1990 in response to the growing HIV/AIDS crisis, this legislation will help to modernize the program to address present day concerns.

I would be remiss as well if I did not discuss the disproportionate impact that HIV/AIDS has on minority communities and particularly the African-American community. Although African-Americans account for about 13 percent of the U.S. population, they constitute roughly half of all Americans who become infected with HIV/AIDS. According to the Center for Disease Control, the rate of AIDS diagnoses for African-American adults and adolescents is ten times higher than the rate for whites and three times higher than the rate for Latinos. Truly these numbers are way too high, and we must resolve anew to continue to fight this terrible disease.

I encourage my colleagues to join me in supporting the Ryan White HIV/AIDS Treatment Extension Act so that we can offer care to those individuals who are suffering with HIV/AIDS and combat the disease as well.

Ms. CASTOR of Florida. Mr. Speaker, I rise today in strong support of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

In my home State of Florida and in my community in the Tampa Bay area, Ryan White Services are vital. This critical program helps to preserve the lives of many in our communities living with HIV and AIDS. I have heard from so many of my neighbors in recent weeks, pleading that Congress act to ensure that this lifeline continues—today we answer their plea.

In 2004, Ryan White assisted well over 100,000 patients in Florida and nearly 13,000 family members of people living with HIV/AIDS. Those numbers continue to rise.

My community is very active in the Ryan White program. There are many nonprofit organizations that help to facilitate Ryan White and put the program dollars to good use.

I'd like to thank all of the participating organizations in my home town for their work with Ryan White—Metropolitan Charities in both Tampa and St. Petersburg, Operation Hope of Pinellas and the AIDS Service Association of Pinellas, to name just a few that are changing lives for my neighbors.

Mr. Speaker, the Ryan White Program is the only true safety net for many people living with HIV/AIDS to compensate for the lack of health insurance and care that is often not covered by insurers. I look forward to reporting to my neighbors that they can rest assured that this vital program will not be lost.

Mr. KLEIN of Florida. Mr. Speaker, I rise today in strong support of S. 1793, the Ryan White HIV/AIDS Treatment Extension Act of 2009, and thank the distinguished Chairman of the Energy and Commerce Committee, Mr. WAXMAN, and Ranking Member BARTON, as well as the Health Subcommittee Chair, Mr. PALLONE, and Ranking Member DEAL, for bringing this important bill to the floor before the Ryan White program ends at the end of the month.

The Ryan White program is our nation's keystone public health program for the prevention and treatment of HIV/AIDS. Originally enacted in 1990, the Ryan White program provides federal funds to states and metropolitan

areas for health care costs and support services for people living with HIV and AIDS. Some of these services include medical care, drug treatments, dental care, home health care, and outpatient mental health and substance abuse treatment. Over half a million low-income people with HIV/AIDS receive critical health care services through Ryan White, and a third of them lack any health insurance at all.

In addition to preauthorizing the Ryan White program for four years, S. 1793 will increase funding for all programs by 5 percent to meet the growing needs of states, communities, and individuals. Of particular interest for my constituents is the increased funding for the Emergency Relief program, which provides grants to metropolitan areas with very high numbers of AIDS cases for primary care and support services like hospice care, housing, and transportation.

Unfortunately, the City of Ft. Lauderdale, which is in my congressional district, has the fourth highest AIDS rate in America, behind only San Francisco, New York, and Miami. This puts an enormous strain on local resources. Although Broward County has worked very hard to be as efficient as possible with the services they provide, this 5 percent funding increase will be a welcome relief during these difficult economic times.

I am also pleased to see that S. 1793 increases the unobligated fund requirement from 2 percent to 5 percent. As it stands now, this provision penalizes Part A and B grantees if they have more than 2 percent of their award unobligated at the end of a grant year. The consequence is that programs are ineligible to compete for supplemental components of their awards, creating an undue burden on grantees like Broward County who face state and county budget factors such as hiring freezes, purchasing delays and spending caps among other funding obstacles. Boosting this level to 5 percent will create a more realistic requirement for unobligated funds, and I thank the distinguished chairmen and ranking members for correcting this important problem.

Mr. Speaker, it was 28 years ago that the Center for Disease Control and Prevention issued its first warning for AIDS. In the interim, far too many people have died from this terrible disease. But thanks to this hallmark safety net program, the Ryan White program provides a vital lifeline to hundreds of thousands of people living with HIV/AIDS. We cannot let this lifeline end at the end of the month. We must pass this program today so that everyone living with HIV/AIDS can know that our great country will be there to help them when they need it most.

Mr. VAN HOLLEN. Mr. Speaker, I rise in strong support of this legislation reauthorizing the Ryan White CARE Act. I want to commend Chairmen WAXMAN and PALLONE as well as Ranking Members BARTON and DEAL for working in a bipartisan and bicameral fashion in bringing this bill before the House today.

For over two decades, the Ryan White program has been serving people living with HIV and AIDS. It provides medical care, treatment and support services to more than half a million people each year. As a result of this vital and important program, we have some of the best HIV and AIDS treatment programs in the world. Without this critical safety net, several of our nation's most vulnerable populations would not have access or receive the care and treatment they desperately need.

Maryland is one of the States hardest hit by the HIV epidemic. According to the Centers for Disease Control and Prevention, it has the fifth highest estimated rate of living AIDS cases per 100,000 people. Approximately 28,000 Marylanders live with HIV. I am pleased that the legislation continues the current extended exemption policy for 2 years for those States with maturing names-based HIV case data, such as Maryland, that recently made the transition from the code-based system in determining how much Ryan White funding States receive.

Unfortunately, the Ryan White program was scheduled to sunset on September 30. It is now operating under a short-term extension. It is critical that Congress reauthorizes the Ryan White program so that we can continue to provide necessary and lifesaving services to those affected with HIV and AIDS. I urge my colleagues to support the Ryan White HIV/AIDS Treatment Extension Act.

Mr. CONYERS. Mr. Speaker, I rise in strong support of the Ryan White HIV/AIDS Treatment Extension Act of 2009, S. 1793. In our efforts to assist those with HIV/AIDS, the Ryan White Program has been at the forefront, offering lifesaving care for those with this disease.

The Ryan White HIV/AIDS Program allocates federal funds to metropolitan areas and states to assist in reducing health care costs and increasing support services for individuals and families affected by the human immunodeficiency virus or acquired immune deficiency syndrome. The Ryan White Program has been able to serve more than half a million low-income citizens living with HIV/AIDS each year. Of these constituents with HIV/AIDS, 33 percent of them are uninsured and an additional 56 percent are underinsured. This program is facilitated by the Health Resources and Services Administration of the Department of Health and Human Services. Composed of four major parts, the Ryan White HIV/AIDS Program provides grants to urban areas, directs funds to states and territories, pays for the AIDS Drug Assistance Program, and provides grants to both public and private nonprofit entities for family-centered care. This bill also allows for the continued funding for the Minority AIDS Initiative, a program that is attempting to address the impact of this disease on racial minorities.

In December 2006, Congress reauthorized the Ryan White HIV/AIDS Program until September 30, 2009. With 1.1 million persons in the U.S. living with diagnosed or undiagnosed AIDS/HIV, we must ensure that the Ryan White HIV/AIDS Program and the Minority AIDS Initiative are fully funded so that vital services to our neighbors are not cut.

I strongly support the Ryan White HIV/AIDS Program Act and its mission of providing direct care to patients in need. I urge my colleagues to do the same.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise to support swift passage of the Ryan White HIV/AIDS Treatment Extension Act.

As you know, the Ryan White HIV/AIDS Treatment Program is an innovative and effective program that funds HIV/AIDS treatment for low-income, uninsured, and underinsured people. The program provides funding to cities, States, as well as directly to select clinics and care providers for core medical and support services.

In 2009 alone, my home State of Florida received over $209 million in funding through Ryan White to assist countless low-income Americans living with HIV/AIDS.

And while HIV/AIDS is certainly a global and national epidemic, for my congressional district and all of south Florida it is an intensely local one. We know firsthand its impact on individual lives and families in our community.

Miami-Dade County ranks second among large metropolitan areas for people living with AIDS. There are over 32,000 people living with AIDS in Miami-Dade alone. And nearly 12,000 have HIV that has yet to progress to AIDS. These are just the cases we know about.

The fight against HIV/AIDS has many elements, but I cannot stress enough how important the Ryan White Program is within this greater undertaking.

While our commitment to the fight against HIV/AIDS must be both proactive as well as reactive:

Proactive in working together to halt the growth of this epidemic through our efforts at prevention and awareness;

Reactive in our providing of care and treatment earlier in the course of the disease;

Ryan White demonstrates that we must not, and we will not, ever forget about those already afflicted with this terrible disease.

We all recognize the tremendous results that the Ryan White Program has had on providing care for those suffering from HIV/AIDS in the United States. Extending this important program is not just a priority, but a necessity.

I know that through programs such as Ryan White we can, and will, save and improve the lives of countless individuals in my Congressional District and throughout the United States.

I again urge my colleagues to vote in favor of this beneficial bill and look forward to the day when we can call the fight against HIV/AIDS won.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise in strong support of the Ryan White HIV/AIDS Treatment Extension Act.

The Ryan White Act is lifesaving legislation that funds a vast array of innovative and effective services that form the healthcare safety net for uninsured and underinsured Americans living with HIV/AIDS. Ryan White programs are "payer of last resort," which subsidize treatment when no other resources are available.

The program provides medical care, drugs, and support services for 500,000 people a year. It's been a huge success in reducing sickness and death from HIV disease and helping people live longer, more healthy, and productive lives. The Ryan White programs also provide funding and technical assistance to local and state primary medical care providers, support services, healthcare provider and training programs.

Congress must extend this critical law to ensure that vital services are not withheld from people who so desperately need them.

We must pass this legislation, so that Ryan's legacy lives on with his message of love, compassion, and hope.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise today in strong support of S. 1793, the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Since its establishment in 1990, the Ryan White CARE Act has delivered vital funding to States and urban areas with large numbers of individual living with the AIDS virus.

In Texas, the number of individuals living with HIV and AIDS increased in the last 10 years. Texas has one of the largest HIV and AIDS populations in the country and we rely heavily on Ryan White dollars to provide quality life-prolonging care to Texans living with HIV and AIDS.

We currently have two Eligible Metropolitan Areas and 3 Transitional Grant Areas under Ryan White CARE Act in our State.

Houston is currently the eighth largest Eligible Metropolitan Area in the Nation, with 10,000 individuals living with AIDS and Ryan White funding helped to provide critical health care and support services to more than 18,000 individuals in Houston in 2006.

In my community in Harris County, our Hospital District utilizes more than $26 million each year to coordinate essential health care and support services for more than 21,000 individuals in our community living with HIV and AIDS.

The importance of this program cannot be overestimated; without CARE Act funds, many Americans living with HIV and AIDS would have no other source for treatment.

The Senate passed their version of the Ryan White HIV/AIDS Treatment Extension Act of 2009 on Monday and I am pleased we were able to work out a bipartisan and bicameral resolution which is reflected in this bill.

Without this vital legislation, millions of individuals would lose their HIV and AIDS treatment and support services. I am pleased we worked swiftly to send this to the President.

Mr. ENGEL. Mr. Speaker, I rise in strong support of the Ryan White CARE Act.

The Ryan White CARE Act holds a very special significance to New York State. As home to 16 percent of the Nation's AIDS population, New York remains the epicenter of the HIV/AIDS crisis. New York has nearly 120,000 residents living with HIV/AIDS and our State and cities have been proud to partner with the Federal Government in providing care for many of these individuals.

New York State receives more than $300 million in Ryan White funds under all parts of the act to provide a range of health care and support services. Through Ryan White programs, 22,000 uninsured New Yorkers receive medications and ambulatory care services and thousands more receive other essential services such as mental health, case management, nutrition, and treatment adherence support services. These individuals must be guaranteed uninterrupted access to these vital services.

It is critical that Congress act swiftly on the reauthorization of the Ryan White Reauthorization which nationwide provides lifesaving medications, health care and support services to over 500,000 people. As you know, unlike most reauthorizations Congress inserted a sunset provision into the act in 2006 requiring Congressional action by September 30, 2009. While we extended temporary funding for the program in the recent CR, it is important that we do not delay enactment of a full reauthorization so that our States, cities and localities can be assured of a stable source of needed funding.

While 3 years ago, this reauthorization was the subject of much disagreement and dissent, we are in a different place today. Fortunately, members on both sides of the aisle, and more than 250 organizations in the United States have worked hard over the past year to develop legislative principles where there is much agreement.

This bill will provide immeasurable assistance to more than half a million low-income people served by the Ryan White CARE Act programs. I urge all my colleagues to support it.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, S. 1793.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROE of Tennessee. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1100

NATIONAL PRINCIPALS MONTH

Mrs. DAVIS of California. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 811) expressing support for designation of October 2009 as ''National Principals Month,'' as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 811

Whereas the National Association of Elementary School Principals and the National Association of Secondary School Principals have declared the month of October 2009 as ''National Principals Month'';

Whereas school leaders are expected to be educational visionaries, instructional leaders, assessment experts, disciplinarians, community builders, public relations experts, budget analysts, facility managers, special programs administrators, and guardians of various legal, contractual, and policy mandates and initiatives as well as being entrusted with our young people, our most valuable resource;

Whereas principals set the academic tone for their schools and work collaboratively with teachers to develop and maintain high curriculum standards, develop mission statements, and set performance goals and objectives;

Whereas the vision, dedication, and determination of a principal provides the mobilizing force behind any school reform effort;

Whereas leadership is second only to classroom instruction among all school-related factors that contribute to what students learn at school, according to research conducted by the Wallace Foundation;

Whereas the U.S. Bureau of Labor Statistics estimates that approximately 1 in 3 education administrators works more than 40 hours a week and often works an additional 15–20 hours each week supervising school activities at night and on weekends;

Whereas the NAESP National Distinguished Principals program honors exemplary elementary and middle level public, private, and independent school leaders as well as leaders from the U.S. Department of Defense Schools and the U.S. Department of State Overseas Schools, for outstanding leadership for student learning and the profession;

Whereas the MetLife-NASSP Principal of the Year program began in 1993 as a means to recognize outstanding middle level and high school principals who have succeeded in providing high-quality learning opportunities for students as well as their exemplary contributions to the profession;

Whereas the celebration of ''National Principals Month'' would honor elementary, middle level, and high school principals and recognize the importance of school leadership in ensuring that every child has access to a high-quality education; and

Whereas the month of October 2009 would be an appropriate month to designate as ''National Principals Month'': Now, therefore, be it

Resolved, That the House of Representatives—

(1) honors and recognizes the contribution of school principals to the success of students in our Nation's elementary and secondary schools; and

(2) encourages the people of the United States to observe ''National Principals Month'' with appropriate ceremonies and activities that promote awareness of school leadership in ensuring that every child has access to a high-quality education.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. DAVIS) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. DAVIS of California. Mr. Speaker, I request 5 legislative days during which Members may revise and extend their remarks and insert extraneous material on House Resolution 811 into the RECORD.

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

There was no objection.

Mrs. DAVIS of California. I yield myself as much time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 811, which recognizes the designation of this month, October 2009, as National Principals Month.

This bipartisan resolution introduced by myself and Congressman TODD PLATTS honors and supports the critical role that school leaders play in the lives of our students, because one of the principal reasons behind a school's success is often its strong principal. This is true every day in schools all across our country.

At San Diego High School of International Studies in my district, Principal Karen Wroblewski has been the force behind the school's high ranking and Newsweek's top 100 high schools for 3 years running. Families have been known to camp in Karen's office to garner a spot in the incoming class. This success is only bolstered by the fact that her school is in a historically low-performing educational area and that the student body is one of the most diverse in our city. Understandably,

Karen was named the 2009 National Magnet Principal of the Year.

Meanwhile, on the opposite side of our country, in Delaware, Principal Stephanie Smith is a similar driving energy behind Seaford Middle School. As a result of Seaford's emphasis on challenging coursework and collaboration with her staff, the State chamber of commerce recognized the school with its Superstars in Education award, and it is a 2009 MetLife National Association of School Principals breakthrough school.

These women are prime examples of how elementary, middle and high school principals provide the vision, the dedication and the mobilizing power for successful schools. School leaders set the academic tone, and they keep teachers involved to develop performance goals and objectives. Behind every one of their efforts is the genuine intent to improve student achievement.

Unlike many other careers, principals are expected to fill a variety of roles which are each complex in their own right. On any given day, they are likely to be everything from educational visionary, to community builder, to budget analyst, to facility manager, to counselor. This means that principals often work long hours. In fact, the Bureau of Labor Statistics estimates that one in three principals works far more than 40 hours per week, and they often work many additional hours supervising school activities at night and on weekends. Just because students go home at the end of the day or at the end of the school term does not mean that the work of a principal stops. In fact, principals could give our congressional schedule quite a run for its money.

During my time on the San Diego School Board, I worked with many of these remarkable individuals. I witnessed how their commitment and energy can inspire an entire school from the youngest student to the most senior teacher. In the end, it is principals who are responsible for creating and managing the environment where our students learn and grow.

So this month, let's honor this important role which they dedicate themselves to all year round.

I would also like to thank the National Association of Elementary School Principals and the National Association of Secondary School Principals for their work to designate October 2009 as National Principals Month.

Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. I yield myself as much time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 811, expressing support for the designation of October 2009 as National Principals Month.

The role of principals has been redefined in the 21st century. Gone are the days when principals spent most of their time with bus schedules, fire drills and general curriculum. Today's school leaders must keep abreast of State and Federal goals, the latest technologies and teaching practices, as well as learning to use data to spot gaps in learning among all students. It should come as no surprise that principals, like other organizational leaders, set the tone for high achievement in their schools.

Regardless of location, racial or socioeconomic demographics, communities demand that principals lead the instructional and academic performances in their schools. Leadership is an important factor in the creation of good schools. Influenced by the academic standards movement, which focuses on equity and instruction, school leaders are thinking anew about how to define quality in our schools and about how to create and manage the environments that support them.

Principals lead schools, and they tie the daily operations to school and student learning goals that are set by parents, staff, and the community. They also set high expectations for the academic and social development of all students, teachers and staff; and they ensure the resources to meet these high standards.

Principals are also charged with hiring and retaining high-quality teachers and with holding them responsible for student learning. Today's school leadership also connects professional development to school learning goals, and it provides opportunities for teachers to work, plan, and to think together.

Principals are among the hardest working, yet often the least recognized, individuals in education. These unsung heroes deserve to be recognized for the essential role they play in preparing today's students for the challenges of tomorrow, and I ask my colleagues to support this resolution.

I also would like to comment about my principal at Clarksville High School, Mr. THOMPSON, who is a retired sergeant in the Marine Corps. He had a hard time keeping us in between the white lines. I think part of my success today is due to Mr. THOMPSON, my principal, who kept a lot of young boys out of trouble and who pointed them in the right direction education-wise. Many principals across this Nation and probably most of us in this room could acknowledge that.

Mr. Speaker, I reserve the balance of my time.

Mrs. DAVIS of California. Mr. Speaker, I remember a school in my district that I visited often as a school board member and then later in the State legislature. It was kind of a tough school, really; and I used to go into the principal's room or into the teachers' lounge, and people were always grumbling. Then a new principal came to town, and she hired a number of new teachers. A number of teachers had actually left the school because she came in. I think she established early that she was going to have some very high standards. Some people left. Within a year, the tone at that school was turned around so dramatically.

I remember walking into the office one day, and they had pictures of all the teachers and their families on the wall so that parents, when they came in, could relate not just to the teachers, but they could know the teachers' families. Everybody seemed to be part of a family; and that happened because of the vision, because of the enthusiasm and, really, because of the skill of that principal. That school now continues to do very, very well. It has established itself in the community so differently than what I really remember it to be for a number of years.

So we know that principals truly make a difference. When they can translate their desire to see high achievement and high expectations to everybody on the staff and in the whole community, it really does matter to young people. That's what we need. Tremendous principals often, I guess, consider themselves to be pretty ordinary folks, but they do extraordinary things.

I'm just delighted to be part of this resolution, and I am very happy that we're able to talk about it today on the floor, and I thank my colleague for that as well.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I concur with the gentlewoman, and I would urge the passage of this resolution; and I yield back the balance of my time.

Mr. REYES. Mr. Speaker, I rise today in support of H. Res. 811, a resolution recognizing the month of October as "National Principals Month." My congressional district in El Paso, Texas is fortunate to have outstanding principals in our schools who work tirelessly every day encouraging our teachers and students, and also serving as role models in our community. These dedicated educators are constantly challenging students and teachers to achieve high academic goals.

Principals wear many hats in their daily schedule. As educational leaders, principals set the academic tone at their schools and guide their staff and students with a shared vision for the future by developing and maintaining high curriculum standards and setting performance goals and objectives. As administrators, they handle public relations duties, analyze and manage their schools' budgets, and strive to maintain a high level of both student and staff morale. As campus leaders and mentors, they provide support at school sporting events, community service projects, fundraising activities, and other school functions.

Principals are our educational system's ultimate multi-taskers and, along with teachers, deserve to be recognized for their work, dedication, and passion on behalf of our children. There are approximately 250 elementary, middle, and high school principals in my district in El Paso. I am proud to say that my daughter, Dr. Monica Reyes, is one of those, and I applaud her and all of the principals in my district for their outstanding work. These leaders work with a sense of urgency to raise our schools' educational levels to new heights each day by providing our students and teachers with the guidance and leadership necessary to ensure success.

Both principals and teachers play a significant role in encouraging our students to stay

in school and pursue higher education, both which are crucial to the future strength and prosperity of our nation. As a Member of Congress, promoting student advancement and acknowledging the efforts of our teachers and principals has always been a priority of mine.

Mr. Speaker, "National Principals Month" is a great opportunity to acknowledge the importance of principals and promote educational success and leadership in our schools, and I am proud to voice my support for this resolution.

Mrs. DAVIS of California. Mr. Speaker, I urge support and the passage of House Resolution 811, recognizing National Principals Month; and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 811, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. DAVIS of California. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING KENTUCKY WESLEYAN COLLEGE

Mrs. DAVIS of California. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 837) recognizing Kentucky Wesleyan College for over 150 years of service as an institution of higher education.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 837

Whereas Kentucky Wesleyan College was founded in 1858;

Whereas the first commencement held at Kentucky Wesleyan College was in 1868;

Whereas Kentucky Wesleyan College is a private, liberal arts Methodist college located in Owensboro, Kentucky;

Whereas 956 students from 27 States and 6 foreign countries were enrolled at Kentucky Wesleyan College in the fall of 2008;

Whereas Kentucky Wesleyan College's mission statement is to foster a liberal arts education that nourishes, stimulates, and prepares future leaders intellectually, spiritually, and physically to achieve success in life;

Whereas Kentucky Wesleyan College has a number of notable alumni, including a United States Supreme Court justice, a Major League Baseball pitcher, and the founder of another Kentucky institution of higher education;

Whereas the Kentucky Wesleyan Panthers compete in National Collegiate Athletic Association Division II athletics; and

Whereas from overseas mission trips to numerous local projects, Kentucky Wesleyan students meet the needs of others and positively impact the world around them: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes Kentucky Wesleyan College for over 150 years of service as an institution of higher education; and

(2) thanks Kentucky Wesleyan College for the valuable education it has provided to students.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. DAVIS) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. DAVIS of California. Mr. Speaker, I request 5 legislative days during which Members may revise and extend their remarks and insert extraneous material on House Resolution 837 into the RECORD.

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

There was no objection.

Mrs. DAVIS of California. I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 837, which recognizes Kentucky Wesleyan College for its over 150 years of operation.

Founded in 1858, during a Kentucky Methodist conference, Kentucky Wesleyan College began as a training school for preachers, but the curriculum expanded to include an inclusive liberal arts education and, after a strong demand, business classes.

By the 1880s, half of the alumni were employed as either teachers or as businessmen—I hope businesswomen as well, but perhaps not at that time—a testament to the quality of the education students received at KWC.

As of 2008, Kentucky Wesleyan College annually enrolls over 950 students, and offers a wide range of courses. With 27 majors and a 15–1 student-to-faculty ratio, Kentucky Wesleyan College boasts a strong academic program. By coupling this strong educational base with small classes and elite professors, KWC offers a supportive environment for their students to learn and grow.

KWC's religious history influences its students. Today, young men and women graduate from Kentucky Wesleyan College with high morals, values and faith. At this institution, students are encouraged to become the best that they can be in both their personal and academic lives. Students are also encouraged to serve. Last year, one-third of the students took part in a community service event. For example, Kentucky Wesleyan College student Campus Ministries puts on service projects on campus and in the Owensboro area. This small college accomplishes many feats. It graduates educational leaders, professional athletes and even United States Supreme Court Justice Stanley Forman Reed.

Though much has changed at KWC since it was founded in 1858, the core principles have remained the same. KWC still strives to nourish, stimulate and prepare students and alumni to lead organizations with integrity and to lead a life of spirituality.

KWC has existed for over 150 years. As the college celebrates this milestone, I want to take a moment to recognize KWC's success. The college will also take a look ahead to continue its service to the community and to its students.

Mr. Speaker, once again, I express my support for Kentucky Wesleyan College, and I thank Representative GUTHRIE for bringing this bill forward, and I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. ROE of Tennessee. I yield myself as much time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 837, recognizing Kentucky Wesleyan College for over 150 years of service as an institution of higher education.

Kentucky Wesleyan College, in partnership with the United Methodist Church, fosters a liberal arts education that nourishes, stimulates and prepares future leaders intellectually, spiritually and physically to achieve success in life.

Founded in 1858, Kentucky Wesleyan College was originally located in Millersburg. Classes began in 1866, and the first commencement took place in 1868. At first, it was a training school for preachers; but soon, business classes and liberal arts classes were added to the curriculum. In 1890, the school moved to Winchester, and soon after, women began to be admitted to the school for the first time. In 1951, the school moved to its present location in Kentucky's third largest city, Owensboro.

Kentucky Wesleyan secured full accreditation by the Southern Association of Colleges and Schools in 1947. Increasingly, Kentucky Wesleyan graduates were making their mark in the graduate and professional schools of the region. The strong curriculum in business and liberal arts was expanded to include major programs in preprofessional areas. Kentucky Wesleyan earned an enviable reputation for the many students being sent to medical, dental, law, and graduate schools.

□ 1115

Kentucky Wesleyan gained national recognition in athletics when its men's basketball team won men's championships in 1966, 1968, 1969, 1973, 1987, 1990 and 1999. No Division II school has ever surpassed this record.

In the 1990s, Kentucky Wesleyan College revised its mission statement to focus on preparing leaders for the 21st century. The college reaffirmed its commitment to the liberal arts and modified the general education program toward fulfilling the new mission statement. Offering 27 majors in 10 preprofessional curriculums, Kentucky Wesleyan College has a 15:1 student-faculty ratio.

Superb teaching from a global perspective provides a rich classroom experience at Kentucky Wesleyan College. Students sharpen their skills,

their critical thinking, by learning how to find, use and defend worthwhile information. In addition, students are encouraged to serve in anticipation of a lifetime of service to others. Kentucky Wesleyan's students meet the needs of others and positively impact the world around them.

Congratulations to President Dr. Cheryl King, the Kentucky Wesleyan students, faculty, and staff on over 150 years of service as an institution of higher education.

Mr. Speaker, I reserve the balance of my time.

Mrs. DAVIS of California. Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield as much time as he may consume to Mr. GUTHRIE of Kentucky.

Mr. GUTHRIE. Mr. Speaker, I rise today to recognize Kentucky Wesleyan College, which for over 150 years has been dedicated to giving its students the tools they need to be successful in all areas of life.

A small liberal arts college, Kentucky Wesleyan offers a distinct collegiate experience that allows the undergraduates to grow academically, professionally, and spiritually. The college started from its modest beginnings in Millersburg, Kentucky, in 1858, with one building and with the first graduating class consisting of only one man.

Today, Kentucky Wesleyan has broken out and made incredible gains, with over 8,500 men and women having earned degrees, each continuing to uphold the traditions and values that were created so long ago. Over recent years, the college has renovated and expanded by updating the campus with new and refurbished buildings, adding new faculty and academic programs, and steadily increasing enrollment. Students at Kentucky Wesleyan are committed to making a difference and encouraged to be an example for others.

The president of the college, Dr. Cheryl D. King, who is also an alumna, has made it a point to develop personal relationships with the students. She is dedicated to making their collegiate experience a valuable and memorable one. Dr. King expresses the goals and values of the college perfectly in a letter to prospective students. In it she writes:

''Our students are encouraged to serve in anticipation of a lifetime of service to others. Last year, one-third of our students took part in community service opportunities. From overseas mission trips to numerous local projects, Kentucky Wesleyan students meet the needs of others and positively impact the world around them.''

Kentucky Wesleyan has truly lived out its mission statement to foster a liberal arts education that nourishes, stimulates, and prepares future leaders intellectually, spiritually, and physically to achieve success in life. Under the leadership of Dr. King, I know the college will continue to grow and flourish. I look forward to watching the strides they make and seeing the accomplishments of its students and alumni.

I am proud to represent Kentucky Wesleyan in Washington. I am proud to represent the community in which it exists, Owensboro, in Daviess County, and I wish them nothing but the best.

Mrs. DAVIS of California. Mr. Speaker, I continue to reserve the balance of my time.

Mr. ROE of Tennessee. I yield back the balance of my time.

Mrs. DAVIS of California. Mr. Speaker, I am very happy to bring House Resolution 837 forward. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 837.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. DAVIS of California. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING LAURINBURG NORMAL INDUSTRIAL INSTITUTE

Mrs. DAVIS of California. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 660) recognizing the distinguished history of the Laurinburg Normal Industrial Institute, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 660

Whereas the Laurinburg Normal Industrial Institute (referred to as the ''Laurinburg Institute'') was founded on September 15, 1904, in Laurinburg, North Carolina, by Emmanuel McDuffie and his wife Tinny Etheridge McDuffie at the request of Booker T. Washington of the Tuskegee Institute and William Edwards of the Snow Hill Institute;

Whereas the Laurinburg Institute is the oldest of only four historically African-American boarding schools still remaining in the United States;

Whereas the Laurinburg Institute was founded to help provide suitable education and training in the common pursuits of life for African-Americans in the area of Laurinburg, North Carolina;

Whereas, on September 15, 1906, Emmanuel McDuffie, J.H. Davis, and Robert Leach incorporated the Laurinburg Institute at Laurinburg, North Carolina, for the instruction of African-American teachers and youth in various academic branches of study and in the best methods of theoretical and practical industry applicable to agriculture and the mechanical arts;

Whereas in 1956, the Laurinburg Institute began to build a new campus, integrated its faculty and student body, expanded its foreign student program, which consisted of students from Russia, Africa, South America, Brazil, Portugal, the Caribbean, and other countries, and further solidified its nationally and internationally recognized athletic and music programs;

Whereas since 1904, the Laurinburg Institute has graduated students of color, and since 1954 many graduates have finished college or other post-secondary training;

Whereas the Laurinburg Institute's distinguished alumni include Sir John Swann, the former Premiere of Bermuda and one of the first blacks to be a head of state in the Western Hemisphere, Joy Johnson, one of the first African-Americans elected to the North Carolina General Assembly after the Reconstruction era, John Birks ''Dizzy'' Gillespie, an internationally renowned jazz trumpeter, and Charles ''Charlie'' Scott, the first African-American scholarship athlete at the University of North Carolina at Chapel Hill, who later became a National Basketball Association (NBA) All-Star where he played for such teams as the Boston Celtics, Denver Nuggets, Los Angeles Lakers, and Phoenix Suns, winning an NBA championship with the Boston Celtics and a gold medal in the 1968 Summer Olympics;

Whereas in 2005, the North Carolina General Assembly passed Senate Joint Resolution 1178 which honored the lives of Frank and Sammie McDuffie, who were the second generation of McDuffie's to serve as administrators of the Institute, and the work of the Laurinburg Institute in producing educators, humanitarians, athletes, and civil rights and leaders;

Whereas in 2009, the Laurinburg Institute's President and Chief Executive Officer is Frank ''Bishop'' McDuffie, Jr., and his daughter, Frances McDuffie, serves as the Institute's Vice President and President; and

Whereas Frank ''Bishop'' McDuffie and Fraces McDuffie are the third generation of McDuffie administrators of the Laurinburg Institute: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the distinguished history of the Laurinburg Normal Industrial Institute;

(2) acknowledges the Laurinburg Institute's remarkable contribution to the education of African-Americans and other people in the State of North Carolina and the Nation; and

(3) commends the enterprise and dedication of the McDuffie family in creating and sustaining the Laurinburg Institute.

The Speaker pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. DAVIS) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. DAVIS of California. Mr. Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on House Resolution 660 into the record.

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

There was no objection.

Mrs. DAVIS of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of House Resolution 660, which recognizes the historical significance of the Laurinburg Institute, one of the Nation's oldest African American boarding high schools in the United States.

In the early 1900s, there were few educational opportunities for black students. The Laurinburg Institute, along with other African American boarding schools, answered the needs of many African Americans desiring an education.

The Laurinburg Institute was founded on September 15, 1904, in Laurinburg, North Carolina, by Emmanuel McDuffie and his wife, Tinny Etheridge McDuffie, at the urging of Booker T. Washington and William Edwards. Since then, the McDuffie family has remained committed to the school's mission, devoting their lives to its service for more than three generations.

The school has developed and created exceptional music and athletic programs. Over the years, Laurinburg Institute has graduated renowned musicians and professional athletes, most notably NBA All-Star Charles Scott. Other prominent alumni include musician Dizzy Gillespie and professional basketball player Sam Jones.

Today, this school offers a unique atmosphere for all students to succeed. The McDuffie family, through generations of hard work and dedication, has implemented a curriculum for their students to succeed. The institute has an enrollment capacity of 135 students and has a student body comprised of young men and women from across the country and the globe.

Once again, I support this resolution and thank Congressman KISSELL for bringing this bill forward. I urge my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 660, recognizing the distinguished history of the Laurinburg Normal Industrial Institute founded in 1904 by Emmanuel McDuffie and his wife, Tinny. Laurinburg Institute is the oldest of only four historically African American boarding schools still in existence in the United States. It was founded to help provide suitable education and training in the common pursuits of life for African Americans in the Laurinburg, North Carolina, area.

At the turn of the century, Laurinburg Institute instructed African American teachers and youth in various academic branches of study and in the best methods of theoretical and practical industrial applications for agriculture and the mechanical arts. In 1956, the Laurinburg Institute built a new campus, integrated its faculty and student body, and expanded its foreign student program, which consisted of students from Russia, Africa, South America, and the Caribbean. It also further solidified its nationally and internationally recognized athletic and music programs. The Laurinburg Institute has graduated over 50,000 students.

Today, we recognize the distinguished history of the Laurinburg Institute and acknowledge its remarkable contribution to the education of African Americans. I commend the dedication of the McDuffie family in creating and sustaining the legacy of Emmanuel and Tinny McDuffie. Congratulations to its third-generation administrators, president and CEO, Frank McDuffie, and his daughter, Frances McDuffie, who serves as vice president and chief operating officer, as well as the faculty, staffs and students of Laurinburg Institute.

Mr. Speaker, I reserve the balance of my time.

Mrs. DAVIS of California. Mr. Speaker, I am pleased to recognize for 10 minutes the gentleman from North Carolina, the sponsor of this legislation, Mr. KISSELL.

Mr. KISSELL. I would like to thank my colleague from California for yielding time to me.

Mr. Speaker, as we look at the Laurinburg Institute, or its official name, Laurinburg Normal Industrial Institute, there is a story to be told here that goes beyond some of the information that we have already received.

If you can imagine back prior to September 15, 1904, when the Laurinburg Institute was officially founded, if you could imagine the conversations that took place when Booker T. Washington at Tuskegee Institute came to the McDuffies, Emmanuel and Tinny Etheridge, and said, I have got an opportunity for you. They weren't talking about how they could become millionaires or how they could invest moneys.

No, it was something much more important than that. They were talking about education. They were talking about educating African American youth at a time before Brown v. Board of Education, a time when we did not talk about equality of education. In some cases we didn't talk about education of African American youth at all.

This was a time in the early 1900s only 40 years after the Civil War. We know our Nation was going through some tough times, and these people were talking about education.

There must be something that runs strong in the McDuffie family in terms of their genetics, because not only is this one of only four such schools that have survived till today; it is still run by the same family that started it. Four generations later of McDuffies, they are still running the same school. They are still concerned about education.

We know that the opportunity of education is to influence young people for generation upon generation because that influence never stops. Teachers know, and one of the great rewards of teaching is that they know that who they affect may not be the person who is in their classroom; it may be someone two or three generations down that is affected directly by someone that they had taught and inspired.

This is what the McDuffie family has offered to us, Mr. Speaker: 50,000 graduates. Think of all of the families and all of the people that were affected by these 50,000 that would not have been if Booker T. Washington had not convinced the McDuffies that the best investment they could make is in education.

Now, we have heard a couple of the graduates mentioned. I would like to add a couple more names to that list. Sir John Swan was a premier of Bermuda, one of the first people of color that was a head of state in the Western Hemisphere. We mentioned Charlie Scott, who was the first African American ever to be awarded an athletic scholarship to the University of North Carolina. Now, as a Wake Forest graduate, I also have to mention another basketball player, Charlie Davis, who was the first African American Player of the Year in ACC history in basketball in 1971.

Once again, we are talking about thousands of people that came through this institute, thousands of people that were affected. Once again, the great joy of education is that its influence never ends.

I congratulate the McDuffie family. I congratulate the faculty and alumni and students of this great institution because they have survived, and they have made a difference in the lives of not only the people of Scotland County, which I am fortunate enough to represent as part of North Carolina's Eighth District, but they have also influenced the State of North Carolina and this great Nation of ours.

Mr. ROE of Tennessee. Mr. Speaker, just to dovetail, I do remember, I believe Charlie Scott played in the old ABA for the Virginia Squires. I have seen him play many times, a great athlete and a great human being.

As my colleague Mr. KISSELL from North Carolina clearly stated, an education doesn't just affect one person. It affects a family, it affects a community, it affects a nation. So this family that has had this commitment to education for over a century is to be commended.

I urge my colleagues to support this resolution.

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

Mrs. DAVIS of California. Mr. Speaker, I am honored. I certainly want to thank Mr. KISSELL for really giving us a more expanded view of the Laurinburg Institute. I appreciate his passion and interest in it.

I want to encourage my colleagues to support this resolution, House Resolution 660, recognizing the historical importance of the Laurinburg Institute.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the

rules and agree to the resolution, H. Res. 660, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. DAVIS of California. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1130

EXPRESSING SUPPORT FOR TEEN READ WEEK

Mrs. DAVIS of California. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 836) expressing support for Teen Read Week.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 836

Whereas 70 percent of 8th graders and 65 percent of 12th graders do not read at grade level;

Whereas for many adolescent students, ongoing difficulties with reading and writing figure prominently into the decision to drop out of school;

Whereas available data shows 85 percent of all juvenile offenders have reading problems and approximately one-third of all juvenile offenders read below the fourth-grade level;

Whereas advanced literacy across content areas is the best available predictor of the ability of students to succeed in introductory college courses;

Whereas research shows that teens who read for fun have better test scores and are more likely to succeed in the workforce;

Whereas Teen Read Week encourages teens to read a book for leisure purposes;

Whereas Teen Read Week recognizes that it is important for adolescents to read proficiently; and

Whereas October 18 to October 24, 2009, is Teen Read Week: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of Teen Read Week;

(2) recognizes that it is important for teens to be taught to read proficiently; and

(3) encourages teens to read for leisure and academic purposes.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. DAVIS) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. DAVIS of California. Mr. Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous materials on House Resolution 836 into the RECORD.

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

There was no objection.

Mrs. DAVIS of California. I yield myself as much time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 836, which supports the goals and ideals of Teen Read Week from October 18 through October 24, 2009.

Teen Read Week was started in 1998 by the Young Adult Library Services Association as an initiative to encourage more teens to read. Research shows that strong literacy ability is correlated to academic success, but many of our youth are struggling to read and to write at proficient levels. For instance, 70 percent of eighth graders and 65 percent of 12th graders do not read at grade level. I find that unacceptable, and I know that my colleague does as well. The inability of students to read at grade level can tremendously affect a teenager's decision to stay in school. Also, strong literacy skills help predict college success in college introductory classes.

Critical reading and comprehension help students achieve their personal and professional goals. In addition to supporting Teen Read Week, this bill calls for more adolescents to read in their free time. While teens hover around video games, wide-screen television sets and computer screens, books are collecting dust on bookshelves. It is vital that we continue to encourage students to read for both their academic and personal purposes even though there are many things that do compete for their time. Teens, parents and teachers can all play a significant role in helping children and students achieve academic success.

With that, I want to thank Representative ROE for introducing this legislation. I urge my colleagues to support this bill and reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself as much time as I may consume, and I rise today in support of House Resolution 836, expressing support for Teen Read Week.

More than 20 percent of adults read below a fifth-grade level, which is well below the reading level needed to earn a minimum wage. Almost 44 million adults in the United States don't read well enough to read a short story to their child. It is estimated that illiteracy costs U.S. taxpayers more than $20 billion per year. More than three our of four of those on welfare and 68 percent of people arrested are illiterate. In U.S. prisons, three out of five inmates cannot read.

The ability to read proficiently is one of the most important skills children and adolescents can acquire. This skill is important to people of all ages, from children just entering school to adults in the prime of their careers. Teen Read Week highlights the importance of encouraging teenagers to read.

Research has shown that children and teens who are proficient readers perform better in almost all school subjects. Therefore, it follows that teens who struggle to read are more likely to drop out of high school than those who do not. In addition, research indicates that there's a strong link between teens who are juvenile offenders and the inability to read at grade level.

Teen Read Week takes place October 18 through 24, 2009. It was first recognized in 1998 and has taken place the third week of every October since that time.

Teen Read Week encourages teens to read for fun. Reading for fun highlights the importance and enjoyment of reading for teens and adolescents. Research has shown that teens who read for fun are more likely to succeed in the workforce than those who do not. The theme for Teen Read Week 2009 is ''Read Beyond Reality.''

By recognizing Teen Read Week, we show our support for promoting teen literacy and encouraging teens to read. I am honored to support this resolution, and I ask my colleagues to join me.

I reserve the balance of my time.

Mrs. DAVIS of California. I reserve the balance of my time, Mr. Speaker.

Mr. ROE of Tennessee. Mr. Speaker, I have just one comment. I have been the mayor of a city, Johnson City, Tennessee. A lot of information for the school system comes through us. And I was at a meeting one day, and one of the school board members was very exuberant about how we could use computers, and computers are the most important thing. I held my hand up, and I said, Look, I don't have a clue how a computer works, but I can read. So I read the manual, and in 30 minutes or 20 minutes' time, I'm online.

Reading changes lives. The statistics in this country are staggering. When you look at the amount of people in prisons and on welfare who cannot read, it is basically enslavement. We must in our education system—and I have thought of this many times—a good education where you can read may help solve the health care crisis, because people who can read can get a good job and provide for themselves.

So I would encourage my colleagues to support this and encourage the schools to help teach and encourage teen reading.

I yield back the balance of my time.

Mrs. DAVIS of California. Mr. Speaker, I know how important this is. We talk to young families about the importance of reading to their young children. But it's also important that we continue that enthusiasm in the home for their younger adults as they go through school.

Kids read to learn. There are so many places that they can go because they can read. Often it is true that young people have to read a lot of things in school, but they don't often read for their enjoyment. And until they start doing that, and they really understand what it can mean to them for the rest of their lives, they may not become the kind of readers that they probably would want to be and would benefit from.

So I'm delighted that my colleague has brought this forward. It helps us to

encourage teens to continue to read. I support House Resolution 836 and urge my colleagues to do so.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 836.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. DAVIS of California. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

MORRIS K. UDALL SCHOLARSHIP AND EXCELLENCE IN NATIONAL ENVIRONMENTAL POLICY AMENDMENTS ACT OF 2009

Mrs. DAVIS of California. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1818) to amend the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 to honor the legacy of Stewart L. Udall, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1818

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Morris K. Udall Scholarship and Excellence in National Environmental Policy Amendments Act of 2009''.

SEC. 2. SHORT TITLE.

Section 1 of the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 (20 U.S.C. 5601 note; Public Law 102–259) is amended to read as follows:

''SECTION 1. SHORT TITLE.

''This Act may be cited as the 'Morris K. Udall and Stewart L. Udall Foundation Act'.''.

SEC. 3. FINDINGS.

Section 3 of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5601) is amended—

(1) in paragraph (3), by striking ''and'' at the end;

(2) in paragraph (4), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

''(5) the Foundation—

''(A) since 1995, has operated exceptional scholarship, internship, and fellowship programs for areas of study related to the environment and Native American tribal policy and health care;

''(B) since 1999, has provided valuable environmental conflict resolution services and leadership through the United States Institute for Environmental Conflict Resolution; and

''(C) is committed to continue making a substantial contribution toward public policy in the future by—

''(i) playing a significant role in developing the next generation of environmental and Native American leaders; and

''(ii) working with current leaders to improve decisionmaking on—

''(I) challenging environmental, energy, and related economic problems; and

''(II) tribal governance and economic issues;

''(6) Stewart L. Udall, as a member of Congress, Secretary of the Interior, environmental lawyer, and author, has provided distinguished national leadership in environmental and Native American policy for more than 50 years;

''(7) as Secretary of the Interior from 1961 to 1969, Stewart L. Udall oversaw the creation of 4 national parks, 6 national monuments, 8 national seashores and lakeshores, 9 recreation areas, 20 historic sites, and 56 wildlife refuges; and

''(8) it is fitting that the leadership and vision of Stewart L. Udall in the areas of environmental and Native American policy be jointly honored with that of Morris K. Udall through the foundation bearing the Udall name.''.

SEC. 4. DEFINITIONS.

Section 4 of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5602) is amended—

(1) in paragraph (1), by striking ''Morris K. Udall Scholarship and Excellence in National Environmental Policy'';

(2) in paragraph (5), by striking ''Scholarship and Excellence in National Environmental Policy'' and inserting ''and Stewart L. Udall''; and

(3) in paragraph (9), by striking ''Scholarship and Excellence in National Environmental Policy'' and inserting ''and Stewart L. Udall''.

SEC. 5. ESTABLISHMENT OF FOUNDATION.

Section 5 of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5603) is amended—

(1) in the section heading, by striking ''**SCHOLARSHIP AND EXCELLENCE IN NATIONAL ENVIRONMENTAL POLICY**'' and inserting ''**AND STEWART L. UDALL**'';

(2) in subsection (a), by striking ''Scholarship and Excellence in National Environmental Policy'' and inserting ''and Stewart L. Udall''; and

(3) in subsection (f)(2), by striking ''the rate specified for employees in level IV of the Executive Schedule under section 5315 of title 5, United States Code'' and inserting ''a rate determined by the Board in accordance with section 5383 of title 5, United States Code''.

SEC. 6. AUTHORITY OF FOUNDATION.

Section 7 of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5605) is amended—

(1) in subsection (a)(5)—

(A) in subparagraph (C), by striking ''and'' at the end;

(B) in subparagraph (D), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(E) to conduct training, research, and other activities under section 6(7).''; and

(2) by striking subsection (b) and inserting the following:

''(b) UDALL SCHOLARS.—Recipients of scholarships, fellowships, and internships under this Act shall be known as 'Udall Scholars', 'Udall Fellows', and 'Udall Interns', respectively.''.

SEC. 7. ESTABLISHMENT OF TRUST FUND.

Section 8 of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5606) is amended—

(1) in the section heading, by striking ''**SCHOLARSHIP AND EXCELLENCE IN NATIONAL ENVIRONMENTAL POLICY**'' and inserting ''**AND STEWART L. UDALL**''; and

(2) in subsection (a), by striking ''Scholarship and Excellence in National Environmental Policy'' and inserting ''and Stewart L. Udall''.

SEC. 8. EXPENDITURES AND AUDIT OF TRUST FUND.

Section 9(a) of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5607(a)) is amended by inserting before the period at the end the following: '', including a reasonable amount for official reception and representation expenses, as determined by the Board, not to exceed $5,000 for a fiscal year''.

SEC. 9. USE OF INSTITUTE BY FEDERAL AGENCY OR OTHER ENTITY.

Section 11 of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5607b) is amended by adding at the end the following:

''(f) AGENCY MANAGEMENT OR CONTROL.—Use of the Foundation or Institute to provide independent and impartial assessment, mediation, or other dispute or conflict resolution under this section shall not be considered to be the establishment or use of an advisory committee within the meaning of the Federal Advisory Committee Act (5 U.S.C. App.).''.

SEC. 10. ADMINISTRATIVE PROVISIONS.

Section 12(a) of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5608(a)) is amended—

(1) by striking paragraph (1) and inserting the following:

''(1)(A) appoint such personnel as may be necessary to carry out the provisions of this Act, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service; and

''(B) fix the compensation of the personnel appointed under subparagraph (A) at a rate not to exceed the maximum rate for employees in grade GS–15 of the General Schedule under section 5332 of title 5, United States Code, except that up to 4 employees (in addition to the Executive Director under section 5(f)(2)) may be paid at a rate determined by the Board in accordance with section 5383 of that title.'';

(2) in paragraph (6), by striking ''and'' at the end;

(3) by redesignating paragraph (7) as paragraph (8); and

(4) by inserting after paragraph (6) the following:

''(7) to rent office space in the District of Columbia or its environs; and''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. DAVIS) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. DAVIS of California. Mr. Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on Senate 1818 into the RECORD.

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

There was no objection.

Mrs. DAVIS of California. I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of Senate 1818, which enhances the Morris K. Udall Foundation and honors the life of Stewart L. Udall.

The Morris K. Udall Foundation was established by Congress in 1992 and is an independent Federal agency based in Tucson, Arizona, which operates exceptional educational programs focused on developing leadership on environmental and Native American issues. The Udall Foundation includes the only entity within the Federal Government focused on preventing, managing and resolving Federal environmental conflicts.

The legislation today will enhance the foundation's programs and operations. It will also honor one of the greatest public servants in history, Stewart L. Udall, by adding his name to the foundation with that of his late brother, Morris K. Udall.

Through its education programs, the Udall Foundation identifies and educates tomorrow's leaders in fields that are critical to the energy, climate change and economic issues facing our Nation. The programs include the premier college scholarship and doctoral fellowship for studies related to the environment and a scholarship for Native Americans studying tribal policy or health care; the Native American Congressional Internship program; it includes the Native Nations Institute for Leadership, Management and Policy known as the NNI; and the Parks in Focus program.

The work of the Udall Foundation has become even more important today. As the Nation seeks long-term solutions, the 1,000-some Udall Scholar alumni, who are chosen in part for their demonstrated commitment to public service, will clearly be in the forefront of clean energy and climate change response activities for our national needs.

This bill will continue to provide support for the Udall Foundation's important mission, and it recognizes the unsurpassed contributions of Stewart L. Udall by adding his name to the foundation's title.

Stewart Udall served in this House of Congress from 1955 and was appointed Secretary of the Interior in 1961 by President John F. Kennedy. As Secretary of the Interior, Stewart Udall had an unmatched record of environmental leadership, overseeing the creation of four national parks, six national monuments, eight national seashores and lakeshores, nine recreational areas, 20 historic sites and 56 wildlife refuges. It is quite an accomplishment.

Again, Mr. Speaker, I want to express my support for Senate 1818, and I urge my colleagues to support this very important bill.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise today in support of S. 1818, a bill that amends the Morris K. Udall Scholarship and Excellence in Environmental Policy Act.

The Morris K. Udall Foundation was created by Congress in 1992 to honor Mr. Udall and help educate new generations to protect the environment. The foundation works to increase the awareness of our Nation's natural resources, foster a greater recognition and understanding of the role of the environment in the development of our Nation, and, through the U.S. Institute for Environmental Conflict Resolution, provide mediation and other services to resolve environmental disputes involving Federal agencies. Finally, the foundation also supports several educational programs that help students in environmental programs in undergraduate and graduate school.

As previously noted when we took up the House version of this bill, the legislation before us honors Stewart L. Udall's service to the Nation by adding his name to the foundation, making it the Morris K. Udall and Stewart L. Udall Foundation. Mr. Udall served in Congress and in the administration and then continued his work for the environment in the private sector.

I thank the gentlelady from California, and I urge my colleagues to support this bill.

I yield back the balance of my time.

Mrs. DAVIS of California. Mr. Speaker, I urge passage of Senate 1818, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and pass the bill, S. 1818.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1145

AUTHORIZING USE OF CAPITOL ROTUNDA FOR PRESENTATION OF CONGRESSIONAL GOLD MEDAL TO FORMER SENATOR EDWARD BROOKE

Mr. BRADY of Pennsylvania. Mr. Speaker, I move to suspend the rules and concur in the concurrent resolution (S. Con. Res. 43) authorizing the use of the rotunda of the Capitol for the presentation of the Congressional Gold Medal to former Senator Edward Brooke.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

S. CON. RES. 43

Whereas Edward William Brooke III was the first African American elected by popular vote to the United States Senate and served with distinction for 2 terms from January 3, 1967, to January 3, 1979;

Whereas on March 29, 2007, the United States Senate passed S. 682, sponsored by the late Senator Edward M. Kennedy with 68 co-sponsors, by unanimous consent, to award Senator Brooke the Congressional Gold Medal;

Whereas on June 10, 2008, the House passed S. 682 under suspension of the rules by voice vote and a similar measure, H.R. 1000 was introduced in the House by Representative Eleanor Holmes Norton with 286 co-sponsors; and

Whereas the President signed the bill on July 1, 2008, and it became Public Law 110–260: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring),

SECTION 1. USE OF THE ROTUNDA OF THE CAPITOL FOR THE PRESENTATION OF THE CONGRESSIONAL GOLD MEDAL.

The rotunda of the United States Capitol is authorized to be used on October 28, 2009, for the presentation of the Congressional Gold Medal to former Senator Edward Brooke. Physical preparations for the conduct of the ceremony shall be carried out in accordance with such conditions as may be prescribed by the Architect of the Capitol.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from California (Mr. DANIEL E. LUNGREN) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous matter on the resolution under consideration.

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

There was no objection.

Mr. BRADY of Pennsylvania. I yield myself such time as I may consume.

Mr. Speaker, this measure allows for a Congressional Gold Medal ceremony for the first elected African American to the Senate, Edward Brooke. Senator Brooke was first elected from Massachusetts to the Senate in 1966 and served two terms.

While a Member of the Senate, Brooke championed extension of the Voting Rights Act, the Equal Employment Opportunity Commission, and women's rights. Most notably, he fought to retain Title IX of the 1972 Education Act which guarantees equal education opportunity for girls and women. He also was a champion of affordable housing, resulting in the 1969 amendment to limit the amount of out-of-pocket expenses for public housing tenants.

After Senator Brooke's defeat in 1978, it would be 14 years before the second African American would be elected to the Senate.

I congratulate Senator Brooke on his service, and I urge all Members to support the resolution.

I reserve the balance of my time.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am very pleased to support this resolution authorizing the use of the rotunda of the Capitol for the presentation of the Congressional Gold Medal to the distinguished former Senator, Edward Brooke.

Edward Brooke, III, was born here in Washington, D.C., in October of 1919. He graduated from Dunbar High School

and attended Howard University, graduating in 1941. It was after the attack on Pearl Harbor that he served with the 336th Combat Infantry Regiment, fighting in the Italian campaign and earning a Bronze Star in 1943.

After the war, he earned two law degrees from Boston University Law School, serving as editor of the Law Review. It was while practicing law in Boston that he ran for but was defeated twice, attempting to serve in the Massachusetts Legislature, and then once again trying to become secretary of state. But he was undeterred.

In 1961, he chaired the Boston Finance Commission, charged with rooting out corruption, and was then elected attorney general the next year. He was the first African American in this country to serve as a State attorney general, and was then reelected to the post in 1964.

In 1966, he ran for Senator in Massachusetts as a Republican. He was successful and his election was historic. When Vice President Hubert Humphrey administered his oath of office, Senator Brooke became the first African American Senator in the United States Senate since 1881 and the first African American popularly elected to the Senate in our Nation's history. He served in the Senate from 1967 to 1979.

During his tenure in office, he drew from his war experience and was a tireless proponent of equal justice under the law. His regiment in World War II had only been comprised of African Americans, and he was quoted as saying, ''In every regard, we were treated as second class soldiers, if not worse, and we were angry. I felt a personal frustration and bitterness I had not known before in my life.''

But rather than remain bitter, he served with great honor in the various offices to which he was elected. While in office, he was appointed by President Johnson to serve on the famous Kerner Commission, was a cosponsor of the Fair Housing Act of 1968, and fought for the renewal of the historic Voting Rights Act.

After his service in the Senate, he chaired the National Low Income Housing Coalition, he practiced law, and served on the Wartime Relocation and Internment of Civilians Commission. I was honored to serve with Senator Brooke on that commission almost 20 years ago. The work we did was immensely important in attempting to ascertain fundamental justice, an historic record for those Japanese Americans who were interned during World War II. Senator Brooke's presence was immeasurable in the process of bringing the legislation to completion.

Senator Brooke had a fiercely independent mind and he garnered respect from persons holding all philosophical persuasions. Senator Kennedy and Representative HOLMES NORTON both sponsored resolutions granting this Congressional Gold Medal. It is my distinct pleasure to join them in honoring Senator Brooke.

As a fellow Republican, I humbly and proudly share his philosophy. Reflecting on his time in public service, he once stated, ''I was proud to be a Republican, but my ultimate loyalty was to certain goals and ideals, not to party.''

Mr. Speaker, one week from today we will honor an extremely worthy man in the rotunda. His life, his commitment, his perseverance, his dedication, they all serve as an example and an inspiration for us to emulate.

I thank my chairman for bringing this to the floor. I urge my colleagues to join me in supporting this important authorization.

I reserve the balance of my time.

Mr. BRADY of Pennsylvania. Mr. Speaker, I yield 4 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. I thank the gentleman not only for yielding, but for his work in bringing this matter to the floor, and I associate myself with his remarks and with the remarks of my good friend on the other side of the aisle.

Seldom do we get an opportunity to applaud and find an appropriate way to recognize a truly historic figure. That is what we are about to do a week from today when we give our highest honor, the Congressional Gold Medal, to former Senator Edward W. Brooke.

Senator Kennedy would very much have wanted to be present next Wednesday. He quickly gathered his two-thirds of the signatures on his side to give the medal to Senator Brooke, the first African American to be popularly elected to the United States Senate. We are aware that there were African Americans in the Senate during the Civil War, but that was before the South had come back into the Union. So 100 years or so were to go by before another African American was to be elected.

But what an improbable man; a Republican from the then Democratic, still Democratic State of Massachusetts, where only 2 percent of the residents were African American. It is a tribute to the State of Massachusetts, to be sure. It is a tribute to the Republican Party that a man of this quality would step forward.

My interest, of course, comes from his roots. Senator Edward Brooke was born and raised in the District of Columbia. He is who he is because he was born in the segregated District of Columbia, overcame those barriers and went on to see his life for what he could make of it.

Senator Brooke is going to be 90 years old 2 days before the Congress awards this medal. He is in extraordinary shape. I love to hear him talk, because he talks with such eloquence, as if he were still on the Senate floor. But it should be known that Senator Brooke has had breast cancer, and obviously he has some of the infirmities associated with age. Among those, however, is not his signature modesty.

He has worked diligently for the D.C. House Voting Rights Act, which we are close, if we just continue, to finally getting this year. He called some of his friends, his fellow Republicans and Democrats in the Senate, and I thought it would be quite appropriate to give him the medal now in the year that we are seeking to pass the D.C. Voting Rights Act, which he cosponsored time and again when he was in the Senate.

So, his modesty notwithstanding, we started down this road, got our two-thirds in the House as well, and we are about now to welcome this historic figure home again. Remember, we have had only three African American Senators and the first African American President, and he is going to be here, because he recognizes the historic significance of Senator Brooke's life.

You should know, however, that this man came through the fire to where he is. Yes, he was born to parents who worked in the government and educated their children, but he went off to fight in World War II in the 366th Combat Infantry Regiment, which was a segregated regiment. He advanced to be a combat decorated officer. He went to law school at Boston University School of Law and edited their Law Review, and that is how they got the prize that is Edward Brooke there in the first place.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. BRADY of Pennsylvania. I will yield the gentlewoman 2 more minutes.

Ms. NORTON. Not only was Edward Brooke the first African American to serve in the Senate, Senator Brooke began by breaking barriers. He was the first African American in the United States to be elected as State attorney general and the first to be elected to statewide office.

Here is a man that made the most of whatever office he had. That was the time of the famous ''Boston Strangler'' case, and Senator Brooke adopted a very broad notion of his role as attorney general and the State's chief law enforcement officer by bringing the county district attorneys together, the fragmented police forces, and coordinating the multiple jurisdictions to successfully conclude that massive investigation.

□ 1200

It was 1966 that he prepared to come to the Senate. We were just passing the civil rights laws which he, himself, helped engineer; and in 1967 he came to the Senate, and the list of laws he is responsible for is indeed long: his leadership on the 1968 Housing Act; his leadership in the battle to uphold the Voting Rights Act; the Brooke amendment, providing that tenants of public housing pay no more than 25 percent of their income for housing; his leadership on the creation of Washington's Metro system, which most of the staff here use, and much more.

Senator Brooke has written his autobiography, published in 2007, ''Bridging the Divide, My Life, Senator Edward W. Brooke.'' It certainly would be a marriage of historical events if we were, as I believe we will, to pass the D.C. Voting Rights Act in this very year that Senator Edward Brooke, who championed the rights of the city and of all Americans, is honored here.

Mr. DANIEL E. LUNGREN of California. I reserve the balance of my time.

Mr. BRADY of Pennsylvania. I yield 2 minutes to the gentleman from Massachusetts (Mr. MCGOVERN).

Mr. MCGOVERN. I just wanted to come to the floor as a native of Massachusetts to say how proud I am that we will honor Edward Brooke with a Congressional Gold Medal. And I am proud of all the accomplishments of Senator Brooke. He was a Republican, and I'm a Democrat and I come from a family of Democrats. But my very first vote when I was eligible to vote was for Senator Brooke. And I voted for him in spite of the fact that he was a Republican.

I voted for him because I believed in him and I believed in what he stood for. I admired his being a champion of civil rights, of human rights. I admired his work on the Voting Rights Act and so many other areas. He was a historic figure, it has been pointed out the first popularly elected African American to serve in the United States Senate. But he was a man who had the common touch and who represented the people of Massachusetts with great dignity, and I am proud that my first vote was for Ed Brooke. I look forward to being there when he is honored.

But I wanted to just say, as somebody from Massachusetts, that this is a really special tribute for an extraordinary man. And I am very proud that this House is doing that.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I just want to say that I enjoyed the remarks of the gentleman from Massachusetts (Mr. MCGOVERN). I would just make one correction. He said that Senator Brooke was a Republican. As far as I understand he still is a Republican. And one of the things I was looking forward to when I was first elected in 1978 was joining people in my party such as Senator Brooke and having an opportunity to work with him.

I was saddened in 1978 when he lost for reelection at that point in time, but then was privileged to work with him on that national commission. And I found him to be a gentleman above all, a real gentleman with a soft-spoken manner who listened to what others had to say, did not put himself out front, but tried to get to the business at hand in a very intelligent, very dedicated, very persistent way.

So this is truly an honor, not only for him, but for this Congress that we are recognizing the service of this great American at this time and that we're doing it with the congressional honor, and that we will have this here in the rotunda of the United States.

Mr. MARKEY of Massachusetts. Mr. Speaker, I rise today in support of S. Con. Res. 43, a resolution authorizing the use of the rotunda of the Capitol for the presentation of the Congressional Gold Medal to former Massachusetts Senator Edward W. Brooke III.

There are few individuals more deserving of a Congressional Gold Medal, the highest award of national appreciation from the U.S. Congress, than my friend, the former Senator of my state, Ed Brooke.

Throughout Senator Brooke's life, he has worked to bridge the great divides in our country.

In 1966, in the crucible of racism, prejudice, and segregation, Senator Edward W. Brooke stood as an embodiment of the change our country needed to move beyond the dark legacy of racial discrimination and prejudice in America. The first popularly elected African-America Senator, Senator Brooke's election stood as an example of what our nation could be when he noted that the voters of Massachusetts saw beyond skin color to "judge you on your merit and your worth alone".

When asked to comment on what many considered to be an improbable electoral victory, Senator Brooke responded by saying he was committed to "unite men who have not been united before." Throughout his tenure in the U.S. Senate, Senator Brooke did just that. Senator Brooke sought to reduce the economic and racial division in our country, particularly in the area of U.S. housing policy. Senator Brooke co-authored the Fair Housing Act of 1968, which prohibited discrimination in the sale, rental, and financing of housing based on race, religion, or national origin. Still, to this very day, the Fair Housing Act remains a cornerstone of our housing policy.

On all issues of justice and equality, regardless of sex, race, or religion, there has been no stronger advocate. When Title IX of the 1972 Education Act was in jeopardy in the Senate, Senator Brooke took the lead to ensure that women and girls would be guaranteed equal educational opportunities. When the extension and expansion of the Voting Rights Act came before the Senate in 1975, it was the respected voice of Senator Brooke that helped to garner an extension of the Voting Rights Act. Whenever there was an opportunity to protect and defend the fundamental civil rights of Americans who had suffered from discrimination, Senator Brooke was there, serving as a powerful voice for justice.

Thirty years later, Senator Brooke's legacy is reflected by an America that is very different from the nation that existed when he first arrived in the Senate, an America which has made enormous progress in breaking down the barriers of racial discrimination and inequality that once divided our nation.

Today, Mr. Speaker, I stand to support and recognize a great leader, who never lost his passion for bridging our nation's divides by uniting men and women under the belief that we all are created equal.

Mr. DANIEL E. LUNGREN of California. I yield back the balance of my time.

Mr. BRADY of Pennsylvania. Mr. Speaker, I urge the passage of S. Con. Res. 43 and yield back the balance of my time.

The SPEAKER pro tempore (Mr. SALAZAR). The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and concur in the concurrent resolution, S. Con. Res. 43.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

COMMEMORATING SALVADORAN JESUITS ON THE 20TH ANNIVERSARY OF THEIR DEATHS

Ms. WATSON. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 761) remembering and commemorating the lives and work of Jesuit Fathers Ignacio Ellacuria, Ignacio Martin-Baro, Segundo Montes, Amando Lopez, Juan Ramon Moreno, Joaquin Lopez y Lopez, and housekeeper Julia Elba Ramos and her daughter Celina Mariset Ramos on the occasion of the 20th anniversary of their deaths at the University of Central America Jose Simeon Canas located in San Salvador, El Salvador on November 16, 1989, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 761

Whereas in the early morning hours of November 16, 1989, six Jesuit priests and faculty members of the Universidad Centroamericana José Simeon Cañas (UCA) located in San Salvador, El Salvador—Father Ignacio Ellacuría, Ignacio Martin-Baró, Segundo Montes, Amando López, Juan Ramon Moreno, and Joaquín López y López—and housekeeper Julia Elba Ramos and her daughter, Celina Mariset Ramos, were executed by members of the Salvadoran Army;

Whereas Father Ignacio Ellacuría, 59, was since 1979 rector of the UCA, and an internationally-respected intellectual and advocate for human rights and a negotiated solution to the Salvadoran civil conflict;

Whereas Father Ignacio Martin-Baró, 44, was the vice rector of the UCA, a leading analyst of national and regional affairs, the founder and director of the respected polling organization, the Public Opinion Institute, former Dean of Students, Dean of the Psychology Department, an internationally renowned pioneer in the field of social psychology and pastor of the rural community of Jayaque;

Whereas Father Segundo Montes, 56, was Dean of the Department of Social Sciences and a sociology professor at the UCA, and the founder and director of the Human Rights Institute at the UCA (IDHUCA), who did extensive work on Salvadoran refugees in the United States during the period of the Salvadoran conflict, including providing documentation and advice to United States Members of Congress on refugee issues;

Whereas Father Amando López, 53, was a philosophy and theology professor at the UCA, former director of the Jesuit seminary in San Salvador, and served as pastor of the Tierra Virgen community in Soyapango, a poor neighborhood in the periphery of San Salvador;

Whereas Farther Juan Ramon Moreno, 56, was a professor of theology at the UCA, former novice-master for the Jesuits, and a tireless pastoral worker and spiritual guide;

Whereas Father Joaquín López y López, 71, was one of the creators of the UCA and the

founder, organizer, and director of Fe y Alegría (Faith and Joy) to address the lack of education in El Salvador, which opened 30 educational centers in marginalized communities throughout the country where 48,000 people received vocational training and education;

Whereas Julia Elba Ramos, 42, was the cook and housekeeper for the Jesuit seminarians at the UCA and wife of Obdulio Lozano, the UCA gardener and groundskeeper;

Whereas Celina Mariset, 16, had finished her first year of high school at the José Damian Villacorta Institute in Santa Tecla, El Salvador, and was staying with her mother the night of November 15, 1989;

Whereas the six Jesuit priests dedicated their lives to advancing education in El Salvador, protecting and promoting human rights and the end of conflict, and identifying and addressing the economic and social problems that affected the majority of the Salvadoran population;

Whereas the six Jesuit priests, as faculty and administrators at the UCA, educated many students throughout the 1970s and 1980s, students who subsequently became Salvadoran government, political, and civil society leaders, and thus helped facilitate communication, dialogue, and negotiations even during the turbulent years of the armed conflict;

Whereas these six priests and two women joined the more than 75,000 noncombatants who perished during the Salvadoran civil war;

Whereas on December 6, 1989, United States Speaker of the House of Representatives Thomas Foley appointed a Special Task Force on El Salvador consisting of 19 Members of the House of Representatives, chaired by Representative John Joseph Moakley of Boston, Massachusetts, to monitor the Salvadoran government's investigation into the murders of the Jesuit priests and two women and to look into related issues involving respect for human rights and judicial reform in El Salvador;

Whereas the Speaker's Task Force on El Salvador found that members of the High Command of the Salvadoran military were responsible for ordering the murder of the Jesuits and two women and for obstructing the subsequent investigation into the crimes;

Whereas the United Nations Commission on the Truth for El Salvador (Truth Commission) was established under terms of the January 1992 Peace Accords that ended El Salvador's 12 years of war and was charged to investigate and report to the Salvadoran people on human rights crimes committed by all sides during the course of the war;

Whereas on March 15, 1993, the Truth Commission confirmed the findings of the Speaker's Special Task Force;

Whereas on September 28, 1991, a Salvadoran jury found guilty of these murders two Salvadoran military officers, including Salvadoran Army Colonel Guillermo Alfredo Benavides Moreno, the first time in Salvadoran history where high-ranking military officers were convicted in a Salvadoran court of law of human rights crimes;

Whereas the University of Central America José Simeon Cañas in San Salvador remains dedicated to advancing and expanding educational opportunity, providing the highest quality of academic excellence in its studies and courses, and the commitment to human rights and social justice;

Whereas the 28 Jesuit colleges and universities in the United States, which represent many of the highest quality academic communities in the nation, have maintained a sense of solidarity with the UCA and the people of El Salvador and have annually observed the November 16th anniversary of those murders;

Whereas in the United States, El Salvador, and around the world university programs, academic and scholarly institutes, libraries, research centers, pastoral programs, spiritual centers, and programs dedicated to educational achievement, social justice, human rights, and alleviating poverty have been dedicated in the names of the murdered Jesuits;

Whereas the international and Salvadoran outcry in response to the deaths of the six Jesuits and two women and the subsequent investigations into this crime served as a catalyst for negotiations that led to the signing of the 1992 Peace Accords, which have allowed the Government and the people of El Salvador to achieve significant progress in creating and strengthening democratic political, economic, and social institutions; and

Whereas November 16, 2009, marks the 20th anniversary of the deaths of these eight spiritual, courageous, and generous priests, educators, and laywomen: Now, therefore, be it

Resolved, That the House of Representatives—

(1) remembers and commemorates the lives and work of Father Ignacio Ellacuría, Ignacio Martin-Baró, Segundo Montes, Amando López, Juan Ramon Moreno, Joaquín López y López, Julia Elba Ramos, and Celina Mariset Ramos;

(2) extends sympathy to the families, friends, colleagues, and religious communities of the six Jesuit priests and two laywomen;

(3) recognizes the continuing academic, spiritual, and social contributions of the University of Central America José Simeon Cañas (UCA) in San Salvador, El Salvador;

(4) further recognizes the 28 Jesuit colleges and universities in the United States for their solidarity with the UCA and annual remembrance of those killed twenty years ago;

(5) remembers the seminal reports by Chairman John Joseph Moakley and the Speaker's Special Task Force on El Salvador in investigating the murders of the six priests and two laywomen;

(6) acknowledges the role played by the Speaker's Special Task Force, Congressman John Joseph Moakley, the Jesuit leadership of the UCA, and the Salvadoran judicial investigation and convictions in advancing negotiations to end the war in El Salvador;

(7) highlights the solidarity demonstrated by the people of the United States, academic institutions, and religious congregations through their participation in local, national, and international events commemorating the 20th anniversary of the murders of the six Jesuit priests and two laywomen;

(8) recognizes that the murdered individuals dedicated their lives to addressing and alleviating El Salvador's social and economic inequities, and that while significant progress has been made during the post-war period, social and economic hardships persist among many sectors of Salvadoran society; and

(9) supports public, private, nongovernmental, and religious organizations in efforts to fulfill the legacy of the murdered Jesuits to reduce poverty and hunger and promote educational opportunity, human rights, the rule of law, and social equity for the people of El Salvador.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATSON) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Ms. WATSON. Mr. Speaker, I rise in strong support of this resolution and yield myself as much time as I may consume.

On November 16, 1989, in the midst of El Salvador's 12-year-long civil war, six Jesuit priests, their housekeeper, and her teenage daughter were murdered in San Salvador by members of the Salvadoran Army. On the 20th anniversary of this heinous crime, the resolution we consider today calls upon us to remember and honor their lives and their work.

The six priests were well known internationally for their work in support of human rights, social justice, peace and caring for refugees and the internally displaced. They worked tirelessly to end the conflict that had torn apart their country for over a decade. As scholars, researchers and advocates, they identified and addressed the many economic and social problems that affected the majority poor of El Salvador.

Upon learning of their murders, Speaker of the House Tom Foley appointed a special task force on El Salvador consisting of 19 Members of the House and chaired by Congressman Joe Moakley of Boston, Massachusetts. The special task force was charged with monitoring the Salvadoran Government's investigation into the eight murders.

Six of our colleagues who served on the Speaker's special task force still serve today in the 111th Congress. They are Congressmen STENY HOYER, JIM MCDERMOTT, GEORGE MILLER, JACK MURTHA, DAVID OBEY and JOHN SPRATT. We honor them for their service then and today and for their dedication to the cause of peace, justice and human rights.

The Moakley Commission, as the Speaker's special task force came to be known, issued a series of reports that identified members of the Salvadoran military's high command as those responsible for murdering and obstructing the subsequent investigation into the crime. The international outcry in response to the murders and the subsequent investigations served as a catalyst for negotiations that resulted in the signing of peace accords in January 1992, bringing El Salvador's long nightmare to an end.

So even in death, these brave men and women contributed to achieving the very peace to which they had dedicated their lives. Since that terrible November day in 1989, these eight individuals have been remembered in El Salvador and around the world. Annual

observances have been held by the 28 Jesuit colleges and universities in the United States which have taken up many projects in support of human rights and social justice in honor of the fallen Jesuits.

By passing this resolution today, the House adds its voice to that remembrance and extends our sympathy to the family members, friends, colleagues and religious communities who knew them, worked with them, loved them and miss them. We also remember our former colleague, Congressman Joe Moakley, and the seminal reports issued by the Speaker's special task force that played such an important role in bringing to trial those responsible for the murders and advancing negotiations to end the war.

I want to thank my good friend and gentleman from Massachusetts (Mr. MCGOVERN) for introducing this important resolution, and I urge all of my colleagues to join me in supporting this.

Mr. Speaker, I reserve the balance of my time.

Mr. BOOZMAN. Mr. Speaker, I yield myself such time as I may consume.

I also want to thank Mr. MCGOVERN for bringing this resolution forward. I rise today to join my colleagues in commemorating the anniversary of the murders of six Jesuit fathers, their housekeeper, and her daughter on November 16, 1989, in El Salvador. On the occasion of the 20th anniversary of their deaths, the resolution before us remembers and commemorates the lives and work of these individuals. It extends our sympathy to the families, friends, colleagues and religious communities of those whose lives were lost that day.

It recognizes the continuing academic and social contributions of the University of Central America, UCA, in San Salvador, El Salvador and the 28 Jesuit colleges and universities in the United States for their solidarity and annual remembrance of those killed 20 years ago.

The resolution also recognizes that progress is being made in El Salvador, but reminds us that social and economic hardships still persist among many sectors of Salvadoran society. Therefore, it supports the efforts of public, private, nongovernmental and religious organizations to fulfill the legacy of the murdered Jesuits to reduce poverty and hunger and promote educational opportunity, human rights, the rule of law and social equity for the people of El Salvador.

It has been a long road over the past 20 years. By working together with responsible partners and friends, the United States can help El Salvador to overcome the obstacles that remain. And as long as the democratic principles and respect for fundamental freedoms and the rule of law remain the compass for our support, I'm confident that we can be successful.

I reserve the balance of my time.

Ms. WATSON. Mr. Speaker, I yield 5½ minutes to Mr. JAMES MCGOVERN from the Third District of Massachusetts.

Mr. MCGOVERN. I want to thank the gentlewoman from California, and I want to thank my colleague, Mr. BOOZMAN. I want to thank the chairman of the Foreign Affairs Committee, HOWARD BERMAN, for all of his help and support in bringing this resolution to the floor in a timely manner. I especially want to thank the chairman's staff person, Peter Quilter, whose expertise on Latin America is so greatly appreciated by so many Members on and off the committee.

Mr. Speaker, as many of my colleagues know, I spent 13 years working for our former colleague from Boston, Massachusetts, Congressman Joe Moakley. I handled foreign policy issues for Joe, and in the early 1980s Joe asked me to go to El Salvador to see if the stories he had been hearing from Salvadoran refugees about the situation on the ground were true.

□ 1215

As I prepared for the trip, whenever I asked who should I see and talk to in order to understand what is going on in El Salvador, the response was always the same: you have to go to the University of Central America, otherwise known as the UCA. And that's how I first met the director of the UCA, Father Ignacio Ellacuria, and the vice rector, Father Ignacio Martin Baro.

When I asked Father Martin Baro what was the single most important thing I needed to know about the human rights situation in El Salvador, he said to me, remember, we are human beings, too. That meeting and those words forever changed my life.

During later months and later visits, I got the chance to meet with Father Segundo Montes, an expert on the refugee crisis in El Salvador, as hundreds of thousands of Salvadorans fled the violence of the civil war and made their way to the United States. As Congressman Moakley developed legislation to provide temporary protection to Salvadoran refugees in the United States, Father Montes testified before Congress and provided invaluable materials and help in documenting and understanding the refugee crisis.

Mr. Speaker, 20 years ago in the dead of night, the Salvadoran Army entered the grounds of the University of Central America. They pulled six Jesuit priests from their beds, including Fathers Ellacuria, Martin Baro, and Segundo Montes, marched them out to a lawn behind their residence, they put high-powered rifles to their heads, and they shot them dead in cold blood.

A few minutes later, these same soldiers discovered the Jesuits' housekeeper and her daughter hiding in the house, and they murdered them as well.

In response, then-Speaker Tom Foley appointed a congressional commission, chaired by Joe Moakley, to investigate this terrible crime. Joe asked me to be his chief investigator. And during the course of that work, we helped identify the killers and those responsible for ordering and covering up this terrible tragedy.

The commission's report became critical evidence in the prosecution and conviction of some of the priest killers and I believe in creating support for the U.N.-brokered negotiations that ended El Salvador's 12-year civil war.

So it's with deep humility and appreciation that I applaud the House for taking up this resolution today which honors the memories and lives and works of these six priests and two women and the work of Congressman Moakley and the Speaker's Special Task Force on El Salvador.

The Jesuit priests dedicated their lives to peace, to bringing the warring parties inside El Salvador together to end violence and the war.

A generation has now grown up in El Salvador without having known them or benefited from their wisdom or humor, but every year on November 16, their lives and work are remembered in El Salvador and around the world. And each year, another generation of young people re-dedicate themselves to working for peace and justice because of the example and inspiration of these six Jesuit priests.

Mr. Speaker, I have walked on the site behind the Jesuits' residence, the very ground where, 20 years ago, the bodies of my friends were discovered. This hallowed ground is now a beautiful rose garden, and each day people from all over El Salvador and around the world come to the garden to nourish hope and renew their commitment to peace. It is used by faculty and students for meditation and repose.

There is now a chapel where the six priests are buried. The UCA has also installed a small and emotionally compelling museum dedicated to the lives and deaths of these six priests, their housekeeper and her daughter.

Mr. Speaker, the lives and deaths of these priests had a profound effect on my own life. I knew them in life. I was proud to call them friends. I helped investigate and uncover who ordered and carried out their murders. And I have remained involved and committed to peace, democracy, and development in El Salvador.

I will never forget my friends or the role of Joe Moakley or the role the U.S. Congress played in helping El Salvador end its long civil war because of the impact inside and outside of El Salvador that the murders of these incredible men had on changing the course of El Salvador's history.

Nothing will bring my friends back to life, but this resolution honoring and remembering their lives and work on this, the occasion of the 20th anniversary of their deaths, is a worthy tribute, and I ask my colleagues to support the resolution.

Mr. BOOZMAN. Mr. Speaker, I yield 5 minutes to the gentleman from Louisiana (Mr. CAO) a member of the

Homeland Security and Transportation committees and a former Jesuit seminarian.

Mr. CAO. Mr. Speaker, I rise today in support of House Resolution 761 to commemorate the lives and work of those that were executed by members of the Salvadoran Army on the 20th anniversary of their deaths next month.

On November 16, 1989, members of the Salvadoran Army entered the Universidad Centroamericana Jose Simeon Canas in San Salvador and massacred six Jesuit priests, their housekeeper, and her daughter. This senseless mass murder was incited when the six priests took a stand for social justice and against the oppressive elements in the Salvadoran society, notably the tyrannical military.

Among the victims were Father Ignacio Ellacuria, a rector of the university and an outspoken critic of the Army; Father Ignacio Martin Baro, a prolific writer and an intellectual on the effects of war on the human psyche; Father Segundo Montes, founder of the Human Rights Institute at UCA and a congressional adviser on Salvadoran refugees; Father Amano Lopez, a respected member of the Society of Jesus, gifted counselor, and a pastoral worker; Father Joaquin Lopez y Lopez, director of the Fe y Alegria education program in poor communities; Father Juan Ramon Moreno, a theological scholar and publicist; and Elba Ramos, the Jesuits' housekeeper, who was killed alongside her teenage daughter, Celina, when she wrapped her body around Celina trying to protect her from the shooting.

Having spent 6 years in the Jesuit order studying to become a Jesuit priest, I have a deep appreciation for the sacrifice these people made in pursuit of religious freedom and human rights. These eight martyrs actually inspired me to join the Society of Jesus in 1990 and to carry on their struggle for religious freedom and human rights 19 years later.

Today, the 28 Jesuit colleges and universities in the United States have annually observed the November 16 anniversary of the murdered Jesuits and the two murdered women. This resolution commends those institutions for their solidarity with the UCA and extends sympathies to the families, friends, colleagues, and religious communities of the deceased.

Finally, the measure calls upon the President, the Secretary of State, and other United States Federal agencies to support efforts by the Salvadoran Government and other public, private, and religious organizations to reduce poverty and hunger and to promote educational opportunity, human rights, and the rule of law and social equity for the people of El Salvador.

Mr. Speaker, I strongly urge my colleagues to honor the lives of these human rights martyrs and support H. Res. 761. And in the words of the Jesuit Fathers, ''ad majoram dei gloriam.''

Ms. WATSON. I continue to reserve my time, Mr. Speaker.

Mr. BOOZMAN. Mr. Speaker, having no further speakers on the subject, again I want to thank Mr. MCGOVERN for bringing this forward.

I yield back the balance of my time.

Ms. WATSON. Mr. Speaker, I have no further requests for time. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 761, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

CALLING ON VIETNAM TO RELEASE IMPRISONED BLOGGERS AND RESPECT INTERNET FREEDOM

Ms. WATSON. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 672) calling on the Government of the Socialist Republic of Vietnam to release imprisoned bloggers and respect Internet freedom.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 672

Whereas the Internet is a tool to exercise freedom of expression and association, both of which are basic human rights;

Whereas the Internet is a medium to share information freely, promote social and economic development, and connect Vietnamese citizens domestically and internationally;

Whereas the Government of Vietnam created the Administration Agency for Radio, Television and Electronics Information in October 2008 and issued Circular 07 in December 2008 to restrict Internet freedom, censor private blogs, and compel information technology companies to cooperate with government efforts to monitor personal information of Internet users;

Whereas the Government of Vietnam has imprisoned bloggers and numerous democracy activists who have distributed their peaceful views over the Internet;

Whereas the Government of Vietnam continues to firewall external websites promoting democracy and human rights; and

Whereas these actions violate individuals' right to freedom of speech and expression: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the right of Vietnamese citizens to access websites of their choosing and to have the freedom to share and publish information over the Internet;

(2) calls on the Government of Vietnam to repeal Circular 07, Article 88, and similar statutes that restrict the Internet, so as to be in line with the International Covenant on Civil and Political Rights, to which the Socialist Republic of Vietnam is a signatory;

(3) calls on the Government of Vietnam to become a responsible member state of the international community by respecting individuals' freedom of speech, freedom of press, and freedom of political association; and

(4) calls on the Government of Vietnam to release all political prisoners, including but not limited to the following bloggers and cyber activists—

(A) Le Cong Dinh;
(B) Le Nguyen Sang;
(C) Le Thi Cong Nhan;
(D) Nguyen Van Hai (Dieu Cay);
(E) Nguyen Xuan Nghia;
(F) Ngo Quynh;
(G) Nguyen Ngoc Quang;
(H) Nguyen Thi Hong;
(I) Nguyen Van Dai;
(J) Pham Ba Hai;
(K) Pham Thanh Nghien;
(L) Pham Van Troi;
(M) Tran Huynh Duy Thuc;
(N) Truong Minh Duc;
(O) Truong Quoc Huy;
(P) Vu Hoang Hai;
(Q) Nguyen Tien Trung; and
(R) Vu Hung.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATSON) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Ms. WATSON. Mr. Speaker, I rise in strong support of this resolution and yield myself as much time as I may consume.

I would like to thank my good friend, Representative LORETTA SANCHEZ of California, for her leadership in introducing this important resolution.

This resolution calls on the government of Vietnam to release imprisoned bloggers and respect individuals' rights to freedom of speech and expression.

Over the past decade, Vietnam has seen an explosion in Internet use due to the country's increasing economic integration and a decline in the cost of access to the Internet. Today, an estimated 24 million of Vietnam's 88 million people are online. A major leap forward for freedom of expression in Vietnam has been the rise of the blogs. Blogs have taken an important space in Vietnam society, providing a rare platform for Vietnamese citizens to exchange ideas and debate issues outside of the State-controlled media.

Rather than embracing this new form of communication, authorities in Hanoi have chosen to join the likes of China, Iran, Saudi Arabia, and Egypt in employing a mix of detentions, regulations, and intimidation in order to monitor users and censor views.

On October, 2008, the government passed a new edict that gave the police broad authority to move against online critics, including those who oppose the ''State of the Socialist Republic of Vietnam.'' Since 2002, about 30 ''cyber-dissidents'' have been jailed in Vietnam. Seven of those 30 remain behind bars, and these people were expressing

their views peacefully and posed no threat to Vietnam's national security.

According to the 2008 press freedom index by Reporters Without Borders, Vietnam was ranked 168 out of 173 countries.

Vietnam must stop criminalizing free speech and begin upholding the international covenant on civil and political rights to which Vietnam is a signatory. Censoring private blogs and forcing technology companies to cooperate with authorities to restrain critical speech threatens not just the Vietnamese people but Internet users everywhere.

I strongly support this resolution and urge my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

Mr. BOOZMAN. Mr. Speaker, I yield myself such time as I may consume and rise in support of this measure.

While the government of Vietnam was striving to secure permanent normal trade relations from the United States 3 years ago and World Trade Organization membership in 2007, it was given the benefit of many doubts about its human rights practices. A lot of attention was paid to marginal improvements in personal freedoms inside Vietnam at that time, and in one controversial decision, the United States removed Vietnam from our list of Countries of Particular Concern for religious freedom violations.

□ 1230

But once the regime in Hanoi secured the trade status that it was seeking from the United States and multilateral organizations, it stepped up its repression. Since then, the human rights situation inside Vietnam has deteriorated, a fact that is readily apparent in the Vietnamese Government's crackdown on peaceful Internet dissent.

Although Internet usage has grown among the Vietnamese people, the regime in Hanoi restricts services to a limited number of state-owned Internet service providers, ISPs. Government regulations require global Internet companies who offer blogging services to report to the government every 6 months and to provide requested information about individual bloggers.

The state security apparatus monitors personal e-mail and blocks many Web sites with political or religious content that it finds disagreeable, such as some sites connected with the Catholic Church or overseas Vietnamese political groups. The Hanoi regime has harassed, convicted, and imprisoned many peaceful activists under the vague catchall provision of Article 88 of Vietnam's criminal code which prohibits conducting propaganda against the state.

Earlier this month, Vietnam convicted nine democracy advocates, including 60-year-old Nguyen Xuan Nghia, who was sentenced to 6 years in prison followed by 3 years of house arrest. These violations were an affront to the people of Vietnam and to all people of goodwill who cherish basic human liberties.

All of us in this body, human rights and free trade advocates alike, welcome this opportunity for the House to speak with one voice in favor of the freedoms of speech and expression for the people of Vietnam. I am pleased to join the bipartisan cosponsors of this measure in calling for the release of political prisoners, including the 18 Vietnamese bloggers and cyberactivists listed in the resolution. It is also my hope that global and United States-based Internet service providers will refuse to be complicit in the Vietnamese Government's human rights violations.

I want to thank the gentlelady from California (Ms. LORETTA SANCHEZ) for introducing this measure, which I strongly support.

With that, I reserve the balance of my time.

Ms. WATSON. Mr. Speaker, I yield 6 minutes to the gentlelady from California, LORETTA SANCHEZ.

Ms. LORETTA SANCHEZ of California. I thank the gentlelady from California, my good friend.

Mr. Speaker, I come to the floor today in support of my resolution, House Resolution 672, which calls on the Government of Vietnam to release imprisoned bloggers and to respect Internet freedom.

I would like to thank, first and foremost, Chairman BERMAN and the committee staff for allowing us to bring this to the floor; and in particular, it's important right now with respect to what the Vietnamese Government is doing.

Since I came to the Congress, I have been a strong advocate for human rights in Vietnam. As a co-Chair of the Congressional Caucus on Vietnam, my fellow caucus members and I have focused on urging the Government of Vietnam to respect individual rights, in particular, those of religion and of speech and expression.

We have also worked with multiple U.S. administrations to make human rights an important part of the U.S.-Vietnam relationship. Unfortunately, instead of improving, the human rights conditions in Vietnam continue to deteriorate, and I have been concerned that the United States has not yet taken a fervent stand against the Government of Vietnam's blatant disregard for human rights.

I have been on this floor a number of times, many times, many of you know that, to call attention in particular to the bloggers and to the democracy activists in Vietnam, the ones who have been detained and imprisoned simply for advocating for democracy.

The Internet has become a crucial tool for the citizens of Vietnam to be able to exercise their freedom of expression and association. It has become a medium to share information freely, to promote social and economic development, and of course to fight for democracy. However, in recent months, the Government of Vietnam has taken what I would call unlawful steps to tighten its control over the Internet.

In October of 2008, the Government of Vietnam created the Administration Agency for Radio, Television and Electronics Information and issued Circular 07 in December 2008 to restrict Internet freedom, to censor private blogs, and to compel information technology companies to cooperate with them to monitor personal information on users. Imagine, if we had that going on here in the United States, how unacceptable that would be.

In response, I, along with the Vietnam Caucus members, sent letters to Internet service providers like Google and Yahoo, et cetera, and urged them to continue advocating for the freedoms of speech and expression on the Internet in Vietnam; and then I introduced this resolution to raise the awareness of the lack of Internet freedom in Vietnam.

House Resolution 672 urges the Vietnamese Government to support the right of its citizens to access Web sites of their choosing and to repeal statutes like Circular 07 and Article 88, which restrict Internet use in Vietnam.

The consideration of this resolution comes at a perfect time. The Government of Vietnam has arrested bloggers Nguyen Ngoc Nhu Quynh, Bui Thanh Hieu, Pham Doan Trang, and many other bloggers. Some of these bloggers, like Quynh, have been released; however, there was a condition. In exchange for their freedom, they had to say that they would not blog about democracy or new political parties or freedoms of expression and human rights.

Just recently, nine dissidents were convicted by the Vietnamese Government for publishing articles on the Internet which was basically just practicing their rights of freedom of speech and expression. By the way, this is all about democracy. That's what these blogs are about.

The situation took a turn for the worse 2 weeks ago when Tran Khai Thanh Thuy was forcibly denied entry to the courthouse to attend the trial of nine democracy activists and was instead harassed by the Vietnamese police. The following night, I received a phone call that one of the democracy activists, Do Ba Tan, and his wife, Tran Khai Thanh Thuy, were beaten in front of their 13-year-old daughter and imprisoned by the Vietnamese Government and police. When I heard about it, I immediately called the U.S. Deputy Chief of Mission in Vietnam, Virginia Palmer, and urged her to take action on this matter. Our U.S. Embassy in Vietnam responded by making inquiries about the 13-year-old daughter to make sure that she was being taken care of.

These actions are not the actions of a country that respects fundamental values and principles of human rights and democracy. A country that uses violence against its own citizens because

they decide to exercise their fundamental freedoms does not deserve to be a member of the World Trade Organization, nor do they have the right to be acting as the President of the United Nations Security Council, a position that Vietnam currently holds.

The Socialist Republic of Vietnam is a signatory of the International Covenant on Civil and Political Rights adopted by the United Nations General Assembly, and yet they continue to detain and imprison their own citizens for using the Internet to promote democracy and human rights.

How can a country that blatantly disregards a U.N. declaration be allowed to act as the President of the Security Council? I believe that we, the United States, must take a stand against Vietnam's human rights violations. We are a beacon of freedom, of democracy, and it is our responsibility to speak out on behalf of those who have no voice.

Mr. BOOZMAN. Mr. Speaker, I yield 5 minutes to the gentleman from Louisiana (Mr. CAO), a member of the Homeland Security and Transportation Committees and the only Member of this body who was born in Vietnam.

Mr. CAO. I thank the gentleman from Arkansas.

Mr. Speaker, I rise today in strong support of House Resolution 672, calling on the Government of the Socialist Republic of Vietnam to release imprisoned bloggers and respect Internet freedom.

It is vital that the United States take a bold stance against the tyranny of the Vietnamese Government and more effectively promote democracy there and throughout the world.

While the Vietnamese Government continues to control and stifle its citizens, this bill lays out very specific goals that will push for freedom of speech in Vietnam. It promotes the actions of the Vietnamese people who desire to have a say in government policy and actions. It will repeal statutes that restrict an individual's Internet usage and calls for the release of all political prisoners who have been incarcerated under the false pretenses of causing unrest and disturbance.

The Vietnamese Government fears these changes and continues to promote backward policies that restrict the Vietnamese people's basic freedoms. In the United States, we have been blessed with these rights. With these gifts comes great responsibility. It is necessary that we advocate on behalf of the Vietnamese citizens who simply hope for a better future.

We, as leaders of the most powerful democracy in the world, must not only pass this resolution, but we also must pass the Vietnam human rights bill. We must put Vietnam back on the CPC list. We must require Vietnam to pay the $3.5 million in restitution that the High Court of American Samoa adjudicated 10 years ago. We must deny Vietnam the GSP status that it so desires until it improves its labor laws.

Therefore, Mr. Speaker, I ask that the Members of the House support House Resolution 672.

Ms. WATSON. Mr. Speaker, I reserve the balance of my time.

Mr. BOOZMAN. Mr. Speaker, I yield as much time as he may consume to the gentleman from California (Mr. ROYCE), the ranking member of the Subcommittee on Terrorism, Nonproliferation, and Trade, and a very long-standing advocate for human rights in Vietnam.

Mr. ROYCE. I thank the gentleman for yielding.

What brings us here today, of course, is this resolution, intended to address a longstanding problem but really brought to light again earlier this month when we had nine young bloggers in Vietnam, all of them convicted under Article 88 of the Government of Vietnam's statute, which the interpretation of Article 88 is in direct conflict with the International Covenant on Civil and Political Rights to which the Government of Vietnam is itself a signatory.

So what is happening is that Article 88 is now being used in Vietnam as just a tool to basically criminalize what they call propaganda against the state, but which is simply the free speech rights which are recognized everywhere else and to which Vietnam is a signatory to the agreement. It is being used to go after anyone who argues against the concept of a one-party state. So, if you get into the realm of religious liberty or you get into the realm of freedom of association, freedom of speech, you suddenly run afoul of this Article 88 and you find yourself facing a long prison term. That is why I rise in support of House Resolution 672, because what this bill does is call on the Government of Vietnam to release those imprisoned bloggers and basically to respect Internet freedom.

Mr. Speaker, the one-party Communist government in Hanoi is a serial human rights abuser. Citizens are denied basic rights, such as the right to freedom of religion, the right to freedom of speech. And like most despotic regimes, Hanoi seeks to censor all information that it deems in any way damaging to a one-party state.

As longtime dissident Dr. Nguyen Dan Que correctly stated some years ago, he said, ''The state hopes to cling to power by brainwashing the Vietnamese people through stringent censorship and through its absolutist control over what information the public can receive.''

These are the actions of a totalitarian tower that has no respect for the rights of the individual citizen. Those last words were mine.

□ 1245

Newspapers, television and radio stations remain under strict government control in Vietnam, of course. Now, with a greater percentage of the population seeking an alternative way to express itself, seeking a way to even communicate in ideas, the government has dramatically stepped up its campaign to confront and to curtail the country's vigorous blogosphere because, in Vietnam, just like in the United States, the young Vietnamese really enjoy the ability to use the Internet to engage in a simple dialogue between each other with respect to ideas.

International press freedom groups rank Vietnam alongside China and Burma, right now today, as the riskiest countries for bloggers; and as you saw, human rights groups are increasingly speaking out about the violent nature of the crackdown in Vietnam on human rights.

As I have, there are those of us who have traveled to Vietnam. In the past, I met with the venerable Thich Quang Do, with Le Quang Liem and with others who have been involved in the issue of religious freedom. We saw the consequences of monks who had been beaten, some of whom had been killed. Certainly, many of them were under arrest for attempting to counter the state with respect to their assertion—Father Ly would be an example—that the state should not rewrite religious text.

For the Buddhist faith, this is a particular problem because the Communist Party in Vietnam is trying to change their faith by rewriting the text. The reason the venerable Thich Quang Do is under such pressure and is under such constant attack by the state is that he objects to this. He says religious freedom should exist in this society without control by the state.

Certainly, Bui Thanh Hieu and Pham Doan Trang would agree with this because these two bloggers were detained after writing in opposition to policies by the Vietnamese Government. Now, what were they writing about? They were writing about an environmental issue, about the new bauxite mining project in Vietnam's central highlands.

Chinese mining in this region has already caused severe environmental damage, and that damage comes at the sole expense of the local residents in this area because this is the area that grows much of the coffee, rubber and so forth in Vietnam. So, now, with the runoff from these mines and the way in which it's polluting the local lakes and the way in which it's killing off the vegetation, basically, you've created a no-man's area. It is absolutely incapable of supporting any crops in the future in much of this area.

Dieu Cay, another prominent blogger, also knows the lesson well, as he was sentenced to 2 years for running a series of articles, exposing what? Exposing government corruption.

Now we have another introduction of Chinese bauxite mining on top of what is already occurring that is going to cause further environmental damage in the central highlands. What you basically have is the state's cracking down in Vietnam, saying nobody can tell the people about what's happening to their land, that nobody can tell the people

about the health hazards to their children in this region as a result of the state's making this decision to invite the Chinese in to do this kind of bauxite mining.

Hanoi knows that its grip on power is shaky and that the ideas that these journalists spread carefully chip away at the monopoly on power which the state has. That's why they spend so much time trying to shut them out. The practice of detaining these bloggers for spreading ideas like freedom and democracy is very odious.

We are here today to call on the Communist Government to end this practice. That is what this resolution does. It calls on the Government of the Socialist Republic of Vietnam to release these imprisoned bloggers and to respect Internet freedom.

I urge my colleagues to support it.

Ms. WATSON. Mr. Speaker, I reserve the balance of my time.

Mr. BOOZMAN. Mr. Speaker, having no more speakers on the subject, I again thank the gentlewoman from California for bringing this important resolution forward, which I very much support, that of freedom in Vietnam; and I urge my fellow Members to lend their support, also.

Mr. SMITH of New Jersey. Mr. Speaker, I rise today in strong support of H. Res. 672, Ms. SANCHEZ's resolution calling on the government of Vietnam to release imprisoned bloggers and respect Internet freedom.

The resolution draws attention to the Internet-restrictive practices of the government of Vietnam. Often, when we speak of the Internet repression of the Chinese or Iranian government, we forget that many other nations suffer under Internet-restrictive governments, including, according to Reporters Without Borders, Vietnam, Cuba, Burma, Egypt, North Korea, Saudi Arabia, Syria, Tunisia, Turkmenistan, Uzbekistan. The Vietnamese government is one of the most repressive of these, and models its apparatus of repression on that of China. According to the State Department's 2009 Country Reports on Human Rights, the government of Vietnam:

> . . . monitored e-mail, searched for sensitive key words, regulated Internet content, and blocked many Web sites with political or religious content that authorities deemed ''offensive.'' . . . Authorities continued to detain and imprison dissidents who used the Internet to publish ideas on human rights and political pluralism . . . The government continued to use firewalls to block some Web sites that it deemed politically or culturally inappropriate, including sites affiliated with the Catholic Church, such as Vietcatholic.net and others operated by overseas Vietnamese political groups.

Mr. Speaker, this excellent resolution also calls on the government of Vietnam to release all imprisoned bloggers and cyber activists, and provides the names of 18 men and women known to be held as political prisoners due to their use of the Internet. I have visited former Vietnamese political prisoners, including Father Ly and have heard first-hand about what they suffer in those prisons. These men and women need our help, and Ms. SANCHEZ's resolution will afford them a measure of protection.

Mr. Speaker, the issue of Internet freedom becomes more urgent every year. In February of 2006 I held a major hearing that revealed the involvement of U.S. companies in enabling the Chinese government's Internet censorship and surveillance. I then introduced legislation, the Global Online Freedom Act, which would prevent U.S. IT companies from enabling repressive governments' Internet censorship and surveillance. The legislation was blocked in two successive Congresses, while, sadly, the tempo of repression increased, and the technology of repression improved. We saw this in the Chinese government's repression of Tibetan protests last spring. The government blocked Yahoo! and the video-sharing site YouTube, and ramped up its blocking of international news sites. We saw it again in that government's repression of protests in Xinjiang in June of this year. Again the government cut off Internet and phone service, and actively removed and altered comments about the protests on numerous Internet fora and Web sites. Then in Iran, when great numbers of Iranians protested the Ahmadinejad government's stealing of the election, the government responded by cutting off Internet access as well as, with mixed success, to social-networking sites like Twitter and Facebook.

Now every time a repressive government crushes a protest movement, or a movement for freedom or democracy, it also engages in cyber-repression—the Internet is such a strong force for freedom that dictatorships and repressive government can hardly exist without cyber-repression. In recent years cyber-repression has emerged as no less than one of the most dangerous threats to human rights, freedom, and democracy.

Congress has an obligation to better address this issue and help those who are suffering under Internet-restrictive governments. I want to draw members' attention to three other bills which, like H. Res. 672, deserve our support: Mr. WU's H. Res. 590, expressing concerns about China's Green Dam filtering software; Mr. SHERMAN's HR 3284, prohibiting federal agencies from entering into procurement contracts with anyone who exports computer technology to Iran; and HR 2271, my own Global Online Freedom Act. All of these bills speak strongly, responsibly, and constructively to cyber-repression. The Global Online Freedom Act, in the last Congress, passed all of its committees and was ready for an up or down vote on the floor; I have improved the bill and re-introduced it in this Congress, and ask colleagues to consider sponsoring it.

I strongly support this resolution in support of the persecuted bloggers of Vietnam, and thank my friend for introducing it.

Mr. MORAN of Virginia. Mr. Speaker, I rise here today in support of House Resolution 672, which calls for the release of imprisoned bloggers and Internet freedom in Vietnam.

It is estimated that over 20 million Vietnamese use the Internet to organize around environmental issues, blogger freedom, labor rights, and anti-corruption. Yet, in 2008, the Government of Vietnam launched a new entity—the Administration Agency for Radio, Television and Electronics Information—to restrict Internet freedom, censor private blogs, and compel information technology companies to cooperate with authorities.

The Socialist Republic of Vietnam is a signatory of the International Covenant on Civil and Political Rights adopted by the United Nations, UN, General Assembly. However, this move to censor the Internet by the Government of Vietnam is an extension of Article 88 of the Penal Code which criminalizes free speech. All these restrictions violate the above international covenant.

Despite abundant evidence to the contrary, Vietnam has asserted that it has no ''so-called 'prisoners of conscience' ''; that no-one is arrested for criticizing the government, only for violating Vietnam's laws; that its national security laws ''conform to international law''; and ''there is no practice of torture or degrading treatment of law offenders and those under detention for investigative purposes.''

Vietnam—a member of the U.N. Security Council—has made a charade of its engagement at the U.N. Human Rights Council. Vietnam rejected even the most benign recommendations based on the international covenants it has signed, such as allowing people to promote human rights or express their opinions. Despite Vietnam's denials that it arbitrarily arrests and imprisons peaceful government critics, human rights defenders, political bloggers, and independent church activists, the government has arrested scores more since May of this year.

Vietnam's ongoing arrests of peaceful dissidents and church activists—conducted even as the U.N. was evaluating its human rights record—shows its flagrant disregard for its international human rights obligations. Member states should deliver a clear message to Vietnam that it needs to uphold its international rights commitments.

This resolution provides us with a chance to rekindle our role as a human-rights advocate around the world. It can show Vietnamese citizens that we notice when their rights are restricted, when their freedom is limited, and when their voices are silenced. I urge my colleagues to vote ''yes'' on this resolution. We have a moral responsibility to provide the Vietnamese with the same kind of freedoms we value in this country. And we have a moral responsibility to protect those who value what our men and women die for—freedom of speech.

Ms. ZOE LOFGREN of California. Mr. Speaker, I rise today in support of H. Res. 672, a bill which I am proud to cosponsor. Introduced by my good friend, colleague, and co-chair of the Vietnam Caucus, Representative LORETTA SANCHEZ, this legislation calls on the Vietnamese government to respect Internet freedom and to release a number of jailed pro-democracy activists.

I am deeply concerned about Vietnam's human rights record, which shows no signs of improving. Just last month at its United Nations Universal Periodic Review, Vietnam rejected 45 recommendations from member states, including the release of peaceful prisoners of conscience and to lift internet and blogging controls and prohibitions on privately-owned media.

This situation is unacceptable. We need to send a message to the Vietnamese government that the United States Congress does not condone its repression of free speech and democracy. Using anti-propaganda laws to silence opposition and maintain one-party control is not democracy and should not be tolerated.

I strongly urge my colleagues to support this bill.

Mr. BOOZMAN. With that, I yield back the balance of my time.

Ms. WATSON. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 672.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

CONDEMNING PERSECUTION OF BAHA'IS IN IRAN

Ms. WATSON. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 175) condemning the Government of Iran for its state-sponsored persecution of its Baha'i minority and its continued violation of the International Covenants on Human Rights, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 175

Whereas in 1982, 1984, 1988, 1990, 1992, 1994, 1996, 2000, 2006, and 2008, Congress declared that it deplored the religious persecution by the Government of Iran of the Baha'i community and would hold the Government of Iran responsible for upholding the rights of all Iranian nationals, including members of the Baha'i faith;

Whereas in November 2007, the Iranian Ministry of Information in Shiraz jailed Baha'is Ms. Raha Sabet, 33, Mr. Sasan Taqva, 32, and Ms. Haleh Roohi, 29 for ostensibly ''indirectly teaching the Baha'i Faith'' and ''engaging in anti-government propaganda'' while educating underprivileged children and gave them 4-year prison terms, which they are serving;

Whereas Ms. Sabet, Mr. Taqva, and Ms. Rooshi were targeted solely on the basis of their religion;

Whereas, on January 23, 2008, the United States Department of State released a statement urging the Iranian regime to release all individuals held without due process and a fair trial, including the 3 young Baha'is being held in an Iranian Ministry of Intelligence detention center in Shiraz;

Whereas in March and May of 2008, Iranian intelligence officials in Mashhad and Tehran arrested and imprisoned Mrs. Fariba Kamalabadi, Mr. Jamaloddin Khanjani, Mr. Afif Naeimi, Mr. Saeid Rezaie, Mr. Behrouz Tavakkoli, Mrs. Mahvash Sabet, and Mr. Vahid Tizfahm, the members of the coordinating group for the Baha'i community in Iran;

Whereas these seven leaders have been imprisoned for well over a year and are yet to stand trial, the trial having been delayed multiple times;

Whereas official Iranian media has announced they will face charges of ''espionage for Israel, insulting religious sanctities and propaganda against the Islamic Republic'';

Whereas these seven Baha'i leaders were targeted solely on the basis of their religion; and

Whereas the Government of Iran is party to the International Covenants on Human Rights: Now, therefore, be it

Resolved, That the House of Representatives—

(1) condemns the Government of Iran for its state-sponsored persecution of its Baha'i minority and its continued violation of the International Covenants on Human Rights;

(2) calls on the Government of Iran to immediately release the seven leaders and all other prisoners held solely on account of their religion, including: Mrs. Fariba Kamalabadi, Mr. Jamaloddin Khanjani, Mr. Afif Naeimi, Mr. Saeid Rezaie, Mr. Behrouz Tavakkoli, Mrs. Mahvash Sabet, Mr. Vahid Tizfahm, Ms. Raha Sabet, Mr. Sasan Taqva, and Ms. Haleh Roohi; and

(3) calls on the President and Secretary of State, in cooperation with responsible nations, to immediately condemn Iran's continued violation of human rights and demand the immediate release of prisoners held solely on account of their religion, including Mrs. Fariba Kamalabadi, Mr. Jamaloddin Khanjani, Mr. Afif Naeimi, Mr. Saeid Rezaie, Mr. Behrouz Tavakkoli, Mrs. Mahvash Sabet, Mr. Vahid Tizfahm, Ms. Raha Sabet, Mr. Sasan Taqva, and Ms. Haleh Roohi.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATSON) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the resolution under consideration.

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

There was no objection.

Ms. WATSON. I yield myself as much time as I may consume.

Mr. Speaker, I rise in strong support of this resolution, and I would like to thank my good friend, the gentleman from Illinois, Congressman MARK KIRK, for his leadership in introducing this important resolution.

H. Res. 175 condemns the Government of Iran for its state-sponsored persecution of its Baha'i minority and of its continued violation of the international covenants on human rights.

Mr. Speaker, resolutions in support of the much persecuted Baha'i communities in the Middle East have a long and proud tradition in the House of Representatives and in the other body. While past resolutions have chronicled the abuse and harassment Baha'is have experienced in several Middle Eastern countries, nowhere is the situation as dire or does it require more urgent action than in Iran, where Baha'is are routinely arrested and face the death penalty.

Iran's Baha'i community forms that country's largest religious minority. It is difficult to know the exact number because Iran has banned communal Baha'i institutions since 1983, but it is estimated that they number over 300,000.

Since 1979, some 200 Baha'is have been executed, and thousands have been imprisoned. They have been systematically denied jobs, pensions, access to higher education, and the right to inherit property. All Baha'i cemeteries, holy places and other community properties were seized soon after the 1979 revolution. Many sites of the greatest historical significance to the Baha'is have been destroyed, and the graves of Baha'is have been desecrated throughout the country.

In the spring of 2008, seven individuals who had been serving as leaders of the Baha'i community on an ad hoc basis were arrested and were put in Tehran's notorious Evin prison. Their trial date has been repeatedly postponed, and it is still unclear if and when they will face trial.

Official Iranian news agencies have reported that they are charged with espionage for Israel, insulting Islam and with propaganda against the Islamic republic. Family members have been informed of a fourth charge, that of spreading corruption on Earth. Some of these charges could carry the death penalty. The circumstances of this possible trial are particularly worrying because the Government of Iran has arrested and executed the Baha'i leadership on three previous occasions.

In addition to the seven Baha'i leaders, some 25 other Baha'is also remain in prison, including three young people in Shiraz who were arrested in 2006 for indirectly teaching the Baha'i faith and for engaging in antigovernment propaganda while merely carrying out a literacy program for underprivileged youth. These young people are currently serving 4-year sentences under very harsh conditions.

As the United States and the international community seek to engage Iran on the crucial issues of nonproliferation, we must not forget about the basic human rights of the Iranian people. International attention to the persecution of the Baha'is in Iran has been critical to preventing an even worse deterioration of their situation.

As large sections of the Iranian population are now being increasingly repressed and denied the opportunity to have a voice in their own country, it is crucial that others in the international community speak out on their behalf and support them. I urge all of my colleagues to support this important resolution.

I reserve the balance of my time.

Mr. BOOZMAN. I yield myself such time as I may consume.

Mr. Speaker, first of all, I want to thank the gentleman from Illinois (Mr. KIRK) for bringing forward this important resolution.

I rise today in strong support of House Resolution 175, which condemns the Iranian regime's continuing persecution of members of the Baha'i faith, Tehran's notoriously cruel regime, which for decades has denied the people of Iran their fundamental human rights and civil liberties.

While the most recent demonstration of the regime's brutality and authoritarianism was the crackdown in the aftermath of the June leadership selection process; for years, Iran has

made a special example of the Iranian Baha'is, oppressing them without respite.

In addition to seizing Baha'i communal property, the Iranian Government prohibits the community from officially assembling; bans them from practicing or teaching their religion; excludes them from the national pension system and from public universities; prevents them from inheriting property; and jails them on account of their faith or on trumped-up charges of espionage.

Accordingly, I urge my colleagues to adopt this resolution, which condemns the Iranian regime's despicable conduct.

Mr. Speaker, totalitarian regimes everywhere, hiding behind the false excuse of state sovereignty, are eager to combat any progress in human rights and freedoms and are eager to expand their repression as far as others will allow them to do.

The Baha'is and countless other Iranians have been robbed of a better future for almost 30 years by a regime which offers nothing but more misery. Therefore, the United States must continue to make clear in both word and deed that the spread of religious freedom and human rights worldwide is not merely an ideal but an imperative. Now is the time for all responsible nations to stand four-square with the Baha'is of Iran in their moment of need.

With that, I reserve the balance of my time.

Ms. WATSON. Mr. Speaker, I reserve the balance of my time.

Mr. BOOZMAN. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. KIRK), a member of the Committee on Appropriations and the author of this measure.

Mr. KIRK. Mr. Speaker, as the author of this important resolution, I rise in strong support, and I urge its adoption.

I want to thank the chairman and ranking member for bringing up this resolution on the floor today, and I want to thank Mr. MCGOVERN for helping garner bipartisan support for this effort.

As many of my colleagues know, my district is home to the North American Baha'i Temple located in Wilmette, Illinois. The Baha'i faith was founded in Iran 165 years ago on principles of peace and tolerance. Baha'is are a gentle and nonviolent people. They follow the teachings of Baha'u'llah, who taught respect for Moses, Jesus and Mohammad, teaching respect and tolerance around the world.

Yet, since the Iranian revolution of 1979, the Government of Iran has committed a deliberate campaign of discrimination, harassment, detention, arrests, imprisonment, and the execution of one of their largest religious minorities. Based solely on their religious beliefs, Baha'is in Iran are now denied jobs, are robbed of pensions, are stripped of property rights, and are forced to endure the barbarous desecration of their holy sites as well as forced to watch their leaders being imprisoned and executed.

□ 1300

Last spring, seven leaders of the Baha'i community were arrested and detained in Tehran's notorious Evin prison. Their trial date has been repeatedly postponed as they languish in prison without legal resource. Although no charges have been publicly filed, Iranian news agencies report that these individuals will be charged with ''espionage for Israel, insulting Islam, propaganda against the Islamic Republic, and spreading corruption on Earth.'' Conviction of these crimes carries a penalty of death.

We know what happened the last time the Iranian regime struck the Baha'i community leadership. In August of 1980, all of the members of the National Spiritual Assembly of the Baha'is were executed. We should do all we can to prevent such a crime against humanity from being committed again.

As the President pursues his negotiation policy with the brutal Iranian dictators, we should not forget the kind of people we are dealing with. Iran denies its citizens basic human rights and is persecuting its minorities and executes what they call apostates. If our diplomats ignore Iranian Baha'is and silence the voice of Iranian human rights activists, America will have failed a great moral test in Iran.

Today, the House of Representatives sends a signal to the Iranian regime, and it contains an important message. The U.S. Congress will expose this regime that murders innocent women and children in the streets and denies citizens basic human rights. To the dictators in Iran we say, release your political prisoners, especially release your Baha'i prisoners, and end your ignorant and uncultured persecution of the peaceful Baha'is.

Mr. Speaker, I want to thank Ken Bowers, the secretary general of the National Spiritual Assembly of the Baha'is, and Juana Conrad, the deputy secretary, for their steadfast devotion to their fellow Baha'is worldwide. I also want to thank the Local Spiritual Assemblies in Arlington Heights, Deerfield, Glencoe, Glenview, Northbrook, Palatine, Vernon Hills, Waukegan and Wilmette for contributing to our community and calling attention to this human rights abuse.

Thank you also to Hans Hogrefe from Chairman BERMAN's hardworking staff and Jeff Philipps and Richard Goldberg of my staff for bringing this to the floor. A special thanks to Kit Bigelow and Shastri Purushotma from the National Spiritual Assembly of Baha'is of the United States for their dedication and pursuit of religious freedom and human rights for Baha'is worldwide.

I cannot for the life of me think of what's going on in Iran that she would commit such crimes against 330,000 peaceful Baha'is in Iran. I am worried that the Iranian intelligence service and ministry has now registered the address of every Baha'i and every Baha'i business in the country. I am worried that they have already labeled Baha'i businesses as ineligible for government contracting.

We have seen the bureaucracy of a new Kristallnacht formed in Iran. I worry that with this bureaucracy now fully formed, we could see a tremendous human rights abuse occur against hundreds of thousands of peaceful individuals. That's why this resolution is so important, not just to call attention to crimes that have been committed, but to a potential crime against humanity, which, in my judgment, the dictators of Iran are fully capable of committing. That's why this institution rises to its fullest potential, underscoring the point that America is not the most powerful, best nation in the world because we are rich or have a large military, but because we represent the moral authority of a democratic people representing the dignity of each individual on this planet.

I urge adoption of this resolution and thank the Members.

Ms. WATSON. Mr. Speaker, I reserve the balance of my time.

Mr. BOOZMAN. Mr. Speaker, having no more speakers on the subject, again, I want to thank the gentleman from Illinois for bringing forward this very important resolution and urge my fellow Members to adopt it.

Mr. KUCINICH. Mr. Speaker, I rise today in support of defending the human rights of everyone throughout the world. The United States must seek to uphold and protect human rights here at home as well as abroad. I stand in solidarity with the people of the Baha'i faith and all faiths that endure persecution based on their religious beliefs. As such, I strongly support the stated intention of this resolution.

As we aim a critical eye to the Iranian government's human rights violations, we can only do so with credibility if we turn the critical eye on our own country. For example, institutionalized discrimination based on gender and sexual orientation persists throughout the U.S. All human beings deserve security and equal protection under the law.

Furthermore, supporting the Baha'i faith by condemning Iran is antithetical to principles that are central to the Baha'i faith. The Baha'i teachings are built on the values of peace and unification. Condemnation, or the act of placing blame, separates and antagonizes. Condemnation of Iran with intent to rattle the sabers of war would not be something I support; nor do I believe it would be supported by those of the Baha'i faith.

In the spirit of honoring the Baha'i faith we, should work to end persecution. Rather than condemning Iran in order to forward an aggressive agenda, this body would do better to support the efforts of the Administration to engage Iran in high-level diplomatic negotiations. Engaging Iran diplomatically honors the spirit of unity that is central to the Baha'i faith and brings us closer to peace.

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

Ms. WATSON. Mr. Speaker, I have no further requests for time.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 175, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. KIRK. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

EXPRESSING CONDOLENCES REGARDING ATTACK ON UNITED NATIONS WORLD FOOD PROGRAM OFFICE IN ISLAMABAD, PAKISTAN

Ms. WATSON. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 823) expressing deep condolences to the families, friends, and colleagues of those killed and injured in the attack on the United Nations World Food Program (WFP) office in Islamabad, Pakistan, on October 5, 2009, and support for the WFP's mission to bring emergency food aid to the most vulnerable people of Pakistan and around the world.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 823

Whereas the United Nations World Food Program (WFP) was established in 1962 with the goal of providing every man, woman, and child with access at all times to the food needed for an active and healthy life;

Whereas the WFP seeks to save lives and protect livelihoods in emergencies, prepare for emergencies, restore and rebuild lives after emergencies, reduce chronic hunger and under-nutrition everywhere, and strengthen the capacity of countries to reduce hunger;

Whereas WFP operations in 2008 reached just over 102,000,000 hungry and poor people in 78 countries with 3,900,000 tons of food;

Whereas 84.6 percent of the population of Pakistan earns less than $2 per day, which is an indication of poor human development, especially among women and children;

Whereas since 1968, the WFP has invested more than $1,500,000,000 in assistance to the most food-insecure people in Pakistan, including those in remote areas and those affected by conflict;

Whereas WFP operations in Pakistan include school feeding, mother and child nutrition, and socio-economic development programs that improve school enrollment rates for girls, access to health care services, and economic opportunities for rural women;

Whereas the WFP is providing vital food assistance to as many as 10,000,000 people across Pakistan, including emergency relief to as many as 2,000,000 Pakistani civilians who were displaced by conflict in the Swat Valley region earlier this year;

Whereas, on October 5, 2009, a suicide bomber attacked the WFP office in Islamabad, Pakistan, killing five employees, Botan Ahmed Ali Al-Hayawi, Farzana Barkat, Abid Rehman, Gulrukh Tahir, and Mohamed Wahab;

Whereas the Executive Director of the WFP, Josette Sheeran, called the attack ''a tragedy—not just for WFP—but for the whole humanitarian community and for the hungry''; and

Whereas support for food aid and other forms of humanitarian assistance in Pakistan is in the moral and national security interests of the United States: Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses its deep condolences to the families, friends, and colleagues of those killed and injured in the attack on the United Nations World Food Program (WFP) office in Islamabad, Pakistan, on October 5, 2009;

(2) recognizes the critical role the WFP plays in helping alleviate poverty, which can be exploited by extremists to create instability, in Pakistan and the greater South Asian region;

(3) reaffirms its support for the WFP's mission to bring emergency food aid to the most vulnerable people of Pakistan and around the world; and

(4) commends the approximately 10,000 people of the WFP directly serving the hungry and poor across the world for their invaluable contribution to bringing relief to those most in need.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATSON) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Ms. WATSON. Mr. Speaker, on October 5, 2009, five dedicated humanitarians were killed and four others injured by a suicide bombing inside the World Food Program's office in Islamabad, Pakistan. The victims of this senseless attack were impartial civilian aid workers devoted to feeding the hungry and providing a lifeline to millions of the most vulnerable people in Pakistan.

The United Nations World Food Program has been on the front lines of fighting hunger worldwide since its inception in 1962.

I want to recognize, and I want to thank the sponsor of this resolution, my distinguished colleague and good friend from Connecticut, Ms. ROSA DELAURO, for taking the lead in introducing this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. BOOZMAN. Mr. Speaker, I yield myself such time as I may consume.

I stand in strong support of this resolution, which expresses our sympathy and deepest condolences for the victims and families of this month's deadly suicide bombing at the U.N. World Food Program offices in Islamabad, Pakistan.

We mourn the loss of five humanitarian aid workers who were killed in a senseless act of violence while they were simply trying to supply food to the millions of vulnerable and hungry people of Pakistan. This deadly attack by a Taliban suicide bomber on October 5 forced the U.N. to temporarily close its offices, which resulted in the disruption of food assistance to nearly 10 million starving people in Pakistan who are dependent on the World Food Program.

Mr. Speaker, we should not allow such cowardly acts of violence to overshadow the vital work of the World Food Program, whose efforts have relieved the suffering and hunger of millions of people in Pakistan and around the world.

Since 1968, the U.N. World Food Program has invested more than $1.5 billion in assistance to the poor citizens of Pakistan alone.

The World Food Program has also carried out food security efforts and has developed nutritional and socioeconomic programs that have improved access to health care, increased school enrollment for women and girls, and advanced economic opportunities for the poor. In fact, amid recent violence in Pakistan's North West Frontier Province, the World Food Program courageously pushed forward to provide emergency and hunger relief to 2 million displaced Pakistanis.

Today, it is important not only to recognize the crucial role of the World Food Program in the fight to alleviate poverty and world hunger, but to reaffirm our appreciation for its mission to feed the world's poor. It's also important to pause momentarily to remember those aid workers who sacrificed their lives this month in the course of their work to relieve human suffering and hunger.

Mr. Speaker, I strongly urge the passage of this resolution condemning this heinous attack and reinstating our support for the work of the World Food Program.

Mr. Speaker, I reserve the balance of my time.

Ms. WATSON. Mr. Speaker, I yield 5 minutes to the gentlelady from Connecticut, Representative ROSA DELAURO.

Ms. DELAURO. I thank the gentlewoman for this time. I thank Chairman BERMAN for moving so quickly in this effort. I also want to thank Congressman JIM MCGOVERN and JO ANN EMERSON for co-leading this bipartisan effort with me.

Mr. Speaker, I rise in support of House Resolution 823. It expresses deep condolences to families, friends, and colleagues of those who were killed and injured in the attack on the U.N. World Food Program at their offices in Islamabad, Pakistan, on October 5, 2009.

We offer our support for the World Food Program's mission to bring emergency food aid to the most vulnerable people of Pakistan and around the world. We condemn this reprehensible attack in the strongest of terms. All acts of terror are contemptible, but the murder of civilian workers engaged in humanitarian aid is particularly vile.

Fighting hunger and deprivation around the globe is a cause to which people give more than just a daily effort. It's an all-consuming responsibility. As we saw in the horrible tragedy, it can even be the struggle in which people lose their lives.

Our thoughts and our prayers go out to the families of those U.N. World Food Program workers who perished in this terrible bombing. Through their efforts and the efforts of countless others, WFP feeds 10 million Pakistanis, including 2 million displaced by violence each year. For the people who have sacrificed so much to alleviate suffering to be struck down by a wanton act of terrorism, it is unjust and senseless.

We remember the fallen in our thoughts. This resolution represents a small way of honoring them as we continue the struggle for which they gave their lives: to put an end to global hunger around the world.

For the first time in history, over 1 billion people—one in six—are undernourished worldwide. Every 6 seconds a child dies because of hunger and related causes. Because of higher food prices, the number of undernourished people in the world increased by 75 million in 2007, 40 million in 2008. Even in America there are 12 million children facing hunger and uncertainty right now.

The continued existence of such famine in our day and age, even within our borders, is a moral outrage. We have the resources and the ability to confront this kind of suffering in the world. What we need is the conscience and the will to put an end to it.

The brave and the compassionate aid workers who perished in Pakistan had this in spades. They knew that prosperous nations cannot just remain an island of plenty in a sea of want. They stepped up. They met their responsibilities. We must meet our responsibilities.

This is a moral imperative that's shared by workers in the World Food Program, in the Sudan, in Somalia, where they provide 43 percent of the population with its basic food, and in places all around the world where women and men give their all to be able to ensure that starving people have enough to eat. It is also shared by many of us here in the Congress.

We are in a season of political turmoil and economic uncertainty. It's particularly important that we reaffirm the memory of these murdered workers and renew our commitment to ending global hunger. Put simply, this is a national security issue.

Hunger, gnawing, unyielding, forces people into desperate acts and dangerous pacts. Famine and starvation create the conditions for militant extremism around the world, the very extremism that killed these five in Pakistan.

We fight hunger, and we undercut the recruiting base of those who would threaten us. As former National Security Adviser Sandy Berger recently reminded us in the L.A. Times, ''Ensuring that no child goes to school hungry is the single greatest investment we can make in building prosperous, healthy and stable societies.''

The World Food Program has long understood this. For 50 years, it has worked to feed the suffering and malnourished citizens of our planet. In 2008, their operation reached over 102 million poor and hungry people in 78 countries with 3.9 million tons of food.

□ 1315

They have worked to eliminate not only hunger but its root causes. In short, the world food program is doing wonderful work for the people of Pakistan, the people of the United States and the people of the world. We laud their humanitarian efforts, as we condemn the cruelty and the malice that perpetrated such a deplorable atrocity in Islamabad on October 5.

For the fallen, for their families and their friends, and for hungry men, women and children all around the world, our fight against global hunger will go on.

I strongly urge my colleagues to support this resolution and reaffirm their commitment to this cause.

Mr. BOOZMAN. Mr. Speaker, we very much appreciate Ms. DELAURO bringing the resolution forward, and at this time, we continue to reserve our time.

Ms. WATSON. Mr. Speaker, I would like to yield 2 minutes to my good friend, the gentleman from Massachusetts, JAMES MCGOVERN.

Mr. MCGOVERN. I thank my friend for yielding.

Mr. Speaker, I rise in support of H. Res. 823, and I want to thank my good friend and colleague, Congresswoman ROSA DELAURO, for her leadership in bringing this resolution before the House for its consideration.

Mr. Speaker, we often forget, or take for granted, that thousands of humanitarian workers provide food, water, shelter, medicine and essential services to tens of millions around the world. Many of us don't even think about how perilous are the situations in which this compassionate work happens. But we were reminded, in the worst possible way, on October 5, when a bombing attack was carried out against the World Food Program in Islamabad, Pakistan.

This resolution adds to what I am sure others have also conveyed to the WFP, the deepest condolences and sympathies to the families, friends and colleagues of the WFP staff who were killed in Pakistan. I also want to add that my own thoughts and prayers are with those who were wounded and who were injured in the bombing attack, and we hope for their speedy recovery.

Mr. Speaker, the bombing underscores the often precarious situation in which the WFP, and so many other humanitarian and aid workers around the globe, find themselves. And I, for one, can only thank them for their important and too often unrecognized service to humanity.

Mr. BOOZMAN. Mr. Speaker, having no other speakers on the subject, again, I want to thank Ms. DELAURO for bringing this very important resolution forward. I also want to thank Mr. MCGOVERN for his leadership in the hunger issues that he has given all of us.

With that, I yield back the balance of my time.

Ms. WATSON. I would like to yield 1 minute to the gentleman from Ohio, Mr. Dennis Kucinich.

Mr. KUCINICH. I thank the gentlelady.

I want to join my colleagues in expressing condolences to those who were killed in connection with the attack on the United Nations World Food Program in Islamabad, Pakistan. It is so important that the world community rally behind this program and other programs like it that are really aimed at providing the kind of social service that is so urgently required in areas around the world that are economically depressed, and that is, to feed the hungry. If we make a concerted effort in feeding the hungry, there's less of a chance that we're going to be looking at the kind of social conflagration that has affected nations around the world.

This program in Pakistan is urgently needed. Those who risk their lives to deliver it should be remembered now, and we should stand by them and their families in their moment of grief. But we also have a responsibility to continue to take a stand against hunger. And wherever an effort is made to try to knock those out who are trying to serve the public, we stand behind those who serve, and we stand behind our moral obligation to feed the hungry of the world.

Ms. WATSON. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 823.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

S. 1793, by the yeas and nays;

H. Res. 811, by the yeas and nays;

H. Res. 837, by the yeas and nays;

H. Res. 660, by the yeas and nays;

S. Con. Res. 43, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, S. 1793, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, S. 1793.

The vote was taken by electronic device, and there were—yeas 408, nays 9, not voting 15, as follows:

[Roll No. 793]

YEAS—408

Abercrombie
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Braley (IA)
Bright
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Fallin
Farr
Fattah
Filner
Fleming
Forbes
Fortenberry
Foster
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Polis (CO)
Pomeroy
Posey
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Velázquez
Visclosky
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

NAYS—9

Brady (TX)
Broun (GA)
Duncan
Flake
Foxx
Gohmert
Lummis
Paul
Poe (TX)

NOT VOTING—15

Ackerman
Bean
Carter
Crenshaw
Edwards (MD)
Etheridge
Hoyer
Lofgren, Zoe
Price (GA)
Richardson
Rothman (NJ)
Shadegg
Van Hollen
Walden
Young (AK)

□ 1347

Messrs. BRADY of Texas and POE of Texas changed their vote from ''yea'' to ''nay.''

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

NATIONAL PRINCIPALS MONTH

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 811, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 811, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 411, nays 0, not voting 21, as follows:

[Roll No. 794]

YEAS—411

Abercrombie
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hunter
Inglis
Inslee
Israel

Issa
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Rodriguez
Roe (TN)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Velázquez
Visclosky
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth

NOT VOTING—21

Ackerman
Bean
Becerra
Boren
Carter
Crenshaw
Edwards (MD)
Etheridge
Hoyer
Lofgren, Zoe
McCollum
Price (GA)
Richardson
Rogers (AL)
Rothman (NJ)
Rush
Shadegg
Van Hollen
Walden
Young (AK)
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1354

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. BECERRA. Mr. Speaker, I was unavoidably detained earlier today and missed rollcall 794. If present, I would have voted "yea."

RECOGNIZING KENTUCKY WESLEYAN COLLEGE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 837, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 837.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 415, nays 0, not voting 17, as follows:

[Roll No. 795]

YEAS—415

Abercrombie
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hodes
Hoekstra
Holden
Holt
Honda
Hunter
Inglis
Inslee
Issa
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Velázquez
Visclosky
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

NOT VOTING—17

Ackerman
Bean
Carter
Edwards (MD)
Etheridge
Hirono
Hoyer
Israel
Lofgren, Zoe
Miller, Gary
Price (GA)
Richardson
Rothman (NJ)
Shadegg
Van Hollen
Walden
Young (AK)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in the vote.

□ 1401

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. GARY G. MILLER of California. Mr. Speaker, on rollcall No. 795 I was unavoidably detained. Had I been present, I would have voted "yea."

RECOGNIZING LAURINBURG NORMAL INDUSTRIAL INSTITUTE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 660, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 660, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 418, nays 0, not voting 14, as follows:

[Roll No. 796]

YEAS—418

Abercrombie
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Velázquez
Visclosky
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

NOT VOTING—14

Ackerman
Bean
Carter
Edwards (MD)
Etheridge
Hoyer
Lofgren, Zoe
Price (GA)
Richardson
Rothman (NJ)
Shadegg
Van Hollen
Walden
Young (AK)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are less than 2 minutes to vote on this bill.

□ 1408

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AUTHORIZING USE OF CAPITOL ROTUNDA FOR PRESENTATION OF CONGRESSIONAL GOLD MEDAL TO FORMER SENATOR EDWARD BROOKE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and concur in the concurrent resolution, S. Con. Res. 43, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and concur in the concurrent resolution, S. Con. Res. 43.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 417, nays 0, not voting 15, as follows:

[Roll No. 797]

YEAS—417

Abercrombie
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carney
Carson (IN)
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson

Engel
Eshoo
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Velázquez
Visclosky
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

NOT VOTING—15

Ackerman
Bean
Carnahan
Carter
Edwards (MD)
Etheridge
Hoyer
Lofgren, Zoe
Price (GA)
Richardson
Rothman (NJ)
Shadegg
Van Hollen
Walden
Young (AK)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. JACKSON-LEE of Texas) (during the vote). There are 2 minutes remaining in the vote.

□ 1415

So (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was concurred in.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

□ 1415

ABC/WASHINGTON POST POLL BIASED

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

Mr. SMITH of Texas. Madam Speaker, a poll is reliable only if its questions are unbiased.

A new ABC/Washington Post poll says that most Americans support a public option for health insurance, but the poll question was slanted and characterized a public option as a way to increase competition. There is no mention that a public option could increase premiums, reduce choices, and raise taxes.

In June, the same poll also asked respondents whether they would still support a public option if it made private health insurers go out of business. Support dropped to 37 percent. It's no wonder ABC and the Washington Post omitted that question from its most recent poll.

Furthermore, though it wasn't emphasized, the poll actually revealed that the American people oppose the Democrats' changes in the health care system by 48 to 45 percent. The media should present the facts, not slant the questions and the news.

MIAMI-DADE GO RED FOR WOMEN EXECUTIVE WOMEN'S BREAKFAST

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Madam Speaker, I am so pleased to recognize the important work of the Heart Association of Miami-Dade and its October 29 Go Red for Women Executive Women's Breakfast.

The National Go Red for Women Campaign, to be held in February, was started in the year 2004 to raise awareness for this critical disease. As the leading cause of death in women, every year 8.6 million women around the world die from heart disease. Unfortunately, many women do not realize that heart disease accounts for nearly one-third of all deaths in women. Through prevention, this number will be greatly reduced.

The Go Red for Women Campaign advocates awareness and prevention for this disease that affects so many of our grandmothers, our mothers, our aunts, and our daughters. With the continued efforts of the Go Red for Women Campaign and our local south Florida chapter of the American Heart Association, we can ensure that fewer women—and men—fall victim to heart disease.

I encourage all of south Florida to attend Miami-Dade's Go Red for Women Executive Women's Breakfast in October and get involved with the Go Red for Women Campaign in February.

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT

(Ms. WASSERMAN SCHULTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WASSERMAN SCHULTZ. Madam Speaker, I rise in strong support of the Ryan White HIV/AIDS Treatment Extension Act.

The Ryan White Act is lifesaving legislation that funds a vast array of innovative and effective services that form the health care safety net for uninsured and underinsured Americans living with HIV/AIDS. Ryan White programs are a ''payer of last resort'' which subsidize treatment when no other resources are available.

The program provides medical care, drugs, and support services for 500,000 people a year. It has been a huge success in reducing sickness and death from HIV disease and helping people live longer, more healthy and productive lives.

The Ryan White programs also provide funding and technical assistance to local and State primary medical care providers, support services, health care providers, and training programs. Congress must extend this critical law to ensure that vital services are not withheld from people who so desperately need them.

We must pass this legislation so that Ryan's legacy lives on with his message of love, compassion, and hope.

SUPPORT FOR HONDURAS

(Mr. DANIEL E. LUNGREN of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DANIEL E. LUNGREN of California. Madam Speaker, I had the privilege a few moments ago to meet with three members of the Honduran Supreme Electoral Tribunal. Having the opportunity to speak with them, to ask them questions, and to match their words against the words of their Constitution just affirms in my mind the

fact that the Honduran people need to be respected, as does their Constitution.

When the people of Honduras, through their elected representatives, follow their Constitution, we should applaud, not decry it. When they have a system of laws based on their Constitution which allows free and open elections, we ought to do everything we can to support them rather than condemn them.

It is strange in this world, as we are looking at the possibilities, however fragile they might be, of elections in some other areas of the world, that the Honduran people stand ready to hold their elections pursuant to their Constitution. The United States Government, the United States State Department, and the people of the United States ought to respect that rather than criticize that.

Let us stand up for the Constitution not only in this country, but the valid constitutions of other countries.

HEALTH CARE IN AMERICA

(Mr. KUCINICH asked and was given permission to address the House for 1 minute.)

Mr. KUCINICH. All across the Nation, people are watching this Capitol to see if we are going to have the ability and the courage to stand up to the insurance companies and the pharmaceutical companies who have had a stranglehold on our politics.

There is a reason why 47 million Americans are uninsured. It's because they cannot afford the rates that the insurance companies charge. There is a reason why 50 million Americans are underinsured. It's because the copays and the deductibles are so high they're driving people to the poorhouse. This is not just simply a matter of the health of our Nation and the health of our people, it's a matter of our economy and the economic well-being of the American family.

Congress rightfully should be debating a single payer plan right now, which shuts the insurance companies out of this grab that they've had here for years, but we're not going to do that. The best we can do and the least we can do is at least have a public option so that people have some faith that there is some bargaining agent in there to knock down the cost of insurance.

It's time we stood up for the American people and challenge these insurance companies and pharmaceutical companies.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 676 and H.R. 3012

Mr. MEEK of Florida. Madam Speaker, I would like to ask unanimous consent to withdraw my name from H.R. 676 and H.R. 3012.

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

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

U.N. HUMAN RIGHTS COUNCIL AND ITS ROGUE GALLERY OF MISFITS

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, for over 60 years, Israel has had to fight for its mere existence. No other nation has suffered more discrimination and outright threats from the United Nations itself. There have been more U.N. resolutions condemning Israel than any other nation, more than 20 a year.

Approximately 80 percent of country censures issued by the United Nations Human Rights Council are aimed at the nation of Israel, and last week they did it again, issuing another report self-righteously condemning Israel.

But let's just take a look at who some of the members of this so-called ''human rights'' council are. It's really a rogue's gallery of dictators and tyrants.

The Communist countries of Cuba and China have a seat at the U.N. human rights table. These two stellar threats to their own people are self-righteously condemning Israel. The whole world saw China's disrespect for human rights on display in Tiananmen Square. Religious persecutions, the one-child policy, forced abortions for people who already have one child, persecutions of political dissidents are rampant, and speech against the government is brutally suppressed. China is, yes, a truly shining example of human rights. Yeah, right.

And then there is the tiny Communist country of Cuba, you know, the Mario brothers, Fidel and Raul. They have over 250 prisons in that nation. Political dissidents are beaten and tortured in this island paradise of persecution. Some have died in prison from this abuse. Cuba is a nation that denies human rights to its own people.

And then there is Iran. Iran also sits on the United Nations Human Rights Council. Now, what a surprise that is. What legitimate human rights organization would want Iran as a member? Run by the mullahs and the little fella from the desert, Ahmadinejad, Iran systematically violates human rights. Unarmed men and women are still in jail today for peacefully protesting this summer's rigged presidential election. You know, Madam Speaker, the election where the government murdered unarmed students who wanted freedom. The ones who survived were beaten and tortured, they are denied medical care in jail, and some are sexually assaulted by the jailers as retribution. Some Iranian human rights activists simply disappear, never to be seen again.

Amnesty International says that right now they know of eight women at risk of being stoned to death in Iran for adultery. Of course, if a woman is raped in Iran, that sometimes is considered adultery, too. And the male perpetrator, well, he's released.

In 2004, a 13-year-old girl, Zhila Izadi, was sentenced to death by stoning for being raped and impregnated by her 15-year-old brother. One news report says that the international outrage forced a reduction from death to 55 lashes. After Zhila gave birth to the baby, the government stole her child.

The people of Iran and Iranian Americans continue to cry out against their own government's crimes against the Iranian citizens and their violations of human rights.

Iran is also sending money and equipment to worldwide terrorist groups. To make matters worse, the tiny tyrant of Iran, Ahmadinejad, says he wants to wipe all of Israel off the map. He is making nuclear weapons and building intercontinental ballistic missiles. Now, who do you think these missiles are aimed at? And Iran sits on the United Nations Human Rights Council. This rogue's gallery of misfits has no moral basis to sit in judgment of Israel or anyone else for that matter.

Israel has been fighting for its existence ever since it came into being a nation.

□ 1430

In 1967, it was attacked by its neighbors. It gained territory in that defensive war, including in the West Bank, in Gaza and in the Sinai Peninsula. International law requires that land won in a defensive war must be returned when there is a negotiated peace.

Time and again, Israel has placed itself in jeopardy, has given back land and has traded that land for an empty promise of peace, and Israel is still committed to peace.

Israel and the Palestinians need to problem-solve their issues and need to establish a permanent peace for Israel and for the Palestinian community. There must be a mutual respect for Jews and Muslims. Solutions will occur when respect and honesty are present on both sides. What Israel asks in return is that her enemies merely stop trying to kill her people.

Yet the U.N. Human Rights Council continues to bash Israel. Some members of the council are themselves overwhelmingly guilty of human rights violations and of violent crimes against their own people. These hypocrites have no place at the judgment seat, deciding human rights violations for Israel or for any other nation.

And that's just the way it is.

FEED THE HUNGRY, STARVE TERRORISM

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

Ms. WOOLSEY. Madam Speaker, last week, the Hill newspaper here in Washington asked CRS, the Congressional Research Service, to provide information on the cost of the war in Afghanistan.

The CRS reported that it now costs the United States about $3.6 billion per month, on average, or more than $43 billion a year. The CRS also reported that it costs about $1 million to send a U.S. soldier to Afghanistan for 1 year. So, if President Obama listens to the advice he is getting from some of those around him and if he sends 40,000 more troops to Afghanistan, the war will cost another $40 billion a year, or nearly double.

Yet what have we been getting, I ask you, Madam Speaker, for all of that money? The answer is: Higher casualty rates, a growing insurgency and an Afghan public that increasingly sees America as an occupier, not as a liberator.

This is the result of a fatal flaw in our Afghan policy since the war began. We have relied far too much on the military option alone while, at the same time, putting very few dollars into what would really work in Afghanistan. Instead, what would work is better intelligence and better policing to disrupt terrorist networks; better governance, justice systems, economic development, and humanitarian aid. The Afghan people desperately need all of these to have hope for a better future and to have reasons to reject violent extremism.

The supplemental funding request for Afghanistan, which I opposed in May, was a lost opportunity to take a more successful approach to our relationships in Afghanistan as 90 percent of the funding went to purely military activities while only 10 percent of the supplemental funds was devoted to development activities and to the civilian surge, which are so badly needed. To correct this disastrous imbalance, Madam Speaker, America must have a foreign policy based on SMART security instead of military power alone.

One of the advantages of SMART security is that it works to eliminate the root causes of violent extremism by emphasizing economic development and debt relief to the world's poorest countries. The SMART Security Platform for the 21st century, which I have proposed in House Resolution 363, calls for these policies.

The need to increase aid to the Third World was underscored last week, Madam Speaker, when the U.N. Food and Agriculture Organization reported that a record 1 billion people worldwide are now going hungry. The world's poorest and hungriest nations are potential safe havens for violent extremists. The governments are too weak or are too corrupt to keep them out, so the extremists are likely to find new recruits among the discontented populations, and those recruits become terrorists by training, and they are trained to attack the United States and other countries.

Even if the Taliban fighters in Afghanistan were to disappear into thin air today, a new terror threat is likely to pop up somewhere else in the world where people are hungry, where people are desperate. If we do a better job of feeding the hungry, we will do a better job of starving terrorism, and we will take an important step toward restoring our moral leadership in the world.

I know that President Obama understands this. I urge him to incorporate that understanding into his policies and to use the effective tools of SMART security to make our Nation and the world safer.

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

(Mr. JONES 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 Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

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

AMERICANS WITHOUT HEALTH INSURANCE ARE DYING

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

Mr. GRAYSON. Madam Speaker, I pointed out 2 weeks ago that a Harvard study published in a peer-reviewed journal established that 44,789 Americans die every year because they have no health insurance.

I was surprised to see the reaction in some quarters. On talk radio, people said, I don't believe it. It simply isn't true. Somehow, ''I don't believe it; it simply isn't true,'' passes for logical, intelligent thought these days. But it is true. Just a few days ago, a U.S. Senator said that he wasn't sure whether it's true that 44,789 Americans die every year because they have no health insurance. Well, if it were me and I wasn't sure, I would err on the side of caution.

Be that as it may, since the health debate now turns upon whether we are willing to change things in order to make America a better place to provide useful, affordable and comprehensive health care and to stop this terrible national tragedy where 122 Americans die every single day because they have no health insurance, I make the following modest proposal.

I think it dishonors all of those Americans who have lost their lives because they have no health coverage—by ignoring them, by not paying attention to them and by doing nothing to change the situations that led them to lose their lives. So I make this simple proposal:

I propose that we identify them. I propose that we honor their memories by naming them. They, themselves, can no longer speak, but their families, the ones who love them, can speak. So I've established a Web site called namesofthedead.com.

I invite to it all of those people who've suffered the terrible tragedy of losing a loved one, whether it be of a son or a spouse or an uncle or a mother or a father. For all of us who've lost somebody close to us because they had no health coverage, because they had no health insurance and because they died, I propose that we all go to this Web site, namesofthedead.com, and that we name them, that we honor them, that we cherish their memories, and that we show our respect for their memories by simply naming them.

I also make the following modest proposal: that we all look forward to a day not too far in the distant future when we honor them further in this way, that we honor them further by making sure that no more names are added to this list, that we close it out for all time so that, in the future, it will be a historical artifact and so that no one will ever die in America because one can't see a doctor.

UNITED STATES POLICY TOWARD SUDAN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, after 9 months of struggling to find its footing, the administration has finally unveiled its long-awaited policy toward Sudan. The policy looks remarkably familiar, and it has some merits. Unfortunately, those merits are overshadowed by the prospect of offering incentives and political legitimacy to one of the most manipulative and murderous regimes on the planet.

The administration's desire to bring peace and development to Sudan is without doubt, but the desire to strike a conciliatory tone without first requiring that the Butcher from Khartoum unclench his fist and meet certain conditions has placed the U.S. in a position of weakness against a regime that has proven time and time again that it only responds to concrete pressure.

This man, General Bashir, is a war criminal; and he is responsible for the deaths of over 2 million people. This regime, rooted in radical ideology, is responsible for the ongoing genocide which has claimed 300,000 lives and has displaced 3 million more. This cabal will never be a part of a real solution to the crisis in Darfur, and it must not be treated by the U.S. as a legitimate partner for peace.

There is no shortage of urgent priorities in Sudan, Madam Speaker. In formulating a comprehensive strategy, we must focus on improving humanitarian access and supporting the deployment of a fully equipped peacekeeping mission with robust rules of engagement to ensure civilian protection in Darfur;

also, finding a lasting political solution to the crisis in Darfur so that the people languishing in camps can go home;

thirdly, ensuring that the Comprehensive Peace Agreement is fully implemented while fostering genuine reconciliation among southerners;

fourthly, resolving outstanding issues relating to contested areas, including a demarcation on the north-south border;

also, seeing free, fair and transparent elections in April of 2010, a referendum in 2011 and the results of each being respected.

We need to balance our efforts in Darfur with those in southern Sudan so that we do not sacrifice one region for the other. The conflicts in Darfur and in southern Sudan are linked, and they need to be treated that way.

Critically, the United States needs a comprehensive Sudan policy with the wisdom, the foresight and the teeth necessary to advance our own national security interests while facilitating viable peace efforts in Sudan. I don't doubt the administration has tried to accomplish this, but it is difficult to imagine a policy which presumes that the tiger will change its stripes simply because we asked. This is foolish at best and dangerous at worst.

The President's special envoy was all too quick to embrace as a policy victory the reintroduction of the three nongovernmental organizations that have been expelled from Sudan, but let's keep in mind the situation was created by the callous actions of Khartoum in the first place and that the campaign of intimidation and obstruction against NGOs continues unabated.

In rolling out this policy, Secretary Clinton stated, ''Assessment of progress and decisions regarding incentives and disincentives will be based on verifiable changes in conditions on the ground.''

Ambassador Susan Rice then warned that there would be ''significant consequences'' for those who failed to live up to their promises and that there would be ''no rewards'' for the status quo.

□ 1445

It will be incumbent upon Congress to hold the administration to these pledges. In the interim, the U.S. must maintain strong sanctions on the Sudanese regime. U.S. leaders must refuse to be duped by empty gestures and window dressing designed to make us forget about the horror which has taken place in Darfur and beyond.

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

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

ECONOMY IS NOT DOING BETTER

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

Ms. KAPTUR. Madam Speaker, just this morning to a roomful of Members of Congress, Secretary of Treasury Tim Geithner said, and I quote, ''Our economy is doing better.'' Boy, is he out of touch. Let him come to Ohio. Let him see where our people are living and what we are enduring.

Like many communities across our country, our region has been devastated by the irresponsibility of the big banks where he came from. We have local banking institutions that were prudent in their lending and had strict underwriting. They belong to the Federal Deposit Insurance Corporation, and they have for many decades. They adhere to real rules and regulation, and they have regulators in their banks frequently, and they don't look for special privileges or taxpayer bailouts.

Overall, these community banks did not contribute to the downfall of our economy, and they were not propped up by the Federal Government. Why is this important? Because locally owned and operated banks and credit unions create real economic opportunity in their communities across this country. They invest local capital. They fund local, small and medium-size businesses, and they are accountable to their customers. They know them by name.

Right now, in most economically depressed communities, because of what happened on Wall Street and the megabanks, credit is shut down. It's hard for our small businesses to keep their doors open. They don't want money from TARP and the Federal Government like the Wall Street banks. They just want to return to business as it used to be, prudent, responsible, innovative, creating local capital in the marketplace.

But in America, there is no business as usual right now. On Monday, I met with many of these local bankers and credit unions, and what I heard makes me sad and makes me angry, and it makes me troubled for the future of our Nation. One banker told how he worked his way up in one of the big banks and then saw how capital moved away from our community to where that bank was headquartered. He didn't want to leave our community, so he went to work for a local bank, where he has now become the head of that bank.

What's on the horizon for that institution? The FDIC fees that have to be paid by these local banks that didn't do anything wrong are going up astronomically, from maybe $37,000 or $40,000 a year to over $450,000 a year, because of what the big banks did, not because of what they did. Why should our local banks be made to pay the price of the excess of Wall Street?

Credit unions, they told us one that had a $20,000 fee in their share insurance fund. They are going up to over $240,000 this year. That could shut down credit unions across this country. Why? Because the ''too big to fail'' banks are dipping into the coffers. What's happening at the local level is that as these higher fees have to be paid, those local institutions can't make loans.

I will tell you what's going on: A further concentration of our banking system in the hands of too few. Five banks in our country now have 37 percent of the deposits in our Nation. What does that say to you?

When will the price of credit be controlled by the very few? In fact, it is right now. Smaller banks are drying up. The FDIC has had to resolve dozens and dozens of them, and more are on the chopping block. Nearly 100 banks have been resolved this year alone, and the FDIC fund has taken a serious hit. It is going to take a bigger hit. Now they are going to the healthy banks to try to pay for the ones that didn't do it right in the first place.

So, who should step in? Where's Congress? What are we doing? We are diddling at the edges rather than dealing with the reality of what's happening in communities across this country.

You know what? It's time to break up these big financial institutions. We ought to take them into receivership like other Presidents have done in prior years in prior decades. We ought to resolve the loans on their books, and we ought to incentivize the part of our economy and those banks and credit unions that didn't do anything wrong.

That isn't happening. ''Too big to fail'' has to leave our financial vocabulary. It's time to return to Banking 101.

Wall Street was rewarded for bad behavior, and they have been rewarded for the last 15 years. They will do it again, and they are being rewarded again. So what do you think they are going to do again?

No more rewards.

Madam Speaker, the culture of greed and excess has to go if America is to survive this terrible meltdown. The big banks should be taken into receivership, their books resolved, and their burden taken off the rest of us, our financial system and the good actors in it, our taxpayers, so our economy can grow again. Nothing else should be acceptable to the President, the Congress and this country. It's long overdue to stop the billion-dollar bonuses and restore finance as usual in our country.

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

NASA SPACE MOMENT AND PERILS OF CHINESE DRYWALL

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

Mr. POSEY. Madam Speaker, it's a critical time for NASA and our Nation's leadership in space, as you well know.

With the looming retirement of the space shuttle and the risks of a growing space gap, we are losing tens of thousands of additional jobs across the United States. These are jobs in industries that develop the cutting-edge technology that raises our standard of living and helps American businesses compete.

NASA has been at the cutting edge of technology, leading to so many devices and luxuries that we use every single day. Imagine what a day without NASA products would be like.

First, you may not have had a good night's sleep if you normally sleep on one of those temper foam mattresses or pillows, which were originally designed by NASA as a shock absorber. You may have even overslept without NASA's quartz timing in your alarm clock.

Being green won't help you get ready for work in the morning if you have a solar hot water heater installed in your roof, because cosmetics, toothpaste and many perfumes find their roots in NASA.

Before you head out the door, you may have difficulty getting an accurate weather forecast due to the lack of weather satellites coming out of our Nation's space program.

Better use a landline telephone to call work and let them know you are running a little behind, because cell phones and other wireless devices will be out of service on a day without NASA-derived technology.

Getting to work might be a challenge as well, particularly if you drive a hybrid. The lithium-ion battery in your hybrid was developed with NASA engineering expertise and tested at the Kennedy Space Center. Get rid of that temper foam seat on your motorcycle that you might ride to work.

Don't plan on flying to that vacation or important job conference. NASA-developed flight tracking and management software is used by air traffic controllers. It probably won't surprise you that flight safety software was developed by NASA. Just in case you find yourself on an airline, it may be a bumpy ride without NASA software that informs the pilots of turbulent conditions.

Work may be a little difficult too without access to NASA computer technology and their wireless headsets.

These are just some of the reasons we must also support the President's promise to close the space gap between the shuttle and the Constellation Program and keep America first in space.

I will share more about NASA technology with you in our next space moment.

In the meantime, on an unrelated but another important topic, as a member of the Contaminated Drywall Caucus and a representative of an area impacted by contaminated drywall, I wanted to take a few minutes to draw the attention of my colleagues to this also very important issue.

Between 2004 and 2008, many homes were built using what has turned out to be organically contaminated drywall. Homes in 26 States and the District of Columbia are affected. It is particularly problematic in areas like Florida where we have high humidity.

A little over a year ago, it was discovered that the source of a number of corrosion issues and health symptoms were likely due to contaminated drywall originating in China. Since then, we have been working hard to find a solution, and what we have discovered is pretty disturbing.

The contaminated drywall consists of toxic and semi-toxic substances which release harmful gases. Many of these homes are filled with a pungent sulfuric odor which has since been linked to adverse health conditions. Some families have already been forced to move out of their homes for fear of long-term health effects.

These gases are also responsible for devastating corrosion to many standard household materials such as copper and brass fittings, air conditioner coils, electrical systems, and even fire alarms. We don't know if there is a valid remediation protocol short of pulling all of the contaminated boards out and replacing them.

The Consumer Product Safety Commission has been tasked as the lead Federal agency and is working with the Department of Housing and Urban Development and the Environmental Protection Agency to find solutions. The Consumer Product Safety Commission will soon release a study to answer some of the questions. They are also working on a remediation protocol.

The Consumer Product Safety Commission must work closely with all parties, seriously consider the results of private studies and share the results of their own studies with all stakeholders. We need all parties to be part of a quick and permanent solution.

I ask all of my colleagues to join me in thanking all those who are working so hard on this issue and in calling on the CPSC to bring forward their study results quickly.

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 gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

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

IN MEMORIAM: DR. RITA HOCOG INOS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the Northern Mariana Islands (Mr. SABLAN) is recognized for 5 minutes.

Mr. SABLAN. Madam Speaker, in the Northern Mariana Islands, as in any developing area of the world, there are very few people who achieve the highest of academic distinctions, the doctorate degree. Even fewer are the individuals who reach this achievement and then are willing to return home with their knowledge and skills. So it is a sad day, indeed, and a terrible loss to the Northern Mariana Islands when death takes from us such a person.

Dr. Rita Hocog Inos was born on the island of Rota. She grew up in Songsong Village there, attending elementary and junior high school. At the age of 18, she began teaching at Rota Elementary School. It was not uncommon a generation ago for persons without college degrees to be teachers in the Northern Marianas. We had to make do and lift ourselves up by our own bootstraps.

But Rita Inos was not satisfied to be an educator lacking in education. After 4 years of classroom teaching, she returned to school as a student and completed her bachelor of arts degree in bilingual education at the University of Hawaii of Manoa in 1979.

She brought her new education and skills home, working as principal in Rota schools for 10 years. At the same time she continued her own education with a determination that was an inspiration to all who knew her. By 1983, Rita Inos had completed her course work towards a master's degree in educational anthropology from California State University and had been awarded the master of arts in school administration and supervision degree from San Jose State University.

Throughout this time she was, of course, a role model, not only to the students of Rota but to her professional colleagues as well. Rita Inos seems to have had an unquenchable thirst for knowledge and an undeterrable determination to reach the highest level of education and achievement. That was clear to all.

Her influence spread. She was asked to first work for the Center for Advancement of Pacific Education and later in the Pacific Region Educational Laboratory in Honolulu, beginning as director of programs and services and then becoming deputy director of PREL overall as a whole.

Of course, all the while, Rota Inos was pursuing her doctorate. She earned

that coveted final degree in 1994. The University of Southern California bestowed on her the title of doctor of education in educational planning, policy, and administration.

Dr. Inos immediately placed those three areas of expertise in the service of students and the educational system in her home. The newly minted doctor of education became commissioner of education responsible for all of the public schools in the Northern Marianas.

Her list of accomplishments in that position is considerable.

She established a data-driven assessment system of student achievement that anticipated the requirements of No Child Left Behind.

She implemented a standards-based curriculum and method of instruction, and set rigorous graduation requirements for students in the core curriculum areas.

She secured the funding to build new schools—Sinapalo Elementary, Dandan Elementary, Chacha Oceanview Junior High, Saipan Southern High and Kagman High—in response to a 30 percent growth in student population.

□ 1500

She helped found two alternative education settings for Marianas students, the Advanced Development Institute at the three Saipan high schools and the Linala Malawasch Academy at Hopwood Junior High School. And she set the guidelines for the public school system that continue in use today: high student performance, safe and orderly schools, quality teachers, administrators and staff; and effective and efficient operation.

Dr. Rita Hocog Inos was an incredible source of good for the Northern Mariana Islands and for every student in our public schools, throughout her life and surely for many years to come. She left us too soon. But she left us so much, including one final gift, for in her final days, Dr. Inos had returned to her first love, preserving the indigenous language of the people of the Northern Mariana Islands. Even as her body failed her, her mind remained sharp, and her will unbending. I am told that she learned the revised Chamorro dictionary that was her final project was ready for publication the day before she died. And, I am told, then she was at peace.

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

(Mr. DEAL of Georgia 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 gentlewoman from California (Ms. CHU) is recognized for 5 minutes.

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

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

(Mr. MCHENRY 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 Wisconsin (Mr. KAGEN) is recognized for 5 minutes.

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

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Madam Speaker, it's a treat to be able to join my colleagues today here on the floor of the U.S. Congress talking, once again, about a subject that has absorbed the attention and energies of Americans now for a number of months, the subject of American health care.

This is a big subject. It involves 18 percent of our entire gross domestic product. If you take a look at the hospitals, health care providers and doctors and all, you're looking at 18 percent of the U.S. economy. So from an economic point of view, it's a big deal. But we know it's a bigger deal than just that. We know it's a big deal because it's dealing with our personal bodies. It's a personal issue. And it's something that has to be done, and it has to be done the right way.

There are many different ways of looking at and talking about the subject of health care, and I'm going to be going through those. I anticipate being joined by some of my colleagues and friends here talking about this issue, but I thought I might start a little bit differently this week than I have in some past weeks on health care and read excerpts from a letter that I have received from a lady I have known for a good number of years. It turns out that she works in Europe, Eastern and Western Europe, has had a family over there for more than 10 years and has had access to the health care in a number of different Eastern and Western European countries.

So I thought I would share some of her comments as she hears about our debate here in the United States on the subject of health care and has shared some of her personal experiences from having lived there. She starts by saying, The first thing I note about the system of health care is that people who want really good health care travel to the U.S. if they can at all.

It's interesting, isn't it? People in Eastern Europe or Western Europe, if they want really good health care, they travel to the U.S. So regardless of what we say may be broken about our system, certainly they prefer to do that if they can. In fact, some of the immigration to our Nation is based upon older people wanting better health care. And when you observe that with government-regulated health care, older people can get two free cancer treatments, and then they must consent to go home and prepare to die, you understand why the world envies our tradition of health care in America.

She continues: My family have had surgeries, transplants, various tests and medical maintenance checkups in facilities in a number of countries where medicine has long been regulated by the government. My first introduction to this was hearing a national friend express her joy, and others, by this statement: God has been so good to my mother. She got in a hospital where the staff mops the floors and changes the sheets. For an American used to even community health clinics that surpass some of the westernized, that is, these European specialized clinics, that I have seen in Europe, this was a shocking first revelation that government-run health care was not all that it had been cracked up to be.

Then she goes on and talks about some different people that might be getting health care. The first category she talks about is the elderly. She goes on: Later as I became a regular visitor in middle-class hospitals, I saw firsthand how very fortunate we are in America. I speak here of hospitals and clinics to speak of care for the elderly as almost too sad to describe, she says. But I can tell you that whereas once I was incensed by a low-budget nursing home my aunt was placed in—now she says in America she had an aunt that was placed in a low-budget nursing home. She was very upset about that kind of care in America. Now that I have ministered to elderly people lying in narrow beds in the back corner of dingy two-room apartments because nursing homes or assisted-living programs are beyond the hopes of the people who supposedly have free access to their nation's health care system, I think of my aunt and am grateful she had a comparatively luxurious environment. So much for the elderly.

Let's talk a little bit about children. As for the care of children in a government-regulated system, let me give one example. As a public school teacher in a capital city, I was not allowed to help the orphan girl who lived with me to get glasses, though she obviously needed them. According to the school nurse in charge of the health of the children in that school, she did not qualify. Unfortunately, I did not realize then that this was my cue as caregiver to offer the nurse financial incentive to write the recommendation to request an eye exam at the government clinic. In other words, here is a little girl in a school that can't see properly, and you have to bribe someone in order to get an eye exam. So much for government care for children.

Here's one for women. This is from her own personal example: No woman enjoys her gynecological annual check-up. I would ask American women to imagine a scene where in one of the best clinics you sit in a stark, icy cold room, naked from the waist up as folks walk in and out until you learn to bring your own cover-up when awaiting a mammogram. Imagine that one of the best clinics in your city cannot give you more sophisticated testing for a suspicious spot, and after seeking a clinic in a neighboring country, you end up in another stark clinic where attitudes and expectations are demeaning to any woman's dignity. Eventually, you are sent where for reliable testing? To America.

These are just some of the impressions of someone that in a number of countries has dealt with government-run health care systems. And they are not very pretty pictures.

That's what we're going to talk about once again, and that is, what happens when our government tries to do too much, when the government decides that we are going to take over 18 percent of the economy. Now, there are those who are going to tell you that what's being proposed by the Democrats is not a government takeover of health care. Well, it all depends on what version you're looking at. But in essence, most of the versions of the Democrat-proposed health care plans have the idea that the government is going to get into the business of bidding for government health insurance. And so if you have the government get into the business to start with, what happens is typically that the government tends, over time, to take the thing over.

We've seen the same thing in student loans. There were government-assisted student loans a number of years ago, but there were a lot of private people offering student loans. Now after a bill that was just passed, essentially the Federal Government, while it just had its toe in the door before, now it has 80 percent of all the student loans in America.

And so what happens if the government does too much? It goes beyond what it's effective at doing. Well, we have seen some of these kind of things—inefficient allocation of resources, bureaucratic rationing, degraded quality and excessive expense. This has led people to quip in the case of health care, ''If you think health care is expensive now, just wait till it's free.''

And so let's take a look at some of these areas and see this if there is real cause for concern. The first chart that I have here is an attempt to try to put on a flowchart the proposal that NANCY PELOSI has set forth in the House plan. And it's about a 1,000-page bill, so this chart, to try to reproduce 1,000 pages, what they're doing is all of these colored boxes are new agencies or some new structure which is going to start taking over this 18 percent of our economy. This is the House Democratic health plan. There are several others in the Senate. But this is the House picture. And what you see here, in a sense is, if you're a consumer, if you're ill, you're over here, you've got doctors on the other side and you've got to somehow get through this maze. I was thinking about creating a cartoon with all these little paths and you would find that, unfortunately for many people, there is no path through this morass of government bureaucracy.

Now there are some people who have a tremendous faith in Federal Government, have a lot of faith in government in general, and feel the government could run this process better. But when you think about it, it's your body. And if you're sick, do you really think the government is going to provide you with a level of care?

So the first thing here is there is a complexity. It's very hard for the government to reproduce our free enterprise system of health care. And so this gives you a picture as to what the Democratic bill would look like. Now what I would suggest to you is that if you take a look at American health care, there is a lot of talk about it being so bad. And yet foreigners, if you're sick, if you're a multimillionaire sheikh from Bahrain and you're sick, guess where you're going to go with your money to get your health taken care of? You're going to come to the good old U.S.A.

So in America, we realize that there are some problems in health care, but we also realize that we still have the best health care in the world. So the idea that we just have to have change, let's change it to make it like all these other countries, doesn't make a whole lot of sense.

What is broken about American health care? If you stand way, way back and look at it from a distance, what you see is that it's not so much the care that is being provided for people, although there is always ways you can improve that, what is more broken is the way we pay for it. That is the more complicated question. And the reason that's complicated is because about one-third of Americans don't pay anything for health care, and the other two-thirds have to pay for the one-third that aren't paying. So that's part of the nature of the problem.

But the question is, is the solution to that problem to have the government take it all over, either directly or de facto by getting into the business of selling health care until nobody else sells it except for the government? That's what this proposal would suggest.

Now there are other problems as we have seen. Excessive expense is one of the things you have to worry about when the government takes over something. Do we have any reason or basis for being concerned about an aggressive government takeover of the medical area? Well, take a look here at three of the large, large entitlement programs created some many years ago. One you know is Social Security, which is not so much medical. But Medicare and Medicaid are. If you take a look at the projected growth, particularly in Medicare here over a period of time, you realize that the government is not doing a good job of controlling cost. It's almost impossible, in fact, for the government to try to control the cost. They've written the program, written all of this law, and the law just ticks away and people collect their benefits. It's called an entitlement program. These entitlement programs—these graphs are agreed-to numbers by liberals and conservatives alike—are showing that these programs are financially out of control. In fact, if you really want to take a look at understanding the real challenges to the American economy and the biggest challenges to the solvency of our government, certainly the major component parts are the tremendously ballooning increases of Medicare, Medicaid and Social Security.

□ 1515

Now, this red line here is about what the historical average of tax revenues are. You think, well, shoot, if these things go up, we just raise taxes more and everything will be okay. But that doesn't necessarily work, because what happens when you raise taxes too high, you kill the economy. You may have a very high rate of taxes, but the amount of money that the government takes in is not very good.

That may seem strange to you, but if you really think about it, let's say you are king for a day and your job is to raise taxes by taxing a loaf of bread. And you think to yourself, well, I could charge a penny a loaf and make some tax revenue on that. Then you think, ha, maybe I could charge $100 a loaf on bread. But maybe people wouldn't buy so much bread then. Somewhere between a penny and $100 there is some optimum level of taxing where you are going to get the most tax revenues.

What we found historically, when the Federal Government runs its taxes too high, it just kills the economy and we end up not making too much money. So you can't fix this problem by constantly taxing people more and more.

So, with this experience, this would give us a lot of confidence to say we want the government running our health care. I would suggest now that that is an optimistic way of looking at things, if you want the government to do that.

This is a statement made by our President. ''Most of this plan can be paid for by finding savings within the existing health care system, a system that is currently full of waste and abuse.''

It is as though we had some government document in our ledger books that said ''waste and abuse,'' and we can just subtract some money out of waste and abuse and we have all this extra money in here.

Well, where was it he was going to go to get all of this ''waste and abuse''? Well, he was going to go to Medicare. And how much money was he going to take out of Medicare? Oh, at one time the estimate was $500 billion being taken out of Medicare, particularly the Medicare Advantage program which is enjoyed by many seniors all over this country.

So here he says, ''Most of this plan can be paid for by finding savings within the existing health care system.'' What sort of savings? Taking it out of Medicare. That is one of the reasons why these health care proposals have been not too popular. The senior population enjoys Medicare Advantage and other parts of Medicare, and they are not so sure that this is the way to pay for socialized medicine.

Another statement by our President: ''Here is what you need to know. First, I will not sign a plan that adds one dime to our deficits, either now or in the future. Period.''

Very emphatically. I am not going to add one dime to our deficit, says the President; yet, if we take a look at the last 6 months, we kind of wonder whether he is really very serious, or maybe whether he was joking. Because if you take a look the Wall Street bailout, $250 billion we spent; economic stimulus, which was really an expansion of welfare and a lot of other programs, $787 billion; SCHIP, another $66 billion; another $410 billion for appropriations in the IMF bailout here. When you get all done, we are looking at a spending of $3.6 trillion, which we don't have.

In fact, by the time we got to about March or April of this year, we had spent all the money that was coming in in taxes. In other words, it would be like you and your family budget, and you are sitting there, you have one year you are supposed to make your budget over, and you get through the first 4 months and you have spent all the money for the year. That is what happened here federally with the trillions of dollars of debt and deficit that is being piled up under the Pelosi and Obama leadership.

We were told that George Bush spent too much money, and he did. That is why I voted against a bunch of his proposals even though I am a Republican. But he is a mere piker when it comes to spending. So when we say we are not going to add one dime for a health care plan that isn't paid for, this record that has been established over the last 9 months certainly is one that leads us to be just a little bit skeptical about that promise.

We have had some other promises from the President. Here is one: ''If you are among the hundreds of millions of Americans who already have health insurance through your job, Medicare, Medicaid or the VA, nothing in this bill will require you or your employer to change the coverage or the doctor you have.''

Boy, I am sure glad to hear that. One thing, if I knew the Congress were going to be having the government take over health care, if they told me I could kind of keep the program I have and the doctors that I am comfortable with, I would think that is a good promise. I really like that. But is it true? Is it true? Let's take a look at what other evidence there is to see if this is true or not.

This is an MIT health economist. ''If you like it, you can keep it?'' with a question mark. Is that really true? If you like your health insurance today, can you keep it?

Here is what Jonathan Gruber said. ''With or without reform, that won't be true,'' said Gruber. So he is basically saying the President is wrong, it is not true. His point is that the government is not going to force you to give up what you have, but that is not to say other circumstances won't make that happen.

So, what you have going on here is that by having the government involved in health care, what is going to happen is the government will continuously exert an influence. It will change the way that the private insurance companies write their health care, and you will not be able to continue with the care that you currently have. So this is another promise which is a bit misleading.

One of the things that is particularly important I think for most Americans in health care overall, and that is they want that doctor-patient relationship protected. When you go to see your doctor, most of the people who practice medicine do so because they like to heal people, they like to help people, and they will take time with you. They will try and diagnose what is wrong with you, and they are going to say, you know what I think you should do, you ought to do this, this and this.

They are going to make a recommendation. You may or may not choose to take their advice. You may get a second or third opinion if it is something that is very serious, but you are going to check it out. Then, when you and the doctor eventually come up with a plan as to what you are going to do if you have a problem, you don't really want somebody in an insurance company telling you, No, you can't do that. You want to be able to have the doctor-patient relationship to be intact and that you can proceed on that track. You certainly don't want somebody that works for an insurance company getting in the way.

But there is one thing worse than some big insurance company getting their nose in the relationship between you and your doctor, and it is much worse, and that is when a bureaucrat gets his nose in and says, Sorry, you are not qualified to get that care.

You see, there is nothing about the way the bureaucrat is going to figure out who is going to get care, because this is basically a law of supply and demand. It is a basic law like the law of physics, and that is, if you have an unlimited demand and a limited supply, things aren't going to work. So you have everybody in the country wanting absolutely free health care and you have got a limited number of hospitals and doctors, something has got to give.

So what is the solution? Well, the government bureaucrats are going to get these big old calculators and they are going to figure out whether you are the right age to get this particular health care or not, or maybe use other parameters to determine do you get service or do you not. It is called bureaucratic rationing.

You know, the trouble with their calculators, those big old calculators, they don't know anything about health care. They are just counting dollars. So, if you are the wrong age, too bad. You get a bottle of aspirin and get to go home and just wait to die.

Anyway, one of the things that is very important to Americans is the idea that you and your doctor's decisions about health care should be protected and final. So this is something that never can happen here on the floor of the House, because people wouldn't want an embarrassing vote to happen here on the floor. But they do allow amendments in committees.

Here was an amendment that was offered by a good friend of mine, Dr. GINGREY from Georgia, an amendment in a committee. Here is what the amendment says: ''Nothing in this section shall be construed to allow any Federal employee,'' you can translate that bureaucrat, ''or political appointee,'' an appointed bureaucrat, ''to dictate how a medical provider practices medicine.''

That is, we want to leave the doctor-patient relationship intact. That is what this is about. This is kind of a simple little amendment. You may think we pass thousand-page bills on the floor here that we haven't had read or printed. That is true. We don't like it. We have a bill to try to fix it. That does happen. This isn't any 1,000 pages.

This is a simple little sentence. You can read it off this chart. This amendment was offered in committee, and guess what? This amendment failed. People voted on it. Do you like this? Do you want to keep the doctor-patient relationship sacrosanct?

Here is the votes. The Republicans, 23 of them, voted for this amendment that Dr. GINGREY proposed. The Democrats, 32 of them, voted against it, and one voted for it. So it was almost a straight party-line vote, and this amendment failed. This amendment failed.

So if we start talking about some bureaucrat dictating whether you are going to get care or rationing of health care, don't be surprised. A lot of politicians say a lot of things. This here is a written sentence in English, and this here is an historic vote total. People can have opinions, but they don't have the right to their own set of facts. This is a fact. This is what happened in committee, and this should give you some concern if you don't want the government rationing your health care.

Here is another statement by our President: ''There are also those who claim that our reform effort will insure illegal immigrants. This, too, is false. The reforms I am proposing would not apply to those who are here illegally.''

Well, I am glad to know that the people who are paying for health care in America wouldn't be having to pay for people that aren't even American citizens. And that is what the President is assuring us of. We are not going to be paying for people who are here illegally.

Well, again, like a lot of these other statements, instead of just taking it at face value, you probably better take a look at the fine print to see if he is telling the truth, because the last couple of statements he made, I don't believe him at all. Do we have any reason to believe this statement? Let's take a look and see.

This is an amendment that was offered by Congressman HELLER, and it is going to clarify this question. This is an amendment that is going to go on to the Democrat health care bill. It was tried in committee. What he wanted to do was, Congressman HELLER, who is a Republican, he wanted to take Obama up right on this promise right here that he made that no illegal immigrants are going to be getting any of this government-paid-for health care; translated, that means you and I pay for it.

So, he says, well, fine. If that is what you mean, we are not going to have illegal immigrants getting health care, what I am going to do is write up a sentence here just to make that absolutely clear. Here is the sentence: In order to utilize the public health insurance option, an individual must have had his or her eligibility determined and approved under the Income and Eligibility Verification System, IEVS, and the Systemic Alien Verification for Entitlements, SAVE, program.

In other words, using other parts of our government law, you have to prove that you are here legally if you are going to get any of this health care provided courtesy of the U.S. Government, provided courtesy of the U.S. taxpayer.

So here is an amendment that just makes clear that what the President was saying is true. And how did this amendment go in terms of voting in committee? Well, here we have it again. The Republicans voted 100 percent; that is, 15 of them voted for this amendment. They said, yeah, we don't want illegal immigrants getting this socialized health care. And the Democrats voted 100 percent, that is 26 noes, and they don't want this in the bill.

Now, does that give you a sense of confidence that what the President said is really true? If we didn't want illegal immigrants to be getting this health insurance from the government, wouldn't the President say, hey, Democrats, vote for this amendment so we can make it clear to the public that we don't have any illegal immigrants getting this? No. Of course, this is voted.

So we hear one thing from the President, and yet, in fact, when we actually put an amendment up in committee, we find a straight party-line vote.

Some people say there is no difference between Republicans and Democrats. If you worked down here, my friends, you would know there is a very big difference. A very big difference indeed.

I am joined by a good friend of mine, Congressman HOEKSTRA, and you have joined us before as we have talked about health care, just kind of running through a whole series of different aspects of what is involved in this huge debate that is taking place. Apparently, at some period of time there is going to be a big vote on this subject. I don't know if we will get a copy of the bill or not, but there is going to be a big vote.

I would yield time to my good friend from Michigan to let us know what your thoughts are.

Mr. HOEKSTRA. I thank my colleague for yielding and talking about health care.

You know, we can go through all of the different issues that are out there on health care, what is going to be covered, what is not going to be covered, but I will tell you, the more that I look at this and the more that I study, the more that I am coming to the conclusion this is not about the quality. It is not about the quantity of health care in America today. This is becoming more and more about who is going to control your health care, my health care, my family's health care. It is about control. Because health care is 18 percent of the economy, and it is going to be about whether you and I are going to be in power to make those decisions, whether our families and others.

Someone called me after I did the Special Order last night and they said, you know, it is not you and I empowering people in the private sector. They already have the authority. They take a look at the Constitution. The Constitution gives them that authority to make these kinds of decisions for themselves.

□ 1530

It empowers the States. It is the States that have the power to do it. The only thing that may happen here in Washington is we may take that authority and that opportunity away from them and say, I'm sorry, the choice of health plans that you may have, we're going to restrict that. We're going to restrict that. You're not going to be able to choose a health savings account. You're not going to be able to choose a high deductible account. Everyone's going to have to purchase from a narrow range of options of more Cadillac-type of plans that have all kinds of benefits into them, many that people don't want. So it's about control rather than quality and quantity of health care.

Mr. AKIN. So basically what you're really saying is one of the things that's going to be lost, one of the big things that's going to be lost is the person who's sick having some say over the direction of which way they're going. I think this big blue button here, this is the nerve center. And if you want to be in the right place in health care, you want to be this health care—I don't know if this is a czar or not.

Mr. HOEKSTRA. If the gentleman will yield.

Mr. AKIN. I do yield.

Mr. HOEKSTRA. Yeah. We're not only taking the authority and the opportunity to control your health care when you're sick, but it's more important. It's like for our young kids, for our kids. What we're doing is for the young person who is saying, you know, I might want a high deductible plan because I want low premiums because I've got a dream of starting a new business and I need all the cash that I can to funnel into that start-up business because, you know what? I've got the belief and the dream that my business is going to be the next Apple computer, and I want to use all of my available resources after I've got, you know, after I've bought this health insurance plan because I do recognize that I want to be covered if I get a catastrophic illness or whatever. But I want to put that money into my business. They're not going to have that opportunity anymore.

Mr. AKIN. Just reclaiming my time. Gentleman, you're talking about a situation, you're 30 years old, bullet proof, but you say, yeah, it's possible. If I got the really bad part of the statistic, I could get something I couldn't afford to pay for so I'm going to get that catastrophic plan that fits me in my situation. I don't need OB–GYN coverage because I'm a guy, and so I don't need that part of the plan. I'm just going to get this catastrophic thing and take the rest of my money and I'm going to put it into my small business because I've got a dream.

Mr. HOEKSTRA. If the gentleman will yield.

Mr. AKIN. Go ahead.

Mr. HOEKSTRA. I think what we're taking a look at here—because what happens is we're shifting the authority from individuals to make those kinds of decisions, and we're moving it right into that chart that's next to you and saying, your health care decisions are now going to be made by the people in those charts, the people who fill those boxes. You don't know their names. You don't know their background. You don't know their values. All you know is that the health czar, I guess that blue box there——

Mr. AKIN. If you push this button, it'll make the whole thing go, I think.

Mr. HOEKSTRA. But you push that button 181 times I think in one of the bills here in the House, we've instructed the czar to, you shall, you will, you must and every time that health czar has the opportunity to make that kind of a call, that's a little bit more of an erosion of the power from you and me and our constituents.

The other thing is it's an erosion of power from our States. There's lot of States that are experimenting with how to fix health care, how to issue, address some of the concerns that are out there. And so they're experimenting and they're working, and now we're saying, Sorry, it'll be one size fits all. It'll be the size that comes out of Washington. Where in the Constitution, this right now, our colleague, you know him well, JOHN SHADEGG, and I wrote a series of op eds, one of which says we have a vision for health care which is about markets and it's about personal authority. That was the first thing.

The second op ed we wrote was one that said, here's what's wrong with the Baucus plan. Actually, the Investor Business Daily that ran that op ed, they put their own title on it. They called it, ''Lies, earmarks and corruption all in one bill.'' If you read the op ed that Congressman SHADEGG and I wrote, I think the title aptly fits the content that we have in it.

Then the third op ed says, we've got a vision as to empowering individuals or not empowering. We have a vision of leaving the power and authority with individuals. We have identified what's wrong with the Baucus plan and H.R. 3200. The third op ed says and here are the specific things that we would do. Seven specific things.

Mr. AKIN. You're talking about freedom.

Mr. HOEKSTRA. Freedom. This is why we need the TEA Party movement, why we need the 10th Amendment groups that are out there that are fighting for State sovereignty and fighting for us to go back to the Constitution. That's why we need them to reenergize to bring the momentum back that we saw in August, to have them fight for freedom and to stop this massacre.

You know, people are now saying it's going to happen. The question is, how bad will it be? And whatever form it will be, it will be very, very bad because it's going to be an erosion of power and a shifting of power here.

Mr. AKIN. Gentleman, I don't accept that and I know you don't accept that, that we just roll over and say we're going to have this government takeover of everything. I don't accept that.

Mr. HOEKSTRA. We know government takeover doesn't work. It doesn't work in transportation. Michigan, in the 50 years that we've had a highway transportation bill, we've gotten 83 cents back on the dollar for 50 years. I call that legalized Washington corruption because other States have stolen that money from us. And as one of my constituents said the other day—my friend from California must be smiling, he must be getting some of that money in California. But you know——

Mr. AKIN. He's looking too happy over there.

Mr. HOEKSTRA. They're stealing from us. And one of my constituents said that they had just been—they went through West Virginia. And they said, West Virginia has gorgeous roads and all we've got is potholes.

Mr. AKIN. Well, I think somebody's getting their fist in some of that Federal money. You know, you talk about free enterprise. One aspect is in free enterprise you can fail, and we even allow some of our States to fail. You talked about their examples, Massachusetts and Tennessee have been pioneers in this system. And what have we learned from them? It's like Thomas Edison making light bulbs. He made 100 light bulbs. The first hundred, none of them worked. Well, these light bulbs don't work either. They not only have mercury in them, you turn them on, they just cost you money and don't work.

Mr. HOEKSTRA. And this will be the first light bulb that we try, and we will impose it on all of America. As a matter of fact, we'll impose the taxes to pay for it really, really soon; and we won't be able to implement this for about 4 years. It's interesting. Of course, it won't be implemented until after the next election. Interesting point.

Mr. AKIN. We are joined by your good friend from California. I see he has a little something he wants to say. But, Congressman LUNGREN, I would just be delighted if you'd join our conversation here.

Mr. DANIEL E. LUNGREN of California. Well, I thank the gentleman. I was noticing as I looked at the chart that outlines the 53 different departments, agencies and new programs that are in this bill that there's at least one box missing. Can you tell me where the box for litigation reform is?

Mr. AKIN. Oh, litigation reform box. It's got to be here somewhere. Could it possibly be forgotten?

Mr. HOEKSTRA. It's not there.

Mr. DANIEL E. LUNGREN of California. Well, see this is the problem. I have had these town hall meetings, not just in August, I started back in June on the subject of health reform, and saw all the people coming out in my district not to organize, but coming out as individuals. And one of the first things they said to me, and actually, I did a little test later on when I held some of my town hall meetings, I didn't mention litigation reform and immediately people jumped on me and said why didn't you talk about litigation reform? Well, I happen to think, having experienced medical malpractice litigation while I was practicing law, mostly defending doctors and hospitals——

Mr. AKIN. You're admitting to being a lawyer here on the floor. I appreciate that.

Mr. DANIEL E. LUNGREN of California. But I was on the right side for most of those cases. And I listened to what the people at home said. And they were saying they thought that we were wasting a good deal of money adding to the total cost of health care because of frivolous lawsuits. And now that it's been borne out by study after study after study talking about the billions, tens of billions, of dollars which we are wasting because we have frivolous lawsuits.

And there are ways of dealing with that, but I have noted that it is not in the bill that came out of Energy and Commerce. It is not in the bill that came out of Ways and Means. It is not in the bill that came out of the other committee here in the House. It is not in the bill that came out of the Senate Finance Committee. It is not in the bill that came out of the Health Committee on the Senate side. In other words, it's not in any of the bills that we're going to dealing with.

And that prompts this question: What happened to August? Did August actually occur? Did those town halls come together? Was that imaginary, or, like the President did in his speech to us, are we to forget about it or pretend it didn't occur? And if we can do that, can we forget about the possibility that litigation reform may be an essential part of bringing the overall cost down and produce better medicine because defensive medicine, that is, unnecessary tests will not be done.

And so, I again, ask the gentleman, are you aware of litigation reform being a part of any of the bills that have come through the committees in the House or the Senate or part of that display that you have before you?

Mr. AKIN. Well, gentleman, as a way of trying to answer that question, I do recall the President saying earlier, and repeatedly, that the Republicans don't have any ideas on this. And so this must be one of those ideas that's not an idea because that's why they didn't put it any of their plans. Of course most people that know anything about medical care know that some of the excessive costs are created by things that are done just for the purpose of attorneys.

Actually, I would like to defer your question to the good doctor from Georgia who's here, who has had 20 years or so in practice. Well, we've got two doctors actually. Just a second, now. Congresswoman FOXX, are you trying to escape on us here? We've got two doctors. I'm going to go to my most beautiful doctor who's here joining us this afternoon. Would you please share for a minute, and then I am going to go to you, Dr. BROUN.

Ms. FOXX. Well, I want to thank the gentleman from Missouri for the yeoman work that he has done on leading these Special Orders to explain to the American people what's wrong with these plans that are being presented by our colleagues across the aisle, and pointing out that Republicans do have alternatives to what is being presented here.

This morning, during 1-minutes, at least two of our colleagues got up and said, Republicans have no alternatives. And I think it's very important that we continue to point out that we are not just here to be critical of what has been proposed by the Democrats, but to

say, yes, we have alternatives. Our alternatives don't cost any money. We can do whatever needs to be done.

Mr. AKIN. Congresswoman FOXX, let's just hold right there for a second. What you just said is so very, very important. We've already mentioned one Republican alternative that is not in any single Democrat plan, which is tort reform, isn't it?

Ms. FOXX. That is correct.

Mr. AKIN. And so our good friend from California, who is an attorney who came in here and warned us about this, there's one. Okay, now why don't you name another one or two.

Ms. FOXX. Well, we have bills that talk about accessibility and portability. Portability, meaning we would all own our own health care insurance. If we lost our jobs, we take it with us. We want to give tax deductions to individuals.

Mr. AKIN. So that's usually called by the word ''portability,'' isn't it? And that's something that Republicans largely support; is that your understanding?

Ms. FOXX. That's right. And the American people support that. We also support accessibility for people who have preexisting conditions. We support groups being able to band together and form larger groups to bring down the cost. So we support all those things the American people say they want.

Mr. AKIN. So, in other words, another proposal would be that if you got a bunch of small businesses, if they want to pool their employees and get a better deal on health care, they can create these health care pools. Now that's an idea. Do you know any Republicans that are opposed to that?

Ms. FOXX. I don't know any Republicans that are opposed to it; and, frankly, I don't know any Democrats who've signed on. But what we need to point out again is that what the Democrat plans do is to cut existing Medicare programs to come up with sham funds to put in their new program.

And with that I'm going to yield back, because the Rules Committee is currently meeting, and I'm going to have to go back there.

Mr. HOEKSTRA. If the gentleman would yield for a minute.

Mr. AKIN. Well, we appreciate very much your good work on the Rules Committee, and Congresswoman FOXX it's just a treat to have you. And I yield to my good friend, Congressman HOEKSTRA.

Mr. HOEKSTRA. I just want to build on what my colleague was talking about. You know, there's a very fundamental difference between how Republicans are approaching this problem and how Democrats are. Democrats have taken the approach that says we're going to create this massive new bureaucracy, 53 different organizations and panels and these types of things, and we are going to change health care for every single American. It is going to change.

Now, when I was in the private sector, I was a marketing guy, but I spent a lot of time working with engineers. And at one of my first town hall meetings an engineer said, you know, Congressman, why don't you take the approach that we take in the engineering world and that you would have taken at your career at Herman Miller? Let's identify what's broken in the system and let's fix those pieces. And that's exactly what the Congresswoman was just talking about.

□ 1545

On my Web site, we've put up seven solutions for health care that address the issue of accessibility, they address the issue of cost, and tort reform. Seven specific bills that go after those three areas that almost everybody agrees are the things that need to be fixed in health care and can be implemented today—not in 4 years, not at a massive cost—and the effect upon those who have issues with the current system and the rest of the 85 percent of Americans, most of whom are pretty satisfied with the health care they've got, is, we leave them alone.

Mr. AKIN. In the State of Missouri we have the same sort of principle. It may be not quite as much defined by engineers, and we say, ''If it ain't broke, don't fix it.'' And you've got a hundred million people with health care that they like pretty well, everything is chugging fine, and you want to destroy and throw the whole thing overboard because you may have at the most 10 or 12 or 15 million that aren't getting the care that you think they ought to get. That's one of those, ''if it ain't broke, don't fix it.''

And that really does raise a question. It almost seems that we're starting with the premise that we want the government to run all of health care and just looking for an excuse to try to do that.

We got a little bit off track.

The question was, are there really legitimate savings and costs through some reform in terms of tort reform?

We have a doctor here. He's practiced medicine 20-some years.

Dr. BROUN, what do you think about tort reform? Does it make sense? Do we have some savings there? And can we improve the quality of medicine in America by making some adjustments in that area?

Mr. BROUN of Georgia. Mr. AKIN, as you know, I've practiced medicine. I am a family doctor. I've done general practice for almost four decades.

The problem with defensive medicine, overutilization of testing and services in the health care industry is a huge part of the expenditure. Patients are actually demanding these things, and doctors are complying with that because of the possibility of a medical malpractice suit being filed against the doctors.

So something needs to change because we are overutilizing tests, we're overutilizing services.

In fact, I was talking to the administrator of one of my local hospitals in my district recently. And the day I was talking to him, just that day the lady who runs the CAT scan unit at their hospital was asking for some more help at night, and he couldn't understand why she would need more help. And the lady said, Well, we've run 10 CAT scans through the night through the emergency room. He said, Well, how many of those were positive? Zero. How many were really indicative? If you look at the medical indication for those, it's zero.

So the overutilization of very expensive testing is rampant within the system. So you're exactly right. If we do something to stop the doctors from having to practice this medicine—

Mr. AKIN. Let me ask you a specific question, Doctor.

You picture yourself—and maybe you're the emergency room doctor that night or you're practicing medicine—and somebody comes to you and they say, I think I need this such test, and it's vaguely related to something that might have happened to them. You look at them and in your medical opinion, there isn't one chance in a thousand that they need that test. So if you deny them getting that test, then do you have some risk?

Mr. BROUN of Georgia. Absolutely. It is a tremendous risk.

Mr. AKIN. Even though it doesn't make any sense at all to do it?

Mr. BROUN of Georgia. Absolutely.

Mr. AKIN. You have a big liability because if you don't do the test, then what could happen?

Mr. BROUN of Georgia. Let me give you a good example of that exactly.

I've worked in emergency rooms many times throughout my career and sometimes was even a full-time emergency room director.

But if a patient comes in with a headache that they've never had before, comes in with a severe headache and—well, maybe, it's not even a severe headache. Maybe it's in the front part of their face and it's typical of a sinus infection. A doctor has a tremendous pressure on them to get a CAT scan or a CT of the head, or both, because if they don't and several years later that patient is found to have something such as a brain tumor, they could come back and sue the doctor for failing to diagnose, even though frequently in these cases the patient's history and the physical examination will not indicate any medical need, any medical indication of a brain tumor. But the doctor has to do that to prevent the suit.

Mr. AKIN. If you do order the test, what does that cost you?

Mr. BROUN of Georgia. It doesn't cost the doctor anything. It doesn't cost the patient anything either. It costs the whole system.

Mr. AKIN. So it runs the cost up on the system so the incentive for the doctors is, take the fallback, it's safe. I don't care. Let the cost go up. I'm not going to stick my neck out, right?

Mr. BROUN of Georgia. The patients will come and say, I'd like to have an

MRI on my head or a CAT scan on my head or belly or something, and their attitude is it doesn't cost them anything. It doesn't cost them anything. It costs the insurance company.

Just like a lot of people think the government can provide all of this free health care and the government just pays for it. Well, where does the money come from?

Mr. AKIN. It violates the law of supply and demand, doesn't it, Doctor?

Mr. BROUN of Georgia. Absolutely.

Mr. AKIN. My good friend from California would like to jump in here.

Mr. DANIEL E. LUNGREN of California. I was recently at a meeting with a number of doctors in my district at one of the local hospitals. And this one doctor said, Look, Congressman, I want to tell you about something that just happened. This fellow happens to be a plastic surgeon. They had sent somebody over for him to sew up this fellow's head. He had fallen down and split his head open. He had gone to an urgent care facility. And there they looked at him. They had him have either a CAT scan or MRI, I'm not sure which.

I said, What was the problem with that? He said, There was no medical indication of that.

He said what should have happened is—worried about a subdural hematoma, I believe—he said what should have happened is that you tell the patient the chance is one in a thousand you might have that. Here's the situation: If over the next 6 hours these sorts of things are evident, then you come back and at that point in time we do it.

He said they took it. Of course it showed nothing positive whatsoever before it came to him. Then he sewed the person up.

He said that expense to the system is one of those kinds of things that was exactly the defensive medicine that we ought to stop. He gets nothing out of that. That's paid into the system. I don't know if it's $900 or something like that for one of these.

He said, I would have been doing my job as a doctor to sit down with the patient and tell him the chances are about one in a thousand that this might be the case, but here's what you can do to make sure that the indications are such that we would have to do it. That's just simple, commonsense medicine and a relationship between the doctor and patient, which is interfered with now because of the specter of the possibility of a lawsuit. It is that kind of real stuff, real occasions that adds tremendously to the cost of medicine.

Now, there's no medical malpractice lawsuit. There probably is never going to be one filed in that case. So some people say well, the cost you're talking about in terms of defensive medicine are not that large. Yes, they are if you talk with the doctors who actually do this.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. Yes, I yield.

Mr. BROUN of Georgia. Let me add to your discussion about this one particular case.

The doctor is going to give them that counsel anyway with or without the CAT scan or MRI or whatever it was. The doctor—it's incumbent upon them to do so because the doctor, if they do ever develop trouble—and they may very well—a good physician is going to give that sort of counsel anyway. And if their level of consciousness starts going down, if the pupils become different sizes, if the headache lasts for longer than 24 hours, the vomiting lasts for 24 hours, these are the types of things that we tell patients anyway.

So doing this expensive radiological study is not medically indicated. The doctor is going to give that counsel anyway.

Mr. AKIN. We've got just about maybe 5 or 6 minutes to go.

We've been accused, as Republicans, as not having any ideas. You started by saying, Yeah, we sure do. You want to take a look at one thing, you can avoid getting into this kind of mess. If you're worried about the cost of medicine, you can deal with tort reform. That's one piece.

The lady who was here from the district before, Ms. FOXX, talked about the idea of treating pools of people, small businesses coming together and getting a better buy on their insurance. She talked about portability, so that when you leave one job, you can take your insurance along with you. All of these things are things that we talked about that we agreed to. And there are a couple of other things.

Mr. DANIEL E. LUNGREN of California. One very important one that we talked about is to allow people the opportunity for employers or individuals to purchase their policies across State lines. The reason for that is you will multiply tremendously the number of opportunities people have to make choices about what kind of policy would serve them or their employees better than any other.

Mr. AKIN. More choices equals freedom, doesn't it, gentlemen?

Mr. DANIEL E. LUNGREN of California. That's what I grew up hearing in this great country of ours.

Mr. AKIN. So if you have some insurance companies that may have a little bit of a monopoly in one part of a market and you allow people to buy insurance across State lines, you're breaking up monopolies, allowing prices to come down and giving people more choice, which is more freedom. Is that right?

Mr. DANIEL E. LUNGREN of California. That is correct, and those contracts—which that's what insurance policies are—would be enforced in the State in which the person lived. So we're not talking about the insurance companies getting a free ride; we're talking about giving much more choice—the essence of freedom—to the average citizen. That is another major proposal that is contained in a number of different bills that have been introduced by Members on this side of the aisle.

Mr. AKIN. Do you know if that is included in any of the Democrat bills at all?

Mr. DANIEL E. LUNGREN of California. Not the major bills that have been introduced that we have been talking about.

Mr. AKIN. None.

So we don't have any malpractice reform. We don't allow the competition of—of course, they don't need to worry about that in their bill because their plan is, they're not going to have any private insurance companies in a period of time because the government is going to run it all.

Mr. BROUN of Georgia. Mr. AKIN, if you'd yield?

Mr. AKIN. I do yield.

Mr. BROUN of Georgia. The American people should look at what the real purpose behind H.R. 3200 is, and we can see what their real purpose is by going to people like the President, Barack Obama, and the leadership in this House. They have said that the public option is the way to go to a single-payer health care system administered by government bureaucrats. Socialized medicine. That's their stated purpose.

Mr. AKIN. That's the end goal.

Mr. BROUN of Georgia. That's their stated purpose. That's their end goal, and the public option is the way to get there. And it's going to cost jobs. It's going to cost millions of people their jobs because it's going to put a high tax on small business.

Mr. AKIN. Not to mention $500 billion out of Medicare, taxing small business when we already have close to 10 percent unemployment.

Mr. BROUN of Georgia. Plus the seniors are not going to be able to get the care that they need because they put in there a cost-effectiveness research that was in the stimulus bill, and there's a cost-effectiveness decision panel that is created with this atrocity there that's going to make medical decisions according to patient's age.

And when they make the decision according to the patient's age, they're going to compare spending $100 here or $100 there, and they're going to spend $100 on a 40-year-old and not an 80-year-old.

Mr. AKIN. Now you're getting off to preaching and getting on to meddling a little bit.

Mr. BROUN of Georgia. Well, it's factual.

Mr. AKIN. I just hit 62, and I was just reading that in Canada—I've got a bad hip—I wouldn't be able to get that hip replacement that Dan got because I am too old, I'm an old geezer now, and it's not worth it for a government bureaucrat to pay me to get my hip fixed.

Mr. BROUN of Georgia. Mr. AKIN, you're a young pup. I'm 63, but I've practiced medicine for almost four decades, and I already see the rationing

that Medicare and Medicaid puts into place today. And what the Democratic bills will do is going to ration care much, much, more. Seniors are not going to get the care that they need and deserve, and thus it's going to be detrimental to their health.

Mr. AKIN. So we've been talking a little bit bad about these Democrat proposals. This is something that Congressman LUNGREN's been hitting, and that is it reduces health choices. Freedom is about increasing health choices, not reducing them. It raises premiums as long as there's even going to be premiums, it delays and denies care, $500 billion in Medicare cuts.

Mr. DANIEL E. LUNGREN of California. Would the gentleman yield?

Mr. AKIN. I do yield, yes.

Mr. DANIEL E. LUNGREN of California. On the $500 billion. As part of that $500 billion is at least $133 billion taken out of Medicare advantage. I have 42,000 seniors in my district who are enrolled in Medicare Advantage. What is Medicare Advantage? It is the private option put into the Medicare system when the Republicans were in charge. There's a new idea that actually was implemented. It is tremendously successful across the country. Yes, they've got some imperfections that we need to work on, but their bill would destroy it.

There is no better evidence that they want to destroy private options than the fact that this bill destroys the only private option that currently exists in the Medicare system, Medicare Advantage.

Mr. AKIN. In our last minute or two, what I might do is share something personal because I came to this Congress 9 years ago, and they have a little medical clinic that's downstairs, and the medical clinic gives you—if you want to spend about $400, you can get a test, you can get a physical.

□ 1600

I hadn't had a physical in years because I had some sort of State HMO policy. I never could see my primary care doctor. I don't even think he existed. I could never get an appointment.

So I go down there and find out I was bulletproof, as I thought, except for one detail. I had cancer. So when you use the ''cancer'' word around me, my ears pick up a little bit. I take a look at how does it work when these governments run and deal with cancer. Here's your survival rate for men in the United Kingdom, 44.8 percent. It jumps up here quite a number percent to 62.9 among men in the United States. And we want to go over and make ours like that? I don't think so.

I yield to my friend from Georgia, last minute.

Mr. BROUN of Georgia. Well, you are exactly right. The reason that the survival rates—these are 5-year survival rates for people with cancer. Women with breast cancer, you look at your chart, which is accurate. This comes from independent data. Five-year survival rate for cancer. Actually, for breast cancer, it's over 90 percent, where in Great Britain it's much less than that. But all cancers for women on your chart is 66.3 percent for women, 5-year survival rate, and in the United Kingdom, 52.7 percent. Why is that? The reason it's that way is because they have delayed diagnosis because of the ration of care because of the constraints.

Mr. AKIN. So you have rationed care. Rationed care means you've got to wait longer in line. Waiting with cancer is not a good deal.

Mr. BROUN of Georgia. You don't get that evaluation, so you have delayed diagnosis. So people have late diagnosis, and then their treatment outcomes are not as good.

So, as a physician, I can tell you that ObamaCare is going to cause people to have to wait for all treatments, wait for the diagnosis, and they're going to have poor outcomes. So it's going to hurt everybody.

Mr. AKIN. And ''poor outcomes,'' that's doctor's talk for you're going to die, isn't it?

Mr. BROUN of Georgia. Well, that's correct. There is going to be a greater percentage of people that are going to die because of it.

Mr. AKIN. Thank you, Madam Speaker.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Michigan (Mr. STUPAK) is recognized for 60 minutes as the designee of the majority leader.

Mr. STUPAK. Madam Speaker, thank you for allowing me time to speak on the floor on health care.

I couldn't help but listen to the last group, my colleagues on the other side of the aisle, talking about health care and calling it all kinds of names, about everything but what it is.

The health care in America, the bill that we're marking up, H.R. 3200, is America's Healthy Choice Act. There is no such thing as ''ObamaCare.'' I guess we use that just to try to scare people, like much of the rhetoric I heard in the few minutes I was here.

I can't help but notice that the folks who were speaking on the floor were not in the committee of jurisdiction where H.R. 3200, the House health care bill, actually went through; those of us who spent months working on this legislation and over 2 weeks in committee considering amendments and making sure that this is a bill that actually helps America and all Americans.

As we Democrats look at health care, we take a little different perspective. My colleagues in the last hour said, Well, if it ain't broke, don't fix it. Well, for the American people, health care is broken and it does need fixing. That is why we are bringing forth this legislation, H.R. 3200.

In fact, I have a picture here of a family from Colorado who actually came and testified—and I will talk more about them during this next 60 minutes—on their concerns. But these are the folks that we are trying to help: Average Americans who work hard, play by the rules, pay their bills, think they have good health insurance until someone gets sick, and then they are left financially ruined.

I sit as chairman of the Energy and Commerce Subcommittee on Oversight and Investigations. For the last 2 years, we've been taking a look at the private insurance industry. We have held hearings on the insurance industry's practices on nursing homes, long-term care insurance, Medicare Advantage that the group spoke of, and most recently, we've been looking at hearings on the private health insurance market.

The findings of these hearings really highlight the need to address the abusive practices, terms such as ''rescission.'' That's when the insurance company takes a look at your insurance policy when you get sick and finds any excuse to rescind your policy. Or ''purging.'' That's when the insurance companies for small businesses in particular, they jack up the price, because under Federal law, if you're a small business, they can't cancel you, so they jack up the price so bad that you can no longer afford it. It's called purging. Or the problem of uninsured, which millions of Americans are facing.

So in June, July, and August, we spent a lot of time looking at the most egregious practices found in the insurance industry: abuse of consumers, the practice of rescission in the individual insurance market, and, as I said, underinsurance.

Take a look at rescissions. Every night when Americans go to sleep—more than 45 million Americans do not have any health insurance—they do so with the nightmare scenario that if they develop a catastrophic illness or are unable to pay for their treatment, what happens to them? This fear causes many hardworking Americans who are not covered by an employer or government-sponsored health care to purchase an individual insurance policy. But those Americans fortunate enough to be able to even afford an individual policy—an individual family policy now is about $13,000 a year. But if you're fortunate enough to be able to buy individual health care coverage, you're not immune from this nightmare scenario of health care, not having it there for you and facing financial ruin, and that's because of a little thing called rescission.

Let me tell you quickly about what happened to Otto Raddatz. Otto Raddatz was a 59-year-old gentleman from Illinois. He owned a restaurant. He had insurance all his life. He was diagnosed with an aggressive form of non-Hodgkin's lymphoma. That's a cancer of the immune system. He underwent intensive chemotherapy and

was told that he had to have a stem cell transplant in order to survive. He had insurance coverage. He said, no problem, my insurance will cover it. It should be provided by my individual policy.

He was scheduled to have the procedure performed, and the weekend before he was scheduled to have his transplant, the insurance company suddenly told him it was going to cancel his insurance. Otto could not pay for the surgery without his health insurance, and the surgery was therefore canceled because the hospital wasn't going to perform the stem cell transplant without payment.

The insurance company told him that it found out that when he applied—now, this is years later—he applied for his health insurance. Years later, once they found out he has to have this stem cell transplant, they go back and look at his application. On his application, the insurance company said it showed that he might have gallstones and he might have an aneurysm, which is a weakness of the blood vessel wall. In fact, testimony showed Otto's doctor never told him he had gallstones, never told him he had an aneurysm. Otto told the truth on the application, but the insurance company heard nothing of it. They said, You didn't tell the truth on your application; therefore, we're canceling you. The insurance company was going to rescind his policy, effectively tear up the contract as if it never occurred, and Otto would be left without a stem cell transplant.

Otto made a desperate plea to the Illinois State attorney general, and also his sister was an attorney. They went after that insurance company to reverse the decision. Here's what Otto said when he wrote to the insurance company:

''I was diagnosed with non-Hodgkin's lymphoma . . . It is a matter of extreme urgency that I receive my transplant in 3 weeks . . . This is an urgent matter! Please help me so I can have my transplant as scheduled. Any delay could threaten my life.''

What did the insurance company say after that plea? Too bad. You falsified your application, even though Otto never knew he had gallstones or an aneurysm.

The Illinois attorney general launched an investigation, confirmed that Otto's doctor never told him about the test findings, and the attorney general sent two letters to the insurance company saying reinstate his policy. The company relented, Otto received his stem cell transplant, and he was able to live 3 more years before he died earlier this year. Otto was one of the lucky ones. The attorney general went to bat for him, and his sister, who was an attorney.

In our Oversight and Investigation Subcommittee, we have looked into this investigation into the practice of health insurance rescission and the results are alarming. Over the last 5 years, almost 20,000 individual insurance policyholders have had their policies rescinded by the three biggest insurance companies who testified at our hearing. These 20,000 individuals lost their insurance because of some honest mistake, or they did what the agent told them to put on their application only to have the parent company rescind them when they got sick. They saved the insurance industry $300 million. That's not counting all the follow-up tests. That's just what they saved by canceling these 20,000 people.

So these big insurance companies, like Assurant, UnitedHealth Group, and WellPoint, when we looked at it, here's what we found out:

These three companies, they conducted investigations with an eye toward rescinding in every case in which a policyholder submits a claim relating to leukemia, breast cancer, or a list of 1,400 serious or costly medical conditions;

they rescind policies based on an alleged failure to disclose a health condition entirely unrelated to the policyholder's current medical problem;

they rescind policies based on the policyholder's failure to disclose a medical condition that their doctors never even told them they had;

and they rescind policies based on innocent mistakes by policyholders in their applications. And they not only rescind for the applicant, but they will rescind the policy for the whole family, leaving all the family members without health insurance.

Our investigation also found that at least one insurance company, WellPoint, actually evaluated their employees' performance based in part, and put reward systems in, on the more you rescind, the more money you save the company, the bigger bonus you receive. In fact, the starting point was you had to save $10 million for WellPoint and you got a pretty good bonus. You're rated on a scale of one to five.

These practices reveal that when an insurance company receives a claim for an expensive lifesaving treatment, some of them will look for any way, any excuse to avoid having to pay for it. This is eerily similar to what we found last year in our investigation on long-term health care insurance where sales agents for the insurance companies would sell policies to seniors and then change the policies once the enrollee was locked into a plan and making payments.

These insurance companies who engage in this rescission practice argue that it's entirely legal, and, in part, they are, but that goes against the whole point of insurance. When times are good, insurance companies are happy to sign you up and take your money in the form of premiums, but when times are bad, or if you happen to get diagnosed with one of these 1,400 different little characteristics they have in their computer program and you're afflicted with a cancer or some other life-threatening illness, that's the time when the insurance company is supposed to honor their commitments to you based on the premiums paid, and in your time of need they should be there to help you. Instead, some of the insurance companies use a technicality to justify breaking its promise at a time when patients are too weak to fight back.

I asked the three CEOs of these big insurance companies, I said, Look, we've had this hearing today. We've had extreme conditions where you've rescinded people who made honest mistakes on their application. Will you commit today that your company will never rescind another policy unless there was broad misrepresentation in the application? Every one of the insurance companies' CEOs said, No, we will continue the practice.

So that's one of the reasons why we need to pass comprehensive health care reform. Congress can and must curb this abusive practice, put an end to this unconscionable practice of rescinding people. We should not have caps on how much insurance has to pay or caps on how much you're covered. Coverage in your health care shouldn't depend on your ability to pay; it should depend on the illness you're suffering from, that you get proper treatment.

In H.R. 3200, our health care bill, there are no preexisting conditions. If you have a preexisting condition, you can't be denied insurance.

Last week, our subcommittee revisited the private health industry practices on underinsured. Let me just show you what underinsured is. Underinsured are people who have health insurance. Unfortunately, when they get sick, and because of high deductibles or copays or a limitation on policy, lifetime cap, or a limit on number of services or specialists you can see, when they get sick, their insurance is almost worthless. It doesn't cover anything.

More than one-quarter of adults under the age of 65 with medical bill burdens and debt were unable to pay for basic necessities. So, if you're one of the underinsured—and according to testimony, 116 million adults in this country, 42 percent, 116 million of them have problems paying their health care bills. Sixteen percent are unable to pay for basic necessities—food, heat, rent—because of medical bills. Another 39 percent used up all their savings trying to pay their medical bills. Another 10 percent took another mortgage out on their house to try to pay for medical bills.

□ 1615

Thirty percent put it on credit cards. With the interest on credit cards, I don't know how you could afford to pay off your credit cards, let alone the interest on the credit cards. Sixty-one percent were insured at the time care was provided.

These people are uninsured because they can only afford to purchase a limited policy. Policyholders believe they

have adequate coverage only to find out that there are limits buried within the fine print of that policy, such as caps. So, regardless of how you define this fragile financial group, the sad consequences of being underinsured can be devastating, leading to financial ruin, to bankruptcy, and to making medical decisions based on cost rather than care.

If you take a look at it, as the health insurance skyrockets, more Americans are finding they can only afford barebones policies. According to the Journal of the American Medical Association in 2007, they said 62 percent of all bankruptcies in the United States were related to medical costs. This was 62 percent of all bankruptcies. Of those bankruptcies in 2007, 78 percent of them had insurance. So, of all of the bankruptcies, 62 percent were related to medical costs, and 78 percent of those people actually had insurance. They were the underinsured. Many of them were well-educated, and they owned their own homes. They were the middle class. Unfortunately, they were underinsured, and their health insurance did not cover their medical costs.

The Commonwealth Fund reported and testified at our committee that more families are experiencing medical bill problems or cost-related delays in getting medical care. In 2007, two-thirds of all adults, 116 million people, who struggled to pay medical bills and who went without needed medical care because of cost, were uninsured for a time or were underinsured.

Let me show you this picture. This is Catherine Howard. She testified at our hearing. At 29 years old, Catherine had breast cancer and survived to tell her story. Being young and healthy, with a limited income and just starting out in her professional career, she chose a low-premium, high-co-pay health insurance that left her in financial shambles after her breast cancer.

At the time of her illness, she was earning just $20,000, but at the time of her illness and when she got done, her outstanding medical bills were $40,000. Catherine was unable to work through the surgery, through the chemotherapy and through the radiation for 2 years. So, when you put it all together, she was in a very tough financial situation. To her credit, she did not declare bankruptcy. She survived her breast cancer, but she is paying $1,800 a month on her medical bills.

Let me go back to the original picture. This is the Null family from Colorado. The young lady right there is Tatum Null. She was diagnosed with liver failure at the age of 7. David had bought health insurance, an individual family policy, to cover them in emergency situations.

He told the agent, I don't want one for the common cold. I need a policy that will take care of my girls and my family if something serious happens.

They sold him a policy. Then, while away on vacation, suddenly Tatum's kidney started shutting down, and they had to rush her to the hospital. They put her on life support. They told David Null, Tatum's dad, that she needed a $560,000 kidney transplant. They looked at his insurance policy. The insurance policy would cover $25,000 to $30,000 in hospital costs.

They said to David Null, Before we can save Tatum's life with a transplant, you have to put down $200,000.

His daughter is on life support. He is at the hospital. They find out their insurance policy is no good. They say you have to come up with $200,000 or your daughter is going to die. What are you going to do?

Well, without really much of a hope or a prayer, David and the hospital officials got together, and they decided that if they could put David and the Null family on Medicaid, the government-run, government-sponsored Medicaid health care, the entire hospital bill would probably be paid retroactively. The catch is, once you go on Medicaid, you have to have low income. The Nulls could only earn $1,614 a month; or they would lose their Medicaid coverage, which paid for Tatum's medication to prevent organ rejection and which can cost thousands of dollars each month.

Let me show you another person. This is Thomas Wilkes. His dad, Nathan, had an employer who provided health insurance with a $1 million limit for each family member. $1 million. Unfortunately, $1 million doesn't go very far when you're 6 years old and when you're diagnosed with severe hemophilia.

Even though the Wilkeses paid another $25,000 each year out of pocket, in just over a year young David here would go through the $1 million cap on their medical expenses. The Wilkes family is now on their third insurance policy. They're bumping up against the cap, and he doesn't know what he's going to do for his son, who needs expensive medical treatment because he's a hemophiliac. He does not know how he is going to be able to afford his son's life-saving medical treatments, once again, when they hit the $1 million cap.

Each of these individuals, the Wilkes family and the Null family, did what they thought was right for their families. They purchased health insurance. They worked hard. They paid their premiums, but they're still left in financial ruin.

Each of us knows a family member, a relative, a friend who did not go to the doctor when sick or who skipped a dose of medication, who failed to fill a prescription, who intentionally missed a medical test or a follow-up appointment or who didn't see a specialist because he couldn't afford the service, the medication or the test he needed.

I would hope every American, as we debate health care, would take time to look at their own insurance policies and would really understand what medical conditions those policies cover or don't cover. What's your co-pay? What are your potential out-of-pocket expenses? Do you have a lifetime cap or are services limited underneath that policy?

In a couple of weeks, we hope the U.S. House of Representatives will vote on H.R. 3200, America's Affordable Health Choices Act of 2009, because H.R. 3200 does not allow the insurance companies to rescind your policies when you get sick. It does not have a lifetime cap on benefits. It puts a limit on what you have to pay out-of-pocket. It covers all Americans, and you can't be discriminated against because of preexisting injuries or illnesses.

Only with the passage of meaningful health care reform, then and only then will Americans not have to worry about how to obtain medical care for their families while remaining financially secure.

Yesterday, our subcommittee, again, did another investigation of the private insurance market. We focused on the challenges faced by small businesses. I said earlier that, in small businesses, you can't cancel. Once you have a small business, underneath the HIPAA provisions, you can't cancel. You're guaranteed a renewal every year; but insurance companies, because they feel they're not making enough money, can jack up their rates. There is no limitation on how much you have to pay.

Small businesses are really the cornerstones of the American economy. As one of them testified, when the businesses testified the other day, they really are the American Dream. Small businesses employ 59 million Americans, and they have created a quarter of our Nation's jobs from 1992 to 2005.

Our subcommittee sent documents to the six leading health insurance companies that all sell policies to small businesses across the country. We wanted to know how they set their premium rates and what some of the largest premium rate increases have been in recent years. Here is what we learned:

The insurance companies take advantage of lax State laws and regulations, and they purge out small businesses because they're unprofitable if someone gets sick. Because Federal law guarantees small businesses can't be denied insurance once they have it, they impose unpredictable, increasingly unaffordable premium increases. These unsustainable premiums force the small businesses to drop their health insurance because it's no longer affordable. Thus, a small business is really purged. Their premium increases are based on factors that are beyond the control of the small business, such as: every covered employee and their families, what are their health statuses? What's the size of the small business? What's the age? What are the genders of these employees? As a result of these discriminatory practices, small group premiums are subject to unpredictable and enormous increases. Here is what we learned:

In January 2008, one insurance company offered a 232 percent premium

rate increase to an engineering services company in Kentucky. The number of employees in the plan had dropped down from eight to one, so its policy went up 232 percent.

This year, another insurance company offered a small technology firm in Georgia to renew its current HMO insurance policy with a 214 percent increase in their premiums. The basis for the rate hike was that the average worker in the firm had become older because they had laid off so many younger workers, and most of the workers were going to be female. The size of the company decreased, and the workforce was older.

By the way, if you're in a small business, you pay more for female workers than you do for male workers.

These large annual premium increases can devastate these small firms. Businesses are struggling to stay afloat in this economic downturn. Health insurance costs consume even a greater portion of a company's profits, and they make it harder every year to cover their employees.

Yet, even before the most recent economic downturn, the costs of employer-sponsored health insurance was the primary concern of small businesses. The average family premium for a small business, if you're going to cover your family, is nearly $13,000. That has gone up 123 percent since 1999. Meanwhile, the median family income only grew 29 percent. Because of these high costs, nearly a quarter of all small businesses are making difficult decisions on whether or not to provide health care. Small businesses are shouldering a greater burden of the cost.

Over the last 10 years, workers' contributions for health care premiums have doubled while their deductibles have greatly increased. Less than 50 percent of the smallest firms, those with fewer than 10 employees, offer coverage. As a result of reductions in small group coverage, more than half of all small businesses in 2007 were uninsured or underinsured. It's clear that the high cost of health insurance is crippling our businesses.

You know, when we take a look at small businesses and at the group that testified before us this week, one was a Mick Landauer. He is from Iowa. He owns a muffler and brake shop, and he has owned it for 30 years. He has shops in Iowa and Illinois. At his shops, he employs 11 workers. This year, he was quoted an increase in his premium of 42 percent. It went up 42 percent from last year. Mr. Landauer believes that the increase is due to his own congenital heart condition which has required three surgeries in the past and will require possibly more in the future. This year, instead of accepting the 42 percent increase, he negotiated with his insurance company that the deductible will go up.

So, if you're under a plan and if you're a single person, besides paying your monthly premium, your out-of-pocket cost is $8,000 before you can access it. If you're a family, your out-of-pocket cost is $16,000 before you can access the health care plan. Plus, you've got to pay your monthly premiums.

Now, next year, he's telling us his company can't afford this anymore. He wants to provide his employees with health insurance. He is probably going to drop himself off his business plan since he is the one with the congenital heart condition. He believes the right thing to do is to provide his employees with health care. He's trying to do the right things.

Mr. Bruce Hetrick is from Indianapolis. He testified the other day. He had 15 employees. His company has received double-digit increases every year from his health carrier, Anthem. His insurance plan also covered his late wife, who developed breast cancer. In her last year of life, she ran up bills of $300,000. Unfortunately, she died. In that year, when his wife was so sick, they increased his health insurance by 28 percent.

After his wife passed away, since they were still in that policy year, he asked Anthem, What will it cost now that my wife is no longer on?

They said, Instead of a 28 percent increase, we're only going to increase it 10 percent.

Then there was Fred Walker from St. Petersburg Glass and Mirror in St. Petersburg, Florida. It is a company he started 15 years ago, and he has always offered health insurance because he wanted to have good employees. His carrier, United Health, has increased his premium rates every year, including a 14.6 percent increase this year.

To keep his business afloat during this downturn, he was thinking about dropping his health care coverage because he could no longer afford it. It was a 15 percent increase from last year, and he just couldn't afford it. He was talking to his employees about it. One of his employees, the secretary, went to have a breast examination, and she found out she had breast cancer.

To his credit, Mr. Walker decided to do the right things, and he maintains the health care coverage for his workers and especially for his secretary so she can get treatment. To afford the coverage, they had to take out a plan which has a $6,000 deductible. So, before you make any claim, you've got to pay $6,000 out-of-pocket plus your monthly premiums. Because the group coverage was renewed, the secretary has been able to maintain some treatment for her cancer.

Again, we're going to vote on America's Affordable Health Care Choices Act of 2009, H.R. 3200. It contains critical insurance reforms that will end these abusive insurance company practices that we see. Under the bill, insurance companies can no longer rescind policies after people get sick based on minor mistakes or on technicalities. The bill prohibits an annual lifetime cap on coverage. You will no longer be denied insurance because of preexisting injuries, and insurers will no longer discriminate against small businesses based on how small they are or the health statuses of their workers.

□ 1630

We must reform health insurance so small business can compete and American businesses and families can be secure.

In the Energy and Commerce Committee we had the main jurisdiction on the health care bill and spent months looking at it. These are just some of the examples we found and why we need health care. When my colleagues on the other side of the aisle talk, well, it ain't broke, don't fix it. For the American family, health insurance is broken. We do need to fix it.

My friends were saying on the other side of the aisle, we need more competition, we need more choice, you need more choice. Our investigation again shows, there really is no choice.

The market share for large insurance companies by largest health plans in the State, the darkest States, there's only two health plans to choose from, not a lot of competition there. In these lighter blue, it's 70 to 79 percent are covered, like my home State of Michigan, by just two of the large health insurance plans.

Where is the choice? Where the competition? How do you drive down these costs when there is no competition. Actually, there are really only about six main insurance companies, there are about 1,300 of them on the books, but they are owned by about six of the major companies that we talked about here tonight, the lack of competition.

But these are the faces that we are fighting for every day when we try to look at health care. These are the people that we are trying to help out. Like Thomas here, through no fault of his own, a hemophiliac, in just over a year his dad plows through their policy, $1 million, that is the cap on it and they go through it within about 14 or 16 months. They go through it. Who is sticking up for these people?

Take a look at some of the things, here is one I like looking at, what we have found. Look at this. This is a joke in one of the magazines, one of the newspapers here. It's not really much of a joke for the American people though. Here is the guy who is sick. He has got his oxygen mask on. He has got his denied paper here.

It must be rescinding his individual policy. It says, ''Denied.'' Why? ''Look, it costs us nearly $120 million in deceptive ads to fight health care reform, so there is not enough money left to pay for your stupid little claim.''

It's a joke, but it's really not for people who have their insurance policy rescinded. It's really not for the small businesses who are seeing 30, 40 percent increase each year. It's really not for the underinsured who pay their premiums and then they don't have enough money to cover their medical costs.

It's really talk about $120 million in deceptive ads to fight health care. They are spending over $1 million a day on ads to defeat H.R. 3200.

I hope that the Members of the House of Representatives will remember people like Thomas here or like Tatum or these families who play by the rules, work hard, pay their premiums, and, when they get sick, are abandoned by the health insurance industry. That's why we need health insurance reform in this country. That's just one of the many reasons.

It's one of the reasons why we hope to have a bill on the floor later this month or early in November so we can vote on this.

We have to bring back some sanity to this health insurance industry. We have got to end their abusive practices, and we must make sure that all Americans and their businesses are secure, not only in their health security but also financially secure as they try to do the right thing, play by the rules, work hard, pay their insurance. Let's make sure there is coverage for them when they get sick.

Mr. WAXMAN. Mr. Speaker, the premise of health insurance is that if you buy a policy, and then get sick, your insurance company will protect you.

But what we heard at the committee's hearing last week on underinsurance—and what we have been hearing throughout our investigations of the private insurance industry—is that that is not how the system works. In reality, we have learned, private health insurance companies have become expert at collecting premiums and then, denying claims.

Our witnesses on Thursday were normal people who had done the right thing and had bought health insurance. But each of them found that, when they needed coverage the most, their policies came up short.

We heard from Nathan Wilkes, who had an insurance plan through his employer. Then, his son, Thomas, was born with hemophilia, an expensive and life-long blood-clotting disorder. Thomas is six years old now, and thankfully, his condition is well-managed. But, he has already exceeded the million-dollar lifetime caps of two separate insurance plans, and the Wilkes' current plan has a $6 million cap that Thomas is sure to meet soon. As Mr. Wilkes put it, the insurance companies have turned the hourglass over on Thomas again—this time with just a little more sand.

Catherine Howard testified about how, as a healthy 29-year-old, she bought a basic policy that she thought would protect her if she fell while snowboarding. When it was discovered that she had breast cancer, Ms. Howard found out that her plan asked her to pay 30% of the cost of treatments, like radiation, that she needed to survive. Though she feels lucky to be alive, Ms. Howard's coinsurance payments put her into deep debt that she continues to pay off to this day.

David Null bought what he thought was a catastrophic coverage plan. But when catastrophe struck—and his daughter, Tatum, needed a liver transplant—he found out that the plan had a lifetime cap of $25,000. The Nulls were saved from crushing medical bills only after Mr. Null's small company turned away business so that the family's income was low enough to qualify for Medicaid, which covered the surgery retroactively.

These stories are not unique. In 2007, there were 25 million underinsured Americans, up 60% from 2003. Underinsurance often causes debilitating medical debts, and a recent study found that 62% of all personal bankruptcies are medically related.

In recent years, insurance companies have been asking Americans to pay more, but are providing them with less. In the last decade, the average cost of a family's premium has risen 131%, but average wages have risen less than a third of that. At the same time, insurance companies are imposing more limits on what their policies will provide. Some policies, like the Nulls' or the Wilkes', have caps that limit the amount the insurer will pay in a lifetime, or a year. Other policies have expensive co-insurance provisions, like Ms. Howard's, that overwhelm the policyholder.

And caps and coinsurance are just some of the problems people face in the private insurance market.

This past summer, our committee held a hearing on the health insurance companies' practice of rescission. This is when insurance companies attempt to cut costs by cancelling policies after people get sick and make claims. The companies go back through their policyholders' application forms, looking for any tiny mistake or omission for an excuse to cancel the policy and deny coverage.

Rescission is unconscionable because it cuts policyholders loose when they need coverage the most. But even worse, when we had insurance company executives sworn in before our committee, we asked them if they would commit to ending the practice of rescission except in cases where the policyholder had intentionally hidden a health condition. The executives refused to make that promise. I think that speaks to the insurance companies' motivations.

Just yesterday, we held a hearing on the small group insurance market. We found that insurance companies sometimes raise small businesses' premiums an astronomical amount—up to 250% in a year—based on factors like the ages and genders of employees, if a single employee had made a large claim the previous year, or if the business had too few employees.

What is so disappointing in our examination of these issues is that, even where small business owners want to do the right thing for their employees, and provide them with access to quality health care via insurance, industry practices and policies today punish their desire to provide proper benefits for their employees and their families. This is wrong, and this is why we need health insurance reform in America.

Indeed, what all of this shows is that the private insurance system is broken. The way insurance is supposed to work is for the insurance companies to spread risk among their policyholders so that, while most people will remain healthy and cost little, the company can pay when other policyholders get sick.

But schemes like rescission, preexisting condition exclusions, lifetime caps, and the way companies are gaming the small group market show that private insurers are not interested in spreading their risk. Rather, they want no risk at all. The companies are happy to insure healthy people who will pay premiums and make few claims, but they want to exclude, rescind, or purge anyone whose health care costs they might actually have to cover.

Well, that's not how health care works.

The House reform bill, H.R. 3200, would restore the proper balance to the health care system. It would end rescission, preexisting condition exclusions, and lifetime caps. It would place limits on out-of-pocket costs and create a required basic set of benefits so that people know what they are signing up for, and so that they will get what they need. And it would prohibit the problems small businesses face in terms of discrimination based on gender and group size, and in terms of lack of choice.

At Thursday's hearing on underinsurance, Mr. Null told the committee that to him, the biggest tragedy that came out of his daughter Tatum's liver failure was not his family's resulting financial hardship. It was that, under the current system, Tatum's preexisting condition limits her future. He said, "When she asks me what she should be when she grows up, I can't tell her the same thing that you probably tell your kids. I can't tell her she can be anything she wants, and you guys need to fix that for me."

On Thursday, I looked at Tatum and told her that if we enact health care reform legislation, neither her future, nor anyone else's in America, will be hindered by an inability to get health insurance. Please join me in that promise.

GENERAL LEAVE

Mr. STUPAK. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on my special order.

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

There was no objection.

REPUBLICAN ALTERNATIVES TO OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. BROUN) is recognized for 60 minutes.

Mr. BROUN of Georgia. Mr. Speaker, it is a pleasure to come and talk about health care tonight. I expect other physicians to come and discuss this extremely important issue to the American people.

We keep hearing over and over again from our Democratic colleagues that Republicans have no alternatives. Well, we have got a bunch of binders here. Each one of those contains a Republican alternative to ObamaCare that the Democrats are proposing.

As the staff brings these forward, every single folder is a Republican plan. Every single folder is a different Republican plan. Every single folder offers suggestions and solutions to the cost of health care for all Americans.

Almost every one of those folders, if not every one of them, we could get bipartisan agreement on, if any of these

bills would ever see the light of the day. Let me repeat that. I believe that we could get bipartisan agreement on most, if not all, of these Republican bills that will affect health care costs for every single American and will offer some solutions to Americans' concern about the rising cost of health care.

It's untenable that health care costs are rising like they are today. It's unsustainable the way health care costs are rising like they are today. But we ask why. Well, there are many reasons why.

I have practiced medicine in Georgia for almost four decades now. I am a general practitioner, a family doctor. I have seen in my medical practice the marked amount of government intrusion and how it runs up the cost of health care.

I will give you a good example, Mr. Speaker. When I was practicing in rural south Georgia, I had a small automated lab with quality control to make sure that the results I got from my lab were accurate, because I wanted to give good quality care to my patients.

Well, Congress passed a bill called CLIA, the Clinical Laboratory Improvement Act, which outlawed mine as well as every doctor's lab in the country. Prior to CLIA, if a patient came in to see me with a fever, red sore throat, white patches on the throat, coughing, runny nose, headaches, aching all over, I would do a CBC, or a complete blood count, to see if they had a bacterial infection which needs an antibiotic treatment, or a viral infection, which is not helped by antibiotics. The patient doesn't need to expend the money on those antibiotics and doesn't need the exposure with the possible side effects and the consequences of being on the antibiotics.

I could do that test, CBC, in 5 minutes. It cost 12 bucks. CLIA shut my lab down. I had to send patients over to the hospital across the way. It took 2 to 3 hours and cost $75 for one test. The test goes from 5 minutes, 12 bucks, to 2 to 3 hours, $75, for one test.

Now, the American people, if they look at the math there and just extend it over the course of everything that comes into play in the health care financing in this country, would see that the health care insurance costs went up for everybody because of that one government intrusion into my office and my ability to give the kind of quality care that I am trained to do and that I want to do.

Another example, Congress not long ago passed HIPAA, the Health Insurance Affordability and Accessibility Act. The HIPAA bill has cost the health care industry billions and billions of dollars, billions of dollars. That's passed on down through the insurance companies and through pricing to the consumers.

It has to be, because people have to make a living. It has cost the health care industry billions of dollars and has not paid for the first aspirin to treat the headaches that it has created. It's government intrusion into health care. That's what's caused a marked rise in the cost of care.

Mr. Speaker, let me tell you something else where this bill that is being written in darkness or in secrecy now by the Speaker, we don't even have the bill that we are going to see here on floor, if we ever see one, because it's being written in secrecy.

Democrats nor Republicans can see the proceedings. We can't put any of our ideas into the writing of that bill. It's being hidden from all of us. It's being hidden from the public view, and that is not right.

We have been promised transparency by this Speaker, but we have had everything but transparency and fairness. Both of those things were promised, but we are not getting them.

The bill that Speaker PELOSI is going to present at some time, whenever she takes a notion to do so and gets it finished, that she is writing in secret currently, is going to have a tremendous amount of more intrusion into people's lives. Experts tell us that it's going to cost millions of people their jobs.

In fact, in my home district of Georgia, I have talked to small businessmen and women that tell me if the mandates that we already know in H.R. 3200 are put in place or the mandates that the Senate bills—that are already being written in secrecy also on their side—but the mandates that we know that they want to include in those bills will cost millions of people their work and put people out of work. Why? Because they are mandates on small business that small business is going to have to either not hire people or they are going to have to let people go.

In fact, I have talked to small businessmen and women, and they tell me that with the 8 percent mandate that's in the House bill that's going to fall upon them if they don't supply health insurance for their employees, it's going to put that business out of business. Millions of people in this country are going to lose their job with ObamaCare. The American people need to understand that, Mr. Speaker.

Not only that, it's going to be extremely expensive. We don't know what the ultimate cost is because we haven't seen the bill. Nobody can see it except for the few handpicked minions of the Speaker and the majority leader of the Senate. We don't know how much it's going to cost, $1 trillion, $2 trillion, $3 trillion.

We know this, Mr. Speaker: When Medicare was brought into being, the cost estimates of Medicare missed the mark terribly. Medicare has cost many, many times over what it was projected to cost by the Congressional Budget Office. I think that's exactly what we are going to see with us today.

Congress, Mr. Speaker, is spending money that it doesn't have. We hear people over and over again say, well, government will provide free health care for me. There is nothing that's free, Mr. Speaker, and health care is not going to be free. Who is going to pay for it?

Mr. Speaker, our children and our grandchildren are going to pay for it. It's going to cost them their livelihood. It's going to cost them their standard of life, their standard of living, because they are going to live at a lower standard than we do today because of this outrageous spending that this Congress and this President have been doing since January.

□ 1645

It's got to stop, Mr. Speaker. The American people need to understand exactly what ObamaCare is going to mean to them. It's going to cost jobs. It's going to cost our children's future. And seniors need to know that it's going to cost them tremendously.

In the nonstimulus bill, and I call it a nonstimulus bill because where are the jobs? The President promised us that if we passed his stimulus package, we would not reach an 8 percent unemployment. Well, it's approaching 10 percent. In my district in Georgia, in many counties, it's nearing 14 percent. In many communities around this country, it's even higher than that. I have already said that ObamaCare is going to put more people out of work. We are going to have more joblessness throughout this Nation.

We cannot continue to spend. You cannot spend yourself into prosperity. It's impossible. And that's exactly what we seem to be doing. In fact, the President came to the Republican Conference when he wanted us to vote on his stimulus package, and he said he wanted bipartisanship, which is laudable. But then he went on to say he wanted bipartisanship but we needed it and must vote for his bill. He didn't want any input from us.

He's said that his door is open for Republican ideas on health care, but he won't listen to us. We've tried and tried, but he doesn't listen, because with the President, with the Speaker and the majority leader, it's their way or no way.

In the nonstimulus bill, there was funding for what is called comparative effectiveness research. And in medicine, as a doctor, what we'll do is look at comparative effectiveness of different treatment programs. We will decide, for instance, for prostate cancer if surgery alone is more effective than radiation therapy alone or chemotherapy alone. And we will compare the effectiveness of those treatment modalities, those treatment options, or maybe surgery plus radiation, surgery plus chemotherapy, surgery plus all three. This is what we do in health care. This is what we do in medicine today. We compare the effectiveness of treatments: one medicine for high cholesterol versus another medicine for high cholesterol; one medicine for diabetes versus another; one medicine for high blood pressure versus another. We do

this comparative effectiveness. But that's not what the Democrats put into the stimulus bill with their comparative effectiveness research. And in the new bureaucracy created by ObamaCare here in the House, there is a comparative effectiveness panel that is going to make decisions about seniors and what they can get in the way of treatments, medicines, surgeries, everything. And it's going to be age related. So they are going to use an age-related cost comparative effectiveness of looking at spending dollars, not treatment outcomes, not whether one treatment saves lives over another, but how to best spend the limited dollars that the Federal Government has.

We don't have unlimited dollars, Mr. Speaker, and we cannot continue to print dollars like we're doing today. It's got to stop. We've got to stop printing money. We've got to stop borrowing from our children's future. We've got to stop this outrageous spending, Mr. Speaker, and we've got to give people choices.

Republicans have offered many bills. Over 40 Republican bills, alternatives to ObamaCare, to H.R. 3200, have been introduced in the U.S. House of Representatives. Each folder contains a separate bill. Republicans are offering folks in this country options, options to lowering the cost of health care, options to make sure that patients have the ability to choose their own doctor, and that in that doctor-patient relationship, that's how health care decisions are made, not by some bureaucrat that H.R. 3200, ObamaCare, is going to put between the patient and their doctor.

In fact, just today, I introduced my own bill. It's in this stack, one of them. Mine is a little over 100 pages. By the way, I have read my own bill. I doubt NANCY PELOSI ever read her own bill. But I read my own bill. We call it the OPTION Act. The OPTION Act stands for ''Offering Patients True and Individualized Options Now Act.'' My bill will make the purchase of health care more affordable to more people because it drastically expands the individual markets available for all of us and gives us many options.

Right now, most people in this country only have one option, and that's the insurance that their employer provides to them. About 85 percent of America has that one option. Medicare and Medicaid patients only have those two government options, one each. Also my bill increases pooling options. What my bill will do is it will allow what we call associations to be formed, if they are not already there, to offer health insurance to their members. For instance, I'm a Rotarian. Rotary International could have one or more health insurance plans that they offer to all Rotarians and Rotarian families around the country. I'm also an alumnus of the University of Georgia. We can have a UGA health care option that people could buy into. I'm a hunter. I'm a fisherman. We could have a hunters' option and a fisherman's option. We could have a bricklayers' option and a carpet layers' option. This will increase the options and thus increase the marketplace for all Americans. And the more options you put on the marketplace, the lower the cost is going to be. Plus, it will help to drive down some of these outrageous salaries that the insurance companies are offering their executives.

Mine will lower the overreaching cost of health care for everyone through the tax system, because what my bill will do is give 100 percent tax deductibility—let me repeat that—100 percent tax deductibility for everybody for every health care expense. And this is above a standard deduction. So it will allow an income tax deduction on all health care premium costs for everybody. It will allow individuals to make tax deductions to any health care expense, including their expenses that are funded through a health savings account.

My bill markedly expands the health savings account and gives people the ownership of that where they can turn their health savings account into their estate so that their beneficiaries, their family, will receive the benefits. In fact, it even creates a Medicare health savings account and allows Medicare patients to buy health insurance, private health insurance, on top of the health savings account. It gives them ownership. It will be funded through Medicare. But it will be such that they will own that, and that will go into their estates, too, if they don't spend all the funds.

The AARP can, for instance, sell them supplemental insurance on top of their Medicare health savings accounts, and all the insurance companies will be able to continue to do business. But it creates a marked amount of market forces in the health care field.

My bill will also repeal and reform the barriers that currently exist for physicians to donate their services to people who don't have health insurance or can't afford to pay for their health care. And many others things are in my bill, H.R. 3889, the patient OPTION Act.

Republicans offered many alternatives. The American people, Mr. Speaker, need to know that what they hear from our Democratic colleagues, that Republicans don't have a plan, is absolutely false. It's trying to mislead the American people. And the American people should call them on that and say shame on you for making these outrageous statements because they know it's not factual.

We have many plans. I have been joined tonight by several other physician colleagues here in Congress. We are offering many alternatives. Another family doctor is a freshman who has been very vocal in this from Shreveport, Louisiana, Dr. JOHN FLEMING.

I welcome you, Dr. FLEMING, to this discussion tonight. I know you have a lot to say, and I will yield to you.

Mr. FLEMING. I thank the gentleman, Dr. BROUN from Georgia, whom I consider a mentor of mine, a family physician who has preceded me into Congress. And it's important that we physicians speak out on this important issue. We've come to a point now where the Democrat version of this, or versions I shall say, are about to be put together and put to a vote. And I think that we have an idea about what's going to come out on the other side of this, whether it's a hybrid or some sort of combination or one or the other, the Baucus bill, which mainly emphasizes increased premiums, taxes on health plans, on medical devices, if you will; and then on the House side, a plan with a so-called robust public option which we know to be a very robust takeover by the government of health care which will lead to a number of taxes.

Every one of them finance this program basically in two ways: one, raising taxes or a cost on premiums or both; and the other is gutting Medicare to the tune of a half trillion dollars. On top of that, it gets a running start by taking in revenue for about 3 years before actually spending it on anything to, again, cook the books and make things look better. And then on top of that is an impending decline in reimbursements to physicians of 21 percent in their Medicare reimbursements, which, again, adds another $250 billion of cost on this, which can be hidden. They're trying to hide it, but it's not successful.

Mr. BROUN of Georgia. I want to reclaim my time just 1 second because there's an extremely important point, Dr. FLEMING, you just made, and I think the American people need to understand that. So I would like for you, if you would please, to repeat the statement that you just said, and then I want to ask you a question about that statement, if you would. Please repeat that statement.

Mr. FLEMING. That at the end of the day, this thing is going to be financed by a combination of increased premium costs—significantly increased premium costs—or taxes or both, and gutting Medicare to the tune of a half trillion dollars, and on top of that, another $250 billion of impending cuts to the tune of, at this point, of 21 percent, if not greater, to physician reimbursement, which if it ever goes into effect will basically collapse the Medicare market and accessibility of care to physicians.

Mr. BROUN of Georgia. The physician reimbursement rate is the point I wanted you to really focus upon, Dr. FLEMING. I know you've talked to a lot of doctors in Louisiana, just like I've talked to a lot of our physician colleagues from Georgia, and really from all over the country. The doctors' reimbursement rate is what doctors are paid. That is now below what it costs them to deliver the care. I think most physicians would agree with that, wouldn't you?

Mr. FLEMING. Absolutely. It's only a fraction of the real cost.

Mr. BROUN of Georgia. Then if doctors are cut more, that's through Medicare and Medicaid today, if doctors' payments are cut even more, what's going to happen to a senior's doctor who is out there trying to take care of folks now and being underpaid by Medicare? What do you think is going to happen? What is the doctor's response going to be? What does it have to be?

Mr. FLEMING. Again, to look at the fundamentals of economics, today doctors are paid on average 80 percent of the cost of the care they provide. The rest is made up on private insurance. And if you cut that further, then physicians will find not only can they not break even on providing care to Medicaid recipients, they are going to lose money. And they can't afford to do that. They can't make payroll. They can't pay their light bill, their rent and so forth if they can't make enough money from their patients.

So the bottom line here is the basic dishonesty of this bill. It says that a half trillion dollars will be cut out of Medicare and it's going to come out of fraud, waste and abuse. After 40 years, no one has been able to figure out how to do that. No one advances a methodology for doing that today. And so if you add already the fact that physicians are paid less than their costs, an impending cut of 21 percent of their reimbursement and perhaps more in future years, and then another half trillion dollars, which is going to go against them and hospitals, what we're basically doing is telling seniors, Forget it; we're taking your health care, and we're giving it to other people.

□ 1700

Mr. BROUN of Georgia. That is right, and that is what the Cost Effectiveness Panel is going to tell seniors is you just can't get that surgery, you just can't get that test you need. But doctors are going to quit seeing Medicare patients is what is going to happen. I have talked to a lot of physicians. So seniors particularly are going to lose, because they are not going to get the medical services that they need to keep them healthy and keep them living, plus they are going to lose their doctor that they have trust in today.

In fact, in some communities, some patients have difficulty finding a doctor who will take Medicare, and a lot of communities, even in my own community, patients are having a hard time finding a doctor that will take Medicaid, or PeachCare, which is the Georgia SCHIP, State Child Health Insurance Program payment.

Doctors are going to be forced to abandon their acceptance of these patients. They want to see these patients, but they are not going to be able to do so because of the economic squeeze upon the doctors. Right now doctors are being paid less than what it costs them to actually give the service.

Mr. FLEMING. If the gentleman would yield, I would like to extend that another step. Remember that I said earlier the only way doctors are making it now is that private insurance is making up the difference, it is making up the gap, on average $1,800 per family per year that is insured.

Mr. BROUN of Georgia. That is not fair either to the private side.

Mr. FLEMING. No. Absolutely. What this bill will do is not only gut Medicare and reduce the reimbursements to physicians already, but it is going to deliberately push people from private insurance, because this so-called competition is going to be an artificial market, which is really a low-ball, and it is going to force employers to push their employees onto this. So you will see Medicare enlarging. And when I say that, I don't necessarily mean in a generic way.

Just today, the Democratic Party released a trial balloon, saying, well, instead of calling it a public option, let's call it Medicare for everyone. Every physician will be paid at the Medicare rates for all these new patients.

So what you have in the end, just to summarize, is a growing Medicare pool or universe and a shrinking private insurance, which will drive insurance costs up steeply, and you will be left with basically a collapsed private insurance market.

Mr. BROUN of Georgia. That is the reason we know that millions of people are going to lose their private health insurance, because they are going to be forced off of it and forced into this so-called public option, this government, bureaucrat-run, socialized health care system. And we already see we have several government, bureaucrat-run health care systems, Medicare being probably the most notable one, which is already rationing care.

It tells me as a doctor and you as a doctor when we can put a patient in the hospital or not and how long they can stay there or not, whether they can get a medication or other types of treatments or not. And they want to put everybody in that kind of system? I think not. That is not what is in the best interests of the American people. The American people need to understand this.

We have also been joined by another good friend of mine, also from Louisiana. We are blessed in the Republican Conference with three excellent physicians from the State of Louisiana. Dr. BILL CASSIDY is a gastroenterologist, and he has been working in a public hospital for years and taking care of patients that have had problems with health insurance.

Dr. BILL CASSIDY is one of the sages of the freshman class and an excellent physician from Louisiana. We are blessed to have him here tonight, and we are blessed to have you, Dr. CASSIDY, in the Congress to help us discuss the issues about health care finance reform.

This whole discussion is not about health care reform. We have got the best health care system in the world. Some of the Democrats will refute that statement, but, factually, people come from all over the world for our health care because it is the best in the world.

Dr. CASSIDY, thank you for joining us tonight. I will be glad to yield to you for a while.

Mr. CASSIDY. Thank you, Dr. BROUN. I am pleased to be here.

Let me start off by saying I actually totally agree with our Democrat colleagues on the goals of health care reform. We have to control costs. By doing so, you can create access to high quality care.

As you mentioned, I have been working in a hospital for the uninsured for 20-something years, a public hospital in Louisiana, part of our safety net system, so it occurs to me that I know firsthand the need to control costs. In our budget, there is a fixed budget, if you will. If we exceed that, then we don't have the ability to provide more access. We do have to form those long lines. And I kind of applaud the President because he recognizes the need to control costs.

For example, he has more than once said that the price of failure is that costs will double over the next 10 years. In fact, I think the President has said that without his reforms or the reforms he agrees with, that we know that the costs will double over the next 10 years and they will be out of control. I think he recognizes that cost control is one of the three legs of the stool. Again, we must control costs in order to ensure access to high quality care.

But we on the Republican side, I think, have continually pointed out that his programs will lead to higher costs, not lower costs, and that is of concern to me, who has worked in a public hospital, that knows that once costs are out control, then you inevitably have a decrease in access.

I was struck today that there is an independent article that just came across the Associated Press that under the proposed overhauls, the U.S. health care tab would grow. That is the headline. And this is an analysis by the Health and Human Services Department looking at the impact of H.R. 3200 upon overall health care costs.

Mr. BROUN of Georgia. Tell me it is not so. It is going to go up? The health care costs are going to go up?

Mr. CASSIDY. You know, in one sense, in one sense it is almost humorous, and in another sense, it is almost tragic. Because what we have been saying all along is that under these proposals, costs actually go up, and we know in our practice when that cost goes up, inevitably there is some sort of squeeze-down on people's access to high quality care.

By this, which is an independent government economist, this is the Medicare Office of the Actuary, it says that the report found that health care would account for 21.3 percent of the U.S. economy in 2019 under these reforms, slightly more than an estimated

share of 20.8 percent of the economy if no bill passes.

Additionally, it says that with the exception of the proposed reductions in Medicare, the legislation would not have a significant impact upon future health care gross costs. It adds, it is doubtful that the proposed Medicare cuts will stay in.

What we are seeing is that when the President says that reform must be done or costs will double, indeed, under their reform plan, costs more than double.

Another report by the Congressional Budget Office suggests that under the reform plans before us, including the Senate Finance Committee, that the rate of inflation will be 8 percent per year. That is compounded. That more than doubles costs. At a minimum, reform should not be more expensive than the status quo if cost is the issue.

So, Dr. BROUN, I want to return, I think you are right on when you spoke earlier about your bill, and, of course, I am a cosponsor of H.R. 3400, which includes things such as Health Savings Accounts, that actually can bend the cost curve.

I was speaking to a woman back home who does small group insurance. I called her up and I said, If you have a family of four with an HSA and a wraparound catastrophic policy versus a family of four with the traditional insurance policy, what is the rate of inflation?

She said, Well, with the Health Savings Account and the wraparound catastrophic, about 6 percent per year. Now, that actually begins to bend the cost curve down. She said, though, for the traditional insurance policy, it is more along the lines of 9 to 11 percent per year.

So I think what we in this delegation, this conference, have found is that if we empower patients, if we do what a Health Savings Account does, which is take a portion of that health insurance premium, puts it into an account, and if the patient has money left over at the end of the year, it belongs to the patient, she can roll it over into the account the subsequent year, as opposed to a program which empowers government, which is a top-down, central planning Medicaid-Medicare type of program, which, as good as they are, nonetheless have inflation rates which are higher than the inflation rates for even traditional insurance policies. If we go with the patient-empowered process, we control costs. If we go with the same paradigm as this report states, we actually increase costs, the kind of government paradigm.

If I can defer to my colleague from Shreveport, Dr. FLEMING actually has a very nice story about how they brought Health Savings Accounts into their small group and indeed lowered costs.

Mr. FLEMING. I appreciate your yielding for a moment.

Absolutely true. Apart from being a family physician for over 30 years, I have owned small nonmedical businesses for a number of years, over 20 years, and we ran into this same escalation problem, 9, 10, 12, 15 percent, really, per year. Finally we said, What can we do to resolve this? And the Health Savings Account had been enacted again by the Republicans just shortly before that, and I studied it.

I used my background as a physician in the economics of medicine and I said, You know what? This, in effect, connects the patient, in this case me and my employees, back to the real cost of care. It should have a remarkable impact bending the cost curve down. We didn't use that term then because it hadn't been used. But to make a long story short, we implemented it. We are about 7 years down the road now, and our net increase in inflation cost has been less than 3 percent per year.

Mr. BROUN of Georgia. That is outstanding.

Let's go back to something we said with both of you, Dr. FLEMING as well as Dr. CASSIDY. H.R. 3200, the Pelosi-ObamaCare bill, is going to raise overall costs of health care in this country. It is not going to lower the cost; it is going to raise the cost. Not only do we have this administration estimate that it is going to increase the cost, but even CBO said it is going to increase the cost. CBO said it is not going to cover everybody.

Mr. CASSIDY. CBO, if I may, the Congressional Budget Office, because I find sometimes we get used to these terms, but the independent arm of Congress that evaluates the fiscal matters, if you will, whether or not something costs more or less or is just right, the Congressional Budget Office says the rate of growth will be 8 percent per year under the plans before us from the House Democratic leadership and the Senate Finance Committee, and that more than doubles costs in 10 years.

Mr. BROUN of Georgia. Absolutely. So it is going to cost more money for everybody, and it is going to cost jobs. Millions of people are going to be put out of work by the ObamaCare bill. And we have got all these bills. Every folder has a different bill that the Republicans have introduced, many, many alternatives, that will lower the cost, let me repeat that, lower the cost for everybody and get more people on insurance.

We have also been joined tonight by another good friend, a freshman from Tennessee who has been very eloquent in telling us about the Tennessee experiment that is exactly the same experiment, the same program that NANCY PELOSI and Barack Obama and HARRY REID are trying to force upon the American public called TennCare. It didn't work in Tennessee and it is not going to work here. In fact, one of the definitions of insanity is doing the same thing over and over again and expecting different results.

We have already done it, haven't we, Dr. ROE?

Mr. ROE of Tennessee. Well, Dr. BROUN, we have. Let me say I was here this morning early, and I came to this Congress, I practiced medicine, OB–GYN, delivered almost 5,000 babies, and I came to this Congress with a nonpartisan background as the mayor of Johnson City, Tennessee. That was my political background. So I came here to try to help be part of this great health care debate.

How I started my time off was I brought every think tank that I could find—Brookings Institute, which is a left-leaning think tank, Heritage Foundation, Cato, AEI—into my office and sat down and listened to them and said, What is the problem? How do we define the problem of our country right now as far as health care is concerned?

One of them was escalating costs. How do we deal with that? How do we deal with the uninsured and how do we deal with preexisting conditions?

I think the thing that troubles most of us out there, and me as an individual, quite frankly, is if you lose your job, you lose your health care. That is something that everyone in this country fears, and certainly in a bad job market. So I thought about that at great length and brought some basic principles which we have, and I stood on the House floor this morning and heard three different individuals say that there were no other plans out there.

□ 1715

That is absolutely false.

Mr. BROUN of Georgia. Let me interrupt you and just say that we hear that over and over again. We hear claims from the Democrats that the Republicans don't have a plan. Look at all these bills. Every folder has a Republican bill in it. I have my own there. Many other Members, all these are Republican plans, Republican bills to help rein in the costs and give people more options.

Mr. ROE of Tennessee. Well, Dr. BROUN, if you'll yield back.

Mr. BROUN of Georgia. Yes, sir.

Mr. ROE of Tennessee. And I heard my good friends, Dr. FLEMING from Louisiana and Dr. CASSIDY, both mention this. But I looked at it, and I thought How can we make insurance portable? How do you affect preexisting conditions? If you have a large group market, you don't have a problem with preexisting conditions.

For instance, in our city, where I was mayor, it didn't matter. How did we handle a preexisting condition? We took everyone in. Everyone paid the same rate, and we bought catastrophic coverage in case someone had a leukemia or a cancer or a severe heart problem and covered that issue.

We also used prevention and wellness. And I can tell you there are four organizations in my community, in my area, that have had minimal health care increases in the last 4 to 5 years. How do they do that? Well, they change the incentives from consumption to wellness. And let's say you

came in and you were hypertensive and you had diabetes and you smoked and you were overweight. Well, we would penalize you financially for that. These organizations—and there are businesses there that have been able to hold their costs down—but if you changed and modified your behavior, we rewarded you for that and you would actually earn money by changing your behavior.

And guess what that's done? That's empowered the patient to be in charge of their own health care. And we hear all the time about insurance companies. And I can tell you right now, I'm not sitting here defending an insurance company. And you and I—I'm a surgeon, and I've spent as much time on the phone trying to get an insurance company to approve care than I actually do in the cases. But in our own practice we have about close to 300 people who get their care from our group, 70 providers, 300 or so employees.

What we did, and what I've done, is use this as a health savings account card. And what Dr. CASSIDY was talking about, so people understand how this empowers the individual, is this: so much money, whether it's $2,000 or $3,000 and you go buy first dollar. You're going to shop. I do. If I go get a scan, I want the best price. At the end of that year, if I don't spend that money, it goes into an account, as Doctor FLEMING said. Now, how many people in our group chose to use this? Eighty-four percent, instead of traditional accounts, they used a health savings account.

Mr. FLEMING. Will the gentleman yield on that?

Mr. ROE of Tennessee. Yes.

Mr. FLEMING. On the subject of health savings account—and you heard me say our experience was less than 3 percent increase in costs per year. And you point out that it's the employer's dollars that are going into that account, not the employees. It's pre-tax or nontaxed, really; and it's used at the employee's discretion.

Just a quick example: had a lady who, when we first implemented this, she said, Well, I'm a little concerned because this means that I'll have to pay out of pocket, meaning out of the health savings account for my medications for my respiratory problems. And I said, Well, what is it that you take and how much does it cost? And she says, Well, I use several inhalers. It costs me $100, $150 a month for medication. And I suggested, Well, why don't you stop smoking and you'll save money on the tobacco, and you can stop your inhalers, probably. And sure enough, she did: came back 3 months later and thanked me. She felt better. She had a lot more money in her pocket, and it all had to do with the health savings account.

Mr. BROUN of Georgia. Reclaiming my time, as a family doctor, it's always been a problem for me to get patients to comply with these wellness suggestions that I make that Dr. ROE is taking about. I talked to a hospital administrator in my district Monday, and he told me that their health insurance plan for their employees has a $2,500 deductible. But what they put in place was, if a patient smoked, they would pay a $2,500 deductible. If they have high blood pressure, they pay a $2,500 deductible. Diabetes, if they didn't lose weight and control their sugar, they had a $2,500 deductible for everybody.

But if you don't smoke, they'd give you a $500 credit. If you controlled your blood pressure, they'd give you another $500 credit. If you controlled your blood sugar, another $500 credit. If you lose weight, another one. And people could actually, by doing these things that we all suggest to our patients to make them healthier, and make them less liable to expend health care dollars, people could actually get credits so they had no deductible. And if an employee didn't have those problems, then they didn't have the deductible because they were already under control, their blood pressure was controlled, their sugar was controlled, et cetera.

So going back to what Dr. ROE said, it was an excellent way of getting their employees to help take care of themselves and lower the cost for them as a company, plus it lowered the cost for all of their employees too. We've also been joined by my good friend, ROY BLUNT from Missouri; and we welcome you, Mr. BLUNT, anytime for, not only this Doctors Caucus Special Order, but you've got—you're very sage on these issues and I yield to you, sir.

Mr. BLUNT. Well, I thank the gentleman for yielding. It's good to be here on the floor with so many of our Republican doctors. When you're in a debate on health care, and you can say, Doctor, Doctor, Doctor, Doctor, you'd probably better be in a discussion on health care. And I want to say that our Republican doctors have really been doing a great job leading on this issue. Many of them were on the health care solutions group that I led and, you know, we haven't produced an 1,100-page bill or a 1,500-page bill. But there's lots of legislation out there that Republicans are for that would change health care in the right way and a lot of it that you as individuals are supporting as well.

And one thing I've heard, Dr. BROUN, all over the summer, throughout the summer and now into these early months of the fall, is why do we have bills that nobody can read, that nobody can understand and certainly, in health care? I suppose if you're on the other side of this issue and you're trying to come up with a health care plan that costs $1 trillion, maybe it all has to work together. You have to have the taxes, you have to have the mandatory insurance for every American, you have to penalize small businesses that don't create insurance for their employees, maybe it all does have to come together.

Certainly in our plan, you can take the bills that we're individually involved in and collectively involved in, for medical liability reform, nothing else has to pass for that medical liability reform bill to save $54 billion. Nothing has to pass for our associated health association health plans bill to be out there and suddenly allow lots of people to have access to health care that they don't have right now. Nothing else that I'm for has to pass for fair tax treatment so that if you get your insurance on your own, you have the exact same tax treatment that the biggest company in America has if they give insurance to people.

So we've got lots of bills out there. There are Republican solutions. The biggest misleading thing said in this debate, which has lots of misleading elements to it, is you can either do what the administration wants to do, or you can do nothing. There are lots of choices between what the administration wants to do and nothing. They reform health care without devastating taxpayers. And that's what we're doing. And, again, nobody has been better on talking about the doctor/patient relationship and what you do to be sure that doesn't become the bureaucrat/patient relationship than our doctors, and I'm glad to be here on the floor with you and look forward to being part of this discussion for a few minutes.

Mr. BROUN of Georgia. Mr. BLUNT, I want to point out here we have all these folders here on the desk. Each one contains a Republican bill to help reform the health care financing. Every single one of these, these are all Republican bills that have been introduced in this House of Representatives. Not one will see the light of day if NANCY PELOSI wants to bury them as she has thus far. Every single one of these is a plan that I think we could get a lot of Democrats, if they would ever have the ability to look at them and consider them.

But it's unfortunate that this leadership is saying it's either the Obama way or no way. And then they come and literally lie about us not having a bill. Just this morning during Special Orders, Democrats came in and said we don't have a bill. Here they are. The American people need to understand that.

Mr. BLUNT. If the gentleman would yield, we have plenty of alternatives, and I'm absolutely confident that if you ask the American people would you rather have one 1,500-page bill—I actually heard today that the Senate bill, the Baucus bill, is over 1,500 pages. Would you rather have one 1,500-page bill, or would you rather have 15 bills that were all less than 100 pages that you could debate one at a time, that you could change the system in a way that people understand exactly what you're doing, and that you don't devastate future generations with a health care plan that just simply can't be paid for when we have reforms that would

create a lower cost of health care generally, lower cost of taxpayer-provided health care specifically, and not add to the Federal deficit.

And I know the answer to that, doctors. I know the answer to that and you do too. You all were at the town hall meetings. You've been on telephone town halls. And people are tired of bills where the answer, where the problem is hidden somewhere in the bill and nobody can find it. And believe me, if there's a 1,500-page bill, if this Congress stays true to form, there will be a 1,500-page substitute put on the table the day we're asked to vote on it, and nobody will have possibly had time to read it.

The bills right behind you are not only the Republican solutions to this problem, but they're also the way the American people would like to see this problem solved, and we're working hard to do that. We'd just like to have an opportunity to present these bills. We'd like to have an opportunity to have a hearing on these bills. We'd love to have an opportunity for these bills to be debated on the House floor. So far nobody's given us that opportunity at any level.

Mr. BROUN of Georgia. Thank you, Mr. BLUNT. I appreciate it and appreciate your chairing the task force to look at the health care from the Republican Conference side. We've also been joined by my dear friend and colleague, one of my mentors actually, Dr. PHIL GINGREY, OB–GYN from Georgia. He grew up in Augusta, Georgia, that I represent. He was slightly ahead of me in medical school at the Medical College of Georgia, and we're just very honored to have you, Dr. GINGREY. I yield to you, sir.

Mr. GINGREY of Georgia. Mr. Speaker, I appreciate my colleague, Dr. BROUN, for yielding and for controlling the time and my colleagues Dr. ROE and Dr. FLEMING. And plus we just heard, Mr. Speaker, from ROY BLUNT, former majority whip, long-term member of our leadership. And talking about wouldn't it be better to have fifteen 100-page bills that we could look at and study and understand and take up in a very deliberative manner rather than one 1,500-page bill, or in the case of the House bill, H.R. 3200, I think, Mr. Speaker, we're talking about maybe 1,200 pages.

But, again, you hear this over and over again, whether it's the Sunday morning talk shows or inside the beltway up here, people accuse even President Obama suggesting that we weren't bringing him any good ideas, any meaningful ideas or, you know, the party of ''no.'' Well, Dr. BROUN and I and others have spoken about we'll accept that accusation if you spell it correctly, K-N-O-W.

And those bills behind him, behind my colleague from Athens, attest to that fact. And probably my colleagues have already mentioned this. But just in our GOP Doctors Caucus, there are about 12 of us, and I was just looking at a list of bills on health care that have been introduced. Probably most of them are in those binders behind Dr. BROUN.

□ 1730

But Dr. BOOZMAN from Arkansas has three different bills, Dr. BOUSTANY from Louisiana—cardiothoracic surgeon—two bills; Dr. MICHAEL BURGESS, our colleague from Texas, OB–GYN, has six different bills, including a paid-for doctor fix elimination of that SGR. Dr. BROUN has a great bill himself, H.R. 227; Dr. CASSIDY has a bill; Dr. FLEMING has H.R. 615; Dr. JOHN LINDER; TIM MURPHY, our colleague from Pennsylvania, has two bills; Dr. RON PAUL from Texas has six different bills; MIKE SIMPSON from Idaho has a bill.

Let me just say real quickly, Mr. Speaker, because I know our time is running short, but you talk about a simple bill, an easy to understand, easy-read bill, my bill, H.R. 3700, here it is, Mr. Speaker. Here it is right here. This is easy. If you drop this bill, it just kind of floats down. But it is so important because H.R. 3700, Ten Prescriptions for Healthy America—I can run through them quickly and not take up too much of my colleagues' remaining time.

Number one, no government-run health plan. I hope my Democratic colleagues on the majority side haven't forgotten what people were telling them in August despite this recent poll they came out with. I think they need to think about that. People don't want a government-run health care plan. They certainly don't want cuts in senior care, that's $500 billion out of a Medicare system and literally gutting Medicare Advantage.

No new deficit spending. And the President said, Hey, not a dime will we add to the deficit. No new taxes. No ration of care, particularly for our seniors. They don't want to get thrown under the bus just so we can spend $1.5 trillion covering an additional 15 million people. That's what, 4 percent of the population—many of whom are young and healthy and really don't want that coverage. No taxpayer coverage for illegal immigrants.

So I could go on and on with these 10, but I know we're running short of time. But it's great to have an opportunity, Mr. Speaker, to let the Democratic majority and their leadership, let the President know we're here, we're ready. You say your door's open, we're knocking on it. We're ready to come in and present some of these ideas.

I yield back to my friend from Athens.

Mr. BROUN of Georgia. I want to go back to Dr. ROE for a minute because we've got about 5 more minutes.

In Tennessee, you all put in a government-run health care program, just exactly the same kind of thing that NANCY PELOSI's offering us here in H.R. 3200, or whatever she's writing. We know those things.

Bottom line, very quickly in 30 seconds, did it work, or did it fail, and what was the outcome?

Mr. ROE of Tennessee. Dr. BROUN, what happened was exactly as you point out. In 1993, we were spending $2.6 billion. We had a lot in the State of Tennessee on our Medicaid plan. We changed to a plan called TennCare. By the year 2004, it was a $7.5 to $8.5 billion plan. It tripled the cost. Forty-five percent of the people who got on the plan had private health insurance and dropped it—exactly what's going to happen in the public option. And how did the governor, a Democratic governor, rein in costs? He cut the rolls. He rationed care in that way. And that is exactly what will happen in a public option that we're talking about. We'll go into it in more detail.

Let me take 30 seconds and tell you if we could agree on this and pass a meaningful health care bill, this is all you have to do. Eliminate State lines so you can form association health plans; give tax credits for low-income people to buy affordable health care; have a tax deduction for individuals. Last year I was an individual when I ran for Congress, and I couldn't deduct my health care premiums. It made them 30 percent higher.

Number four, let young people who don't have a job when they get out of high school or college, let them stay on their parents' health care until they're 25, 26 years old. It costs the government a big fat zero. You can cover 7 million young people doing that.

Tort reform and SGR fix. Those are not terribly expensive things to do. I think we can all agree on them. And I believe we can get a meaningful health care plan that doesn't blow up a system that's working for 80 or 85 percent of the people right now.

Mr. BROUN of Georgia. Thank you, Dr. ROE.

TennCare failed?

Mr. ROE of Tennessee. Yes.

Mr. BROUN of Georgia. ObamaCare is going to fail. It's going to wreck our economy, it's going to put people out of work, and seniors are going to be hurt the most by ObamaCare.

We've got just a minute left.

I would like to go back to Dr. FLEMING.

Mr. FLEMING. I just have 15 seconds of a thumbnail little summary I'd like to mention.

If ObamaCare passes, there will be increased taxes for the middle class—which the President promised wouldn't happen—and significantly increased private premiums. It will decrease services to senior citizens. It will explode the budget. And the bottom line is we will pay more for less

Mr. BROUN of Georgia. You're exactly right, Dr. FLEMING. We'll pay more for less, we'll get poor quality care. It's going to destroy the quality of health care in this country.

CBO says it's not going to cover everybody, and we hear our Democratic colleagues say they want to cover everybody, but it's not going to. And it's going to hurt everybody. And it's really going to hurt the middle class.

When the President came and spoke to the joint session of Congress a couple of weeks ago, only one person told the truth, and that was JOE WILSON. JOE WILSON is the only person who told the truth.

The ObamaCare bill is going to give free health insurance to illegal aliens, it's going to pay for abortions, it's going to do a lot of things that people don't like. But the bottom line is people are going to be out of work that are working today. It's going to hurt our economy. It's going to hurt the elderly, because they're going to have their health care services cut, and they're not going to be able to get their services from the doctor or from the hospital that they need and deserve because of ObamaCare. And the American people need to understand these things. Millions of people are going to lose a job and be out on the street, and it's going to hurt our economy.

So the American people need to understand these things and rise up and say ''no'' to ObamaCare. Let us have a bipartisan debate on all of these Republican plans so that we can find commonsense market-based solutions for health care.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3619, COAST GUARD AUTHORIZATION ACT OF 2010

Mr. ARCURI (during the Special Order of Mr. BROUN of Georgia), from the Committee on Rules, submitted a privileged report (Rept. No. 111–311) on the resolution (H. Res. 853) providing for consideration of the bill (H.R. 3619) to authorize appropriations for the Coast Guard for fiscal year 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. RICHARDSON (at the request of Mr. HOYER) for today on account of business in the district.

Mr. CARTER (at the request of Mr. BOEHNER) for today on account of illness.

Mr. WALDEN (at the request of Mr. BOEHNER) for today on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. INSLEE, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. GRAYSON, for 5 minutes, today.

Mr. SABLAN, for 5 minutes, today.

Ms. CHU, for 5 minutes, today.

Mr. KAGEN, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, October 28.

Mr. MORAN of Kansas, for 5 minutes, October 28.

Mr. JONES, for 5 minutes, October 28.

Mr. BURTON of Indiana, for 5 minutes, October 26, 27 and 28.

Mr. DEAL of Georgia, for 5 minutes, October 22.

Mr. POSEY, for 5 minutes, today.

ENROLLED BILLS SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 621. An act to require the Secretary of the Treasury to mint coins in commemoration of the centennial of the establishment of the Girl Scouts of the United States of America.

H.R. 2892. An act making appropriations for the Department of Homeland Security for the fiscal year ending September 30, 2010, and for other purposes.

SENATE ENROLLED BILL SIGNED

The Speaker announced her signature to an enrolled bill of the Senate of the following title:

S. 1818. An act to amend the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 to honor the legacy of Stewart L. Udall, and for other purposes.

BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on October 16, 2009 she presented to the President of the United States, for his approval, the following bills.

H.R. 1016. To amend title 38, United States Code, to provide advance appropriations authority for certain accounts of the Department of Veterans Affairs, and for other purposes.

H.R. 2997. Making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2010, and for other purposes.

Lorraine C. Miller, Clerk of the House also reports that on October 21, 2009 she presented to the President of the United States, for his approval, the following bill.

H.R. 3183. Making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

ADJOURNMENT

Mr. BROUN of Georgia. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 36 minutes p.m.), the House adjourned until tomorrow, Thursday, October 22, 2009, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

4192. A letter from the Assistant Secretary for Financial Stability, Department of the Treasury, transmitting the Department's summary of response to the Special Inspector General for the Troubled Asset Relief Program's (SIGTARP) July 21, 2009 recommendations; to the Committee on Financial Services.

4193. A letter from the Under Secretary of Defense, Department of Defense, transmitting the description of the reorganization of the Department of Defense Education Activity (DoDEA) that affects the defense dependents' education system, pursuant to 20 U.S.C. 924; to the Committee on Education and Labor.

4194. A letter from the Secretary, Department of Health and Human Services, transmitting a report entitled, ''High Risk Pool Grant Program for Federal Fiscal Years (FFYs) 2006 and 2007''; to the Committee on Energy and Commerce.

4195. A letter from the Chairman, Federal Energy Regulatory Commission, transmitting the Commission's strategic plan for fiscal years 2009 through 2014; to the Committee on Energy and Commerce.

4196. A letter from the Acting Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report concerning efforts made by the United Nations and the Specialized Agencies to employ an adequate number of Americans during 2008, pursuant to 22 U.S.C. 276c-4; to the Committee on Foreign Affairs.

4197. A letter from the Director, International Cooperation, Department of Defense, transmitting Pursuant to Section 27(f) of the Arms Export Control Act and Section 1(f) of Executive Order 11958, Transmittal No. 18-09 informing of an intent to sign a Project Agreement with Italy; to the Committee on Foreign Affairs.

4198. A letter from the Director, International Cooperation, Department of Defense, transmitting Pursuant to Section 27(f) of the Arms Export Control Act and Section 1(f) of Executive Order 11958, Transmittal No. 15-09 informing of an intent to sign a Project Agreement with Australia; to the Committee on Foreign Affairs.

4199. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting pursuant to section 3(d) of the Arms Export Control Act, as amended, certification regarding the proposed transfer of major defense equipment from the Kingdom of the Netherlands (Transmittal No. RSAT 09-1864); to the Committee on Foreign Affairs.

4200. A letter from the Deputy Secretary, Department of the Treasury, transmitting as required by section 401(c) of the National Emergency Act, 50 U.S.C. 1641(c), and section 204(c) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(c), and pursuant to Executive Order 13313 of July 31, 2003, a six-month periodic report on the national emergency with respect to significant narcotics traffickers centered in Colombia in Executive Order 12987 of October 21, 1995; to the Committee on Foreign Affairs.

4201. A letter from the Chairman, Council of the District of Columbia, transmitting

District of Columbia Council: a copy of D.C. ACT 18-206, ''Unemployment Compensation Additional Benefits Program Temporary Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4202. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-205, ''Unemployment Compensation Administrative Modernization Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4203. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-204, ''Medical Insurance Empowerment Surplus Review Temporary Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4204. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-203, ''District Residency RIF Protection Temporary Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4205. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-202, ''National Guard Morale, Welfare and Recreation Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4206. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-201, ''Pension Vesting Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4207. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-192, ''Residential Aid Discount Subsidy Stabilization Temporary Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4208. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-191, ''Heat Wave Safety Temporary Amendment Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4209. A letter from the Chairman, Council of the District of Columbia, transmitting District of Columbia Council: a copy of D.C. ACT 18-190, ''Loree H. Murray Way Designation Act of 2009'', pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

4210. A letter from the Secretary, Department of Health and Human Services, transmitting a petition filed on behalf of workers from Norton Company Worcester, Massachusetts, to be added to the Special Exposure Cohort (SEC), pursuant to the Energy Employees Occupational Illness Compensation Program Act of 2000; to the Committee on the Judiciary.

4211. A letter from the Secretary, Department of Health and Human Services, transmitting a petition filed on behalf of workers from Lake Ontario Ordnance Works in Niagara Falls, NY, to be added to the Special Exposure Cohort (SEC), pursuant to the Energy Employees Occupational Illness Compensation Program Act of 2000; to the Committee on the Judiciary.

4212. A letter from the Assistant Attorney General, Department of Justice, transmitting the Department's report on the Enforcement of Sex Offender Registration Requirements 2008-2009, pursuant to Public Law 109-248, section 635; to the Committee on the Judiciary.

4213. A letter from the Director, Bureau of Prisons, Department of Justice, transmitting report on post-release mentoring for ex-offenders, pursuant to Public Law 110-199, section 213; to the Committee on the Judiciary.

4214. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Documentation of Nonimmigrants Under the Immigration and Nationality Act, As Amended; Requirements for Aliens in Religious Occupations; to the Committee on the Judiciary.

4215. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Large Passenger Vessel Crew Requirements [USCG-2007-27761] (RIN: 1625-AB16) received October 6, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4216. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone: Robert Moses Causeway Bridge State Boat Channel, Captree, New York [Docket No.: USCG-2009-0755] (RIN: 1625-AA00) received October 6, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4217. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Cape Charles Tomato Festival Fireworks Event, Chesapeake Bay, Cape Charles, VA [Docket No.: USCG-2009-0529] (RIN: 1625-0529] received October 6, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4218. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; San Clemente Island Northwest Harbor October and November Training; Northwest Harbor, San Clemente Island, CA [Docket No.: USCG-2009-0747] (RIN: 1625-AA00) received October 6, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4219. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Naval Training October and November; San Clemente Island, CA [Docket No.: USCG-2009-0748] (RIN: 1625-AA00) received October 6, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4220. A letter from the Secretary, Department of Health and Human Services, transmitting a draft of proposed legislation entitled the ''Multilateral Child Support Convention Implemetation Act of 2009''; jointly to the Committees on Ways and Means and the Judiciary.

4221. A letter from the Director, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1855-DR for the Commonwealth of Kentucky; jointly to the Committees on Transportation and Infrastructure, Appropriations, and Homeland Security.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. RAHALL: Committee on Natural Resources. H.R. 1061. A bill to transfer certain land to the United States to be held in trust for the Hoh Indian Tribe, to place land into trust for the Hoh Indian Tribe, and for other purposes; with an amendment (Rept. 111–306). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 1471. A bill to expand the boundary of the Jimmy Carter National Historic Site in the State of Georgia, to redesignate the unit as a National Historical Park, and for other purposes; with an amendment (Rept. 111–307). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 2008. A bill to authorize the Secretary of the Interior to facilitate the development of hydroelectric power on the Diamond Fork System of the Central Utah Project; with an amendment (Rept. 111–308). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 2489. A bill to authorize a comprehensive national cooperative geospatial imagery mapping program through the United States Geological Survey, to promote use of the program for education, workforce training and development, and applied research, and to support Federal, State, tribal, and local government programs; with amendments (Rept. 111–309). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 715. A bill to expand the boundary of Saguaro National Park, to study additional land for future adjustments to the boundary of the Park, and for other purposes (Rept. 111–310). Referred to the Committee of the Whole House on the State of the Union.

Ms. MATSUI: Committee on Rules. House Resolution 853. Resolution providing for consideration of the bill (H.R. 3619) to authorize appropriations for the Coast Guard for fiscal year 2010, and for other purposes (Rept. 111–311). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. BROWN of South Carolina:

H.R. 3885. A bill to direct the Secretary of Veterans Affairs to carry out a pilot program on dog training therapy; to the Committee on Veterans' Affairs.

By Mr. FILNER:

H.R. 3886. A bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to reimburse certain volunteers who provide funeral honors details at the funerals of veterans; to the Committee on Veterans' Affairs.

By Mr. BLUNT (for himself, Mr. BARTON of Texas, Mr. CAMP, Mr. KLINE of Minnesota, Mr. UPTON, and Mr. WITTMAN):

H.R. 3887. A bill to amend the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code of 1986 to improve health insurance coverage of dependents; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FARR (for himself, Mr. BERMAN, Mr. BLUMENAUER, Mrs. CAPPS, Mrs. CHRISTENSEN, Mrs. DAVIS of California, Mr. DICKS, Mr. DOGGETT,

Ms. ESHOO, Mr. FILNER, Mr. FRANK of Massachusetts, Mr. GRIJALVA, Ms. HIRONO, Mr. HOLT, Mr. HONDA, Ms. LEE of California, Ms. ZOE LOFGREN of California, Mrs. MALONEY, Ms. MATSUI, Mr. MORAN of Virginia, Mr. NADLER of New York, Mrs. NAPOLITANO, Mr. PALLONE, Mr. ROTHMAN of New Jersey, Mr. STARK, Mr. THOMPSON of California, Mr. WAXMAN, and Ms. WOOLSEY):

H.R. 3888. A bill to amend the Federal Water Pollution Control Act to establish national standards for discharges from cruise vessels; to the Committee on Transportation and Infrastructure.

By Mr. BROUN of Georgia:

H.R. 3889. A bill to amend the Internal Revenue Code of 1986 to repeal the percentage floor on medical expense deductions, expand the use of tax-preferred health care accounts, and establish a charity care credit, to amend the Social Security Act to create a Medicare voucher program and reform EMTALA requirements, and to amend Public Health Service Act to provide for cooperative governing of individual health insurance coverage offered in interstate commerce; to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. KANJORSKI (for himself, Mr. CAPUANO, Ms. KILROY, Mr. CLEAVER, and Ms. KOSMAS):

H.R. 3890. A bill to amend the Securities Exchange Act of 1934 to enhance oversight of nationally recognized statistical rating organizations, and for other purposes; to the Committee on Financial Services.

By Mr. BRADY of Pennsylvania:

H.R. 3891. A bill to improve research on health hazards in housing, to enhance the capacity of programs to reduce such hazards, to require outreach, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Financial Services, and Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BUTTERFIELD (for himself, Ms. FOXX, Mr. SHULER, Mr. COBLE, Mr. WATT, Mr. PRICE of North Carolina, Mr. ETHERIDGE, Mr. KISSELL, Mrs. MYRICK, Mr. JONES, Mr. MILLER of North Carolina, Mr. MCINTYRE, and Mr. MCHENRY):

H.R. 3892. A bill to designate the facility of the United States Postal Service located at 101 West Highway 64 Bypass in Roper, North Carolina, as the ''E.V. Wilkins Post Office''; to the Committee on Oversight and Government Reform.

By Mr. CASTLE:

H.R. 3893. A bill to establish the First State National Historical Park in the State of Delaware, and for other purposes; to the Committee on Natural Resources.

By Mrs. DAHLKEMPER:

H.R. 3894. A bill to amend the Public Health Service Act to authorize a community-based overweight and obesity prevention program; to the Committee on Energy and Commerce.

By Mrs. DAHLKEMPER:

H.R. 3895. A bill to authorize the Secretary of Health and Human Services to conduct or support research and demonstration projects on the use of financial and in-kind subsidies and rewards to encourage individuals and communities to promote wellness, adopt healthy behaviors, and use evidence-based preventive health services, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. EMERSON:

H.R. 3896. A bill to amend title XVIII of the Social Security Act to improve access to health care for individuals residing in underserved rural areas, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GALLEGLY (for himself and Mr. LAMBORN):

H.R. 3897. A bill to amend section 12 of the United States Housing Act of 1937 to treat income changes resulting from welfare program requirements for families residing in housing receiving project-based subsidies under section 8 of such Act similarly to such changes for families residing in public housing or receiving tenant-based assistance under such section; to the Committee on Financial Services.

By Mr. LAMBORN (for himself, Mr. AKIN, Mr. AUSTRIA, Mrs. BACHMANN, Mr. BARTLETT, Mr. BISHOP of Utah, Mrs. BLACKBURN, Mr. BROUN of Georgia, Mr. BROWN of South Carolina, Mr. COFFMAN of Colorado, Mr. COLE, Mr. CONAWAY, Ms. FALLIN, Mr. FORBES, Mr. FRANKS of Arizona, Mr. DAVIS of Kentucky, Mr. GINGREY of Georgia, Mr. HARPER, Mr. HUNTER, Mr. SAM JOHNSON of Texas, Mr. JORDAN of Ohio, Mr. KING of Iowa, Mr. KLINE of Minnesota, Mr. LATTA, Mr. MARCHANT, Mr. POSEY, and Mr. WAMP):

H. Res. 852. A resolution recognizing and commending Biblica for contributions made to the United States, and for other purposes; to the Committee on Oversight and Government Reform.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 211: Mr. LATOURETTE and Mrs. NAPOLITANO.
H.R. 235: Ms. VELÁZQUEZ.
H.R. 303: Mr. HALL of Texas, Mr. SIRES, and Mr. TIM MURPHY of Pennsylvania.
H.R. 444: Mr. SHULER.
H.R. 618: Mrs. NAPOLITANO.
H.R. 690: Ms. LINDA T. SÁNCHEZ of California and Mr. FRELINGHUYSEN.
H.R. 745: Ms. PINGREE of Maine.
H.R. 795: Ms. MOORE of Wisconsin, Mr. THOMPSON of Mississippi, and Mr. DAVIS of Illinois.
H.R. 868: Mr. GRIJALVA, Mr. LANCE, and Ms. SHEA-PORTER.
H.R. 916: Ms. SCHWARTZ and Mr. TONKO.
H.R. 930: Mr. RANGEL and Mrs. CAPPS.
H.R. 1086: Mr. BLUNT.
H.R. 1175: Mr. BUCHANAN.
H.R. 1182: Mr. GOHMERT, Mr. MCGOVERN, Mr. ANDREWS, Mr. SMITH of WASHINGTON, Mr. HALL of New York, and Mr. WALZ.
H.R. 1210: Ms. SLAUGHTER.
H.R. 1237: Mr. KILDEE.
H.R. 1255: Mr. ROONEY and Ms. SLAUGHTER.
H.R. 1278: Ms. FUDGE, Mr. MEEKS of New York, Ms. CORRINE BROWN of Florida, Mr. MEEK of Florida, Mr. DAVIS of Illinois, and Mr. THOMPSON of Mississippi.
H.R. 1283: Mr. SALAZAR.
H.R. 1308: Ms. SCHAKOWSKY.
H.R. 1326: Mr. HALL of New York and Mr. COURTNEY.
H.R. 1378: Mr. TURNER, Ms. SHEA-PORTER, and Mr. WITTMAN.
H.R. 1402: Mr. SNYDER.
H.R. 1430: Mr. SHIMKUS.
H.R. 1479: Mr. DRIEHAUS and Ms. PINGREE of Maine.
H.R. 1549: Mr. HALL of New York.
H.R. 1583: Mr. VAN HOLLEN and Mr. BARROW.
H.R. 1670: Mr. THOMPSON of Pennsylvania.
H.R. 1751: Mr. BECERRA.
H.R. 1766: Mr. CONNOLLY of Virginia, Mr. ISRAEL, Mr. DOGGETT, and Mr. SALAZAR.
H.R. 1816: Ms. SLAUGHTER.
H.R. 1831: Ms. DEGETTE, Mr. BARRETT of South Carolina, Mr. CONYERS, Mr. SOUDER, and Mr. SNYDER.
H.R. 1835: Ms. SLAUGHTER.
H.R. 1849: Mr. LINDER, Mr. WATT, Ms. DEGETTE, Mr. MCHENRY, Mr. LUJÁN, Mrs. NAPOLITANO, Mr. ELLISON, Mrs. MCCARTHY of New York, Mr. BLUMENAUER, and Mr. GONZALEZ.
H.R. 1894: Ms. SLAUGHTER.
H.R. 1977: Mr. CARNEY.
H.R. 1978: Mr. HOLT.
H.R. 1992: Mr. HONDA.
H.R. 2138: Mr. COURTNEY.
H.R. 2139: Mr. MOORE of Kansas.
H.R. 2149: Mr. GORDON of Tennessee.
H.R. 2246: Mr. DRIEHAUS and Mr. CAPUANO.
H.R. 2254: Mr. KISSELL.
H.R. 2256: Mr. TURNER.
H.R. 2261: Mr. COHEN.
H.R. 2262: Mr. BAIRD.
H.R. 2279: Ms. WASSERMAN SCHULTZ, Mr. MCNERNEY, Mr. JACKSON of Illinois, Mr. SIRES, and Mr. LEWIS of Georgia.
H.R. 2377: Mr. FRANK of Massachusetts.
H.R. 2408: Ms. SUTTON and Mr. MCKEON.
H.R. 2452: Mrs. DAHLKEMPER, Mrs. HALVORSON, Mr. BARROW, Ms. GIFFORDS, and Mr. COSTELLO.
H.R. 2459: Mrs. MALONEY.
H.R. 2477: Mr. SHADEGG, Mr. BILIRAKIS, and Mr. OLSON.
H.R. 2478: Mr. LATHAM.
H.R. 2480: Mr. CUMMINGS and Mr. HALL of New York.
H.R. 2517: Mr. PRICE of North Carolina, Mr. RYAN of Ohio, and Mr. COURTNEY.
H.R. 2546: Mr. MCCLINTOCK, Mr. TEAGUE, Mr. LANCE, Mr. CALVERT, Mr. CARNEY, Mr. MOORE of Kansas, Mr. BROWN of South Carolina, Mrs. BLACKBURN, Mr. MINNICK, Mr. JONES, Mrs. EMERSON, and Ms. JENKINS.
H.R. 2547: Mr. ROGERS of Kentucky.
H.R. 2548: Mr. KRATOVIL.
H.R. 2567: Mr. MCNERNEY and Ms. SLAUGHTER.
H.R. 2607: Mr. BLUNT.
H.R. 2628: Mr. HIGGINS, Mr. SPACE, and Mr. BOREN.
H.R. 2681: Mr. FILNER.
H.R. 2739: Mr. HERGER.
H.R. 2819: Mr. PRICE of North Carolina.
H.R. 2866: Mr. PRICE of North Carolina and Ms. BERKLEY.
H.R. 3006: Ms. SUTTON.
H.R. 3012: Ms. WATSON.
H.R. 3017: Mr. DRIEHAUS.
H.R. 3043: Mr. WELCH, Mr. BERRY, and Mr. GRIJALVA.
H.R. 3093: Mr. WOLF.
H.R. 3156: Mr. CONYERS and Mr. MCGOVERN.
H.R. 3217: Mr. KIRK.
H.R. 3310: Mr. AUSTRIA.
H.R. 3380: Mr. BARTLETT, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. WU, Mr. HONDA, and Mr. BURTON of Indiana.
H.R. 3400: Mr. HUNTER.
H.R. 3401: Mr. JACKSON of Illinois, Ms. MOORE of Wisconsin, Ms. MATSUI, Ms. DELAURO, and Ms. BERKLEY.
H.R. 3430: Mr. JACKSON of Illinois.
H.R. 3472: Mr. MICHAUD, Mrs. DAVIS of California, and Mr. MAFFEI.
H.R. 3486: Mr. TIBERI.
H.R. 3487: Mr. PAYNE, Mr. BURTON of Indiana, and Ms. WOOLSEY.

H.R. 3502: Ms. SUTTON and Mr. LARSEN of Washington.

H.R. 3503: Ms. WOOLSEY and Mr. FILNER.

H.R. 3524: Mr. COLE, Mr. POE of Texas, Mr. UPTON, Mr. ALEXANDER, Ms. MARKEY of Colorado, and Mr. WITTMAN.

H.R. 3531: Mr. DELAHUNT.

H.R. 3587: Mr. PETERS.

H.R. 3596: Mr. JACKSON of Illinois, Mr. MCDERMOTT, and Mr. OLVER.

H.R. 3639: Mr. GRIJALVA, Ms. CHU, Ms. MATSUI, Mr. MCGOVERN, Mr. WAXMAN, Mr. LANGEVIN, and Mr. OLVER.

H.R. 3652: Mrs. BLACKBURN, Mr. CASTLE, Mr. MORAN of Virginia, and Mr. ETHERIDGE.

H.R. 3667: Mr. ROONEY, Mr. BOYD, Mr. BILIRAKIS, Ms. CORRINE BROWN of Florida, Mr. BUCHANAN, Ms. CASTOR of Florida, Mr. LINCOLN DIAZ-BALART of Florida, Mr. MARIO DIAZ-BALART of Florida, Mr. HASTINGS of Florida, Mr. WEXLER, Ms. KOSMAS, Mr. MACK, Mr. MEEK of Florida, Mr. MICA, Mr. MILLER of Florida, Mr. POSEY, Mr. PUTNAM, Ms. ROS-LEHTINEN, Mr. STEARNS, Ms. WASSERMAN SCHULTZ, and Mr. YOUNG of Florida.

H.R. 3669: Mr. HARE.

H.R. 3670: Mr. WITTMAN.

H.R. 3672: Mr. MCMAHON.

H.R. 3691: Mr. GUTHRIE, Mr. ROGERS of Michigan, Mrs. BIGGERT, Mr. GINGREY of Georgia, Mrs. EMERSON, Ms. ROS-LEHTINEN, Mr. HERGER, Mr. LINDER, Mr. NUNES, and Mr. DAVIS of Kentucky.

H.R. 3696: Mr. ADERHOLT.

H.R. 3699: Ms. VELÁZQUEZ.

H.R. 3703: Mr. LEE of New York, Mrs. MALONEY, and Mr. COURTNEY.

H.R. 3706: Mr. SAM JOHNSON of Texas, Mr. CULBERSON, and Mr. PITTS.

H.R. 3710: Ms. DEGETTE.

H.R. 3712: Mr. TONKO, Mr. WITTMAN, and Mr. RUPPERSBERGER.

H.R. 3715: Mr. DAVIS of Alabama, Mr. EHLERS, and Mr. RYAN of Ohio.

H.R. 3721: Mr. MASSA and Mr. GENE GREEN of Texas.

H.R. 3723: Mr. LARSEN of Washington.

H.R. 3728: Ms. WATSON.

H.R. 3731: Ms. LEE of California and Mr. DAVIS of Illinois.

H.R. 3734: Mr. BACA, Mr. LUJÁN, Mrs. NAPOLITANO, Mr. REYES, Mr. GONZALEZ, Mr. GENE GREEN of Texas, Mr. ORTIZ, Ms. WASSERMAN SCHULTZ, Mr. YARMUTH, Mr. HARE, Mr. BRADY of Pennsylvania, Mr. PATRICK J. MURPHY of Pennsylvania, Mr. PASCRELL, Mr. RANGEL, Mr. HOLT, Ms. JACKSON-LEE of Texas, Mr. MAFFEI, Ms. ROYBAL-ALLARD, Mr. GRAYSON, Ms. VELÁZQUEZ, Mr. AL GREEN of Texas, Mr. BRALEY of Iowa, Ms. SCHWARTZ, Mr. ARCURI, Ms. WATERS, Ms. CASTOR of Florida, Mr. WAXMAN, Ms. CHU, and Mr. CROWLEY.

H.R. 3745: Mr. HONDA and Mr. LARSON of Connecticut.

H.R. 3749: Mr. WITTMAN.

H.R. 3775: Mr. PRICE of Georgia and Mr. HENSARLING.

H.R. 3778: Mr. ACKERMAN.

H.R. 3790: Mrs. MILLER of Michigan, Mr. HALL of Texas, Mr. LINCOLN DIAZ-BALART of Florida, Mr. WITTMAN, Mr. PUTNAM, and Mr. MICHAUD.

H.R. 3791: Ms. PINGREE of Maine.

H.R. 3799: Mr. PAYNE.

H.R. 3810: Ms. SUTTON, Mr. REYES, Mr. GRIJALVA, Mr. GENE GREEN of Texas, Mr. KANJORSKI, and Mr. FATTAH.

H.R. 3827: Mr. GRIJALVA.

H.R. 3855: Ms. ROYBAL-ALLARD, Mr. GRIJALVA, Mr. CLAY, Mr. CUELLAR, Mr. GENE GREEN of Texas, Mr. GUTIERREZ, Mr. HINOJOSA, Mr. LUJÁN, Mrs. NAPOLITANO, Mr. ORTIZ, Mr. PIERLUISI, Mr. REYES, Mr. RODRIGUEZ, Mr. SIRES, and Ms. VELÁZQUEZ.

H. Con. Res. 42: Mr. SCOTT of Virginia, Mr. FATTAH, Mr. BISHOP of Georgia, Mr. HINOJOSA, and Mrs. CHRISTENSEN.

H. Con. Res. 43: Mr. BISHOP of Georgia, Mr. FATTAH, Mr. HINOJOSA, Mrs. CHRISTENSEN, and Mr. SCOTT of Virginia.

H. Con. Res. 67: Mr. THOMPSON of Mississippi, Ms. FUDGE, Ms. NORTON, Mr. MEEKS of New York, Ms. CORRINE BROWN of Florida, Mr. MEEK of Florida, and Mr. DAVIS of Illinois.

H. Con. Res. 73: Mr. FALEOMAVAEGA.

H. Con. Res. 168: Mr. CONNOLLY of Virginia.

H. Res. 89: Mr. ROONEY and Mr. PETERS.

H. Res. 150: Ms. FUDGE, Ms. NORTON, Ms. CORRINE BROWN of Florida, Mr. MEEK of Florida, Mr. DAVIS of Illinois, and Mr. COOPER.

H. Res. 577: Mr. EHLERS, Mr. LIPINSKI, Mr. BOOZMAN, Mr. OBERSTAR, Mr. WOLF, Mr. SMITH of New Jersey, Mr. BOUSTANY, Mr. ALEXANDER, Mr. CASSIDY, Mr. SENSENBRENNER, Mr. CAO, Mr. LATTA, Mr. GARRETT of New Jersey, Mrs. KIRKPATRICK of Arizona, Mr. WHITFIELD, Mr. BLUNT, Mrs. BONO MACK, and Mr. SULLIVAN.

H. Res. 613: Mr. HALL of New York.

H. Res. 648: Mr. MCNERNEY and Mr. FALEOMAVAEGA.

H. Res. 672: Mr. VAN HOLLEN.

H. Res. 700: Mr. BISHOP of New York and Mr. GRIJALVA.

H. Res. 709: Mr. BUTTERFIELD.

H. Res. 736: Mr. PATRICK J. MURPHY of Pennsylvania, Mr. KANJORSKI, Mr. GUTHRIE, and Mr. CHANDLER.

H. Res. 747: Mr. MORAN of Virginia, Mr. ISRAEL, Mr. REYES, and Mr. ROONEY.

H. Res. 758: Ms. WATERS.

H. Res. 777: Ms. TSONGAS.

H. Res. 796: Mr. PAUL.

H. Res. 801: Mr. LEWIS of Georgia and Ms. EDDIE BERNICE JOHNSON of Texas.

H. Res. 840: Mrs. BACHMANN and Mr. LAMBORN.

H. Res. 841: Mr. PLATTS, Mr. WHITFIELD, and Mr. MORAN of Virginia.

H. Res. 847: Mr. MCKEON, Mrs. BLACKBURN, Mr. ROONEY, Mr. BISHOP of Utah, Mr. INGLIS, Mr. DENT, Mr. BOUSTANY, Mr. CONAWAY, Mr. BARTLETT, Mr. ALEXANDER, Mr. LINCOLN DIAZ-BALART of Florida, Mr. PAULSEN, Mr. ADERHOLT, Mr. WILSON of South Carolina, Mr. ROGERS of Alabama, Mr. FLEMING, Mr. SCHOCK, Mr. COFFMAN of Colorado, Mr. HELLER, Mr. LUETKEMEYER, Mr. HUNTER, Mr. GRAVES, Mr. BILIRAKIS, Mr. EHLERS, Mr. SHULER, Mr. WAMP, Mr. TIM MURPHY of Pennsylvania, Mr. TAYLOR, Mr. FORTENBERRY, Mrs. MCMORRIS RODGERS, Mr. BROUN of Georgia, Mr. MILLER of Florida, Mr. MORAN of Kansas, Mr. REICHERT, Mr. POSEY, Mr. AUSTRIA, Mr. GUTHRIE, Mr. GERLACH, Mr. CRENSHAW, Mr. HARPER, Mr. MCHENRY, Mr. BRADY of Texas, Mr. MCCAUL, Mr. NEUGEBAUER, Mr. SAM JOHNSON of Texas, Mr. THORNBERRY, Mr. FRANKS of Arizona, Mrs. MILLER of Michigan, Mr. UPTON, Mr. FLAKE, Mr. KUCINICH, Mr. MCCOTTER, and Mr. KING of Iowa.

H. Res. 848: Mr. ALEXANDER.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 676: Mr. MEEK of Florida.

H.R. 3012: Mr. MEEK of Florida.