

cases. And it essentially strips victims of the right to bring a claim against drug and medical device manufacturers.

According to a November 2010 study by the Office of Inspector General of the U.S. Department of Health and Human Services about 1 in 7 patients experience a medical error, 44 percent of which are preventable.

These errors cost Medicare \$4.4 billion annually. U.S. Dept. of HHS, Office of the Inspector General, "Adverse Events in Hospitals: National Incidence Among Medicare Beneficiaries" (November 2010.)

AMENDMENT: EXEMPTION FOR IRREVERSIBLE INJURY

Because this bill is so overbroad, I introduced an amendment in the Rules Committee Hearing on H.R. 5, with my colleagues, Congressmen QUIGLEY and HANK JOHNSON, which would have helped to close the wide gaps created by this bill.

My amendment carved out an exemption for healthcare lawsuits for serious and irreversible injury. This would have exempted victims of malpractice that resulted in irreversible injury, including loss of limbs and loss of reproductive ability, from the \$250,000 cap that H.R. 5 imposes on non-economic damages.

As individuals who are blessed to have all of our limbs and use of all of our senses, it is difficult to understand how challenging day-to-day life can be for someone who lacks these things.

However, it is nearly impossible to imagine the stress and challenges faced by someone who has suffered irreversible bodily injury because of the negligence of another.

Imagine going to the hospital for minor pain and leaving with no limbs because of thoughtless mistakes made by the trained experts who are supposed to take care of you.

For Connie Spears, a Texas woman from Judiciary Chairman SMITH's district, this exact nightmare is a reality. As a patient who had dealt with blood clots in the past, and had a filter installed in one of her heart's main arteries, Ms. Spears went into a San Antonio hospital complaining of leg pain. She was made to wait, eventually treated, and was discharged.

However, three days later, when her legs were the color of a cabernet and she was delirious, she called 911. When Spears, who was rendered unconscious, was treated at a different hospital, they determined that the filter in her artery was severely clotted and had caused tissue death in her legs, as well as kidney failure. Weeks later, Connie Spears regained consciousness, and learned that doctors had to amputate not one, but both of her legs in order to save her life.

As a result of negligence by the emergency room doctors who initially treated Ms. Spears, she lost her legs, and nearly her life. To make matters worse, when she attempted to seek the aid of a lawyer to handle her case, she was unable to find an attorney to represent her. She was repeatedly told, "You have a great case, but not in Texas."

In 2003, state lawmakers in Texas passed tort reform laws, similar to the one proposed today, that make it extremely difficult for patients to win damages in any health care setting, but especially emergency rooms. It caps damages at \$250,000, like H.R. 5, and requires patients to prove that emergency room doctors acted with "willful and wanton" negligence—a near impossible standard to prove. A plaintiff would essentially have to show the

medical professional or company had a vendetta against them to recover.

This nightmare has also become a reality for Jennifer McCreedy, a San Antonio single mother who fell and severely injured her ankle and sought treatment at an emergency room. Despite the severity of the break, the bone in her ankle was never set, a common practice done to prevent excess swelling, and she was not seen by an orthopedic surgeon. She was sent home and told to wait until the swelling went down.

However, the swelling did not go down, and a surgery that should have only taken one hour, took four. Because of the swelling, the surgeon had to slice her Achilles tendon, and wounds that refused to heal required grafts.

To date, Ms. McCreedy has endured five surgeries and has been rendered permanently disabled, curbing her ability to work and provide for her family. As a result of the negligence of those emergency room doctors, Ms. McCreedy went from a hard working, financially secure mother and homeowner, to dodging creditors and nearly losing her home to foreclosure.

For victims of malpractice who have suffered irreversible injury, like Connie Spears and Jennifer McCreedy, it is impossible to put a price tag on the stress and pain and suffering they have already endured.

Furthermore, it is outrageous that we would attempt to pass a law that puts a cap on the future challenges they are sure to face. It is inhuman to neglect the emotional price paid by victims of egregious acts that result in such serious, irreparable harm.

We should not deprive patients who have suffered injury as a result of one of these drugs or devices of the right to receive compensation from the manufacturer or distributor of such.

As we strive to become a healthier, more competitive nation, we need all the outstanding doctors, nurses and other health care providers we can get. They must be unconstrained by excessive health care liability premiums. We also need our nation's students to be excited and encouraged to enter the life sciences without the fear of being crushed under the weight of excessive liability premiums.

Placing caps on medical liability recovery does not necessarily lead to lower liability insurance premiums for doctors and health care providers. In fact, there is evidence that insurance companies have raised premiums in states like my home State of Texas and in California which use medical liability caps to reap an unearned profit at a time when health care lawsuits and the damages from those lawsuits were declining.

If it is the intention of this House to pass legislation that will reform the system of medical malpractice liability in a sensible manner, then it is imperative that we strongly consider the amendments offered by myself and my Democratic colleagues last night.

Let's not send a flawed bill to the Senate.

Again, I would like to thank the Chairman and Ranking Member for their work on these bills—though I hold out hope that Members of the Judiciary Committee and this body could come together for the good of the American people.

IN RECOGNITION OF THE THIRD ANNUAL 2012 HARLEM FINE ARTS SHOW

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. RANGEL. Mr. Speaker, I rise today in celebration of National Black History Month to recognize the prestigious Third Annual 2012 Harlem Fine Arts Show at Harlem's historic cathedral, The Riverside Church. The Harlem Fine Arts Show, HFAS, is one of the nation's largest and most prominent collections of works, paintings, photographs and sculptures by both established and emerging African American artists from around the world. The HFAS always takes place during National Black History Month and this year's exhibition kicked-off with a Diversity Prep Youth Day/ Fine Arts Exhibit and Opening Preview Reception on Friday, February 3, with exhibitions on Saturday, February 4 and Sunday, February 5.

Created by Dion Clarke, the Harlem Fine Arts Show was built upon the tradition of the long-established Black Fine Arts Show, which for fourteen years was the premiere show for exhibiting modern and contemporary art and highlighting some of the most diverse and exciting contemporary popular art. As stated by Mr. Clark, "Our event is one of the largest collections of African American art ever assembled for a fine arts show, representing more than 100 artists—a dramatic reminder during Black History Month of the tremendous contribution of African and Caribbean American artists to the global fine arts landscape."

This year's theme, "A Global Celebration" shines a spotlight on artists around the world. The HFAS will feature the art produced by African Americans within our community and from around the world illustrating shared ancestries, injustices, and shared pride. Our Afrocentric art provides a deep sense of connection between generations of Americans and events they may have only heard about. The art of our people demonstrates the struggle, the pain, and the hardships we have endured, and celebrates the joy, the accomplishments and achievements of our past, present and future.

The three day global celebration will showcase the explosion of culture that began with the Harlem Renaissance in the early nineteen hundreds and will include contemporary artist exhibitors and nationally renowned regional galleries. The Harlem Fine Arts Show is pleased to have John Martin, a seasoned exhibition designer of the JP Martin Group, bring together the artwork of some of the most accomplished and influential American artists of African and Hispanic descent.

The renowned photography of James Van Der Zee (June 29, 1886–May 15, 1983), a prominent documentarian of Harlem, New York from 1915 to 1960, will be among the featured artists who also include:

Hérolt Alvares, a Haitian artist born without arms due to a congenital birth defect who began painting at the age of eight, who teaches art to disabled children at St. Vincent's Center for Handicapped Children in Port-au-Prince, Haiti.

Stacey Brown, a visual artist whose creations on glass are inspired by his background in graphic design, with flowing shapes and

contours that express contemporary and edgy artistic style, whose work has garnered acclaim from the Atlanta Journal Constitution, Décor Magazine, and BET's hit reality show, College Hill.

Frank Frazier, a Harlem native whose art career spans over 50 years of perseverance and inspiration, whose genius works depict everything from antagonistic war to jovial jazz concerts.

George Nock, a self-taught artist and former running back with the New York Jets and Washington Redskins, who has distinguished himself among the greatest sculptors of the twentieth and twenty-first centuries through his highly original bronzes.

Kerream Jones, whose work possesses a multifaceted and timeless quality that has led this prolific artist to receive commissions from Verizon Wireless, Pepsi, Upscale Magazine, Atlanta Tribune: The Magazine, the City of Chicago, and various non-profit organizations.

Gwendolyn E. Redfern, a North Carolina native and multi-talented artist who expresses life experiences through her pottery, painting, and mixed media collages.

Najee Dorsey, Founder of Black Art in America and a mixed media artist whose work pays homage to a cast of colorful characters, folk legends and heroes, as well as critiquing aspects of contemporary times.

In accordance with HFAS's commitment to our young scholars, the show will host Diversity Prep Day to give students the opportunity to explore the visual arts, mingle with the artists, and participate in a Youth Information Fair by the show's sponsors and partners.

Mr. Speaker, let me congratulate along with Founder Dion Clark, this year's Mistress and Masters of Ceremony, Barbara Smith and Dan Gasby for your ongoing contributions to Black and American culture. On behalf of my colleagues and a very grateful nation and in celebration of National Black History Month I salute and recognize all of our participating Harlem and world renowned artists and exhibitors of the 2012 Harlem Fine Arts Show.

HONORING AERAS AND THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID) OF THE NATIONAL INSTITUTES OF HEALTH (NIH)

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. VAN HOILEN. Mr. Speaker, I rise today to commend Aeras and the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH) for their innovative partnership to conduct clinical trial research on a tuberculosis vaccine candidate. Aeras and NIAID are leveraging established NIAID-funded clinical trial networks in Africa including the HIV Vaccine Trials Network (HVTN), the HIV Prevention Trials Network (HPTN) and the International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) to accelerate a multi-center Phase II clinical trial of a tuberculosis vaccine candidate.

The two partners are working together in a novel way that capitalizes on existing infrastructure and displays responsible stewardship

of U.S. government resources. The partnership also showcases the innovative capacity of U.S.-based researchers and the willingness of the American people to engage in solving global health problems such as the TB epidemic.

Tuberculosis is the second leading infectious disease killer worldwide, taking the lives of 1.4 million children, women and men each year. It is extremely deadly for people living with HIV. As drug-resistant strains of tuberculosis evade the best tools we have to fight this disease, new tuberculosis vaccines hold promise to finally help eliminate this disease as a public health problem in a cost-effective way.

Aeras is a nonprofit product development partnership leading efforts to develop new vaccines against tuberculosis, with laboratory, vaccine manufacturing and office facilities in Rockville, MD. Aeras works globally with partners in government, foundations, academia and industry to advance the world's most promising TB vaccine candidates. I am proud to serve the Congressional district where both Aeras and NIH are engaging in cutting-edge research at the forefront of solving devastating health problems. I hope to see the continuation and expansion of important research partnerships that hold promise to save millions of lives, create a world free from TB and secure our country's place at the forefront of world-class research.

A TRIBUTE TO JIM LEWIS

HON. ROBERT A. BRADY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. BRADY of Pennsylvania. Mr. Speaker, I rise today to honor Mr. Jim Lewis on the occasion of his retirement. Mr. Lewis has contributed over thirty-three years of faithful service to the School District of Philadelphia.

Since 1981, Jim has worked for the School District of Philadelphia in various capacities, serving as a Maintenance Mechanic, Foreman, Supervisor, and Compliance Officer; an Assistant to the Chief Operating Officer, and eventually as Senior Vice President for Facilities and Operations and for Special Projects. A registered Master Plumber for twenty-five years, Jim is also the President and CEO of "Just in Time" Plumbing and Heating. He benefitted greatly from this body's enactment of the 1973 Comprehensive Employment Training Act, which helped give him the skills he needed to succeed.

Mr. Lewis's accomplishments and contributions to his community stretch far beyond his employment. He is a past President and current board member of the Emerald Education Committee, of which he has been a member for 32 years; and a current member of the Masons. Jim has been involved in politics for the past thirty years, and serves as a Committeeman for the 58th Ward, 41st Division. He has been married for thirty-two years to Eileen Lewis, with whom he has raised two children, Jim and Christine.

Mr. Speaker, I encourage my colleagues to join me in thanking Jim Lewis for his years of service and dedication to the School District of Philadelphia and for his greater service to his community.

PROTECTING ACCESS TO HEALTHCARE ACT

SPEECH OF

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 21, 2012

The House in Committee of the Whole House on the state of the Union had under consideration the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system:

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Chair, I rise today in opposition to H.R. 5, legislation which makes it more difficult for injured patients to hold medical providers, the drug industry, insurance companies, and nursing homes accountable for patient deaths and injuries. The so-called "Protecting Access to Healthcare Act," is simply the same, repackaged tort reform proposal that has been considered on the House floor many times. This "medical malpractice" bill is a one-size-fits all, anti-individual rights bill that denies individuals their rights to redress when injured.

The medical liability components of H.R. 5 do little to control health care costs and do more to undercut the rights of patients. The \$250,000 cap and high standard of proof for punitive damages would severely weaken the deterrent effect that punitive damages have on egregious misconduct. Forever freezing the damage caps further weakens future deterrent effects while further reducing benefits to injured parties.

According to the Institute of Medicine, approximately 98,000 people die each year in the United States from preventable medical errors. The best way to lessen healthcare costs associated with malpractice is to reduce incidents of malpractice, not bargain away the legal rights of injured patients and consumers. This bill does nothing to address patient safety, quality measurement, and care improvement strategies that could actually reduce costs.

Mr. Chair, H.R. 5 will not do anything to lower the cost of health care. If the compensation for injured patients is not sufficient, American tax payers will be left to pick up the tab. I urge my colleagues to consider very carefully who will end up paying at the end of the day.

RECOGNIZING THE 191ST ANNIVERSARY OF THE INDEPENDENCE OF GREECE

HON. MICHAEL G. GRIMM

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. GRIMM. Mr. Speaker, today, as we honor the 191st Anniversary of Greek Independence, it gives me great pride as a member of the Congressional Hellenic Caucus in celebrating the ties that connect our two great democracies together as both friends and allies.

In celebrating this day we also honor the accomplishments of Greek Americans, many of which first immigrated to our country and made their homes in New York, and the fantastic contributions they have brought to our