

Don't Ask, Don't Tell hurts our troops, runs counter to the values of our Armed Forces, and threatens our national security. Since the law was implemented in 1994, over 13,500 qualified service members have been lost to Don't Ask, Don't Tell, and counting. With each passing day, we lose approximately two service members to this misguided, unjust, and debilitating policy. Furthermore, Don't Ask, Don't Tell continues to undermine and demoralize the more than 65,000 GLBT Americans currently serving on active duty.

Keeping good troops is good policy, and our GLBT troops are among our most talented and dedicated. As the United States continues to work toward responsibly ending the war in Iraq and reengages the threat from al Qaeda in Afghanistan, our GLBT service members offer invaluable skills that enhance our military's potency and readiness. They are linguists, aviators, medics, and highly trained soldiers who are involved in valuable operations that have nothing to do with their sexual orientation and everything to do with protecting our freedom and advancing our national security interests. Above all, however, they offer their lives to serve their country.

I am extremely proud of the men and women who serve in our Armed Forces and truly appreciate the countless sacrifices they continue to make every single day to protect this nation and the American people. They deserve better than Don't Ask, Don't Tell. In order for Congress to have an honest and open discussion about the relevance of the current law, as well as on how to best implement its repeal, its members must hear from those about whom Don't Ask, Don't Tell was written—active-duty GLBT troops. Now is the time to take action.

Madam Speaker, I realize that this issue is considered controversial, but it should not be. As Congress prepares to debate the future of Don't Ask, Don't Tell with hearings in the Senate and in the House of Representatives, we must ensure that we hear all sides of the issue and especially from active-duty GLBT service members. The Honest and Open Testimony Act helps achieve this by addressing a major barrier to an inclusive, transparent, and complete hearing process—fear of retribution for testifying honestly and openly about the consequences of Don't Ask, Don't Tell in the Armed Forces. I urge my colleagues to support this important bill, which would bring us one step closer to repealing Don't Ask, Don't Tell once and for all and replacing it with a policy of inclusion and non-discrimination.

INTRODUCING THE END DISCRIMINATORY STATE TAXES FOR AUTOMOBILE RENTERS ACT OF 2009

HON. RICK BOUCHER

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. BOUCHER. Madam Speaker, I rise today to introduce the End Discriminatory State Taxes for Automobile Renters Act. I am pleased to be joined by my colleague from Missouri TODD AKIN as the lead Republican cosponsor of the legislation.

Our legislation addresses a situation that most of our constituents have faced at least

once and perhaps several times. An individual rents a car from a car rental company and is told the daily rate will be about \$25.00. At the end of the rental, the charges from the car rental company are closer to \$35.00 or \$40.00 per day. Questions inevitably arise about the source of these additional charges.

A small portion of the difference between the car rental company's daily rate and the amount charged is state or local sales taxes, which consumers pay on most goods and services they purchase. Increasingly, however, the bulk of these additional charges are state and local discriminatory excise taxes on car rental consumers—local taxes imposed to build sport stadiums, convention centers, etc. No matter what the size or scope of a local project, states or localities have sought to “export” the burden of funding these local initiatives by taxing “out-of-town” visitors renting cars in their state, city, or county.

These discriminatory excise taxes on travelers have become increasingly popular in recent years. In 1976, there was one such tax. Since 1990, more than 115 special rental car taxes have been enacted in 43 states and the District of Columbia. As a result, car rental customers have paid more than \$7.5 billion in special taxes to fund projects with no direct connection to renting a car. In addition to stadiums, car rental customers are also footing the bill for performing arts centers and a culinary institute. A recent study found that the taxes fall disproportionately on minority households; the taxes raise auto insurance costs; and these taxes reduce purchases of cars by rental companies—an increase of 10% in tax relative to the base rental rate reduces rental demand, and, therefore, purchases of new cars by rental car companies, by approximately 12%.

The End Discriminatory State Taxes for Automobile Renters Act would impose a permanent moratorium on discriminatory excise taxes on car rental customers by declaring these taxes an undue burden on interstate commerce. In the past, Congress has enacted similar protections from discriminatory state and local excise taxes for other interstate travelers such as airline, train, and bus passengers, and for the property of interstate transportation industries such as the airlines, buses, trains, and motor freight. Our measure would extend this protection to car rental consumers.

The legislation's moratorium is prospective only. The bill “grandfathers” existing car rental excise taxes to prevent a cut-off of funding for projects financed through these taxes that are already underway, as long as the state or local authorization for the existing taxes does not expire or governments do not try to increase the rate of the tax. And the bill would not in any way restrict the ability of local governments to enact non-discriminatory, general taxes such as sales and income taxes.

Our legislation has been endorsed by a wide range of stakeholders, including the National Consumers League, UAW, and the Big Three automobile manufacturers.

I hope my colleagues will join with us in enacting into law the End Discriminatory State Taxes for Automobile Renters Act of 2009.

A TRIBUTE TO THE LIFE OF NATIVE ELDER AND LEADER PHILIP D. HUNTER

HON. JIM COSTA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. COSTA. Madam Speaker, I rise today during Native American Heritage Month, to honor and remember the life of Native Elder and Leader Philip D. Hunter.

Mr. Philip Daryl Hunter was a citizen of the Tule River Tribe. He was an exemplary leader and a powerful advocate for the needs and rights of Native people; especially those throughout the great state of California and the San Joaquin Valley. Mr. Hunter was a strong spiritual and political leader for his tribe.

Philip Hunter graduated from Porterville Union High School in 1966 and attended Porterville College, where he excelled not only in academics, but also in baseball. During breaks from school he would work for the Tribe as a fire fighter. He went on to serve our nation in the United States Army as a paratrooper in the 82nd Airborne Division.

Following his military service, Mr. Hunter graduated from Columbia College with an Associate of Arts Degree, focusing his interests on helping others. He spent fourteen years as a Drug and Alcohol Counselor, consistently placing the needs of others above his own. Demonstrating a strong dedication to his tribe, Mr. Hunter served on the Tule River Tribal Council for over twelve years, with five years in the position of Tribal Chairman. He was the longest-serving member on the Tule River Tribal Council. During his time on the council, Mr. Hunter became a familiar and strong voice in our state's and nation's capitol as he worked to shape federal, state and international California Indian policy, including protections for Native Sacred Places. He represented the Tule River Tribe on the Bureau of Indian Affairs, Central California Agency Policy Committee, BIA/Pacific Regional Offices Fee to Trust Consortium, Council of Energy Resources Tribes and the National Congress of American Indians. He was a proud member of the Tule River AMVETS Post 1988 and respectfully honored veterans during times of remembrances.

Philip D. Hunter was acclaimed for being an effective and traditional cultural leader. His knowledge and dedication to tribal members ran deep throughout Indian Country. He was devoted to his wife, Beverly J. Hunter and loved his family, his tribe and his country. Mr. Hunter will always be remembered as a true champion for Native Americans.

A TRIBUTE TO THE LIFE OF MRS. NETTIE DURANT DICKSON

HON. JOHN M. SPRATT, JR.

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. SPRATT. Madam Speaker, I would like to call the attention of the House to the death of a remarkable woman. On November 29, Mrs. Nettie DuRant Dickson of Darlington, South Carolina, died at the age of 106. Remarkable not only for her age, but for a life full

of accomplishment, Mrs. Dickson and her late husband, William James Dickson, owned the Darlington Hardware. Mrs. Dickson was a member of the Darlington Presbyterian Church and active for years with the American Legion Auxiliary. In the past few years she resided at the Methodist Manor in Florence, South Carolina and then at Agape Senior Care in Irmo, South Carolina.

One of twelve children, Nettie DuRant Dickson is survived by sibling Marion DuRant, daughters Elizabeth Betty DuPre and Jeanette D. Renfrow, numerous nieces and nephews, four grandsons, and three great-grandsons.

In the end, what counts most is not how long we lived, but how well. On both counts, Nettie DuRant Dickson lived a good and fruitful life.

CONGRATULATING BRIAN KLOCK

HON. PETE OLSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. OLSON. Madam Speaker, I rise today to congratulate a great public servant upon his retirement from the United States Navy—a man who has served his country diligently, my friend Brian Klock.

After 28 years of service to his country, Brian retired from his post as a Commander in the Navy on July 1, 2009. Throughout his career he served as an intelligence officer working as an analyst, an aviation intelligence officer in a P3 Squadron, and as a Naval Criminal Investigative Service (NCIS) Agent. On many occasions his service took him overseas, including during the Cold War and the Bosnian conflict.

After September 11, 2001, Brian was called to serve in NCIS and was assigned to counter intelligence operations overseas. Upon his return to the United States, Brian was asked to join the Protective Services Division. It was here that he spent two years protecting the leadership of the Department of Defense and visiting foreign military dignitaries. At the conclusion of his career, Brian was serving as the operations officer for a CENTCOM intelligence unit.

It is with great pleasure that I congratulate Brian for his years of exemplarily service to our nation. I wish him the best in his years to come and hope he lives life to the fullest during his retirement years.

EMERGENCY MEDICINE AND MEDICAL MALPRACTICE REFORM

HON. BART GORDON

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. GORDON of Tennessee. Madam Speaker, as we debate and move forward on this historic endeavor—passage of health care reform with a goal of improving access and coverage for the millions of uninsured and underinsured individuals—I would like to take a moment to discuss the role of emergency medicine and review the various provisions in this bill which strengthen access to emergency care. As we work to improve coverage and

enhance preventive and chronic care, we must remember to balance the acute care needs of patients, especially those treated in emergency departments.

Emergency medicine is an essential part of our safety net and must be supported. Whether a patient ends up in the emergency room as the result of a suspected H1N1 influenza case, trauma, a natural or manmade disaster, or because they've lost their job and health insurance and a health condition escalates to the point of needing to seek emergency care, we all rely on quality emergency care to be there. In fact, the federal government demands it—unlike other doctors who can choose not to participate with various health insurance plans, Medicare or Medicaid, emergency physicians are required by federal law to treat every patient who walks through the door, regardless of their ability to pay. But, our emergency medical system is in crisis, and the severe problems facing emergency patients affect everyone.

Earlier this year, the American College of Emergency Physicians (ACEP) released its annual report card on emergency care. The nation was graded a C minus overall, with 90 percent of states earning mediocre or near-failing grades. America earned a near-failing D minus grade in the "Access to Emergency Care" category. This is unacceptable and also terrifying news for the more than 300,000 people each day who need emergency care.

Although my own state of Tennessee outperformed most states in some areas, we have a long way to go. The report states that Tennessee has only 8.9 emergency physicians per 100,000 people and needs an additional 60.2 full-time equivalent mental health care providers to serve the state's population. Also, it points out that these issues may contribute to hospital crowding and patient transfers, problems that have been identified as priorities among emergency physicians in Tennessee. Further, Tennessee has serious public health and injury prevention challenges. We have among the highest rates of infant mortality in the nation (8.9 deaths per 1,000 births), as well as high percentages of obese adults (28.8 percent) and adults who smoke (22.6 percent). Tennessee has relatively high fatal injury rates: 22.7 homicides and suicides per 100,000 people and 2.2 deaths due to unintentional fire and burn-related injuries per 100,000.

Although the "Affordable Health Care for America Act" included provisions to improve coverage for preventive and chronic care, statistics like these for Tennessee demonstrate that access to quality emergency care will always be a priority and should not be taken for granted.

The health care reform bill passed by the House on November 7 included a number of provisions that would strengthen emergency care in the United States:

Required Coverage for Emergency Services. Specifically, it would require that emergency services are part of any essential benefits package for all eligible health insurance plans.

Emergency Care Coordination Center. Section 2552 would establish an Emergency Care Coordination Center. The Center will promote and fund research in emergency medicine and trauma health care, promote regional partnerships and more effective emergency medical systems in order to enhance appropriate

triage, distribution, and care of routine community patients; and promote local, regional, and State emergency medical systems' preparedness for and response to public health events. It would also authorize a Council of Emergency Medicine.

Pilot Programs to Improve Emergency Medical Care. Section 2553 would establish demonstration programs that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care systems.

Demonstration Project for Stabilization of Emergency Medical Conditions by Institutions for Mental Diseases. Section 1787 would establish a demonstration project to reimburse psychiatric hospitals that provide required medical assistance to stabilize an emergency medical condition for individuals enrolled in Medicaid.

Hopefully the emergency medicine provisions will be further strengthened as they move through the legislative process to include provisions based on legislation I've introduced to address the issue of emergency department boarding, ambulance division standards, and medical malpractice liability coverage for emergency providers and on-call specialists. The "Access to Emergency Medical Services Act," H.R. 1188, and the "Health Care Safety Net Enhancement Act," H.R. 1998, are two bills I've introduced to address these issues.

Overcrowded emergency departments are compromising patient safety and threatening everyone's access to lifesaving emergency care. The number of emergency departments has decreased by 5 percent in 10 years, but the demand for care is up by 32 percent—up to 119.2 million visits in 2006 (one in three Americans). Hundreds of emergency departments have closed.

According to the Centers for Medicare and Medicaid Services (CMS), half of emergency services go uncompensated. To compensate for cutbacks in reimbursement, hospitals closed 198,000 staffed beds between 1993 and 2003. As a result, fewer beds are available to accommodate admissions from the emergency department.

Ambulances are diverted, on average, once a minute in the United States, away from the closest emergency department because they are so crowded they cannot handle any more patients. For patients with life-threatening illnesses or injuries, those minutes can make the difference between life and death.

Last year, the American College of Emergency Physicians released a report by its Task Force on Boarding titled, "Emergency Department Crowding: High-Impact Solutions." ACEP established the task force to develop low-cost or no-cost solutions to boarding. The report is intended to help emergency physicians stop boarding in their own hospitals and ultimately improve patient care. The report identifies those strategies to reduce crowding that have a "high impact," as well as those that have not proven effective. The report identifies the boarding of admitted patients as the main cause of emergency department crowding. The report outlines the impact of boarding on patient care stating that "evidence-based research demonstrates that boarding results in the following: delays in care, ambulance diversion, increased hospital lengths of stay, medical errors, increased patient mortality, financial losses to hospital and physician, and medical negligence claims."