

(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 gentleman 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 gentleman 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.