

though, our local paradise, well known for its sunny weather, its world-class beaches, its artistic style, also is one of the areas hardest hit by the HIV/AIDS epidemic. We are continually confronted with the challenge of providing adequate and timely treatment to those impacted by this terrible disease.

The number of people suffering from HIV/AIDS in south Florida has increased immensely over the past few years. We have over 32,000 people currently diagnosed in my home county of Miami-Dade, and it ranks second among large metropolitan areas for people living with AIDS. On top of this, Florida ranks third in the Nation on the number of AIDS cases. These individuals need our assistance in fighting this terrible disease.

There are wonderful programs designed to mitigate the terrible consequences of HIV/AIDS. One of the most innovative, one of the most effective is the Ryan White HIV/AIDS Treatment Program. This program funds HIV/AIDS treatment for low-income, uninsured, and underinsured people. Ryan White provides funding to cities, to States, as well as directly to select clinics and care providers for core medical and support services.

In 2009, my home State of Florida received over \$209 million in funding through Ryan White to assist countless low-income Americans living with HIV/AIDS. This life-saving program was set to expire this month. Thankfully, Mr. Speaker, this amazing program was granted a 3-year extension through the Ryan White HIV/AIDS Treatment Extension Act, and I thank my colleagues for this.

With strong bipartisan support, this bill was overwhelmingly approved. I voted for and the House passed this legislation, and we should all be proud of that. Passage assures the continuity of this vital program. It will allow us to help States, communities, and families cope with the impact of the HIV/AIDS epidemic while creating a support system for those dealing with the disease.

I am constantly working to improve the quality and the availability of care for persons with HIV/AIDS and their families and their support system. It is my mission to promote awareness and education so that each day we can help assure that fewer people will be afflicted with this disease.

I have seen firsthand the impact this disease has had on so many individual lives and families in my community, and I know that extending this important program is not just a priority, but a necessity.

The Ryan White program is the largest federally funded program in the United States for people living with HIV/AIDS. It has been the largest supplier of services for those living with HIV/AIDS in the United States as well.

As a payer of last resort, the Ryan White Act offers a method of payment for treatment unlike Medicare or Medicaid. In the United States, over 500,000 people a year benefit from the Ryan

White program. I know that through the extension of Ryan White, we can—indeed, we will—save and improve the lives of countless individuals in my congressional district and throughout our great country of the United States of America.

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

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

RECOGNIZING HANOVER PUBLIC SCHOOLS

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. Mr. Speaker, our country faces many serious challenges, but it's sometimes useful to know that good things are still happening out there in the real world, out there across our country, and mostly away from Washington, D.C. So Mr. Speaker, I recognize tonight the Hanover Public Schools for their commitment to providing quality education.

Located in the community of Hanover in northern Kansas, the school serves about 175 students from the surrounding rural area. Though Hanover Public Schools are small by most standards, their accomplishments are great. The students, teachers, and administrators at Hanover Public Schools are dedicated to excellence in education. This excellence is evident by the recognitions that they have received.

For the past 3 consecutive years, Hanover High School has received the Kansas Governor's Achievement Award. This award is given to the top 5 percent of schools in Kansas that meet the highest standards on Kansas assessments. Only five other schools in our State have received this award 3 years in a row.

Not only has Hanover High School been recognized as one of the best schools in the State of Kansas, it has also been honored nationally. For the second year in a row, Hanover High School has been cited by U.S. News and World Report as one of the top schools in the country.

Having a well-rounded education means more than what can just be learned in the classroom. Students at Hanover Public Schools have also excelled in extracurricular activities. During the 2008-2009 school year, Hanover High School became State champions not in one, but in two sporting events. Last November, the Hanover High School football team took first place at State in the eight-man division. And after placing second at last year's State tournament, this year's Hanover High School basketball team placed first in the 1A division. The

team finished with a perfect record, winning all 28 games.

The success of Hanover Public Schools serves as a model for other schools in our State and across the country. That success could not be possible without the strong support of the Hanover community. Small-town values and small community ties have produced generations of successful graduates.

I commend the Hanover Public Schools for their success and for achieving their mission, to create a learning environment dedicated to developing lifelong learners and responsible citizens.

My congratulations to the students, staff, faculty, the Board of Education, and the community. I am honored today to recognize this outstanding school in the State of Kansas.

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.)

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 Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR 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 Texas (Mr. GOHMERT) is recognized for 5 minutes.

(Mr. GOHMERT 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 Florida (Mr. GRAYSON) is recognized for 5 minutes.

(Mr. GRAYSON 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 (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 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.)

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

(Mr. PAULSEN 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 Nebraska (Mr. FORTENBERRY) is recognized for 5 minutes.

(Mr. FORTENBERRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, I thank you, and I thank my leadership on the Republican side for allowing me to control the time during this Special Order hour this evening. And surprise, surprise, we're going to be talking about health care reform.

Mr. Speaker and my colleagues, we all know that this is something that has been on the front burner for the entire 7, 8, 9 months of this 111th Congress. It has certainly been a priority of the President; the President has said so on many occasions. In fact, President Obama indicated that reforming our health care system is the number one priority of his administration. First and foremost, it is the thing that he is willing to spend political capital, whatever it takes, to have comprehensive health care reform and to have it before the end of this first year of his first term.

I certainly can see that the President, Mr. Speaker, has followed through on that pledge. I personally feel that he has made a mistake on that. I don't think that the American people believe that fixing our health care system to the extent that we literally would throw out everything that we've got and let the Federal Government essentially take over lock, stock and barrel our health care system—which accounts for something like 16 percent of our total economy—at a time when our economy is literally, figuratively in the tank. We're sitting here with a 10.5 percent unemployment rate across the country and 15 million people out of work. It has even affected my own family very, very personally, one of my four children. They say, Mr. Speaker, that when your neighbors lose their job it's a recession, but when you lose your job all of a sudden it's a depression. I know that feeling right now, and a lot of people across this country know that feeling.

When we adjourned for the August recess, the District Work Period that's traditional in this Congress, all Members go back home, they may squeeze in a little family vacation, but you've got about a month, August, it has been traditional probably for 100 years that Congress has done that. And we got an earful, did we not, Mr. Speaker, during those 4 to 5 weeks of these town hall meetings that Members had all across the country? And by a factor of 10, the attendance had increased that much.

On a typical town hall meeting in my 11th District of Georgia in the nine counties I represent—and we would always try to have our town hall meetings at a time that was most convenient to our constituents, that would be easy for them to get to, maybe at a senior center, and try not to schedule it during supertime or during prime time TV evenings—you might get 50 people on a good night, maybe 75 people when they were really ginned up about something.

Well, in my case, in the 11th of Georgia, we were getting 750 people, 1,100, 1,500—in one instance 2,000 in some of the town hall meetings we had. And we were seeing the same thing all across the country, whether they were Republican districts or Democratic districts. Mr. Speaker, what these constituents were saying—many of them, of course, were seniors—they're most concerned about the economy, of course, because they're on a fixed income. My mom is one of those. God bless my mom, Helen Gannon Gingrey, originally from Manhattan, New York City, but lived in the South most of her life. She is 91 years old now on a fixed income, relies on Social Security and Medicare and Medicare part B and part D. She's a little disappointed she's not going to get a COLA this year. But these folks showed up at these town hall meetings telling us, We don't want to pay for some new government-run health care system from A to Z that's going to be paid for on our backs. And what they're referring to, of course, is mostly the cuts, the deep cuts that the bills in the House and the Senate propose to take out of the hide of the Medicare program.

I'm going to be joined, Mr. Speaker, by a number of my Republican colleagues. In fact, tonight the participants in our hour are going to be for the most part the doctors on the Republican side. We have a caucus, a group that we call the GOP Doctors Caucus; there are about 15 of us in that group. We have a number of M.D. physicians. We have a doctor of psychology, we have a doctor of optometry, we have a couple of dental doctors, and people that have spent before coming to Congress—and some of us now have been here 8, 10, 15 years even, but before coming here our day job, if you will, our profession was delivering health care. We were health care providers.

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We keep our licenses active, I think most of us do, and we keep up with medical issues, realizing, of course, that Congress is not necessarily forever, particularly young ones who may want to go back and go back into the practice of medicine. Those doctors will be with me tonight.

When I totaled up, I asked my colleagues, well, how long did you practice? Some of them are OB/GYN doctors, some of them are orthopedic surgeons. There is a gastroenterologist. There is a family practice, a couple of doctors do family practice, just all across the spectrum. In the aggregate, we probably have about 400 years of clinical experience. That says something about our age, Mr. Speaker.

But as an example, I spent 31 years, from the day I graduated from medical school, practicing medicine either as a family doctor in a small town or while I was in training during my internship and my residency and then 26 years of being a part of an OB/GYN group and delivering over 5,000 babies in my hometown, which became my adopted hometown. My hometown is Augusta, Georgia, but Marietta, Georgia, in Cobb County is where I now live and practiced for 26 years.

Mr. Speaker, we feel we have a lot to bring to the table. It's so disappointing we get to do these things at night—as I say, my colleagues will join me and I will yield to them when they arrive—because this is our only opportunity. It's a shame we are in the minority. God forbid that it happens to the other side one of these days, and they will understand the feeling, but when you have got that knowledge of a particular profession, you would think, wouldn't you, that the Speaker of the House, the leadership, the minority side, both Chambers, they would open their arms and say, for goodness sakes, come on in here. Come on here behind this green door where we are trying to work out how we are going to do this health reform bill and tell us a little bit how it was when you were seeing patients and practicing and what were the things that would upset people about insurance, health insurance companies and denial of coverage or not being able to get insurance because of preexisting conditions. Also, Doctor, what do you think is causing the 10 percent, 12 percent rate of inflation in the cost of health insurance premiums year after year after year? Why is that?

Could it be this? I have heard some people say that maybe it's a medical malpractice issue and doctors ordering a lot of defensive unnecessary tests because they are afraid that if they are dragged into a court of law someone would say, well, you know, we have got, plaintiff's attorney, I have got this expert witness here from California. They will say, well, looking at the chart, I see where, Doc, you didn't order a fizzle phosphate level on this patient or some other esoteric test