

a 10 percent unemployment rate? Is this the time to be doing something like that? I think not.

I think that these kinds of costs say that what we need to do is take the system we have now, selectively look at certain specific problems, and let's put solutions together that address those problems. But let's not try to re-engineer all of civilization and all of society, saying that we now have this fundamental right to health care and the government has got to provide it for everybody. It sounds really good, but when you see the cost, this has led to that kind of amusing phrase: If you think health care is expensive now, just wait until it is free.

This has been the effect. And these effects here are what we would predict and project if we make the mistake of following the Europeans, the Soviet Union before them, and Massachusetts and Tennessee, that have all played with these highly complicated government takeovers of health care. This is not the way that we think we should be going.

It is interesting that the polling data suggests that the American public, when you ask them what you want to do, they say, Yeah, we ought to make some reforms to health care. Everybody agrees to that. But they don't agree they want it all done with a government system. So that is pretty much where we are at this time.

I am joined by a colleague, a friend of mine from Louisiana, if you would like to make a comment or two. I think we are running close on time.

Mr. SCALISE. I want to thank my friend from Missouri for your leadership on this issue. This is an important issue.

As we are discussing health care, I think what is frustrating so many American people is that they are seeing what is happening here in Washington. Right now there is a back-room deal being cut where literally the liberals running Congress are rewriting this government takeover of health care, and the American people deserve and want to know what is actually in the bill.

I think what frustrates the people the most is they look at all this massive spending, \$1 trillion in new spending. How many people really think the \$1 trillion spending with this government takeover of health care is not going to add another dime to the deficit?

People clearly know not only is this going to be a massive spending bill, but it is a massive tax increase, over \$40 billion of new taxes, most of which is going to go on the backs of American families and small businesses. And then the cuts that senior citizens know are coming, \$400 billion in cuts to Medicare, including programs that people like, like Medicare Advantage.

This is not the way to do health care reform. We need to fix what is broken, but we don't need to break what is working in health care. Unfortunately,

their bill is nothing more than a government takeover with taxes and mandates that the American people don't want.

Mr. AKIN. I appreciate your perspective. It seemed to me almost that one of the dangerous things to do legislatively is to have an agenda and then just try to figure out some excuse to give you a chance to do what you wanted to do before you even started. And it almost seems as though, instead of taking a look at the system, selectively saying, Hey, let's take one of the hardest things, say preexisting conditions. That is a tough nut to crack. Let's just focus on that. Let's get everybody, Republicans and Democrats together, to take this one nut, define what we want to do, and see if we can't fix that one problem—instead, it was like, we don't need your opinion at all. Our staffers will write the bill. We will talk about it. We will cut some deals. We have to cut some deals, because we don't have enough votes to pass it. So we are going to have to do something for the insurance companies so that they don't have any liability in certain situations. We got to do a deal.

And you start putting the deals together so you get enough votes to try and pass it, and you cobble something together in the dark of night, bring it to the floor and hope nobody reads it too closely, because if you look at the details you are not going to like it.

Instead, maybe it is a little bit more deliberate, but you define what the problem is. You say, okay, let's put all of our resources on doing this the right way. Any idea is okay, and let's just have a good and open debate. The American public can be part of it and see what that is.

We didn't do that in this big bailout bill, and we didn't do it in this stimulus bill. That is what really made people mad. Then that huge cap-and-tax bill over here, to have a 1,000-page bill with 300 pages of amendments passed at 3 o'clock in the morning, not a copy on the floor and we are voting on this thing, the biggest tax increase in the history of the country the House just passed a number of months ago, that makes people upset. They say, wait a minute. You guys at least could read the bill.

No, we couldn't read the bill.

What do you mean, you couldn't read the bill? It gets them mad.

You say, well, there wasn't a copy on the floor.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3854, SMALL BUSINESS FINANCING AND INVESTMENT ACT OF 2009

Ms. PINGREE of Maine, from the Committee on Rules (during the Special Order of Mr. AKIN), submitted a privileged report (Rept. No. 111-317) on the resolution (H. Res. 875) providing for consideration of the bill (H.R. 3854) to amend the Small Business Act and

the Small Business Investment Act of 1958 to improve programs providing access to capital under such Acts, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF CONFERENCE REPORT ON H.R. 2996, DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

Ms. PINGREE of Maine, from the Committee on Rules (during the Special Order of Mr. AKIN), submitted a privileged report (Rept. No. 111-318) on the resolution (H. Res. 876) providing for consideration of the conference report to accompany the bill (H.R. 2996) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

THE TRUE COST OF NOT HAVING HEALTH INSURANCE

The SPEAKER pro tempore (Mr. POLIS). Under the Speaker's announced policy of January 6, 2009, the gentleman from Florida (Mr. GRAYSON) is recognized for 60 minutes.

Mr. GRAYSON. Mr. Speaker, I reserved some time tonight for myself, but what I am going to do is yield it to America. I am going to yield it to you. I am going to yield it to the people who sent us here.

As Abraham Lincoln said in the Gettysburg Address, "The world will little note nor long remember what we say here." Sometimes I feel the same way. So I think it is time to give somebody else a chance.

What I am going to do tonight is give a chance to the part of America that isn't often heard from, the people that have lost their jobs, the people who have lost their homes, and tonight the people who have lost their lives; the people who lost their lives because they had no health coverage, they had no health insurance, and so they died.

There are 44,789 Americans who die every year for lack of health insurance. There are 122 who die every day. In the course of my speech tonight, there will be five more. I wish we would act quickly to end this national tragedy.

So I am going to yield my time tonight to the people who wrote to us and told us the stories of ones they loved and lost at this Web site, NamesOfTheDead.com. Hundreds and hundreds of people have written since last week when we established this site, and they have told us stories about the people who they loved and lost because they had no health insurance. So let's begin.

Stephen Martin wrote to us as follows concerning Thomas Martin of Santa Cruz, California. Steve wrote:

“Tom had a hernia, but also thought something else might be wrong with him down there. He had no insurance, so he kept putting off the hernia operation. After he finally did get the hernia operation, out of total necessity, he realized that indeed something else was going on. He had little money, so he put off having it looked into, until his bowels were totally blocked. It was a tumor. Colon cancer. He still didn’t get treatment for months until he could get medical help from a government program. He died a year later.

“The biggest problem is all the delays that happen if someone doesn’t have health insurance; not having the money, not knowing how to get help, hoping the problem isn’t serious, and trying to ignore it until it is too late.”

This is the first of several real live stories we will be hearing tonight from the people who Jesse Jackson used to call the dispossessed, the despised and the dammed; the people who never get any help.

□ 1700

The people who never get any help. All we can do for them now is simply remember them and honor them with these stories.

David Clark wrote regarding Christopher Gordon Clark of Key West, Florida:

“My brother Christopher died of colon cancer. He lived with symptoms for years because he was poor and didn’t see a doctor. He was an actor and worked low-paying retail and service jobs that never offered health insurance. By the time he was in too much pain to work and he went to the emergency room, it was too late. Tumors had grown too big and it spread throughout his body. Colon cancer is, of course, nearly 100 percent avoidable through early detection and polyp removal.”

But that never happened for Christopher Gordon Clark, dead at the age of 33.

Lynn Long wrote to us about Jim Bowles at the Web site namesofthedead.com. She wrote as follows:

“Jim was a longtime friend and the best electrician around. He could fix anything. Most of the time he worked for small companies and repaired small appliances. The small firms never offered him health insurance. Jim was my neighbor. This time of year we would get out the lawn decorations, the fog machine and really do it up big for Halloween. But Jim died 2 years ago. By the time he was diagnosed with bladder cancer, it was too late and the cancer had spread. Had he had yearly checkups and screenings through regular health care, he would be here today. I miss Jim terribly and so does his daughter.”

Let’s hear now from Sally York writing about Ricky Ramsey:

“Ricky was on his mother’s health insurance until he turned 19, and because he was unable to find a job that

offered insurance or one that he could afford to buy insurance, he went without. It was December, 5 years ago. He had been complaining of not feeling well for a few days. His mother finally told him to go to the hospital emergency. They said it was the flu and sent him home. It was Christmas Eve and he called his mom and said that he was so sick; he could not get out of bed. She went over to his apartment and took him again to the hospital emergency, and he died. They said it was from the complications of the flu. But Mother was not satisfied with that answer. After an autopsy, they discovered that he had one of the killer bacteria that is antibiotic resistant. Nineteen years old and dead because he was being shuffled in the system because he had no insurance.

Let’s hear now from Jane Alexander about Tim Crowder of Saint Charles, Missouri:

“Tim was our neighbor’s son-in-law. He was having chest pains for a couple of months. He would not go to the doctor because he had no health insurance and could not pay out-of-pocket medical expenses. Tim died 2 days before his 49th birthday. We will never know for sure, but it’s likely that Tim would have benefited from cardiocare. His death was preventable. He left two children and many family members and friends who grieve for him and his untimely death.”

Let’s listen now to T.C. Smythe about Dale Dickerson, 42 years old, of Houston, Texas. Smythe writes:

“Dale was a full-time musician and part-time photographer. He died of a heart attack that was caused by arterial sclerosis at the age of 42. As a musician, he did not have access to health insurance or health care. I personally know more than a thousand musicians in Houston who have no health insurance because the cost just can’t be paid for out of a tip jar. Musicians pay 100 percent of the retail price at the doctor’s office, the emergency room, and the pharmacy because we do not make enough money for health insurance. There is no minimum wage for musicians, and none of us has the \$300 a month necessary to get into the most basic plans available. America, our truly gifted songwriters deserve better.”

And, for sure, Dale Dickerson deserved to live.

Let’s hear now from Linda Kozloff regarding Loretta Ann Crowe, 58 years old, Lyons, Colorado:

“My dear friend Loretta found out in 2005 that she had ‘something’ wrong with her. She originally thought that she had some type of stomach problems. Loretta was independently employed and she had no health insurance. As she got sicker, she could no longer work, and she could not make her house payments. Because she had no insurance, no institution would take her seriously. They just bounced her back and forth from one office to another. She was then too sick to get a

job that offered health insurance, even though it might have saved her. The computer I have here today has letter after letter saved, first pleading and then begging for someone to hire her so that she could get some health care. By the time she was nearly disabled by ovarian cancer, her fate became inevitable. She tried desperately at the end to get on some type of Medicare or Medicaid, but because she owned her house and several old vehicles, she could not qualify. As she suffered beyond imagination, she tried to sell everything off, her house and all her possessions, and ended up in hospice, where I witnessed her gradual overdose by morphine until she died. Her house was foreclosed and all her possessions were gone. She died on March 7, 2007, at 2:51 a.m.”

Let’s hear now about Vicky Johnson from David Trotter:

“Vicky had been bleeding for 2 years. When I made a trip to see her, she told me she was afraid to go to the doctor because of the potential costs. By the time she was diagnosed, she had lung, brain, and ovarian cancer. She only lived about 3 months after that. To see the terror in her eyes as she dealt with this is something no civilized person could watch and then deny her the help she needed.” David adds, “I am ashamed of my country.”

Let’s hear about Cindy Rhea from David Twiggs:

“Cindy was a custodian who worked for Southeastern Custodial Services in Knoxville, Tennessee. They had Knox County Government custodial contracts. I worked for the Election Commission in Knox County, and Cindy was assigned to our building. The contractor, nonunion, of course, did not provide insurance for its workers at Cindy’s level. I know this because one of the employees who works in the HR department of this company was my daughter’s best friend in high school. Cindy had a heart condition and she had to take medication regularly to survive. She did a good job and she was always friendly. One day she didn’t come into work. We found out later that day that her teenage son found her dead in bed. He was a senior in high school. Cindy couldn’t afford her medication as it was prescribed, so she just alternated her medications to make them last longer. She was not educated enough to realize that this made the medication not work as intended. Not having health care killed Cindy and left an indelible impression upon her son. I cry every time I think of her.”

Let’s hear now from Sandra Chung about Michelle Marie Pavlak, 23 years old, Norwich, Connecticut:

“Michelle was the working poor with a cardiac condition: mitral regurgitation. She couldn’t get insurance for one reason: She was denied for a pre-existing condition. She tried to find other insurers but couldn’t afford the premiums that would be more than three-quarters of her income. She could barely afford the medication, and she

often had to choose between food and her medication. She tried to get State aid, but she earned \$15 above the poverty level, so was denied. She was 6 months pregnant. She caught bronchitis. She went to the ER because she couldn't get a doctor to take her on as a new patient because she didn't have insurance and she was a 'high risk' patient with a preexisting condition. She made it clear she was in cardiac alert. She even had a medical alert bracelet. People with a cardiac problem, when they get an infection, no matter how minor, they are supposed to be given massive dosages of antibiotics and consult with a cardiologist and be monitored to make sure the infection didn't spread to her heart and other organs. The ER doctor listened to her lungs, pronounced she had bronchitis, gave her some Sudafed, a cough medicine, over-the-counter. No antibiotics, no consult with a cardiologist, no EEG monitoring. Without a prescription for her much-needed antibiotics, the infection spread to her heart, her kidneys, and her liver. She gave birth almost 3 months premature. My nephew, Andrew Michael, died at 10 days old, and she died from an aneurysm caused by the infection passing the blood/brain barrier. In the space of 1 week, I became an aunt and then an only child."

Suzanne McKnight writes to us about Gregory Scott in Franklin, Tennessee, 42 years old:

"Two and a half years ago, my 42-year-old son died of coronary artery disease. He had been downsized 3 years before and he had lost his insurance. Since he had diabetes, he could not afford insurance and he couldn't get a job either because of a terrible job market. He stopped getting regular checkups because his money was running out and he was embarrassed to ask his family for help. He died 2 days after Christmas of 2006, and his doctor spent many nights going over anything that he had missed in the records. Greg might have been saved had his insurance followed him when he lost his job or he might have been saved if he could have afforded insurance. He was the middle of my three sons, and we have never gotten over his sudden loss and probably never will."

John Godwin writes to us about Roger Godwin, 70 years old, of Andover, New Hampshire:

"My father, Roger Godwin, died this past summer due to problems with our health care system. He did have insurance, but he was a victim of a system that is focussed more on the bottom line than care. He experienced severe pain in his back, but he was denied access to an MRI and physical therapy was prescribed instead. Physical therapy is not effective when the problem is a tumor growing next to your spine and, worse, does nothing to detect this threatening condition before it begins to spread. And spread it did, eventually leading to tumors in my father's lungs, brain, liver, and, most painfully, in his bones. He fought hard, but he died after

a painful struggle lasting almost a year. My father was a veteran of the Korean War, active in local government, and he gave to his community in a myriad of other ways. He was greatly beloved by his family and those in his community. He deserved better."

And John Godwin says, "We deserve better."

Joel Witherspoon wrote to us about Louis Bruce Witherspoon, 61 years old, of Anaheim, California:

"For 17 years, my father worked for a major utility here in southern California. At the age of 51, he was laid off and he spent 6 years looking for work and surviving on help from me and a meager retirement. He finally found work at 57 working for Tenet Health Care as a computer technician. It was humiliating work but it was work. In order to cut costs, Tenet Health Care kept him on part time for 6 years without benefits. He was given favorable reviews, but when he applied for full-time positions with benefits, they were given to younger and less costly employees. In the middle of his 6th year, he began to develop respiratory issues that became progressively worse until he finally collapsed in the parking lot of the hospital where he worked.

□ 1715

After a week of testing, it was discovered he had terminal prostate cancer. The cancer had metastasized to his lungs, liver, and his brain. The doctors gave him only a few months to live. No doctor at the hospital would treat him. When pressed for answers, his boss and higher ups clammed up. We couldn't get any information out of any of them. After 3 months, he passed away in a hospital in Inglewood."

Let's hear now from Cortney Helmick of Port St. Lucie, Florida about Chris Ilijic. She wrote as follows:

"The love of my life and my dear best friend took his own life on May 9, 2009. He had a long-term drug abuse and mental health problem. He and his family tried to get him help over and over again with no luck because he had no health care insurance. He could not afford mental health care on his own, living on unemployment and unable to find new work due in part to the economy and in part to his mental health issues. On Tuesday, May 5, 2009, he and his mother went to a local mental health clinic asking for help because he was becoming worse. They were turned away due to an inability to pay and a lack of insurance. That Saturday, 5 days later, my friend took his own life. After many attempts for help and being rejected over and over, he felt there was no way out of his own mental health misery. Something needs to be done. My friend has just as much right to health care as anyone." And then Cortney writes, "As we all do."

And now from Jasmine about Rebecca Jane Delgado of Lampasas, Texas:

"I found out my mother had cancer on August 23, 2007, my first day of

classes at St. Edwards University. We were told it was ovarian cancer in the final stage, but some treatments were still available so we started with the standard, which was chemotherapy. I missed several classes going to sit with her while she sat amongst the other cancer patients at the oncology center. The first chemotherapy didn't work, so we tried a different one that required a special port implant. Blue Cross/Blue Shield didn't approve the implant, so I used what was left of my financial aid for school to pay for her. That didn't work either, so we started going to special oncology hospitals looking for alternative treatments. We got a nutrition plan and some pills, but everything else was experimental. The treatment centers wanted upwards of \$100,000 for some new treatments that were available, but we didn't have that kind of money. I don't know whether the experimental treatments would have worked or not, but I sure would have liked to try. My mother died last November. I lost my mother, and I am only 23 years old. I have no other family. I spent Christmas alone. I will do anything to ensure this never happens again to anyone else, ever."

Let's hear now from Julie Nichols about Frankie Nichols, 41 years old in Copeville, Texas:

"My husband Frankie didn't have health insurance and rarely went to the doctor. He was a relatively young man without any health problems. He came down with what we thought was pneumonia in March of 2006. I got him to a doctor because I had coverage through my job, but we couldn't afford the additional \$500 monthly premium to include him. He went to the doctor in April 2006. After treating him for 3 weeks because he didn't have coverage, we were out of pocket \$2,000. A CAT scan was done which determined he had lung cancer. The doctor advised us to go to a public county hospital because they were not equipped to provide treatment. The county we live in does not have a public hospital, so we went to a different county hospital elsewhere in order to get him seen. He was admitted through the emergency room and he stayed in the hospital for 2 weeks while the doctors determined the origin of the cancer. He received one chemo treatment and he was sent home. His next chemo treatment was scheduled for May 25, 2006. He died on May 24, 2006. I think that if he had access to treatment when he first became ill, he would have survived a bit longer. Perhaps not, but any additional time he could have spent with me and our kids would have been precious to us. Now I am unemployed and uninsured myself. I worry how I will cope if I get ill and need extreme medical treatment. I have two kids who depend on me and have access to regular health care only through me. If they had access to regular health care and I knew they could count on it, it would lift a worry from my mind."

Let's hear from Andrew Lutzman regarding Allen Lutzman, 65 years old, in

New Rochelle, New York. Andrew wrote to us:

“My father, Allen Latzman had juvenile diabetes since he was 27. He was a successful marketing executive who lost his job in 1980. After that, he drove a cab in New York City for 13 years. He did not have health insurance because he had to support a family of two boys after our mother died and he simply couldn't afford it. His endocrinologist for years had to sneak him insulin. Over time, his complications of diabetes worsened, but he could not afford the proper treatment as he had many retail jobs, after he drove a cab, and he went without insurance. Despite the challenges, he was still in pretty good shape—thin, healthy and active—until January 2003. He was walking back to his apartment at his job at Workbench and he slipped on the ice and shattered his ankle. At this point, he did have insurance through his employer and he went to surgery and repaired his ankle. But soon after that, Workbench filed for Chapter 11 and while they said that they would pay for their employees' health insurance up to 6 months after the termination of employment due to bankruptcy, the owner instead took all of the money he promised to allocate to insurance and he pocketed it. During this time, my father thought he was covered, and then he found out that his employer had not fulfilled his commitment. While this was occurring, my father's leg on which he had surgery in 2003 began to worsen. His circulation became poor and he had difficulty walking. The limited mobility had made him put on weight, and he had become increasingly unhealthy. But he no longer had any health insurance. The predicament he had been put into forced him to wait over a year for needed surgery to turn a vein into an artery and improve circulation, until he was 65 and was eligible for Medicare. During this time related to his poor condition, he had a heart attack. This heart attack was found in a stress test prior to his leg surgery, but the endocrinologist never disclosed he had a previous heart attack before the leg surgery. My father went into surgery not knowing the seriousness of his situation, and after his surgery he had a heart attack post-op and he never recovered. He was hospitalized for 3 months in extreme pain. He might have been able to fully recover had it not been for a series of secondary infections that he picked up from the hospitalization. He died in May of 2005 at the age of 65. I was able to tell my father while he was still slightly lucid that he was going to be a grandfather for the second time. Unfortunately, my son Nate, never met him. My father is the signature case of a man who needed to be better monitored because of a chronic condition, and the lack of insurance and proper care killed him. Dead men tell no tales, so I will tell his story for him. I love you, Daddy.”

Now let's listen to Clifford Theiss about Charles Theiss, 62 years old, Plant City, Florida:

“Carl, as we called him, was a kind and passionate brother whom we all loved greatly. He had spent 25-plus years employed by a trucking company in Tampa, Florida. One morning he arrived at work to find the gates had been padlocked, and a handwritten note alerting all employees that the company had folded. No other warnings were given. And in what seems like the fashion today, there was no compensation for anyone. He had enough 401(k) money, enough to survive on, but health insurance was at best a dream for him then. Being in his late fifties, he found it rather hard to secure employment, so he opted to retire on a minimal SSI. He had spoken to me occasionally about the high cost of medical care, but never mentioned that he was a living time bomb because he had a dangerous heart condition that required treatment. Carl was found dead in his apartment on February 3, 2008, by his daughter, a daughter for whom he had scrimped and saved to put through college. Ironically, she is now a doctor. He died in his sleep of massive heart failure. During the following days, his family found several unfulfilled prescriptions dating years back that if filled would have certainly saved his life or at least extended it. But due to the cost, he could not afford the medication. He had paid for doctors' visits out of his pocket, only to discover that he was doomed to die.”

Ladies and gentlemen, I could go on and on and on. We have received hundreds upon hundreds of stories like this at this Web site, *NamesoftheDead.com*. These are the stories of America. These are the stories of people who are suffering, and people who sent us to Washington, D.C. to solve their problems for them. Not to debate, not to delay, but to keep them alive.

The reason why I read these stories is this: Again as Lincoln said, in talking about these people, it is their loved ones who speak best for them. As Lincoln said in the Gettysburg Address, It is far beyond my poor power to add or detract. Rather, it is for the living to be dedicated here to the unfinished work for which these people have died. That, my friends, is the unfinished work of universal health care in America. That is our unfinished work.

I look forward to a day I hope will come very soon, not soon enough for all of these people, all of these people who have died, but a day to come very soon when there will be no more stories like this, when there will be no more names to add to the Web site *NamesoftheDead.com*. And for God's sake, I look forward to the time when we will have finally done our jobs.

HONORING SECRETARY JOHN MCHUGH

The SPEAKER pro tempore (Ms. PINGREE of Maine). Under the Speaker's announced policy of January 6, 2009, the gentleman from New York (Mr. KING) is recognized for 60 minutes.

Mr. KING of New York. Madam Speaker, I proudly rise on the House floor tonight to manage a Special Order on behalf of our former colleague and the present Secretary of the Army, former Congressman John McHugh, now Secretary John McHugh.

Madam Speaker, before I begin my formal remarks, I would like to yield to the gentleman from Illinois (Mr. SHIMKUS) who does have to leave, and I would recognize him for 2 minutes.

Mr. SHIMKUS. Madam Speaker, I thank my colleague from New York for giving me this time and allowing me to go promptly.

Everybody loves John McHugh, an honorable man. We have a great history in this country that a lot of people take for granted which is civilian control of the military. That is honorably being served by Secretary Gates as Secretary of Defense, and we are honored to have our colleague and friend, John McHugh, accept and hold the position of Secretary of the Army.

John is no stranger to being involved in military affairs, especially the Army, serving as I know people will talk about in Upstate New York and the Fort Drum area, the 10th Mountain Division, where some of our best military fighters are stationed, in a tough environment, and have been deployed, like many U.S. Army forces around the world, in difficult environments.

John has always been concerned not just about their training and morale and welfare, but the post issues, housing issues, morale and welfare. You name it, John McHugh was a leader in that area.

□ 1730

So it was a great pleasure, and many of us were thankful that President Obama looked down to the ranks of the Republican minority to find a highly qualified individual who would ascend to the position of the senior civilian leader of our Army.

John also served many years on the West Point Board of Visitors, a position now that I get to take and assume his spot on that board, but I know a position that he loved, at West Point where we are training our young men and women of the future to be future leaders of the Army. He took that job very, very seriously.

I thank my colleague and friend from New York, PETER KING, for allowing me this time to come down and congratulate John, to put some words into the RECORD, to say we miss him here, and that we know he will serve our country well in the position that he is so well trained and prepared for.

And with that, I thank my colleague. Mr. KING of New York. I thank the gentleman from Illinois.

Madam Speaker, I now yield to the gentleman from Indiana (Mr. BURTON).

Mr. BURTON of Indiana. I thank the gentleman for taking this time tonight for our colleague, Mr. McHugh.

John is not only a nice guy, he really is a hard worker. I think he has earned