

the family of a fallen Marine. Mr. Speaker, on this poster is an enlargement of a copy of a letter that the Secretary of the Navy sent to a Marine Corps family. The Marine was killed for this Nation serving in Iraq. And I read from the letter from the Secretary of the Navy, and I will point out that the head of the letter says, "the Secretary of the Navy, Washington, D.C.," with the zip code, November 18, 2008. "Dear Marine Corps family, on behalf of the Department of the Navy, please accept my very sincere condolences on the loss of your loved one."

Mr. Speaker, if this becomes reality this year, should this be a requirement, if any more of our Marines are killed in Afghanistan and Iraq, the letterhead would say, "the Secretary of the Navy and Marine Corps, Washington, D.C., Dear Marine Corps family, on behalf of the Department of the Navy and Marine Corps."

Mr. Speaker, that is what it is all about. This is one fighting team, and the name should carry equal, Navy and Marine Corps. And with that, Mr. Speaker, before I close, I will ask God to continue to bless our men and women in uniform. I ask God to place in His loving arms, to hold the families who have given a child dying for freedom in Afghanistan and Iraq. And I close by asking God to continue to bless America.

#### DISPELLING THE MYTHS OF HEALTH CARE REFORM

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

Mr. MURPHY of Connecticut. Mr. Speaker, as we begin a potentially transformational debate about health care this year, I think it is critical that we start making policy based on facts and empirical data, rather than anecdotes. Currently, our Nation's conversation about the future of health care is a little sloppy when it comes to backing up interesting stories with actual data. The result is that dozens of myths both about our own health care system and about that of other countries with systems of universal care have become so dangerously prevalent as to risk becoming accepted truth.

So, I thought it might be useful for the next few months to try to come down to this floor and dispel some of those myths and to put hard cold facts back on the table as we begin to move forward with a better way of providing health care for this country.

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So let's start with this. Over and over I have heard the health care reform skeptics tell stories about people that they know or that they have heard of living in Canada or living in England waiting for care, who had to wait weeks or months or maybe even years to get to see a doctor or to get to have a procedure done.

Every time I hear these stories I think to myself, "Well, they are right; that one person probably did encounter that type of resistance from the system." But then I also think to myself that it doesn't matter, because in this place we need to make policy not on anecdote, we need to make policy based on true, real, aggregated data.

So I think it is time that we started talking about this idea, often promulgated by menacing stories of people waiting in other countries for a necessary surgery, that a health care system run or overseen by a public entity comes automatically with unreasonably long wait times for care. The fact is not only is that idea a myth, but the very idea that our own health care system delivers the speediest care in the world might be an even bigger myth.

So here are the facts.

Mr. Speaker, a Commonwealth Fund study of six industrialized nations showed that the U.S. actually ranked fifth out of six in patients reporting that they could receive a same day or next-day appointment for an immediate medical problem. We were behind New Zealand, Great Britain, Germany, and Australia, just in front of Canada. In fact, the difference between us and England was astonishing, especially because many of the stories that you hear about wait times come from the British system.

In England, 71 percent of patients receive a next-day appointment for a nonroutine or emergency care visit. In the United States, that number is 47 percent. That means, in other words, that more than half of Americans when they believe that they have an immediate need to see a doctor have to wait at least 48 hours to get in to see that physician.

Here's another fact. A study by the Institute for Health Care Improvement cited in a recent speech by a medical director of a large U.S. insurer showed that, on average, Americans are waiting nearly 70 days to see a health care provider. That same medical director noted that many people who are diagnosed with cancer are waiting over a month to get in for their first appointment for care.

Compare that to Canada, a country with a system of universal health care most often cited as having unreasonable wait times. Canada's national statistics agency reports that its citizens are now waiting about 3 weeks for elective surgery, a week less than many people in the United States are waiting for cancer treatment. And today in Canada, there are no wait times for emergency surgery.

Now as Paul Krugman points out, it is true that across the board, Canadians do wait longer for nonelective surgeries. For instance, in one case, the facts back up the claim that hip replacement and knee replacement surgeries happen more quickly in the United States. And, in fact, there probably are people from Canada traveling to the United States to get those pro-

cedures done. But you know who pays and schedules those procedures here in the United States? You guessed it, the government. As it turns out, in America's government run health care system, Medicare, which pays for those hip replacement and knee replacement surgeries, wait times aren't really that much of a problem.

The fact is, there is ample evidence to dispel the myth that Americans don't wait for health care, and those in government-run systems do. And when we looked at the Canadian, which in some cases does have longer wait times, we need to remember this: In Canada, they are spending about half as much money on a per capita basis as the United States. If they spent 1 percent more of their GDP, they could eliminate their wait times.

The bottom line? Stories about people waiting in lines for health care in other countries are just that; they are stories.

The facts, on the other hand, dispel that myth. We wait for health care, too. Mr. Speaker, health care reform is our chance to fix that.

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.)

#### AIG BONUSES

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, I rise this evening in the House in strong opposition to AIG's recent payments to employees in the form of bonuses. I can't believe that this conversation is even necessary. The handling of these bonus payments by AIG's management is an insult to the people who are ultimately paying for them, the American taxpayer.

I believe that good business behavior and superior professional performance should be rewarded. That's the way the market system works and should work. People that are good at their jobs should be recognized. Compensation bonuses awarded to certain AIG employees do not fall into this category of recognition. The American people own 80 percent of this company, yet 73 individuals employed by AIG received a bonus of at least \$1 million each.

The CEO of AIG today here on Capitol Hill called the bonuses "distasteful." I can tell you that Kansans have a much more colorful description when they are telling the story about these bonuses. Their outrage stems from a series of corporate actions, actions that have steadily eroded our Nation's confidence in the competency of Wall Street and the business community, and the Federal Government's response

to these business conditions. And the mortgaging of our children's future is especially damning when news of the bonuses arrives like it has this week.

When the Troubled Asset Relief Program was first laid out, Members of Congress were assured that this would be a benefit to the public and would make a difference not only in the short term, but especially in the long term.

For many reasons, I did not support the initial bailout, including my belief that there were few taxpayer safeguards within this legislation. Recent actions on the part of AIG only confirmed what I feared. Troubled businesses—and I think this is what is happening here—troubled businesses were not forced to change their failed practices. Instead, they were given a lifeline, and they are beginning to pull us under with them.

Kansans ask only to have an opportunity to earn a paycheck and make a living. Most Americans realize that bonuses are awarded if and when their employer is profitable and successful. AIG is neither. It is not fair, it is not right, and it ought not happen.

I ask my colleagues in the House and the Senate to pursue all methods of recourse against companies that flaunt the will of the American taxpayer. But it is not just AIG we should blame. Congress passed this legislation without timely consideration. We rushed to judgment. In many instance, we violated principles that we know work, principles of an economy. And our actions as a Congress that passed this legislation allowed AIG to pay these bonuses. Shame on AIG and shame on Congress.

By demanding accountability and some commonsense from those businesses that are being assisted, Congress may finally begin to get it right, and the taxpayer may finally be protected.

#### CONDEMNING SHIPMENTS OF NUCLEAR WASTE ACROSS THE SOUTH

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

Mr. FALEOMAVAEGA. Mr. Speaker, on March 6, 2009, two ships named the Pacific Pintail and Pacific Heron left the port of Cherbourg in France bound for Japan. The total cargo onboard the purpose-built ships amounts to 1.8 tons, or 1,800 kilograms, of plutonium mixed-oxide nuclear fuel, which according to Greenpeace, is enough to produce 225 nuclear bombs. Scheduled to arrive in May, the shipment is to travel via the Cape of Good Hope, the Southern Ocean, the Tasman Sea between Australia and New Zealand, and the southwest Pacific Ocean.

The latest shipment of plutonium mixed-oxide nuclear fuel is part of an ongoing process involving several major countries in Europe and Japan, whereby Japan usually supplies spent

fuel from commercial reactors in return for MOX nuclear fuel from Europe. Using a procedure known as reprocessing, plutonium and uranium are extracted from highly radioactive products contained in the spent fuel. Most of the extracted plutonium, along with the nuclear waste, will eventually be returned to the country of origin.

Mr. Speaker, this latest shipment of MOX fuel complements earlier shipments of spent fuel, about 170, from Japan to Europe. As usual, plans for this latest shipment, the largest so far, were covered in shrouds of secrecy, without prior consultation or notification of en route states. Yet any action involving the ships or their cargo could have catastrophic consequences on the environment and the populations of en route states. Moreover, with the increasing threat of piracy, the transported plutonium MOX fuel could easily fall into the hands of terrorists.

This unnecessary and unjustifiable shipment provides another example of the unacceptable risks and adverse impact the use of nuclear power and nuclear materials have on the environment and the lives of those involved. It demonstrates once again the best example of arrogance and imperialistic behavior of some major countries at the expense of others.

In 1995, I accompanied Mr. Oscar Temaru, the current president of French Polynesia, on the Greenpeace Warrior, which took us to Moruroa to protest French nuclear testing. At the time, while the world turned a blind eye, the newly elected president of France, Jacques Chirac and the French government broke the world moratorium on nuclear testing and exploded eight more nuclear bombs at the Pacific atolls of Moruroa and Fangataufa in Tahiti. Adding insult to injury, President Chirac stated that nuclear explosions would have no effect on the ecological environment.

Mr. Speaker, history shows that for some 30 years the French government detonated approximately 218 nuclear devices at Moruroa and Fangataufa atolls in French Polynesia. About 10,000 Tahitians are believed to have been severely exposed to nuclear radiation during French nuclear testing.

Our own U.S. Government contributed to this grim history of nuclear testing in the South Pacific. Indeed, one may argue that it was the nuclear testing program in the Marshall Islands that set the precedent for France to follow suit and use the Pacific Islands as testing grounds for nuclear bombs. Between 1946 and 1958, the United States detonated 67 nuclear bombs in the Marshall Islands, including the first hydrogen bomb, or the Bravo shot, which was 1,300 times more powerful than the bomb that was dropped on Hiroshima. Acknowledged as the greatest nuclear explosion ever detonated by the United States at the time, the Bravo shot decimated six islands and produced a mushroom cloud 25 miles in diameter. It has been said

that if one were to calculate the net yield of the tests conducted by our government in the Marshall Islands, it would be equivalent to the detonation of 1.7 Hiroshima nuclear bombs every day for 12 years.

Mr. Speaker, such was the magnitude of the devastation that threatened the Marshall Islands. In addition to the annihilation of the surrounding environment and ecological system, the U.S. nuclear testing program exposed the people of the Marshall Islands to severe health issues and genetic irregularities for generations to come. It was so serious that we had to move our nuclear testing program, this time conducted underground in the deserts of Nevada. What happened was that this nuclear cloud that came from the Pacific Ocean went as far as Minnesota and Wisconsin, with contaminants later found in milk products coming out of Wisconsin as well as Minnesota.

Mr. Speaker, something needs to be done about the shipment of this nuclear waste from Europe to Japan. I sincerely hope that my colleagues will help me develop legislation.

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