

clock services provided by the A Child Is Missing Alert and Recovery Center.

Currently, A Child Is Missing is the only program of its kind that assists in all missing cases involving abduction, children who are lost, wander or run away, or adults with special needs such as the elderly who suffer from Alzheimer's or dementia, which is a major problem in my district in south Florida. When a person is reported missing to law enforcement, A Child Is Missing utilizes the latest technology to place 1,000 emergency telephone calls every 60 seconds to residents and businesses in the area where the person is last seen. It works in concert with the AMBER Alert system which you see on the highways, on those billboards or radio announcements, also known as the Silver Alert, and all child-safety programs, and has the support of law enforcement agencies all over the country.

A Child Is Missing also fills a critical gap in time in the most dangerous cases. Although the AMBER Alert has been an extremely successful program, there is still a crucial void in time when a child is first reported missing and when an AMBER Alert, which is activated only in cases of criminal abduction, can be issued, which is sometimes 3 to 5 hours later. This critical period of time can be the difference between whether a child lives or dies.

Recently, a Washington State Attorney General's office study showed that among cases involving children abducted and murdered, 74 percent were slain in the first 3 hours. So it is the first hours, the first minutes that are critical. And to the extent we can alert people in the local area by this telephone system to businesses and residences, we get the information about the potential child or abductor to the law enforcement as quickly as possible.

Adding to the problem is the resource and manpower limitations facing many local law enforcement agencies. Roughly half of these offices in the United States had 25 or fewer officers, and an average 12-hour search for a missing child can cost up to \$400,000 in law enforcement expenses. That is a great fiscal burden during these difficult times of shrinking budgets. A Child Is Missing helps to fill this critical gap in time as well as complement the AMBER Alert during its ongoing search. We have heard this over and over again from law enforcement agencies that have received this; the real issue is that not enough communities have access to the program.

The founder and president of A Child Is Missing in Florida, Sherry Friedlander, who has done a remarkable job spreading the program to all 50 States, says that we're going to bring this program to every community, but we need there to be the leverage and logistics and some minor amount of resources that can help make it do so. And that is exactly what H.R. 1933 does. It has broad bipartisan support in Congress. I count cosponsors from all over the

United States. On the Senate side companion legislation was introduced by Senator MENENDEZ and Senator HATCH, the distinguished former chairman of the Senate Judiciary Committee.

Because we are so proud of this great effort, we understand that children are not Democrats or Republicans, they are Americans, and they are our children and our responsibility. And their protection requires all of us to work together to do what is best for their continued safety. So as a result of all this, I appreciate this support we have got, and I urge our colleagues to support H.R. 1933.

WHERE ARE THE JOBS?

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

Mr. CARTER. Mr. Speaker, jobs, jobs, jobs. Americans are asking, where are the jobs? With the unemployment rate at 9.7 percent, Democrats continue to push job-killing bills. First cap-and-tax, and now a plan to socialize health care. We all agree our health care system is clearly in need of reform. Health care costs too much. Families and individuals are seeing their premiums rise, and businesses are having to drop or significantly reduce their coverage to make ends meet. Employees are wondering why their plan no longer covers things like dental or vision.

The answer is, the costs are forcing employers to reduce coverage. However, the Democrat government-controlled health care bill actually makes things worse. The nonpartisan Congressional Budget Office says it will raise prices even higher and increase taxes. The Democrats' health care bill also hurts the quality of health care, cuts thousands of jobs, and devastates State economies.

There are just too many problems with the Democrat health bill to use a 5-minute speech, so I'm going to focus on one job-killing section, section 1156, which would be the death of physician-owned hospitals, which are a huge job creator and a medical innovator in Texas and throughout the country. Texas has more existing and planned physician hospitals than any other State. To be exact, Texas has 50 physician-owned hospitals that provide 22,000 jobs and contribute \$2.3 billion to the Texas economy annually. So let me repeat. This little provision in the Democrat government health plan kills tens of thousands of jobs, tens of millions of tax dollars paid, and over \$1 billion of economic activity for the State.

If section 1156 becomes law, 104 physician-owned hospitals currently under construction would be lost. This would cost Texans 20,000 jobs and \$5 billion in investments. Constituents in my district are letting me know how devastating this provision is for Texas. Hospitals like the Heart Hospital of Austin, rated the number one hospital

in America for heart attacks, would not be able to build new hospitals and could only expand after going through several layers of bureaucracy.

This is only one small portion in the Democratic government-run health care plan, and it kills jobs. And others kill jobs. In a poll of 5,097 of my constituents, 82 percent oppose the Democrat plan. Nationwide polling indicates the majority of Americans are opposed to the Democrat plan. Let's listen to our constituents and defeat this government-run takeover of our health care.

HONORING TOMAS AGUON CAMACHO OF THE NORTHERN MARIANA ISLANDS

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. Mr. Speaker, I rise to honor one of the Northern Mariana Islands' finest individuals, Tomas Aguon Camacho. The Most Reverend Tomas Aguon Camacho is the first bishop of the Diocese of Chalan Kanoa, Commonwealth of the Northern Mariana Islands. Born to Maria Borja Aguon and Vidal Palacios Camacho on September 18, 1933, Bishop Camacho was ordained a priest on June 14, 1961, and was given the honorary title of Monsignor in 1974. On January 13, 1985, he was installed as Bishop, the same time that the Northern Mariana Islands became a separate ecclesiastic jurisdiction from the Archdiocese of Hagatna, Guam, to what was and is now the Diocese of Chalan Kanoa.

As a shepherd to Catholics in the Northern Mariana Islands, which total approximately 80 percent of the general population, Bishop Camacho is looked upon by the people as a compassionate pastor, a humble servant and a concerned teacher to his flock. He recently finished translating into the vernacular the books of the New Testament, making the Word of God available in Chamorro, an indigenous language unique to the Northern Mariana Islands and to Guam. He is now working on the books of the Old Testament. Additionally, the Bishop has commissioned a group to translate the Bible in the Refalauwasch, the other indigenous language of the Northern Mariana Islands.

Bishop Camacho is not only a strong spiritual leader, but he is also a compassionate father who tries his best to address the needs of his people. Bishop Camacho initiated and founded various diocesan commissions that, up to the present time, provide invaluable services to the people.

KARIDAT Charity, for example, is a social service provider under the diocese serving the islands of Saipan, Tinian and Rota. It provides youth and family counseling, emergency food and shelter assistance, hotline and outreach assistance to victims of crime.

Founded on May 5, 1980, KARIDAT has to this day served thousands of residents. Moreover, in the early 1990s, through the leadership of Bishop Camacho, the diocese has maintained a Human Rights Advocacy Office. This office was instrumental in protecting the rights of foreign workers and upholding the church's social teachings.

However, due to founding constraints, the office was closed in the late 1990s. Over the years, Bishop Camacho has guided the faithful in facing major community issues by releasing pastoral letters on casino gambling, human trafficking, substance abuse, abortion and their impact on individual and family values. Mr. Zaldy Dandan, the editor of a local newspaper, *The Marianas Variety*, described Bishop Camacho as "the island's most trusted, most revered and most beloved public figure, an exemplary representative of the One, Holy, Catholic, and Apostolic Church. He is the soul of Saipan, the conscience of the island, and the pride of the Northern Marianas."

In October of 2008, the Northern Mariana Islands Council for the Humanities presented Bishop Tomas A. Camacho its Lifetime Achievement in the Humanities award for his efforts in preserving the Chamorro language. Having tendered his resignation last year at the age of 75 as required by the law of the church, Bishop Camacho is now waiting for Pope Benedict XVI's appointment of our next bishop, pastor and friend.

Forty-eight years a priest and now 24 years in the Episcopacy, Bishop Camacho, the Diocese of Chalan Kanoa, and the people of the Northern Mariana Islands will have to look back at the years and hear the Master say, "Well done, good and trustworthy servant; you have shown you are trustworthy in small things, I will trust you with greater, and join your Master's happiness," Matthew chapter 25 verse 21. Only God knows what greater things there are that are beyond what Bishop Tomas A. Camacho has attained. Only God knows.

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 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.)

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REFORMING OUR HEALTH CARE SYSTEM

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from Arizona (Ms. GIFFORDS) is recognized for 5 minutes.

Ms. GIFFORDS. Mr. Speaker, I rise today to talk about the most important domestic policy issue that faces our country, and that is the reforming of our health care system, this great debate that this country is having right now.

Before coming to the United States Congress, I served as a State Legislator, both in the House and in the Senate in the State of Arizona, so I had a chance to hear from people all over, from Tombstone all the way up to Flagstaff about the challenges that they faced with health care.

Before I was a State Legislator, I was the CEO of my family's tire business. And running El Campo Tires, I had a chance to make some important decisions for my employees, and that included making sure that they had good health benefits. Unlike many of my competitors, I offered health care upon hire. But year after year I saw double-digit increases when it came to paying for our insurance premium. Now, we weren't a very large company, but I thought it was important to provide those health care benefits. It was probably detrimental to the company, but I thought that was really critical.

We see right now in the United States, as a country, that we spend too much for health care per capita. We spend well more than any other country. Yet we have 47 million Americans right now that have no health insurance. We have probably 20 million additional Americans that are underinsured, and millions and millions every day that worry that the insurance that they have won't cover them, that it won't be enough. Nationwide, premiums have doubled in the last 9 years, which have basically increased three times faster than real wages across the United States.

I represent Arizona's Eighth Congressional District and it's unique because it's burdened in different ways than other parts of the country. This is a border district, one of 10 border districts. A large amount of the geography is rural, where it's very hard to get physicians or nurses to go out there. Many parts of the district are low income. We also have fewer doctors per capita than other parts of the country. From 2001 to 2006, the out-of-pocket expenses in my district went up by 32 percent; and in 2008, there were 950 health care related personal bankruptcies in my district. So we cannot continue to perpetuate the status quo. The time for health care reform is right now. Arizonans need reform that's going to protect us from being denied coverage based on a pre-existing health condition that they might have. Arizonans need reform that guarantees care, even if we lose our job or if we move or if our spouse loses his or her job. Arizonans need reform that fosters competition, which is critical to our free market system, across the insurance companies and delivers us, the

customers, the consumers, the lowest cost and the best service available. Arizonans need reform that puts the power of health care decisions back into the hands of the patient and back into the hands of their physicians. Reform is not an option, and most Americans simply know that.

As the health care legislation is being crafted and being discussed right now, we know that it has to be done responsibly. We know we need to pay for it. We can't continue to put today's expenses on to the shoulders of our children and our grandchildren. It is also critical that Americans know that if you like your plan, you can keep your plan. You should be able to make sure that your costs go down and not go up like they're continuing to do. There are savings to be had in our current system. We all know that. So we have to focus on squeezing those costs, every drop. We can do this, and we must do this. So it's really time to make sure, not that we do it fast, but that we do it right because our economy's at stake. Our children, our grandchildren, and America's prosperity are at stake right now with this health reform issue.

So thank you, Mr. Speaker, for the time, and for my constituents back home, the importance that they know that we're going to work to make sure we get this health care legislation right.

HEALTH CARE REFORM

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

Mr. GOODLATTE. Last week, Democratic leaders in Congress introduced the "America's Affordable Health Choices Act," which sets the tone for a Washington takeover of the health care system, one defined by Federal regulation, mandates, a myriad of new big government programs, and a significant increase in Federal spending. A recent poll, which was released at the beginning of July, indicates that Americans by a margin of 2-1 think a government takeover of health care would be a bad thing. Unfortunately, the Democratic leadership is not listening to the American people and they are pushing legislation which only offers more of what is wrong with the current system.

At least two different independent analyses of the House Democrats health care legislation estimate that more than 100 million Americans would lose their current health care coverage. In addition to losing their health insurance, Americans are going to lose control over their health care decisions. Under the Democrats' vision, Washington would have ultimate control over what is best for patients, what treatments are acceptable, and how long patients wait for needed care. Additionally, this misguided health care legislation is estimated to cost the