

veterans, gold gloves, and an MVP candidate to the division title. I congratulate their owner, Mr. Bob Castellini, and his ownership group for bringing winning baseball back to my hometown in Cincinnati.

Go Reds.

## FORECLOSURE FRAUD! BANK RATES VERSUS RULES FOR EVERYONE ELSE

**HON. ALAN GRAYSON**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, September 29, 2010*

Mr. GRAYSON. Madam Speaker, foreclosure fraud can affect anyone, whether you have a mortgage, are paying on time, have income, or not. The average foreclosure hearing in a Florida court is 90 seconds. Mistakes are common, and fraud is rampant. Everyone is familiar with dealing with a big bureaucratic institution. What is happening is that these big bureaucratic loan servicers are charging fees inappropriately, refusing to talk to homeowners by putting calls through to call centers in India, and then foreclosing with forged documents once the homeowner has been drained of all assets and the will to fight.

There is one set of rules for banks, and another set of laws for everyone else. A servicer can ask for fees, it can demand payment, it can send you to call centers in India, and it doesn't have to negotiate. And you now have virtually no rights as a homeowner.

Here are four bizarre examples:

(1) Last summer, Fort Lauderdale resident Jason Grodensky experienced what has tragically become an increasingly familiar process all across America: his house was sold at a foreclosure sale after a bank notified the Florida courts that Grodensky had defaulted on his mortgage. The foreclosure came as a surprise to Grodensky, according to reports from the Sun-Sentinel. Not only did Grodensky not have a mortgage with the bank that sued to foreclose against his house, he had never had a mortgage at all. Grodensky had paid cash for his home.

(2) One house in Pinellas County, Florida saw two foreclosure suits brought against it because the banks didn't know who had title to the mortgage.

(3) One victim with a perfect payment record of all interest and principal was foreclosed on because of a \$75 contested late fee.

(4) Tim and Nicole West were victims of a predatory loan. In 2005, a bank threatened to sue the couple if they didn't sign a refinancing offer. Their loan servicer subsequently raised their payments from \$1900 to \$5300 a month, with regular forbearance fees required in the tens of thousands of dollars. Finally, the servicer refused to accept payments from the family in the name of negotiating for a mortgage modification. Instead of modifying the loan, their servicer began foreclosure proceedings. The servicer used fraudulent documents to prove that it had the right to foreclose.

Here's how it happened.

Securitizing mortgages was originally a way to take the cost of a mortgage of a bank's books. From 2005 onward, the securitization chain went out of control, and Wall Street

wanted as many mortgages as it could get, as quickly as possible, and as cheaply as possible. In order to allow it to pull out more fees at every link in the chain, subprime lenders, trusts, and banks decided to cut as many costs as possible, including record-keeping. They didn't keep good records, and violated the laws mandating that they had to file records with county clerks on who owned what mortgage title.

Instead, banks simply digitized mortgage titles into a privatized system called the Mortgage Electronic Registry System (MERS) and did the transfers by trading Excel spreadsheets among banks and trusts rather than by endorsing the notes as required by their own contracts, state real estate law, and IRS rules. Today, MERS is the registered owner of a security interest in 60 million properties or about 60% of the mortgages in the United States. 97% of the loans originated between 2005–2008 are in MERS.

It appears that on a widespread, probably pervasive basis, they did not take the steps necessary for them to own the note (a borrower IOU), which means that in 45 of 50 states, they lack the legal right to foreclose. Thus, every trust now has questionable legal standing in foreclosures in the overwhelming majority of states. In addition, the records were poorly kept, so servicers are basically guessing that they have the right to foreclose when they foreclose.

Obviously, the banks do not want to grapple with the consequence of trillions of dollars of securitized mortgages having no legal standing to foreclose. So, they have simply created a system whereby servicers hire 'foreclosure mill' law firms whose business is to forge documents showing that they have a legal right to foreclose. Some of these mills have been featured in the New York Times, and so-called 'robo-signers', people whose names show up on thousands of affidavits, despite obvious forgeries and overt admissions that these people had no knowledge of what they were signing.

The system is so organized that there is a company, Lender Processing Services, who allegedly has created the means to systemize fraud. Lawyers use the LPS system to request which affidavits and documents they need. LPS then has 'document mills' where they can magically make an authorized Vice President of Whoever You Need, and send you backdated signed documents saying you have the right to foreclose. Courts at first refused to believe that this level of rampant fraud exists, but more recently, they have started to sanction fraud against loan servicers.

Servicers don't make money through routine servicing; it's a break-even business. They make it at foreclosure, with a \$6,000 foreclosure fee. When you combine the incentive to foreclose with systemized fraud, it's lawlessness.

Fraud is now big business. And it's sanctioned in part through the government, as both Fannie and Freddie are shareholders in MERS.

We're approaching the point where the easiest way to make a buck is to steal it. The only way to end this plague of foreclosure fraud is to make sure that crime does pay.

## CHILDHOOD CANCER SUMMIT

**HON. MICHAEL T. MCCAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, September 29, 2010*

Mr. MCCAUL. Madam Speaker, I am honored to take this opportunity to discuss a recent event in DC on an issue that has always been of particular significance to me. On September 16, 2010, I hosted a Childhood Cancer Summit with Congressman JOE SESTAK on behalf of the Pediatric Cancer Caucus. We held the Summit in September to honor Childhood Cancer Awareness Month. Our goal was to raise awareness among Members of Congress and to advance policies to better treat and prevent this disease.

Pediatric cancer is the leading killer by disease of our nation's children. Thirty-five children, or the equivalent of an entire school classroom, are diagnosed every day.

However, pediatric cancer research remains woefully underfunded. To compound this problem, the small patient population creates no market incentive for pharmaceutical companies to develop pediatric cancer drugs. Therefore, there exists a lack of available treatments and drugs tailored specifically to childhood cancer. Only one drug has been manufactured particularly for pediatric cancer since the 1980s. In addition, three out of every five survivors face devastating long-term effects from their disease or their treatments. Pediatric cancer is a chronic disease, and we have much to learn before diagnosed children are guaranteed to lead full and normal lives.

It is the goal of the Pediatric Cancer Caucus to raise awareness for these issues, as well as to advocate in support of measure which will improve the lives of patients, and work toward eliminating this disease as a threat to all children. The Caucus now has about 80 members, and is steadily growing.

The Childhood Cancer Summit included a panel discussion between childhood cancer experts from around the nation. Participants came from many of the premier pediatric cancer centers, including MD Anderson Cancer Center, Texas Children's Hospital, Children's Hospital of Philadelphia, Memorial Sloan-Kettering, and St. Jude Children's Research Hospital. The panelists discussed the unique challenges facing childhood cancer patients and their families compared with adult cancers, including the development of better treatments for kids with cancer and initiatives to improve the quality of survivorship.

It is my goal to use the recommendations from these panelists to shape an effective legislative agenda, and garner the support of my fellow policymakers. As policymakers, we have a responsibility to the many children and families suffering from this devastating disease.

## IN RECOGNITION OF THE PASSING OF GEORGE IRELAND, JR.

**HON. JEFF MILLER**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, September 29, 2010*

Mr. MILLER of Florida. Madam Speaker, on behalf of the United States Congress, it is an

honor for me to rise today to recognize the life of northwest Florida's beloved George Ireland.

Mr. Ireland is survived by Jacqueline, his wife of 57 years; his three sons, George, Timothy and Bruce; as well as two grandchildren and three great-grandchildren. To his family and friends, I would like to offer my deep and sincere condolences. George Ireland was not only a compassionate man, but also had a sharp wit and an immense love for his community. Northwest Florida has truly suffered a great loss with his passing.

Mr. Ireland served his country with honor and distinction in both the Korean and Vietnam Wars and retired after more than 27 years of service in the United States Air Force with the rank of Chief Master Sergeant. Following his retirement, Mr. Ireland moved to Niceville, Florida, where he served his local community as City Clerk for over 32 years and also served as President of the Florida Association of Clerks. Mr. Ireland was described by his colleagues as a "financial whiz"; his remarkable aptitude for managing budgets and records helped the city of Niceville continually run a budget surplus.

In 1978, he was the catalyst for the purchase of a cutting-edge computer system Niceville. He convinced the Niceville City Council to approve the purchase of computers to help facilitate a sophisticated internal system that allowed the city to save countless dollars. He was also responsible for founding an institute for the education and training of city clerks in northwest Florida; this service, provided at no cost to the cities of northwest Florida, was especially crucial as it allowed each city to cut the cost of sending their clerks to train in south Florida.

Mr. Ireland's excellence in financial management was recognized by the Government Finance Officers Association, which bestowed upon his office more than 20 annual awards for excellence in financial reporting. He was also the recipient of the prestigious Robert N. Clark Award from the Florida Association of City Clerks.

Mr. Ireland's dedication to his community was beyond reproach. After his retirement as City Clerk, he continued to give his time, even though he was off the payroll. He was also deeply involved in a myriad of fraternal organizations. Mr. Ireland was a member of the Veterans of Foreign Wars of Florida, where he served as District 1 Commander. He was a Master Mason of the Okaloosa Masonic Lodge 312 in Niceville, and was a 32nd Degree Knights Commander of the Court of Honor for the Hadji Shrine in Pensacola, Florida. He also served multiple times as President of the local Lions Club, but his real love was in serving as secretary and treasurer of the Lions Club—a position he held since the early 1960s. Mr. Ireland's service to his community was recognized in 2005 when he was awarded the Melvin Jones Fellowship Award—the highest award given by Lions Clubs International for humanitarian service.

To some George Ireland will be remembered as a courageous member of our armed services where he fought to protect the liberties and freedoms we all hold so dear; to others he will forever be a sharp, intelligent, and exceptionally compassionate public servant. He will long be remembered by his family and friends as a loving husband and father; and we will all remember his wit, energy, motivation and commitment to serving his commu-

nity. His impact he had on northwest Florida can never be forgotten.

Madam Speaker, on behalf of the United States Congress, it gives me great pride to honor the life of George Ireland, and his living legacy.

# MONROE JOURNAL EDITORIAL CALLING FOR RENEWAL OF BUSH TAX CUTS

## HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 29, 2010

Mr. BONNER. Madam Speaker, I wish to submit for the RECORD an editorial published in the September 16th edition of the Monroe Journal in my congressional district, calling for the renewal of the Bush tax cuts of 2001 and 2003.

### CONGRESS MUST RENEW BUSH'S TAX BREAKS

In this economic environment it would be ludicrous to even consider not renewing the "Bush tax breaks" for everyone, especially so for middle class Americans.

President Barack Obama has said he supports renewing the federal income tax breaks for middle class workers, but he does not support renewing the tax breaks for persons making \$250,000 or more annually.

Unfortunately, the problem with not renewing the tax breaks for those who make \$250,000 or more is that many of those individuals are small business owners.

We all know that the majority of jobs in America are created by small businesses.

If the tax breaks are not continued for middle class workers, they would see an average increase of \$1,500 per individual in their annual federal income tax. And, if the tax breaks are not continued for small business owners, many of those middle class workers could find themselves on the unemployment lines in 2011.

Why not amend the tax law to continue the tax breaks for everyone, who makes less than \$250,000 annually and for small business owners, who make no more than \$500,000 annually? This would help middle class workers continue to make ends meet and help small businesses with minimum operating capital stay afloat in this shaky economy that is still in a rebound stage.

Madam Speaker, oftentimes the best ideas come from real America, not just those generated here inside the Washington Beltway. I hope my colleagues will take to heart this urgent plea from the editors and publisher of the Monroe Journal.

## ISSUES REGARDING LYME DISEASE

### HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 29, 2010

Mr. SMITH of New Jersey. Madam Speaker, as chair of the congressional Lyme Disease Caucus and a person who has been closely involved in Lyme disease issues for over twenty years, I want to bring to your attention extremely troubling issues regarding Lyme disease.

Lyme disease is the most common of all vector-borne infections in the U.S., with ap-

proximately 290,000 new cases in 2008. With the increase in Lyme cases, problems due to poor diagnostics and ineffective treatments for Lyme disease have become almost overwhelming—affecting larger numbers of people over longer periods of time.

Many patients are angry because progress in addressing Lyme disease has been impeded by entrenched bias and a lack of accountability in the science of tick borne diseases. It is critical that we identify biases and impediments that are constraining the science on Lyme and to open up the dialogue to honest and transparent debate. The scientists who have long been marginalized, the treating physicians who have felt intimidated and threatened, and most importantly the sick patients and their families need our help.

My main purpose here today is to introduce for inclusion in the CONGRESSIONAL RECORD the following statement "The Patient Perspectives on the Research Gaps in Tick Borne Diseases," written by three of the Nation's largest Lyme disease advocacy organizations, who represent tens of thousands of patients. I believe that this statement provides important perspectives that need to be heard and taken to heart.

### PATIENT PERSPECTIVES ON THE RESEARCH GAPS IN TICK BORNE DISEASES

(Submitted by Time for Lyme, the national Lyme Disease Association, and the California Lyme Disease Association on behalf of our patients across the United States)

In December 2009, Labor HHS 2010 appropriations language, signed into law by President Obama, encouraged the National Institutes of Health (NIH) to "sponsor a scientific conference on Lyme and tick-borne diseases . . . the conference should represent the broad spectrum of scientific views . . . and should provide a forum for public participation and input from individuals with Lyme disease." The language also requires NIH to identify research gaps to understand the "mechanisms of persistent infection." The passage of this language represents a significant opportunity to summarize and solidify the issues that prevent scientific progress for a disease recognized here for 35 years, if, and only if, this process occurs without bias. Progress can be accomplished if the stewards commit to the elimination of predisposition by key decision makers.

It is not clear why the NIH elected to subcontract this issue to the Institute of Medicine (IOM), given that the existing NIH conference structure contains the best process to address the appropriations language requirements. According to the NIH Consensus Development Program, which explains the two relevant types of conferences offered by NIH, "when the available evidence is weak or contradictory, or when a common practice is not supported by high-quality evidence, the State-of-the-Science label is chosen." This conference format would appropriately address the research gaps that exist for Lyme and tick-borne diseases as it provides a "snapshot in time" of the state of knowledge on the conference rather than a policy statement of the NIH or the Federal Government.

In Lyme disease, there are two distinct disease paradigms, each providing science to support its claims. One paradigm views the disease as "hard to catch and easy to cure" and denies the existence of chronic Lyme disease—persistent infection with *Borrelia burgdorferi*, the spirochete that causes the disease. Under this paradigm, the state of the science for patients with chronic Lyme disease is closed. Any treatment is considered too risky because practitioners are unable to determine the cause or extent of patient symptoms, or they view the symptoms