

attack on freedom and liberty, on fiscal responsibility, and on the sanctity of human life.

On Thursday afternoon, right after work a man from my district left his wife and children, drove all night some 998 miles all the way from Fairhope, Alabama, to Washington, D.C., just to go door-to-door to those Members who were still on the fence to encourage them to do the right thing. When I thanked him for making the trip, he said, Congressman BONNER, I just couldn't sit back and look my children in the face and tell them one day years from now I didn't do everything I could do to keep this from happening.

Earlier this morning, another man from Mobile walked into my office. He had stopped in Knoxville, Tennessee, to pick up his mom, and together they came for the same reason: to thank those of us who are saying "no," and to reach out to every last undecided Member of Congress and beg them to listen to the American people.

All day long we have watched people come into our offices from towns in Monroe and Escambia Counties in my district to folks from New Jersey, all the way to the coast of California. All of them, literally thousands, who descended on the Hill today came for the same reason, to leave no stone unturned before the vote tomorrow afternoon.

Common sense tells us that with a bill this big and with so many last-minute deals that have been made, there are going to be a lot of angry people, a lot more throughout the entire country when all the details of this legislation are known in the coming weeks and months.

Isn't it ironic that just the other day the Speaker of the House told a group, "We have to pass this bill to find out what is in it." Well, earlier today we found out how true that promise was with the disclosure that Democrats have now added a new 3.8 percent Medicare surtax that will hit average middle-class taxpayers who have invested in real estate. Just what an already depressed real estate market needs.

Or the fact that just a couple hours ago on this very floor the House attempted to fix another little problem that we discovered in this bill, a provision that, if left unchanged, could have taken more than 9.5 million veterans out of TRICARE. Once again, just another example of the dangers of passing legislation on the fly.

While the outrage of the American people did help succeed in taking "deem and pass" off the table earlier this afternoon, we are still left with reconciliation, a process that leaves many Americans dizzy in terms of the ever-changing rules that are being rewritten to try to pass this bill.

The American people remember reconciliation. Back in October of 2007, then-Senator Obama said of reconciliation, and I quote, "We are not going to pass universal health care with a 50-plus-1 strategy." And a couple years

earlier then-Senator BIDEN said, and I quote, "I say to my friends on the Republican side, you may own the field right now, but you won't own it forever. And I pray to God, when Democrats take back control, we won't make the same kind of power grab that you were doing."

Back home this might sound like doublespeak. Sadly, in Washington it is just another day at the office.

Mr. Speaker, while many people understandably are focusing on the vote that will take place tomorrow on the third Sunday in March, trust me, the vote that will be taken on the first Tuesday in November is the vote that will allow the American people to have the last word.

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.)

HEALTH CARE REFORM

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

Ms. JACKSON LEE of Texas. Mr. Speaker, I was on this floor just a moment ago, and I guess I am struck by this quote by Thomas Edison, because as I have listened to more of my colleagues, it seems as if they are driving themselves into failure and they just want to see this determined and committed number of Members who represent constituencies across America driven into failure as well. But it says: Many of life's failures are people who did not realize how close they were to success when they gave up.

And so the stories that we have heard about a young 11-year-old who has the common sense to know that maybe his mother would have lived had she had the right kind of coverage, to my good friend who was just on the floor of the House and mentioned his constituents from his great State of Alabama, I don't know if that constituent that drove 900-plus miles realized that Alabama has one insurance company, only one, no competition.

And so when we think about where we are today on the eve of that magnificent vote, this is not arrogance, it is not an attempt to have the majority abuse the minority. It is to reflect on those Americans who did not come, who in silence suffer and die because they have no insurance.

I support this legislation, but there are fixes that I would like to have, and I am committed to working beyond the vote tomorrow. I don't like to see the comments that I have seen on signs. I respect it, because I am someone who appreciates the Constitution.

There is no instruction or demand on people to get insurance that is uncon-

stitutional. In States, we require people to buy auto insurance, get seat buckles, to wear helmets when they are riding on motorcycles. This is to save lives. And we provide incentives to small businesses and subsidies.

And so today in the Rules Committee I submitted amendments, because I want to help a body of hospitals that are in rural and minority areas. My amendments had to do with what we call physician-owned hospitals. My first amendment was to preserve physician-owned facilities. They have a greater percentage of Medicaid inpatient admissions than the State average in operation and allows them to expand, a fix that is not illegal but one that we want to work on as we move forward.

My second amendment is extremely critical for minority communities in high-poverty areas. This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, that is supported by the Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save \$2.9 billion in total payroll, \$608 million in Federal taxes, \$3.5 billion in trade payables, and preserves 62,000 full- and part-time jobs, the Senate amendment, by striking all language that prohibits the grandfathered facilities from expanding.

I am grateful for what we have done so far. We have extended the time in which these hospitals can receive their Medicare certificate, which means that more hospitals can come online. That is a good thing.

That is why I understand that I am so close, that we are so close, to success, that I am not going to allow failure to destroy that success for millions of Americans.

But I do want to tell you about St. Joseph's Hospital in Houston that was going to close until many of us intervened. In fact, I said something like, Over my dead body would this hospital close and not serve our constituents. Well, a group of doctors were able to invest, and lo and behold this hospital now serves one of the most income-challenged and a hospital that serves in the African American community. Physician ownership provides an avenue for it to stay open.

Or in south Texas an out-of-state corporation forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state health care conglomerates and the lack of public or county hospitals left patients with two options: go without or transfer to another facility 350 miles away.

So there is value to physician-owned hospitals, and one opened in south Texas and therefore stopped this drain of sick people having to drive 350 miles just to get medical care or hospitalization.

Or in the Chinatown section of Los Angeles, the Pacific Alliance Medical Center is a 142-bed full-service hospital and has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish this facility. Throwing a lifeline, this is what these hospitals do.

Or in Wisconsin, the Aurora Bay Care Medical Center, a 167-bed full-service hospital, holds seven centers of excellence, and it was the first hospital in the country to become a designated emergency center.

Or the Wenatchee Valley Medical Center established in 1940 in the State of Washington is a large rural health care center that helps serve patients in a largely rural area.

There is a lot of good work that has already been done. This bill has been reviewed over and over again. So what my opponents say on the other side or the opponents of this bill, this bill has been on the table for a long time. We know that we can work going forward to make things better.

So no amount of attack, being spat on by those who have come here to this place to show their opposition, or being called names is going to stop us from seeing success just down the road. But we want to work for these hospitals who are in rural and minority areas and poor areas to be able to stay open as well.

I know that in working with my colleagues and moving to the other body we will have that opportunity. Why don't my friends on the other side sit down and work as well so that we can have what all America is crying out for, those who are listening and understanding the issue, that is, health care for all Americans. Not socialized medicine, not a government takeover, but the opportunity to see the good and the value of good health care for this great country of ours. I want to see success. I am not going to allow failure to get in the way of success.

Mr. Speaker, I have three amendments at the desk and I rise to speak in support of my amendments No. 1, No. 2 and No. 3 to H.R. 4872, the Reconciliation Act of 2010. My first amendment would preserve physician-owned facilities that have a greater percentage of Medicaid Inpatient Admissions than the state average in operation and allows them to expand.

My second amendment is extremely critical for minority communities and high poverty areas.

This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, supported by Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save \$2.9 billion in total payroll, \$608 million in federal taxes, \$3.5 billion in trade payables, and preserves 62,000 full- and part-time jobs by striking all language that prohibits grandfathered facilities from expanding.

As you know during the ongoing healthcare debate, discussions about physician owner-

ship of hospitals have ignored the positive impact these facilities have had on minority communities and minority physicians. Physician-owned general acute care hospitals, who have unprecedented amounts of minority owners, have allowed Hispanic, Black, and Asian Americans to enter into the field of hospital ownership. The largest physician-owned hospital, Doctors Hospital at Renaissance, is over 50 percent minority owned.

Physician-owned hospitals have created a positive change in the quality and delivery of care to minority populations.

The insight gained by the diversification of hospital ownership has led to many new advances in care delivery and opened up untapped avenues and knowledge in the race to cure and/or prevent diabetes, AIDS, cancer, and other illnesses we all face.

While we are pleased that language to grandfather existing physician hospitals has been included in the Senate Amendment package, this bill still contains language that prohibits these needed institutions from expanding. This prohibition will lead to their eventual closure and endanger hospital access for minority and low-income communities.

Physician ownership has enabled high poverty and minority areas to open hospitals where corporate-owned facilities wanted to abandon a current site or refused to bring in needed services. By way of competition, physician hospitals have raised the bar of service in communities often ignored by large healthcare corporations, offer exceptional overall care, and forced all hospitals in an area to do better for their community.

To help you understand what is stake, I would like to highlight some of these success stories:

In Houston, St. Joseph's Hospital, a full service general acute care center, is the only hospital that serves one of the most income-challenged and minority sections of the city. Within the last few years, a for-profit corporation abandoned this hospital and the surrounding community. Physician ownership provided an avenue for it stay open and prevent a critical loss for the neighborhood.

In South Texas, out-of-state corporations forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state healthcare conglomerates and the lack of public or county hospitals, left patients with two options: go without or to transfer to another facility up to 350 miles away. Income challenged families who could not afford the travel were placed in great peril. Physician ownership enabled a group of local doctors to open a new hospital with advanced medical capabilities that reduced the need for travel to seek care. Doctors Hospital at Renaissance, a 506-bed premiere general acute care center, now provides some of the best care in the nation and consistently has been recognized by Thompson Reuters as a Top 100 Hospital in the nation.

In the Chinatown section of Los Angeles, California, the Pacific Alliance Medical Center (PAMC), a 142-bed full service hospital, has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish the facility. Physician ownership once again provided an avenue for the hospital to stay open and serve an at risk community.

In Wisconsin, Aurora Baycare Medical Center, a 167-bed, full-service hospital hosts seven Centers of Excellence and was the first hospital in the country to become a designated Emergency Center of Excellence. The Women's Center at Aurora Baycare was also the first in Wisconsin to be accredited for breast care by the American College of Surgeons.

Established in 1940, Wenatchee Valley Medical Center in the state of Washington, is a large rural healthcare delivery system that helps serve patient needs in a largely rural area. It has brought countless life-saving procedures to a community in need.

Without physician ownership, the number of minority hospital owners will decrease substantially, low-income and minority communities will see a reduction in the amount of available services in their community, and some will be left with no access to hospitals. While this may sound extreme, unfortunately, it has happened and will happen if this measure is left unchanged. This is also extremely distressing since the effect of this section will be to reduce access while simultaneously adding 30 million new Americans to the healthcare system, mostly in these very communities that will see their safety net hospitals close.

While I support all physician-owned facilities and comprehensive efforts to incorporate everyone into our national hospital network, today I start that process by helping preserve physician-owned facilities that serve poor, disabled, indigent, or uninsured patients. These amendments were crafted with strict adherence to the reconciliation process and fully comply with the Byrd Rule.

As a Member of Congress whose constituents are greatly assisted by physician-owned facilities, I urge my colleagues to—help my community, help my constituents, and help America build a better and inclusive health care system.

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.)

HEALTH CARE REFORM

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

Mr. FRANKS of Arizona. Mr. Speaker, this government health care takeover has been debated on so many fronts. The President says it is to save money; and, yet, Mr. Speaker, in every corner of the planet, in every corridor of history, socialized medicine has always cost more, not less. Every government health care program the United States has ever implemented has cost many times the amount that was first predicted. So if this bill saves money, Mr. Speaker, it will be the first in human history.

Democrat leaders say that the government takeover will increase the quality of health care; and yet once