

Illinois (Mr. DANNY K. DAVIS) for 5 minutes.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I rise to pay tribute to a woman who spent her life trying to help others. This is a tribute to Commissioner Deverra Beverly, a premiere public housing advocate.

In and around Chicago and in public housing circles throughout the Nation, Ms. Deverra Beverly was known as a staunch defender and key player in making decisions about public housing issues and plans, not only in the ABLA community where she lived, but throughout Chicago and with impact on national policy.

Ms. Deverra Beverly is what sociologists and urban planners and politicians call "grassroots." She was from the people, of the people and with the people, and a representative for the people. She was first of all a wife, a mother, a friend, a confidant, a leader who emerged from the people and was trusted by the people.

Many people did not know it, but Ms. Beverly worked for the city of Chicago's Department of Human Services for more than 30 years. After her retirement in 1997, she devoted the rest of her life to providing leadership on Chicago public housing issues. She was president of the Local Advisory Council of ABLA, vice president of the Central Advisory Council, acting chair and treasurer of the Central Advisory Council, and was a close friend and supporter of Commissioner Artensia Randolph, who set the bar for CHA resident leadership.

As a result of her local leadership, national public housing leaders and groups were attracted to her, and she became a founding chair of the National Public Housing Museum. She was appointed a Chicago Housing Authority commissioner by Mayor Daley and retained by Mayor Emanuel.

Ms. Beverly was a skilled negotiator; and as a result of the many changes taking place in the ABLA community, she often sat at the table with Alderman Bob Fioretti, Danny Solis, Jason Ervin, university officials, people from the mayor's office, philanthropists, developers, myself, and others.

Deverra Beverly always expressed the position of the tenants, the people; and when you look at the ABLA community today, much of it is a reflection of the thinking and the work of Commissioner Deverra Beverly.

Contrary to much popular opinion, working families do live in public and mixed-income housing. As a result of the process known as "urban renewal," Deverra Beverly's family moved into the ABLA homes in 1943. Her father was a postal employee. Her mother worked in the home. Deverra worked for the city of Chicago for more than 30 years. She did not have to live in ABLA, but she chose to live there because that is where her heart was.

I guess maybe the poet Sam Walter Foss may have been thinking of her when he wrote his poem that said:

Let me live in my house by the side of the road, where the race of men go by.

They are good, they are bad, they are weak, they are strong, wise, and foolish—so am I.

Then why should I sit in the scorner's seat, or hurl the cynic's ban?

Let me live in my house by the side of the road like Deverra Beverly and be a friend to man.

AMERICAN DIABETES MONTH

The SPEAKER pro tempore. The Chair recognizes the gentleman from New York (Mr. REED) for 5 minutes.

Mr. REED. Mr. Speaker, I rise this morning to recognize the month of November as National Diabetes Awareness Month.

It is observed every year in November to raise awareness of diabetes across America; but I am here to tell you, Mr. Speaker, diabetes is a 365-day, 24-hour-a-day, 7-days-a-week disease that kids and adults that deal with the disease have to attend to.

Mr. Speaker, how do I know that? Well, this is personal to me. My son Will was diagnosed at age 4 with type 1 diabetes. He is 13 now, Mr. Speaker, and he has grown up with this disease. I can tell you that we get up every night, my wife in particular, as I stay down here in Washington, D.C., still monitoring his blood sugar by poking his fingers and taking his blood at 2 a.m. every time he eats just to see where his sugars are going to be.

This is a disease that has not been cured, but I tell you I am confident, Mr. Speaker, that we will find a cure. We need to find a cure. We work in our household with the Juvenile Diabetes Research Foundation, JDRF. It is a great organization that dedicates a significant majority of its funds to research for a cure for type 1 diabetes.

Just last week, Mr. Speaker, at a town hall that I held at Fayette, New York, back in upstate New York, I had a young lady 5 years old come and speak before us and talk about diabetes and how it impacts her since she was diagnosed at the age of 3.

This is a disease, Mr. Speaker, that we have the ability, in my opinion, to find a cure. We need to work together in a bipartisan basis. I am vice chair of the Congressional Diabetes Caucus. It is the largest caucus here in Washington, D.C. The focus on education and awareness of diabetes cannot just occur in November, but it must occur every day.

I urge everyone to be aware of the risk factors and discuss your individual risks with your doctor, your health care provider. And my heartfelt thanks go out to all the providers and the parents and the caregivers of each and every person associated with somebody with this disease.

Working together, my son, Will, in his lifetime, will have a cure and won't have to deal with this disease every day. Please, take a moment, recognize this disease, and in November, in par-

ticular, be aware of what diabetes is all about.

AMERICA'S ENERGY SECURITY

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Dakota (Mr. CRAMER) for 5 minutes.

Mr. CRAMER. Mr. Speaker, let me begin by thanking my colleague, Mr. REED, for his leadership on the Congressional Diabetes Caucus. Thank you, that was very inspiring.

Mr. Speaker, I am of the firm conviction that America's national security and America's economic security are tied directly to America's energy security.

We have a wonderful opportunity today to vote on a couple of very important bills that will enhance that energy security, and I urge my colleagues to vote "yes" on both of them.

I get to represent the entire State of North Dakota. North Dakota was once described by one of our favorite sons, Eric Sevareid, the famous CBS newsmen, as the rectangular blank spot in the Nation's mind. But today, everybody is talking about North Dakota. It is the fastest growing economy in the word. It has the lowest unemployment rate in the country. It has the fastest growing personal income in the country. In fact, today, Mr. Speaker, there are tens of thousands of high-paying jobs in North Dakota waiting for more people to come to the State to fill them. If you are willing to work hard and put in a full day's honest work, you can be very successful there.

We have heard some speeches already this morning about the need to reduce hunger. We have heard some speeches this morning about the availability of affordable health care. I am for both of those things, and the best way to enhance availability of health care and to reduce hunger is to provide jobs.

Again, I would urge my colleagues today to vote for the bills that will be in front of us.

□ 1100

H.R. 1965 is the Federal Lands Jobs and Energy Security Act. It is not a complicated bill. It acknowledges two things. It acknowledges the vast energy resources that our country owns under its Federal lands onshore. It also acknowledges contemporary technology that provides all of the security and safety that is required to do the job well. But what it does is it diverts some of the resources into the right places, that allows the streamlining of permitting while also empowering the local offices of our Bureau of Land Management and our U.S. Forest Service in ways that allow them to do the jobs that they do very well even better.

This is something I know a little bit about. Prior to coming to Congress, I was an energy regulator for 10 years in North Dakota. I worked closely with our Federal partners, in fact, found them to be some of the best people that

I had the opportunity to know. I just met with a number of them last week out in the western part of the State. They do a great job, but they need more resources, especially in an economy that is so competitive for workforce and so competitive in areas like rent and housing and the cost of living.

So by allowing the local offices to keep more of the permitting fees, we can channel the resources to allow them to do their jobs better and faster, without compromising the integrity of their charge to protect our other natural resources above the ground. They do it as well as anybody, and we ought to let them do that job and empower them to do it.

H.R. 2728, the Protecting States' Rights to Promote American Energy Security Act, simply acknowledges what the Constitution guarantees, and that is that we are a Nation of States and that States are, in fact, sovereign, and that nobody is more protective of the land and the water and the air than the people who live on it and drink it and breathe it. It simply states that if you have fracturing rules in your State, that is good enough. It is your State, and the Federal Government's minimum standards ought not impose, be an imposition, on the States and their rights to develop their resources the way they want to. It frees up resources of the Federal Government, while unleashing the ingenuity and innovation of our energy economy, providing wealth, providing jobs, and, by the way, reducing the cost of energy for the rest of us, which makes us even more competitive in the global marketplace.

We have a grand opportunity today, Mr. Speaker, to pass these two bills and to put America on a path to full economic recovery and, perhaps, to bring more troops home from the Middle East to reduce our dependency on foreign oil. Let's do this not only as a country, but as a continent, acknowledging that our friends in Canada are better trading partners than Venezuela. Let's build the pipelines and infrastructure necessary. Let's unleash American ingenuity, and let's put America back to work by becoming more energy secure.

IMPACTS OF THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. LAMALFA) for 5 minutes.

Mr. LAMALFA Mr. Speaker, I rise today to share some of the stories that fellow Californians in my district are having with the impact under the ACA, the ObamaCare plan.

A funny thing happened on the way to government-run health care nirvana. 1.1 million Californians have lost their health care coverage. In fact, for every one person who has selected a new ACA ObamaCare plan, 40 people have received cancellation notices.

They find that their costs are going to increase, especially in rural California, where choices are more limited of plans, of places to seek health care. Their access to health care is being jeopardized. The law is creating a huge burden for rural health care, where, again, you have to travel maybe several hours, many miles, to seek the kind of health care you need.

Despite the President's promise to the public on this issue, "If you like your plan, you can keep it. Period," we heard; "If you like your doctor, you can keep your doctor. Period," we heard, this is clearly not the case. Less access, fewer choices, skyrocketing premiums, it is the wrong direction from the President's health care plan as promised.

I would like to share, again, some of the people from our district.

Bill and Corina Eiler from Fort Jones, California, they write, I received a letter from Anthem Blue Cross notifying me that, due to the Affordable Care Act, my plan had been canceled. My new monthly premium of \$919, it used to be \$480 a month, a 192 percent increase, which Bill finds absurd. They have two daughters in college and one more at home. How are they supposed to come up with that kind of money?

Tricia Plass of Tulelake writes that she and her husband, they are business owners. They are self-employed. They have always purchased their own health insurance. Their monthly premium has been around \$800 a month for both of them. Their monthly premium will now jump to over \$1,000 for just one of them. They still have to determine what the other one is going to do. It now appears they will be forced into California's insurance coverage, known as Covered California, where there are no plans with coverage for their doctor that they use now. Since they live near the State line of Oregon, they get their health care on the other side in Oregon. Their facility is there. Their doctor is there. They will no longer be able to see that doctor. They are going to have to drive maybe 2 or 3 hours to Redding or somewhere else to find new physicians. So they live with the constant fear that their new policy will not even provide coverage when they need it.

Janice Marquis from Redding writes:

I recently received a letter from Aetna stating that my medical care coverage policy would be canceled at the end of the year.

She is 62 and must wait 2½ years before she is eligible for Medicare. Her insurance coverage will jump from \$318 a month to over \$500 a month. The promise made by President Obama, "if you like your policy, you can keep it," she feels, was a lie.

This entire program is a nightmare.

Lastly, this one is really disturbing. A lady named Ramona Larramendy from Redding, California, says she was diagnosed with stage 3 ovarian cancer in July. With her current plan she was able to get the surgery and treatment she needed. A very large hospital bill of

\$128,000 was covered. Her insurance paid all but \$700 of that because she had good coverage. Now, because she is going to be canceled, she doesn't know what is going to happen to her. She still needs a lot more treatment in this crisis moment of her life, and yet, for her Christmas present, she is going to get uncertainty. She is going to get the worry, at a time where she is being treated for stage 3 cancer, what is the health care plan that, for political purposes, it appears, since we have done everything else to try and point out to the American people and to the politicians in this building that it needs to be fixed or changed, that we are not getting it right here.

So what are we going to do? Again, these Californians are not alone. These Americans are not alone. Millions are paying the price for the President's broken promises.

It should not be a political issue. It should be us serving the public. We cannot continue to stand by and watch as millions are losing their coverage that they want, that they shopped for, that they were diligent about, with people that are professionals that know what they are doing, unlike what we see with the people running the Web sites, which is only a small part of the whole big picture of what is wrong with this system.

We need to set the egos aside, go back to the drawing board—at the very least, set this aside for a year. I believe we should repeal it and go back to targeting the people that really do need the help and let the folks in this country that are already reasonably happy with their plan, have done the diligence, have made the efforts to get the coverage and be responsible Americans, they don't need to be bothered in this scenario. Let's help the people that need the help. The American Health Care Reform Act, as put over by the Republican Study Committee, is one way to do that.

So let's look for alternatives. We have alternatives. We have had them all along, as Republicans, as conservatives, as people that understand business. And so let's make these choices available to the American public, not force them into something that they never asked for other than for political purposes.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 11 o'clock and 8 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. LATHAM) at noon.