REFORM THE LAVISH CONGRESSIONAL PENSION PROGRAM

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

Mr. COBLE. Madam Speaker, I come to the well of the House today to invite support of my bill, H.R. 2357, which addresses the congressional pension program.

The congressional pension program becomes vested after 5 years of service, Madam Speaker. I claim to be no expert on pensions, but I know of no pension that vests after 5 years. This would involve a Member to serve not even three complete House terms and not even one complete Senate term.

My bill would increase the timeframe from 5 years, presently, to 12 years. At least if my bill became law, a Member would be required to serve six full House terms, two full Senate terms, or a combination thereto.

I am disappointed to say, Madam Speaker, that my bill has attracted zero cosponsors, and it has been surfacing for several days now. I am here today to invite every Member of the people's House to warmly embrace and support this bill. You should do so for two reasons:

Number one, it will result in reduced public spending;

Number two, it would send a message back to our constituents that we are willing and able to reduce our own perks and benefits.

I urge every Member of the people's House to come forward, Madam Speaker, and sign his or her name to this bill, and we will go down the path of fiscal sanity and fiscal responsibility before it is too late.

END OF LIFE CARE

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

Mr. BLUMENAUER. Madam Speaker, we have a health care crisis in this country, but one few have heard about because we don't think about it until it hits us or our family, but it almost always does.

As we approach the first anniversary of the Boston Marathon bombing, that tragedy might serve as an illustration. Who in that crowd in Boston, almost a year ago, thought they would be facing not just life-or-death medical decisions, but about who would decide whether a leg would be amputated or not?

Who speaks for our loved ones when they can't speak for themselves? Who speaks for us when we are unable to speak? And how would they know what we want? This has profound implications.

Over 80 percent of Americans feel they want to spend their last days at home, surrounded by loved ones, lucid, aware, and enjoying their company. Unfortunately, about three-quarters of us spend our last days in a hospital, maybe in ICU, with tubes up our noses and heavily sedated. Is that exactly what we want? Who decides? And how will people know what my decisions or your decisions might be?

The failure for us to deal with this issue—whether it is the health care system, the Federal Government, individual families—can lead to tragic consequences. People can get the wrong care, be removed from their loved ones, sometimes get intrusive, expensive, and painful care when that is not their wish, drugged and helpless.

The failure doesn't just lead to unwanted care and pain, denying people the treatment they want, but it can have huge consequences on families. The loved ones left can be racked by guilt and uncertainty that can increase the trauma and the depression after the passing of a loved one. Commentators as diverse as Billy Graham and Dr. Bill Frist have spoken out eloquently about this need for all of us to spare our loved one's doubt and uncertainty.

This is an interesting test for Congress. Can we take steps that are supported by over 90 percent of the population that will lead to better patient care and satisfaction that empowers families to face medical emergencies the way they want?

This is, it should be noted, not just an issue for someone who is elderly with a terminal disease. Any of the bright, young people on Capitol Hill living away from home, perhaps for the first time, perhaps with some friends, can fall and suffer a concussion slipping on the ice or in a soccer game or in a car accident.

What have we done on Capitol Hill to make sure we know in each office who speaks for us and our staff if we are no longer able? One simple solution is to support H.R. 1173, a bipartisan bill cosponsored by over 50 Members that Dr. PHIL ROE and I have introduced. The government that will pay tens of thousands, maybe hundreds of thousands of dollars towards operations would finally pay maybe $150 or $200 for a doctor to consult with the patient and their family to find out exactly what their choices might be and make sure their wishes are respected.

Don't just cosponsor the legislation, but use it to have a serious conversation with your staff and your family if you haven't had the discussion. Let's make sure that everyone on Capitol Hill is protected when the inevitable happens, and let's make sure the Federal Government is a full partner. Cosponsor H.R. 1173, and then let us work to enact it.

RECOGNIZING ROXCY O'NEAL BOLTON ON BEING RECOGNIZED AS A WOMEN OF CHARACTER, COURAGE AND COMMITMENT HONOREE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, I rise to recognize Roxcy O'Neal Bolton, a pioneer and champion for the rights of women and an honored constituent in my south Florida congressional district. Yet Roxcy is truly larger than life and belongs to our entire State as well as our Nation.

This week she will be recognized as a Women of Character, Courage and Commitment Honoree by the National Women's History Project. This accolade is a well-deserved acknowledgment of her efforts to lead American women out from lifetimes as second-class citizens into an era of far greater equality between the genders, all while being a committed wife and mother.

Just as she did in her home life, Roxcy demanded equal respect in the workplace. From equal opportunity to equal pay, she knew that if women banded together, we were going to make a difference.

In 1972, she founded Women in Distress, the first women's rescue shelter in Florida to provide emergency housing, rescue services, and care to women who found themselves in situations of personal crisis.

Roxcy was also a fighter on behalf of abused women. At that time, no one talked about rape, much less did anything about alleviating the horrendous trauma that the victim undergoes. Brave crime victims who actually reported their rapes were often treated callously. Roxcy used her amazing presence, her force of will and characteristic personality as aggressive tools for positive change.

As an outspoken woman, she made waves on these topics, and by 1974, her efforts facilitated the creation of the first rape treatment center in the country located in my regional congressional district at Jackson Memorial Hospital in Miami. In 1993, this center was proudly renamed after Roxcy. She is also known for organizing Florida's first crime watch to help curb crime against women.

For all of these efforts and more, Roxcy has been the recipient of numerous civic awards related to her work. That includes the prestigious induction into the Florida Women's Hall of Fame in 1984 for forcing police and prosecutors to make rape crime a priority, as well as illustrating to health departments the need for rape treatment centers.

She is a true champion for womankind. Her legacy as a champion for human rights, an end to sexual discrimination in employment and education, as well as in preserving and recognizing women's role in history will forever be remembered.

I am proud to have Roxcy O'Neal Bolton in my congressional district. As Roxcy would certainly say, the struggle for women's equality issues is far from over. Yet, with her example, I am confident that we will continue to push ahead and positively change the future for our daughters and granddaughters.

So, again, Roxcy, congratulations on being honored as a National Women's History Project 2014 Women of Character, Courage and Commitment. You have given countless girls and women the ability to pursue their full potential.

Congratulations to Roxcy, and may you keep fighting for many years still.

□ 1015

BORDER SECURITY

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. O'ROURKE) for 5 minutes.

Mr. O'ROURKE. Madam Speaker, I rise today to introduce the bipartisan Border Enforcement Accountability, Oversight, and Community Engagement Act with my friend from across the aisle, Congressman STEVE PEARCE. This is a policy that will disproportionately impact the border and one that is humane, fiscally responsible, and rational. It is also a bill that reflects the best values, experiences, and expertise of the people who live along the border. And it is, in fact, written by people who live on and represent border communities.

Madam Speaker, today we spend $18 billion a year on border security and immigration enforcement. That is twice what we were spending just 10 years ago. We have a surge in border security, a surge in border personnel where we have seen a doubling of the size of the Border Patrol from just 10,000 10 years ago to more than 20,000 today. But this surge in resources and personnel and enforcement has not been accompanied by an adequate regime of oversight, accountability, or transparency.

Tens of millions of our fellow Americans live along our borders with Canada and Mexico, and millions more cross them on a regular basis. In the community I represent, El Paso, Texas, we have 22 million border crossings a year; 99-plus percent are legal with people who are crossing for legitimate purposes with all of the appropriate travel documents. But when you combine the millions of people who live and cross our borders with this unprecedented surge of resources and law enforcement without the necessary oversight or accountability or transparency, this will lead to predictable abuses of power that we have seen not just at the borders themselves but at interior checkpoints that are up to 100 miles into the interior of the United States: detentions, interrogations, and retention of personal property, all without probable cause.

While the vast majority of our border protection agents and our CBP officers are professional, and all of them face very difficult challenges in their job in terms of the level of vigilance they must maintain, the territory through which they must patrol, the unpredictable threats they must guard against, our office hears on a day-to-day basis from constituents who are harassed and hassled or otherwise treated with less than the appropriate dignity or respect. But there is no clear process that exists for these individuals to resolve their complaints. I will give you two examples, one from the northern border and one from the southern border.

Pascal Abidor, an Islamic studies Ph.D. student and one of our fellow U.S. citizens, was crossing the Canadian border on an Amtrak train when he was questioned by CBP officers. He was taken off the train in handcuffs and held in a cell for several hours before being released without charge. His laptop was confiscated and held for 11 days following his detention during which time his private messages and photos were reviewed by CBP officers.

We have a case, unfortunately, in the community I represent, a woman who has not released her name but a fellow U.S. citizen who lives in New Mexico who was crossing into the U.S. from Mexico. She was suspected of carrying drugs. She was detained, frisked, strip searched, and taken to a hospital. There she was invasively searched, X-rayed, and made to perform a bowel movement against her will by doctors at the request of CBP officers looking for drugs. At no time was she read her rights or given access to an attorney because even at the hospital, miles away from the physical border, Customs and Border Protection maintains that they are still in the process of a border interrogation. No traces of illegal drugs were found, and she was billed $5,000 for the exams.

While stories like these are exceptional, they should never happen. As a result of a more militarized border, we are also seeing migrants who are pushed away from community ports of entry into harsher and more dangerous terrain, leading to a jump in the number of deaths. Two years ago, we saw the second-highest number of migrant crossing deaths on record, even though we saw the lowest number of crossing attempts across our southern border. We have had over 5,500 migrants die in the attempt to cross into the United States over the last 15 years.

It is not just the individuals who have been victims of unfounded searches and seizures or who have perished in the desert who are failed by our current border policy. The Border Patrol agents and CBP officers who perform these toughest jobs in the Federal Government do not always receive the training or support they need to be safe in the field or to do their jobs effectively.

For the taxpayers who deserve to have their tax dollars spent responsibly, secrecy and lack of transparency has prevented a sober accounting of whether the $18 billion a year that we are spending on the border is money well spent. Our bill addresses these issues in five concrete ways:

First, robust oversight of all border security functions;

Second, a transparent and timely complaint process that is independent of the existing chain of command;

Third, increased and improved training resources for our agents and officers;

Fourth, engagement between CBP and border communities;

Fifth, new transparency measures.

So I urge my colleagues to join me in a humane, rational, and fiscally responsibility approach to the border.

OBAMACARE'S IMPACTS

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

Mr. BROOKS of Alabama. Madam Speaker, I hope my remarks will help America better understand the damage that ObamaCare inflicts on patients, health care, the economy, and jobs.

Today, I share a letter by Dr. Marlin Gill of Decatur, Alabama, that details Washington's damage to America's health care. On March 23, 2014, Dr. Gill wrote me:

Dear Congressman Brooks,

As a practicing family physician, I plead for help against what I can best characterize as Washington's war against doctors.

The medical profession has never before remotely approached today's stress, work hours, wasted costs, decreased efficiency, and declining ability to focus on patient care.

In our community alone, at least six doctors have left patient care for administrative positions, to start a concierge practice, or retire altogether.

Doctors are smothered by destructive regulations that add costs, raise our overhead, and ''gum up the works,'' making patient treatment slower and less efficient, thus forcing doctors to focus on things other than patient care and reduce the number of patients we can help each day.

I spend more time at work than I have at any time in my 27 years of practice, and more of that time is spent on administrative tasks and entering useless data into a computer rather than helping sick patients.

Doctors have been forced by ill-informed bureaucrats to implement electronic medical records (EMR) that, in our four-doctor practice, costs well over $100,000-plus in continuing yearly operational costs, all of which does not help take care of one patient while driving up the cost of every patient's health care.

Washington's electronic medical records requirement makes our medical practice much slower and less efficient, forcing our doctors to treat fewer patients per day than we did before the EMR mandate.

To make matters worse, Washington forces doctors to demonstrate ''meaningful use'' of EMR or risk not being fully paid for the help we give.

In addition to the electronic medical records burden, we face a mandate to use the ICD–10 coding system, a new set of reimbursement diagnostic codes.

The current ICD–9 coding system uses roughly 13,000 codes. The new ICD–10 coding system uses a staggering 70,000 new and completely different codes, thus dramatically slowing doctors down due to the unnecessary complexity and sheer numbers of codes that must be learned. The cost of this new ICD–10 coding system for our small practice is roughly $80,000, again driving up health care costs without one iota of improvement in health care quality.