

charity auctions and have done a ton. One of my secrets to raising a lot of money was having Chris and the Bryan family in the audience because I knew if she and they were there, it was going to be a big night for the charity because of her unmatched generosity.

Although she made countless contributions to these organizations, many as a founder, her true legacy is the beautiful family she leaves behind. She is survived by her loving husband of 53 years, Bill Bryan; their daughters, Amy and Ginny; Ginny's husband, Heyward; and their grandchildren, Heyward and Liz. I am told they had a wonderful Christmas Eve this year. She and Bill cooked and spent the evening listening to her family talking about what was going on in their lives and letting her family know how much they were loved and cared for.

We knew she was sick, but she was so positive in her treatment that few knew just how sick she was. She passed away peacefully at the age of 78, and I am devastated about her passing. Chris put her family and her community and friends first. She forged strong bonds with those around her, and that is the reason why it is so hard to say goodbye. I count myself blessed and lucky to have called her a friend. I take heart in knowing that she is in a much better place, suffering no more.

Revelation 21:4 says:

He will wipe away every tear from their eyes, and death shall be no more. Neither shall there be mourning nor crying nor pain anymore, for the former things have passed away.

Mr. Speaker, I am honored to ask my colleagues to join me in celebrating the radiant life of Chris Bryan.

Mr. MOORE of Utah. Mr. Speaker, I thank the gentleman. Every one of our constituents, the people who we serve deserve that type of attention. I appreciate you for highlighting the wonderful life that she lived.

Mr. Speaker, I will wrap up briefly just by saying House Republicans have an incredible focus this week, keeping the focus on finding the solutions needed at the border and pressuring and pleading with President Biden to just take a look at what has been done in the past.

We have got policies that existed in the previous administration that worked, and they limited border activity and cartel activity. These things are simple, and we need them reinstated. Embracing these things is what the American people need.

Lastly, we have got very important bills on the floor this week related to supporting women, parents, and babies, as women make incredibly tough choices, finding the support they need in various ways, whether they are in school, whether they are in their community, whether they are working, whatever the circumstance may be. These children need a chance to have every opportunity they deserve. We are focused on building out sound legislation that addresses that this week.

Mr. Speaker, I thank my colleagues for sharing their messages, and I yield back the balance of my time.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair and not to a perceived viewing audience.

□ 1815

ASSESSING IMPACT OF MEDICARE CUTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the Chair recognizes the gentleman from North Carolina (Mr. MURPHY) for 30 minutes.

GENERAL LEAVE

Mr. MURPHY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

Mr. MURPHY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, in 1965, a program called Medicare was inceptioned. It was offering health benefits to those over age 65.

At first, physicians were very suspicious of allowing so much government intervention in medicine. After a while, more and more physicians doing their duty to take care of patients accepted it.

The sad fact and the problem is that Medicare now is what they, in 1965, were very afraid of, that so much of government has gotten into medical issues.

This is the main problem. Medicare does not reimburse the cost of care for patients. This is a real access issue. We are not really talking about paying physicians. We are talking about access to care.

This year, CMS is proposing a 3.37 percent cut to the physician fee schedule. It would be about a 20 percent cut over the last 20 years.

Doctors want to see Medicare patients, but they simply won't be able to, and this is going to affect access to care.

Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. JOYCE), my good friend who is board-certified in internal medicine and dermatology.

Mr. JOYCE of Pennsylvania. Mr. Speaker, I thank the gentleman for yielding and for holding this Special Order to discuss the issues of the impact of the Medicare cuts.

In rural communities, like where I serve in south central and southwestern Pennsylvania, seniors rely on Medicare to see their doctors, to fill their prescriptions, and to take an ambulance in case of an emergency. Now, these patients are in serious danger of losing access to their trusted healthcare providers.

Medicare pay cuts, when compiled with 4.6 percent medical inflation, re-

sult in increased barriers to care for Medicare beneficiaries.

Let's be clear about what these cuts mean for a Medicare patient, and these cuts, for everyone's information, have already gone into effect on January 1.

These cuts mean that rural and small providers will be forced to restrict access to Medicare patients and, in dire cases, will be unable to keep their doors open at all.

As a doctor, I understand firsthand the negative impact that these significant year-after-year cuts have on rural providers.

Now, extrapolate that and then compound that with already existing workforce shortages in underserved areas like my district in rural Pennsylvania. I can assure you the repercussions are dire. These cuts jeopardize physicians' ability to provide quality care for elderly patients in our communities.

When physicians who participate in Medicare are increasingly being forced to do more with less, it is ultimately the patient who will suffer. These cuts will accelerate practice consolidation and force patients into higher cost settings for care. It will mean longer travel times and longer wait times for patients to see their family doctor, to see a surgeon, and to see a specialist.

As physicians and as legislators, we have an obligation to work to find a solution for Medicare patients. Congress must step in and address these cuts before they do any additional damage to our healthcare system.

Mr. Speaker, I thank the gentleman for holding this Special Order hour.

Mr. MURPHY. Mr. Speaker, I yield to the gentleman from Texas (Mr. BURGESS), one of the doctor co-chairs. He has been a stalwart in the Chamber for 20-plus years as a physician, a retired OB-GYN.

Mr. BURGESS. Mr. Speaker, I thank Mr. MURPHY for bringing us together tonight. I am here tonight not just because I am a Member of Congress from the 26th Congressional District, but I am also a doc. I practiced for 25 years back home. I am a Medicare patient. I know firsthand how hard it can be to find a doctor that still accepts Medicare.

I will tell you, there is nothing more injurious to our medical system here in this country than the repetitive cuts that this administration has delivered to the doctors of this country.

In November, the Centers for Medicare and Medicaid Services finalized a 3.5 percent cut in physician payments for this year, 2024, a decision that took place on January 1 of this year, a blow to the very backbone of our healthcare.

As a member of the Energy and Commerce Committee, we had an actual historic event last month. We marked up a doc fix and a budget neutrality bill.

The GOP Doctors Caucus and the Energy and Commerce Committee took action to address the challenges by passing H.R. 6545, which was the Physician Fee Schedule Update and Improvements Act. That bill includes a conversion factor update as well as provisions

from H.R. 6371, the Provider Reimbursement Stability Act, also led by the GOP Doctors Caucus.

These provisions make needed changes to the budget neutrality requirement, allowing for long-term sustainability within the physician fee schedule. These are significant steps, and the urgency cannot be overstated.

On January 1, those lower rates went into effect. CMS has said they are going to hold payments until Congress acts, but if we don't act pretty darn quick, they will have to remit at the lower level. The doctors can never go back and recoup the money that they should have been paid.

This is a crisis that is not necessary. We can fix this. We can fix this in the CR. Unfortunately, congressional Democrats, the minority leader on the House side, and the Finance Committee chairman on the Senate side are blocking this very simple fix from occurring. It is wrong. It needs to change.

Mr. Speaker, I thank the gentleman for holding this Special Order hour.

Mr. MURPHY. Mr. Speaker, it is about access. Physicians want to see Medicare patients, but if you do not pay the bills, they can't keep the doors open.

Mr. Speaker, I yield to the gentleman from Ohio (Mr. WENSTRUP), my good friend and a board-certified podiatric surgeon.

Mr. WENSTRUP. Mr. Speaker, America and Members of Congress really need to understand the impact these recent cuts to the Medicare physician fee schedule have on patient access to healthcare across the country.

The cuts that took place January 1, 2024, took effect, impacting providers everywhere. Providers have to continue to bear the costs and the many challenges that arose during and after the pandemic, including staffing shortages, supply chain shortages, and continued rising inflation. As the cost of providing care continues to rise, the reimbursement to physicians who provide that care continues to be cut. We can't keep this up.

Here is the scary part. Doctors retire early. Some reduce Medicare patients out of survival for their practice or stop seeing them at all, and they hate that. They quit taking call. They go to a cash-only practice in order to keep their doors open.

If we don't act swiftly to address these cuts now and in the long term, patients are going to suffer the most. The physician shortage will continue to rise. Hospitals and independent community-based providers will continue to shut their doors. America's seniors will be left with no option for high-quality, affordable healthcare. Rural communities in underserved areas will become healthcare deserts.

Mr. Speaker, I urge congressional leadership to put the health of America first. Ensure that patients and Medicare beneficiaries have access to the providers who care for them.

We have to stop these cuts. Every cut the government makes affects the en-

tire United States. We are one great Nation, but we become a less healthy Nation.

This is just one issue that gets in the way of our goal to make the United States of America the healthiest nation on this planet.

Mr. MURPHY. Mr. Speaker, we are experiencing a doctor shortage, and it is going to get worse and worse, driving physicians out because they no longer are able to be paid for their services or forcing them into employment that destroys the historically great quality of medicine in America.

Mr. Speaker, I yield to the gentleman from California (Mr. PANETTA), my good friend from the Ways and Means Committee.

Mr. PANETTA. Mr. Speaker, I rise today to talk about a very pressing issue that not only have we heard about throughout our country but especially in the 19th Congressional District of California, which I represent. It is the decreasing amount of reimbursement rates to Medicare providers. It is an issue, unfortunately, that threatens the care for many senior citizens that I represent.

Now, as the proud Representative of California-19, it is a place where the cost of living, unfortunately, can be pretty high—not just for families, not just for workers, but for doctors, as well.

We in the 19th are already facing challenges when it comes to keeping enough medical providers around to care for our seniors. It is actually a problem throughout California where not only is the cost of living too high, but also Medicare reimbursements are way too low.

Mr. Speaker, 76 percent of California physicians report that Medicare no longer covers their cost to provide care. That puts more than 6.5 million Californians enrolled in Medicare at risk as many primary care doctors are not even taking new part B patients.

A key driver of this is how Medicare isn't reimbursing physicians enough. This past year, Medicare expenses rose 4.6 percent. In the past two decades, payments to providers have declined 26 percent while costs to providers have risen 47 percent, according to the AMA.

What is worse is that when CMS updates payment rates for billing codes under part B, that creates many unsustainable cuts for too many providers and leads to way too many scheduled decreases to Medicare physician reimbursement.

Because of that, we are seeing physicians take on fewer Medicare patients, and we all know what that means—that there are more seniors with fewer healthcare options.

Now, fortunately, thanks to the leadership of Mr. MURPHY and other Members of Congress who have come together in a bipartisan fashion for a temporary fix, this legislation would provide an offset for the cuts to providers so that our providers keep getting reimbursed appropriately, so that

we can keep providers in our communities, and so that providers can keep serving the needs of seniors.

I am proud to work with Representative MURPHY on the Ways and Means Committee for this straightforward fix to this problem, but this Congress needs to act with urgency, as these cuts have already taken effect.

Ultimately, we need a long-term solution to this issue by ensuring that Medicare reimbursement is keeping up with inflation and that the system is streamlined so physicians can continue to care for their patients.

We can't underestimate how Medicare plays an essential role in the health of senior citizens. That is why Congress must ensure that in order for it to continue to be that cornerstone of healthcare, we must provide our providers with the proper reimbursement so that our seniors can get proper healthcare.

I appreciate Mr. MURPHY's leadership on this, and I look forward to working with many of our colleagues on both sides of the aisle to do our job by making sure the Federal Government works for our constituents by ensuring that Medicare always allows our providers to care for our senior citizens.

Mr. MURPHY. Mr. Speaker, as you can see, this is obviously a bipartisan issue. We care about our constituents, but we also care about the health of our constituents.

Mr. Speaker, 10,000 Americans each day are added to the Medicare rolls. Again, with such a doctor shortage, you are adding more and more individuals where Medicare doesn't pay their bills, and it is harder and harder to take care of them.

Mr. Speaker, I yield to the gentleman from California (Mr. BERA), another physician friend of mine from the great State of California, to discuss the difficult problem we are facing today.

□ 1830

Mr. BERA. Mr. Speaker, over 30 years ago I graduated from medical school. As you are kind of figuring out what you want to do as a resident, I chose to become a primary care internal medicine doctor.

The rationale for that decision was to take care of our seniors: Our moms, dads, grandparents, and so forth.

I love the job. You put that white coat on, you are there and able to help people immediately. That is the joy of being a doctor.

When I talk to my colleagues today, the practice of medicine has gotten harder and harder: The administrative burdens, the lack of reimbursement, the cost of care, the amount of physician burnout.

That is not why we went to medical school. That is not why we went into this profession.

We went into the profession to take care of folks, but if you can't cover your expenses, if you can't give the necessary care to those individual patients, to our parents and grandparents, then it becomes hard. It becomes challenging. We have to fix this.

We have to at least make sure the cost of care, what we give our providers, our doctors, keeps pace with inflation. You see it in every other aspect of healthcare, yet, physician reimbursement is going in the wrong direction.

Mr. Speaker, all we are asking for is to keep up with the pace of inflation and allow our doctors, America's doctors, to take care of our senior citizens. These are folks that have worked their entire life. They have paid into Medicare. They just want routine care.

So let's do what is right. Let's fix this. Let's do a temporary fix in this Congress.

We can do it. We have a few weeks left to get that done, then let's actually come together as Democrats and Republicans, take a look at it, come up with new ideas so there is predictability so that America's seniors and America's doctors can take care of our patients.

Mr. Speaker, I thank the gentleman, Dr. MURPHY, for his leadership.

Mr. MURPHY. Mr. Speaker, the gentleman points out a perfect issue. We are depriving access to patients and developing more and more concierge medicine, which is wonderful for those who can afford it, but for those who can't afford to go and see one of these cash doctors, and you can't get into a doctor's office because they can't take more Medicare patients, guess what happens? They get driven to emergency departments where a more costly care goes on.

We have to stop this nonsense.

Mr. Speaker, I yield to the gentleman from Washington (Ms. SCHRIER), a pediatrician.

Ms. SCHRIER. Mr. Speaker, I rise today to speak about fair physician reimbursement to urge my colleagues to immediately address the physician fee schedule cuts that went into effect on January 1, and in a broader sense, address chronically lagging Medicare physician care reimbursement.

Fundamentally, fair reimbursement respects the work that physicians do, and it keeps those physicians' practices open and available to patients so that seniors and others can get the care they need.

Over the past 22 years, adjusting for inflation, physicians have essentially taken a 26 percent pay cut from Medicare. This is in the context of everything else increasing, with expenses up about 47 percent.

I cannot think of another profession whose compensation has dropped by 26 percent over two decades.

If we continue down this path, we will soon find ourselves with loved ones or ourselves unable to find a physician because physician offices will close.

Because of CMS rules, on January 1, physicians just took a 3.4 percent cut in Medicare reimbursement. The least we can do is reverse that.

Last month, I co-led a letter with my colleagues encouraging a fix to this. Here is a way to do it: I co-led a bill

that passed out of the Committee on Energy and Commerce that would level physician reimbursement from Medicare and keep it essentially unchanged this year.

Physicians are nervous, and, fundamentally, we need a longer term solution, and that means we need Medicare reimbursement to keep pace with inflation.

That is how we will keep these practices open. We are already seeing practices in rural communities and small towns closing their doors or being consolidated.

Without adequate reimbursement, we are going to see more of this, offices closing, and that will result in patients, seniors, and others who require or depend on Medicare not being able to access the high-quality care they need.

Mr. MURPHY. Mr. Speaker, if you owned a hardware store and sold hammers that cost \$1 apiece but you had to sell them for 40 cents apiece, how long would you sell hammers?

You wouldn't sell them very long because it just doesn't make financial sense, and you literally can't just give money and walk money out the door.

Unfortunately, this is what is happening with Medicare patients. Physicians want to take care of their patients. They are caring individuals, but when the numbers don't matter, you just can't do it.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. McCORMICK), and emergency room physician, to talk on this issue.

Mr. McCORMICK. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, it is rare in this Chamber, especially recently, that you find a bipartisan effort, especially one that is all about the people. In this case, it is about the people.

You have seen several physicians and several people from different committees from all over the Nation agree on one thing: We are not doing the right thing.

By cutting Medicare payments to individual practitioners, we have done the opposite of the right thing. We will consolidate healthcare. You lose the cheapest way to deliver healthcare to the most people.

Right now, hospital systems employ 71 percent of all physicians, and that is going up every year.

Physicians deliver healthcare at the lowest possible rate. That is a fact. By doing the Medicaid payment cuts just to physicians, not to hospital systems, just to physicians at this quantity, you are forcing more physicians to work for hospitals, which means less competition and higher prices. That is the end-all be-all to what is going to happen right now.

It is not going to save more money. It is going to mean more consolidations, more monopolistic practices, higher prices, and worse access, because physicians simply won't be out there to accept you as patients.

You will have people retire; you will have people go out of business. When those physicians aren't there to take care of you at the most rudimentary level, the best and more affordable level, you will have nothing but worse patient care and a worse environment for physicians.

Therefore, I do recommend, just like my colleagues on both sides of the aisle, to do the right thing. If people in Congress on both sides of the aisle are demanding to do the right thing, why can't we make it happen?

Mr. Speaker, I encourage all of us to stand with our fellow physicians in a bipartisan effort to pass legislation to prevent cuts to the Medicare payments to physicians.

Mr. MURPHY. Mr. Speaker, may I inquire how much time I have remaining?

The SPEAKER pro tempore. The gentleman has 9 minutes remaining.

Mr. MURPHY. Mr. Speaker, I have seen Medicare patients for more than 30 years. I have had individuals come in my office after I have operated on and cared for them in the hospital and apologized, flat out apologized for the lack of payment that we received from Medicare.

I tell them I do it because I love operating and taking care of people, but there comes a point where you have to keep the lights on, you have to pay your nurses, and pay your mortgage.

Mr. Speaker, I yield to the gentleman from Tennessee (Mrs. HARSHBARGER), a doctor of pharmacy, to talk about the ridiculous cuts that are facing our colleagues as physicians.

Mrs. HARSHBARGER. Mr. Speaker, I rise today to address the rising cost of healthcare due to inflation and the need to address Medicare physician payments to ensure quality care for our seniors.

Adjusting for inflation and practice costs, Medicare physician pay has declined over 25 percent since 2001.

Despite this important statistic, Medicare payment updates are scheduled for all healthcare providers except physicians in 2024.

Last November, CMS finalized a rule that would decrease Medicare reimbursement for physician services by 3.37 percent this year. Combined with 3 years of consecutive cuts to Medicare and the rising practice costs, Medicare payments have been cut by nearly 10 percent.

Mr. Speaker, what physician will continue to practice when their salaries are being cut by 10 percent?

It is critical that Congress takes action to address these unsustainable Medicare cuts immediately in order to ensure that patients continue receiving quality care.

The negative effects of these cuts will hit our seniors living in rural areas the hardest; areas that already face significant healthcare challenges.

As a community pharmacist in one of the country's most rural districts and co-chair of the Rural Healthcare Caucus, I urge the House and Senate to act

swiftly on passing legislation that would stabilize Medicare payments to physicians and other providers to ensure that our seniors maintain access to quality healthcare.

Mr. MURPHY. Mr. Speaker, we submitted a bill, H.R. 6683, a couple weeks ago, and while ENC was able to keep the cut at 1.25 percent, we are actually desiring to not allow the cut at all. We are taking money from the Medicare Improvement Fund, which is what the money is for, to solve problems within Medicare.

Unfortunately, as this was a wonderful bipartisan discussion this evening, we are oftentimes imprisoned, if you will, sometimes to the will of some of the leaders over in Senate, sometimes even here in the House.

Leaders over in the Senate didn't want anything for a doctor fix. The Democratic leader said, no, we want this huge wish list of things done, and we will trade that for the doctor fix.

Well, guys, you can't take poison pills to try to help physicians. This is where there should not be politics whatsoever. We saw both sides tonight, Democrats and Republicans, speak about the healthcare of patients in this country.

Mr. Speaker, at some point it is going to snap. At some point, whether it be what Obamacare was trying to do, absolutely starve private practice so that everybody would either be bought out by private equity or have to be assumed by hospital systems. Where, by the way, physicians don't work as efficiently, physicians cost more, and they see fewer patients. It is a closer ownership care of patients.

When I was practicing full-time, if another doctor called me and said, hey, can you see somebody? My response was always: Do you want me to see them today or tomorrow?

The sad fact is once physicians become employed, not only do they cost more to the system, but the work ethic is not as good. That is just point-blank what is seen.

What we need to understand is that private practice is the most efficient way of delivering healthcare in this country, but it is also the one where we care the most, and we follow up. We are always happy to see that next patient and make sure that we keep our doors open.

At this point, Mr. Speaker, we are going to approach a calamitous cliff, if you will, in the next 3 to 5 years with the number of surgeons that are available to take care of patients.

I am a urologist. I take care of disorders of the kidney, prostate, and bladder—those type of things. We are the most critically short specialty in the country.

Right now, the median age of individuals practicing urology is my age, the age of 60. If now we are not paying doctors enough to stay in business, they are going to quit. We are going to make a bad shortage even worse. We have to pay those who take care of patients what they need to be paid.

Mr. Speaker, I appreciate that this was a bipartisan discussion this evening, something that is easy for our leadership to fix. I ask that they do that.

Mr. Speaker, I yield back the balance of my time.

ISSUES OF THE DAY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the Chair recognizes the gentleman from Wisconsin (Mr. GROTHMAN) for 30 minutes.

Mr. GROTHMAN. Mr. Speaker, I rise to address a few issues tonight that have been brought to my attention by my constituents back home.

First of all, I rise to address the current policy of so much of the left of trying to encourage more and more people, and, in California, even require people, to build electric vehicles.

Now, I am very concerned, given other policies, that we are making it harder and harder in America to become a member of the middle class. One of the things that has kept America a free country is the fact that we have always had a large, strong, middle class, who when they go to the polls, protect the freedoms our forefathers have given us.

In order to become a member of the middle class, to me, you have to buy three things: you need a house; you need food; and in America today, you need a vehicle.

Americans have been in love with their cars for over 100 years, and that has been something owned by not only every member of the middle class, but even people who don't have as much money.

I am very afraid that the high-income, leftwing, liberal element has taken over the Democratic Party, and by pushing electric vehicles, that they are creating something that will make it very, very difficult to achieve middle-class status.

Mr. Speaker, I have been alerted by some insurance agents that when you buy an electric vehicle, your insurance can go up 125 percent. That is right, 125 percent.

Now, that is not something that the uber wealthy have to worry about; they always have money to pay their bills. And, quite frankly, it is not something that the incredibly poor people have to worry about, because a lot of times they don't have any auto insurance anyway, or they try to find a way to get around it.

□ 1845

However, for the average American to have their auto insurance go up 125 percent is devastating, and you are hitting the most responsible members of society. Not only is your cost of auto insurance going through the roof, but I am informed the cost of a new vehicle, if you have to buy electric instead of buying the old gas engine, will also go up by 25 percent.

On one shot, the policies we are seeing in California, the policies we are encouraging on a national level, are going to make it much more difficult to buy that automobile that all Americans need, make it much more difficult to obtain middle-class status, much more difficult to have enough money left over to have children.

It was also recently brought to our attention, at least in Chicago—we have had a snap of a bit of a cold spell in the Midwest—that it is frequently true that when the weather gets cold enough you cannot get a decent charge on these vehicles anyway. Even if you do get a charge, I am told the maximum mileage you can make on a full charge may drop 35 or 40 percent.

In other words, it may not be a problem for people in Hollywood, it may not be that big a problem for people on Martha's Vineyard, but I will tell you, it is a big problem for people in a lot of America, including Wisconsin.

I think before we continue the laws which encourage more and more use of electric vehicles, we ought to have a look and see how well they operate at times like today, when the temperature is under 10 degrees in my district back home. It is time to stand up to the leftwing, wealthy set who think it is all cool to buy an electric vehicle, because they have always got enough money to deal with the insurance, deal with the high cost, and probably have another car that they can use when the temperature gets below zero. For the average person, this is really a body blow as you try to achieve the middle class.

The next thing I am going to deal with is an issue I touched on briefly last week, and I think some people wrote about it incorrectly. That is with regard to anchor babies.

Anchor babies are babies that somebody comes here, is not a citizen, and has a child. By custom today, we are calling those children U.S. citizens, but this is not guaranteed under the U.S. Constitution. It is important that all Americans understand it is not guaranteed under the Constitution. People get the idea that you should be able to come here, have a baby, and go back to China, or go back to wherever, and that child will immediately become an American citizen. They get that from looking at the 14th Amendment of the United States Constitution.

To understand why this did not create birthright citizenship, you have to look at when the 14th Amendment was passed and why it was passed.

At the time, when the Civil War wrapped up—so many Americans fought and died in the Civil War. I had at least two ancestors myself who fought in the Civil War. At that time, there was concern that as the other party regained power, they would claim that since Black people who were slaves at the time in the South, that the Southern States would claim that they were not citizens and their children were not citizens. At the time,