

question that we are going to have to ask.

But when you go into the health care facilities there in New Orleans, LSU Hospital, Charity Hospital, one of the venerable teaching institutions in this country, my professors at Parkland Hospital in the 1970s, many of them trained at Charity Hospital in the 1950s and 1960s. It is truly an icon as far as medical care in this country.

But when you walk through that facility, you realize that it quite likely will never be, ever again, what it was before. And it is a sad state. There is equipment that is relatively new equipment, but it has been ruined by water, ruined by mold, not likely to be salvageable under any circumstances.

One bit of good news that I do need to share with Congress is that across the street at Tulane Medical School, the hospital there, under private ownership, has come a long way since the storm hit and since the forced evacuation of that hospital. We toured the facilities there at Tulane, at the HCA hospital. New paint on the walls, new sheet rock where sheet rock had to be replaced. The emergency room, the day we were there was about a week before Mardi Gras. It was not open that day, but they were going to open for Mardi Gras; and I believe that is, in fact, what they were able to do. It was a stark contrast to what was going on across the street.

Now, the difference was that from a corporate level, that hospital, that private hospital had made the decision that no matter where the disaster happened anywhere in the country, they were going to be ready and they were going to respond. As a consequence, insurance money and new investment, new capital invested in that hospital brought it back much more quickly than any of the other facilities that I toured down there.

But even with that hospital coming back, the service available to the residents who have come back to New Orleans, the medical care available, has been decimated. Doctors in private practice, when I visited the first time in October, would tell me, I have got no mail for 2 months. My accounts receivable, I have no idea. No money is coming in across the counter because everyone I am seeing, and the schedule is full, no one has any money, no one has any insurance. No one even knows if the company that they are working for is still in business. Things were so disrupted by that storm that day.

Doctors are leaving the area. The hospitals that remained open may not be able to stay open because of the vast debts that they are incurring. Again, they are busy, patients are coming in, but nobody has any visible means of paying them. It has been a slow, slow process getting our Federal agencies to provide the reimbursement for seeing those patients that should be there. And it just continues to be a sad tale.

There is no question that State involvement, as well, their response has

been weak to nonexistent in several of those areas.

Now, we saw a number of people that fled from the storm path in Katrina came to my area of north Texas. Some great stories there about how people opened their hearts and their homes to people who had been displaced by the hurricane. One of the great stories is, of course, from the Dallas County Medical Society. When they heard that 17,000 people who had previously been in the Super Dome were going to come to a similar facility in downtown Dallas, even though it was on a Labor Day weekend, the doctors in Dallas, through the Dallas County Medical Society, sent out a blast fax to all of their members, and out of a 3,600-member medical society, 800 showed up on the steps of Reunion Arena to help those people and make certain that they had medical care.

But we need to learn our lessons from this crisis. There are areas where our medical system performed valiantly. But there are areas within our medical system and particularly in our Federal agencies where the response was weaker than it should have been. And the reason to be concerned about that is we also hear discussion of an illness called the avian flu that, while fortunately not in this hemisphere yet, may be here before we get back from our August recess because of the distribution of the distributive path along the migratory flyways of birds.

A lot of doctors showed up when they were asked to come down to Reunion Arena to receive the people from the hurricane. But what is going to happen if, instead of a natural disaster like a hurricane, the disaster is a communicable disease like the bird flu?

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Can we expect first responders to show up for that when they, in fact, themselves may be placed in peril by doing so?

Well, fortunately, the President and the Department of Health and Human Services and the NIH have worked very hard to come up with an Institute of Preparedness plan. We have provided some of the funding for that right at the end of December in the Department of Defense appropriation bill. There is still more money that we are likely having to put forth for that. And it is one of those things that it may turn out to be another Y2K. It may never materialize. But if it does materialize, it could be so severe and so harsh on our country that not being in a state of preparedness really makes no sense.

Mr. Speaker, the House has been very kind with its time tonight. It has given us an opportunity to talk about what I see are a number of issues ahead for us in health care.

I want to stress again that affordability of health care is a thing that we need to keep first and foremost in our minds. Every bill that we introduce, every vote that we take, every committee hearing that we hold, we need

to keep affordability of health care uppermost in our minds. We need to work on the problem with the uninsured. We need to make insurance products available so that people can afford them. We need to expand and perhaps embellish federally qualified health centers. There is no question that we are going to need some type of liability reform in this country, and there is no question that we need some type of provider relief and to keep the best doctors involved and to continue to be involved in the practice of medicine, particularly where it is concerning our seniors.

Information technology will be something that we talk about now and for several years to come, but we need to be extremely careful how we implement that.

And then, finally, every hour that we spend thinking about preparedness, every dollar that we spend on preparedness is going to be money well spent. We can ill afford to have a poor response to the next crisis when it happens to this country. Unfortunately, the events of the last 5 years, I think, have shown us that bad things do happen to good people.

Mr. Speaker, the House has been very generous with its time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. SWEENEY (at the request of Mr. BOEHNER) for today until 1 p.m. on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.
Mr. DEFAZIO, for 5 minutes, today.
Mr. EMANUEL, for 5 minutes, today.
Ms. KAPTUR, for 5 minutes, today.
Mr. BUTTERFIELD, for 5 minutes, today.
Mrs. MALONEY, for 5 minutes, today.
Mr. CUMMINGS, for 5 minutes, today.
Mr. SCHIFF, for 5 minutes, today.
Mr. VAN HOLLEN, for 5 minutes, today.

Mr. UDALL of New Mexico, for 5 minutes, today.

Mr. HOLT, for 5 minutes, today.
Ms. CORRINE BROWN of Florida, for 5 minutes, today.

(The following Members (at the request of Mr. DELAY) to revise and extend their remarks and include extraneous material:)

Mr. DELAY, for 5 minutes, today.
Ms. FOXX, for 5 minutes, today.
Mr. GOHMERT, for 5 minutes, today.
Mr. JONES of North Carolina, for 5 minutes, April 4, 5, and 6.

(The following Member (at her own request) to revise and extend her remarks and include extraneous material:)