

border. Media reports indicate that 17,000 National Guard troops were deployed to the Gulf region to respond to the recent oil spill. Yet, you have only pledged 1,200 National Guard troops to protect the border—and according to media reports only a small fraction of those troops have arrived to date. It is unrealistic, if not pure insanity, to believe that a mere 1,200 National Guard troops, even with the support of the Border Patrol, can effectively cover the nearly 2,000 mile long Southwestern border of the United States. We must put additional bodies on the ground and we must give them the weapons and specify rules of engagement that give them the authority to do whatever is necessary to secure the border. A National Guard trooper armed with only a pistol and given no authority to engage the enemy is useless against a criminal armed with military grade weapons and ammunition.

Mr. President, we implore you to view this situation for what it is, a war and to act accordingly.

Sincerely,

DAN BURTON,  
TED POE,  
RALPH HALL,  
PETE OLSON,  
ED ROYCE,  
*Members of Congress.*

NOVEMBER 4, 2010.

Hon. BARACK OBAMA,  
*President of the United States of America, the White House, Washington, DC.*

DEAR MR. PRESIDENT: On October 26th I and four of my colleagues, sent you a letter expressing our extreme concerns regarding the deteriorating security situation along our Nation's southern border. Since that time five more Americans have been killed along the border region. Protecting our borders and our citizens is a paramount responsibility of the Federal government; enshrined in the preamble of the Constitution. I strongly urge you to consider the proposals laid out in my letter from October 26th. Americans are dying; it is time to recognize that the drug violence along the border is a direct threat to the United States and act accordingly.

Thank you for giving your personal time and attention to this critically important issue.

[January 16, 2011]

DODGING BULLETS IN EL PASO

(By Jeannie DeAngelis)

In the ghost town of Fort Quitman, 80 miles southeast of El Paso, four U.S. road workers were up at dawn attending to "shovel ready" jobs by filling potholes with gravel. Unfortunately, "at least one Mexican gunman," who probably just wanted a chance to do jobs Americans won't do, "fired a high-powered rifle across the border," barely missing the workers.

"The bullets struck private land . . . about half a mile from the border fence." Thankfully, the quartet escaped unharmed. "Mike Doyle, Chief Deputy of the Hudspeth County Sheriff's Office, said after the fact, a rancher spotted a white pickup fleeing the area on the Mexican side at 10:30 a.m.—the time the shots were fired."

According to Doyle, "Drug cartels use this busy smuggling corridor in between the Quitman Mountains and mountains in the northwestern part of Chihuahua State to traffic marijuana and sometimes cocaine." The chief deputy explained the incident by saying: "The gunman might have shot at the road workers to distract them or get them to flee."

So in other words, criminal interlopers tried to get American workers to disperse from territory where they had every right to work and exist in order to "get them outside [the] area?"

Francisco "Quico" Canseco, R-Texas said: "It is completely unacceptable that Americans at work, doing their job in America, come under gunfire from across the border in Mexico. Our border is not secure from violence that threatens American lives. Securing our border against the cartels and their violent threat must be a top priority."

After the shooting, two Texas Rangers and Hudspeth County Sheriff Arvin West and Chief Deputy Doyle were at the scene looking for the bullets with a metal detector, which when weighed against the alternatives is preferable to a medical examiner digging bullets out of heads.

"The U.S. government built narrowly spaced steel poles north of the Rio Grande to fence the border in that West Texas area. The slots are not wide enough for people to cross, but small objects can fit between the 15-foot-tall poles." Thus, the lone gunman must have been dedicated to scattering the workers because nothing deterred his squeezing the gun barrel through or shooting off the bullets.

This particular shot across the border initiated Hudspeth County into an elite group. "In El Paso, stray bullets from a drug-related gunfight hit City Hall in June. Another stray bullet struck a University of Texas at El Paso building in August." And to date, newlywed David Hartley's body has yet to be recovered after being shot by Mexican gunmen on Falcon Lake, a border area near Laredo, Texas.

After the bullets missed the U.S. four workers, the men were escorted away from the scene, which successfully accomplished the original intent of the shooter: Disperse the crowd and clear the area so as to drive unhindered right on through to Texas. Moreover, and much to the relief of the high-powered rifleman, Border Patrol spokesman Bill Brooks assured drug- and gun-runners, as well as marauding banditos with high-powered rifles, that Border Patrol does not plan to deploy additional agents to the area. Brooks vowed: "There is no beefing up in any way."

Governor Rick Perry's spokeswoman, Katherine Cesinger, said that "If these reports are true, it is yet another incident of border violence and spillover. It goes back to the need for the federal government to provide more resources to the border, which is certainly feeling the effects of the escalating violence in Mexico."

Nevertheless, not all is lost. Texas could follow Arizona, a state that recently chose to address violent behavior by distributing "Together we Thrive" tee shirts.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

IN SUPPORT OF THE AFFORDABLE CARE ACT

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

Mr. BLUMENAUER. Mr. Speaker, we are having debates about health care because Americans are nervous about changing something so important to their families, and that, of course, makes politicians nervous about reform.

This skepticism is understandable. Attempting to adjust policies and programs that comprise now 17 percent of

our economy, the biggest driver of the Federal deficit that literally touches every American family, poses daunting challenges. Yet, as people begin the analysis, the appropriate comparison is not some idealized, magical state but the comparison to the path we are on, which everybody agrees is unsustainable.

Medical costs, left unchecked, will literally bankrupt the country. The Department of Defense will spend more on health care this year than China uses to run its entire military operation for 7 months. Every objective, independent expert acknowledges and laments the fact that the United States is the world's health care underachiever. We pay more for health care than our major allies and competitors in Europe, Japan, and Canada, but our people get sick more often; they die sooner, and unlike any other country, people are bankrupted by medical costs—about 2,000 people per day. All the while, we have a record number of uninsured Americans—now over 50 million.

Sadly, we are getting exactly what we paid for: more procedures, multiple providers, an emphasis on specialty care rather than someone who can help us with our own efforts to negotiate this complex, fragmented health care system. America actually spends more administering our health insurance system and finding ways to deny care than any other country in the world spends on providing care.

Starting from scratch, we could give better care for less money, but we are not starting from scratch. We are starting with an economic and structural behemoth, encompassing, as I said, 17 percent of the economy. It is the largest employer in most communities, and it has evolved over two-thirds of a century of public and private investment and government legislation. Today, our hybrid system is largely administered through hundreds of agencies, programs, and large providers, with the Federal Government paying half the bill directly.

The good news is that we have proven that we can get better results for less than we are spending, and the health care reform legislation provides this framework. First, we don't need more money. In fact, if we implement the existing legislation, it can be a source of savings in the future.

The good news is we don't have to deal with unproven techniques or technologies. We know what to do. We don't even have to look at foreign models that are more successful than ours. We can look right here in the United States. My community of Portland, Oregon, delivers better health care for Medicare, for instance, to its recipients than other communities where costs are twice as high. It's not just Portland. This can be found in areas in the

West and the upper Midwest. There are also innovative health care practices in the Mayo Clinic, the Cleveland Clinic, and Gunderson Lutheran.

The government, itself, has proven how to be more efficient. The Veterans Administration has a practice model for older citizens with complex health problems that face our veterans. The VA has automated its medical records system. It pays its doctors for performance, not procedures, and they figured out a way to get better prescription drug costs for millions of our veterans.

Many of the techniques for reducing the number of unnecessary hospital admissions, for bundling services, for having accountable care organizations are known and actually supported by my Republican friends. They've been embraced by Republican Governors.

This is not foreign territory. We know it can work. The path forward is clear. It is important not to lose 2 important years in reforming our medical system, giving better health care, and starting to reduce these massive future deficits.

After having identified weak spots in the implementation, let's work to hold people accountable. Don't attack the CBO for scoring the bill as written, which is their job. Attack efforts to undermine the cost-saving elements of the bill. If States can more creatively provide health care envisioned in the exchanges, let them do it. Give them the waivers, and encourage them to experiment as long as they meet minimum national standards.

Absolutely allow people to purchase insurance across State lines to improve competition and choice, but only after everybody agrees to provide insurance according to the same quality standards of accountability. That prevents gaps in coverage. We don't want massive marketing budgets while denying the money for essential treatment. We need not to have long protracted battles over if we understand and agree upon the terms.

We've reached a critical point where we cannot continue on the path that we've been headed. We do have reform legislation that encourages much of what has bipartisan support. We are spending more money than we need to and there are huge opportunities to improve the quality of service. I would hope that this exercise would be the last of the political ritual on health care. Instead let's turn to working with the Administration to figure out how to achieve the objectives, so critical for our citizens.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Ms. BUEKLE) is recognized for 5 minutes.

(Ms. BUEKLE addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

#### SUPPORTING THE REPEAL OF THE AFFORDABLE CARE ACT

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

Mr. FRELINGHUYSEN. Mr. Speaker, I rise to support H.R. 2—legislation to repeal the so-called Affordable Care Act—a new effort to strengthen our health care system.

This will be the first step in ensuring that the American people will remain in control of their own health care through a system that is patient-centered and provides health care choices, not government-imposed mandates.

Many people question why we are doing this. They ask, Why repeal the new health care law if there are good provisions in it?

Well, there may be some aspects of the 3,000-page bill, which is now law, that were commendable 10 months ago. However, those few positive provisions do not outweigh the fact that the new law's most damaging aspect is that it turns over to the Federal Government individuals' rights to make their own health care choices for themselves and for their families. The new law has given Washington bureaucrats extraordinary power to control the health care decisions of all Americans:

Forcing us to buy health insurance that Washington deems to be acceptable; potentially fining us for refusing to do so, which I believe would be unconstitutional; determining our choices of doctors, hospitals and home care; deciding which medicines we can take and which medical procedures will be available to our families; putting one-sixth of our economy under government control.

Let me be clear. I support health care reform. However, I do not support this new health care law, which represents, to a very great extent, a Washington takeover of our health care system. This law is creating over 150 new boards, bureaus, committees, commissions, offices, pilot programs, working groups, and agencies which will issue onerous regulations that will change our health care system forever—and not for the better.

Remember, over 90 percent of Americans have health coverage for themselves and for their families. Why did the last Congress insist on a virtual takeover of the other 10 percent?

That is why I support the repeal, coupled with major changes to assist those who do not have coverage, without harming the plans of hundreds of millions of Americans who do.

My colleagues, why is this repeal necessary today?

Because the negative effects of this new law are already being felt and are threatening the practice of medicine as we know it. This new law has eroded your right to choose your health care and your doctors, and it is putting bureaucrats and politicians in charge.

Despite predictions from the White House, insurance premiums are not going down. To the contrary, premiums are rising across the Nation for people who have insurance as insurance companies struggle to pay for the costs of a raft of new mandates imposed by Washington.

Even as we speak, doctors are changing their practices because this new law discourages their ability to work as single practitioners or in group practice. In addition, doctors face more paperwork, more red tape, and more risk to their licenses to practice.

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Furthermore, the new law does nothing to solve or diminish the wave of junk medical lawsuits that force doctors, medical professions, and hospitals to practice expensive defensive medicine.

Also missing from the law is any program to promote and support medical education in America, the next generation of young people who we will count on for care. At the same time, doctors and hospitals will face reduced Medicare reimbursements and even more onerous Medicare rules and regulations, causing even more physicians to refuse to treat senior citizens.

And what about the promises we heard about the benefits of the new law? To protect Americans from being denied coverage due to preexisting or other conditions, 27 States have created their own high-risk insurance pools. Others have used an option in the law to let their residents buy coverage through a new Federal health plan. Last spring, Medicare's chief actuary predicted that 375,000 people would sign up for one of these special plans by the end of 2010. In fact, the Department of Health and Human Services reported last month that just over 8,000 people had enrolled. This difference of 367,000 enrollees raises real questions about the then-majority's demand for this provision.

And with claims to provide coverage for another 34 million Americans, we need to be reminded that 18 million of these newly insured people will gain coverage through the financially stressed Medicaid program, which is almost broke. My colleagues, current Medicaid enrollees are already having trouble finding doctors who will see them because of low reimbursement rates. This law proposes to add another 18 million patients to a struggling and absolutely necessary program.

In addition, our hospitals are already reeling. Passage of the new health care law has accelerated the layoff of hundreds of employees in hospitals in my congressional district. When further Medicare cuts take hold, how are these institutions going to maintain their quality of care? They aren't.

And what of the advertised benefits of the new health care law? Backers actually claimed the new law would reduce the Federal deficit. This claim is based on dubious economic assumptions, double counting, and other budget gimmickry. And it is astounding that this law counts 10 years of anticipated revenues to offset 6 years of new spending. Here's a simple fact: If ObamaCare is fully implemented, it will not cut the deficit. The law will actually add more than \$700 billion to the deficit in its first 10 years.