

them they need to be very, very skeptical of what this body is doing, typically in the middle of the night, without much scrutiny and without much study of these bills and processes as they go through.

The individual Members of Congress do need to hear from their constituents on this issue. It's too important, too important for the American people to remain silent. There are Web sites out there where there are petitions that may be signed, AmericanSolutions.com, galen.org are two that I know have petitions up. This one that I was recently made aware of, Let Freedom Ring, which has a responsible health care pledge that they have posted online.

These are very worthwhile efforts that the American people can undertake and make certain that their representatives know how they want it to be, how they want to be represented.

And it is, I think, people got the message on cap-and-trade but they got the message a little late. We may, in fact, have been able to turn that vote had we been able to have one additional half day of debate on that topic.

Let me now turn to the doctor from Georgia, who we heard from briefly earlier. He may have some wrap-up comments that he wants to offer the body.

Mr. BROUN of Georgia. American people need to understand what is in this bill, as little as we know about it. There are some things that we do know about it. Our friend, JOHN SHADEGG, just talked about that, the untruth of your being able to keep the health care policy that you currently have, is absolutely in this bill. People are not going to be able to keep their health care policy. We know that.

We also know, without a question, that there is going to be a Washington bureaucrat put between the doctor and the patient. So a Washington bureaucrat is going to be making your health care decisions, is my message to the American people, Mr. Speaker. It's going to make your health care decisions for you, Mr. Speaker.

You doctor is not just going to be able to make those decisions. You are not going to be able to make those decisions. Your family is not going to be able to make those decisions. And the decisions are going to be rationed. In other words, some Federal bureaucrat, some Washington bureaucrat is going to tell the patient what tests that they can have, what medicines they can have, what surgeries they can have, what X-rays they can have and what they can't have.

And there are going to be more can't-haves than can-haves, because this is going to be extremely expensive.

We know this that's in this bill: Right now, today, when people have insurance provided by their employer, that is a tax-free benefit. We already know that this Democratic bill is going to put taxes on your health insurance, and you're going to have to pay those. So what you're getting now, Mr.

Speaker, the American people, at no tax consequences to you, you're going to have to pay taxes on it.

We know this, too—that Mr. Obama said a few weeks ago that he had to push through this, what I call cap-and-tax bill, the cap-and-trade bill, that it wasn't about the environment, because he said himself that he needed those taxes to pay for his health insurance program, this single-party payer program that we're going to; some Washington, bureaucratic-directed health care system. He needs those taxes to pay for it. So people's taxes are going to go up. Business taxes are going to go up. We're going to have these energy taxes, which is going to increase the cost of all goods and services—gasoline, heating oil, natural gas, food, medicine, everything is going to go up because of the energy tax that's over in the Senate. And I hope the American people will call and tell their Senators "no" to that, too.

It's critical at this late hour, which should be a very, very early hour but it's a late hour because the majority is going to force down the throat of the American people this health care plan that's going to be disastrous and take their choices away, increase their taxes. It's going to destroy our economy, and it's going to destroy the quality of health care. I hope they'll call, fax, e-mail their Members of Congress and say no, let's put everything out in the open so that we can know what it is and so that alternative systems can be looked at.

I thank the gentleman for yielding.

Mr. BURGESS. I thank the doctor for coming down and participating. It may be late on the East coast but it's early on the West Coast, and he has a perfect point to make—that your voices must be heard. Again, the Webcast of the Doctors Caucus meeting over at George Washington earlier this week. The open forum that was held on health care, The Web site www.healthcaucus.org has an archive of that.

Additionally, there are many, many interviews with other thought leaders and headline-makers in health care that have been accumulated on this site in the last 6 months. I do encourage, Mr. Speaker, people to consider going. Americansolutions.com has a petition, galen.org has a petition; and there is the Let Freedom Ring group that is available on your search engine that also has a petition. I would encourage people to weigh in with that.

Don't discount calling the Speaker's office. You can find that at www.speaker.gov, hit the "Contact Us" button and find the number to call into the Speaker's office to weigh in on this important issue. And finally your calls and faxes, Mr. Speaker, that constituents will make to their individual Member's office are going to be extremely important in this endeavor. I hear all the time from people back home. What can we do to help you? Now is the time. You need to make your voices heard on this very impor-

tant issue. Whichever side you may reside, wherever your feelings lie on this, you need to make your feelings known to your Member of Congress. The time for that action is now. The markup starts next week. We will vote this out of the House of Representatives by the end of the month. Don't ask me why we have that arbitrary, condensed timeline, but that's what we've been given by the Speaker of the House.

So now is the time to make your voices heard on this very, very important matter. As the ranking member of the committee said, this is the "one-if-by-land, two-if-by-sea" moment. The American people need to make their voices heard on this very critical matter, which will affect not only their future, their children's future and their grandchildren's future.

Thank you, Mr. Speaker, for the time.

□ 2200

PATIENTS BEFORE PROFITS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the majority leader.

Mr. ELLISON. Mr. Speaker, I am KEITH ELLISON and I am a Member of the Progressive Caucus. It is late and the hour is moving toward when a lot of people are looking to retire for the evening, but we have to talk health care. Before I do, let me introduce the Progressive Caucus message that we have for people tonight. The Progressive Caucus message is we come to this Chamber every week to talk about a progressive vision for America.

What is a progressive vision for America? It is a vision, Mr. Speaker, in which people can live free of discrimination; people can live in harmony with the Earth; workers can work with dignity. Workers can have respect and safety on the job and earn decent pay. Where all Americans can have health care and enjoy the benefits and the bounty of this great country of ours.

A progressive vision, a vision similar to the one that Martin Luther King had for our country, a vision similar to the one that the great Rachel Carson, author of "Silent Spring," had for our country. A vision similar to one which Walter Reuther, a great labor leader, had for our country, a progressive vision which embraces all, which includes all, where human beings live in harmony, free from fear who do not disrespect or abuse our environment, believe all people have dignity, and we should have health care so people can have a decent standard of living.

This is the progressive vision that we talk about with the progressive message and it is what we do when we come to the House floor to talk on this House floor about what we believe in.

The Congressional Progressive Caucus is the group that I speak for tonight. This is our Web site, Mr. Speaker, which is cpc/grijalva.house.gov.

What are we talking about tonight? We are talking about health care reform, patients before profits.

Tonight, Mr. Speaker, I think this presentation could not be possibly more different, it could not possibly be more different from the hour you just heard because the hour you just heard a moment ago talked about what we couldn't do, who couldn't get care, why we have to have the status quo, why things have to be the way they are and why we cannot have reform. That is what you just heard, horror stories and fear-mongering like we have been hearing for many decades.

It was the same thing in 1994. Remember the Harry and Louise ads? Oh, the government is going to take your health care away; the government is going to make medical decisions for you.

It is not true. Don't fear. The American people should not fear health care reform. The American people, 300 million strong, know that 50 million, nearly 50 million of our number, are without any health care at all. The 250 million who do have health care know that the private insurance companies have been reaping enormous profits while you've been paying higher deductibles and higher copay, and you have been paying higher premiums and you have been being denied coverage for pre-existing conditions. The time for change is now.

I think for the first time in a long time, real change is right within our hands. Mr. Speaker, if the American people have a will for a greater level of health care, for a greater level of quality of life in which all Americans don't have to go to bed at night afraid that they are going to be without, this is the time for them to raise their voices.

I think a few things are important to know, and that is, just like as in 1994, the scare tactics that we just heard and will probably hear again tonight are in full force. And if the American people don't step forward, you don't know which vision of America will prevail: a progressive vision where all Americans have health care and access to care that says prevention, that says long-term care, that says we are going to have a public option which we desperately need, or this situation which leaves 50 million Americans out with escalating costs and preexisting costs which doom people to a medical nightmare. We will talk more about that in a moment.

First, I want to say that the fight is on. It is raging. It is happening. And if the people want to be heard, Mr. Speaker, they need to be heard now.

Let me say this: in the first 3 months of 2009, in the first 3 months of 2009, the Chamber of Commerce and the Pharmaceutical Researchers and Manufacturers of America, PhRMA, played lobbyists a combined \$22.5 million to promote their interests. Okay, you didn't hear me: \$22.5 million to lobby people like me, Mr. Speaker, to not give the American people health care, to keep

the status quo, to let it be how it is, to let these preexisting condition exclusions continue on, to leave 50 million Americans out in the cold, to continue the increasing premiums and these ridiculous copays people are having to pay.

You didn't hear me? The first 3 months of 2009, the U.S. Chamber of Commerce and the Pharmaceutical Researchers and Manufacturers of America, PhRMA, laid lobbyists a combined \$22.5 million to promote their interests; \$22.5 million in January, February, and March.

You think that is a lot of money, Mr. Speaker? It's nothing if you compare it to the amount of money they made by denying Americans health care, by denying enrolled Americans health care, as they have been doing and saying we don't cover that. And by reaping all of these excessive profits, oh, \$22 million is a rounding error for them, but it is an enormous amount of money for us.

Monday, July 6, The Washington Post said: Familiar players in health care bill lobbying.

The largest insurers, hospitals and medical groups have hired more than 350 former government staff members and retired Members of Congress in hopes of influencing their old bosses and colleagues.

That is not quite one for every Member of Congress, but it is nearly one for every Member of Congress, and that is just counting the former Members of Congress and former staffers. Just to try to twist an arm to say leave the status quo as it is.

Three out of every four major health care firms have at least one former insider on their payrolls, according to Washington Post analysis. Nearly half of the insiders previously worked for key committees and lawmakers currently debating whether to adopt a public insurance option which is opposed by major industry.

So they are getting people who used to work here to try to stop progress and keep us from a progressive vision because they care more about profits before patients. We, in the Progressive Caucus, care about patients before profits.

The hirings are part of a record-breaking influence campaign by the health care industry. This is according to The Washington Post, record-breaking influence peddling campaign by the health care industry. You know, Mr. Speaker, you may have been dazzled, shocked, and amazed by what you saw in 1994 when they in fact killed health care. Now they are pulling out all of the stops, and they are going to make sure that they set a record in the amount of influence that they are trying to campaign for to defeat health care reform.

They want the status quo. We want a progressive vision. Mr. Speaker, just hold onto something because this number might stagger you: \$1.4 million a day, nearly \$1.5 million a day to stop health care reform by paying lobbyists,

and this is just according to what has been disclosed in their records. So \$1.4 million a day just to lobby against health care reform? Yes.

So, Mr. Speaker, if the American people want health care reform, they better say something because \$1.4 million a day can speak pretty loud.

The Pharmaceutical Researchers and Manufacturers of America doubled its spending, nearly \$7 million in the first quarter of 2009, followed by Pfizer with more than \$6 million. If they are right, if this system is good, why have they spent all of this money? Can't they just let the facts speak for themselves? No, the facts need to be adjusted for them.

The Post examined federally required disclosure reports submitted by health care firms that spent more than \$100,000 lobbying in the first quarter of this year, and it used current and past filings to identify former lawmakers, congressional staff, and executive branch officials.

□ 2230

This is a quote: "The revolving door offers a shortcut to a Member of Congress to the highest bidder," said Sheila Krumholz, who is the executive director for the Center for Responsive Politics, which compiled some of the data used in the Post analysis. Here's her quote—and this is really a shocker, Mr. Speaker: "It's a small cost of doing business relative to the profits that they garner."

So again, \$1.4 million a day seems like a whole lot of money to me, but when you think about the money that is reaped from the status quo in their denial of claims, in their denial of pre-existing conditions, and all of this stuff, it's really not a big deal at all.

Mr. Speaker, let me show folks just what this profit is doing. Projected spending on health care as a percentage of gross domestic product, Mr. Speaker, has been doing nothing but going up and up and up. If you look at just projected costs in 2007, we're talking about an enormous upward slide from about 15 percent upward to nearly 50 percent if these numbers are projected to 2008. Medicare going up and Medicaid going up, but those lines are relatively flat. If you look at all the other health care costs, it's just jumping up. This is spending, and whatever I spend, somebody else makes. This represents the enormous amount of money that will be made under the status quo, and it represents why they're willing to drop \$1.4 million a day just to defeat the real change that we need.

Mr. Speaker, let me just also point out a few other facts that I think are important. We have a growing number of Members of this body, the House of Representatives—many of whom are Progressive Caucus members—who are saying they won't vote for any plan unless it includes a public option. I'm one of those. I know I've been accused of being doctrinaire, of drawing a line in the sand and not being flexible. Well, they're right; I'm flexible, but not on

this. No public option means a red vote, which means no for me.

We've got to have a public option. We have to have it. And I'm proud to say that Speaker PELOSI, CHARLIE RANGEL, and leaders in this body have said that we're going to have our public option. And it's because people out there have raised their voices, Mr. Speaker, and the people in this body haven't let the people in America down and they've stood up for change.

But it's not just in the House, Mr. Speaker. I'm happy to say that Members of the other body, Senator RUSS FEINGOLD, Senator BERNIE SANDERS, and Senator CHUCK SCHUMER are standing up and speaking out for a public option right now. Senator FEINGOLD, Senator SANDERS, and Senator SCHUMER haven't been quiet, Mr. Speaker; they're trying to make sure that we get this public option through the Senate as we work for it in the House.

What we really need, Mr. Speaker, is for Americans to let their voices be heard. Because if they say, Oh, well, the leaders in Congress got it all under control, that's exactly when we lose it. The American people are like the wind that pushes the boat through the sea. I don't care how big your sail is, how pretty it is, or what you put on it, if there's no wind, it doesn't move. And that's how this democracy is going to work.

As I praise Senator RUSS FEINGOLD, let me tell you what he said on June 18 that deserves our respect, Mr. Speaker. Senator FEINGOLD said, "A strong public health insurance option is consistent with a healthy private market and effective private insurance plans. We have several insurers that operate in my home State of Wisconsin that provide great health coverage to their beneficiaries. Responsible insurers should have no trouble competing with a public insurance option on the merits of their plans, but a strong public health insurance option will provide a powerful incentive for less responsible insurers to reevaluate their own cost-sharing and benefit plans to ensure that they are actually an attractive option for consumers." That's what RUSS FEINGOLD said, Mr. Speaker.

And he went on to add, "There is another benefit of a public health insurance option which hits particularly close to home. My hometown of Janesville, Wisconsin—that's RUSS FEINGOLD's hometown—has one of the highest unemployment rates in the State of Wisconsin. Recently, our GM assembly plant ceased production, and other related businesses throughout the community are struggling to stay afloat during these tough economic times." Of course these challenges are shared by many other communities across the State and, I would add, across the Nation.

Back to the Feingold quote. "A public health insurance option would be invaluable to families in Janesville and many other cities across America who have recently been laid off because it is

a guaranteed affordable option that can travel with an individual from job to job. A public health insurance option would also make a tremendous difference for our small business owners who are facing crippling health care costs while trying to keep their businesses open." That is the great Senator RUSS FEINGOLD as he spoke passionately and convincingly about a public option.

I just want the American people to know, Mr. Speaker, that in the House of Representatives and in the Senate there are leaders who have heard the cries of the American people, who have heard the demands for change, and who are going to stand up for a public option. And Mr. Speaker, I just want to take a second to say thank you to all those Members in the House, but also these three Senators—FEINGOLD, SANDERS and SCHUMER—and many others who have gone on record for a public option.

Mr. Speaker, I also want to share a few other points that I think are real important at this time as we've just discussed this critical thing. The fact is that what we need is a real focus on patients, not profits. The way the health care proposal is working now in the draft is that there are basically three prongs.

One is, employer-based health care insurance. If you like the insurance you have, you can keep it. Don't listen to that stuff you heard in the last hour, Mr. Speaker. The truth is, you get to keep your health insurance if that's what you want.

Two, people who are over 65 or who qualify for Medicaid can get health insurance. Those folks who are in those government programs already can share in that benefit.

But the third option is this exchange where private insurance plans and a public option will be available for people and people can bid on these options and purchase their health care. There will be a subsidy up to about 400 percent of the poverty guidelines.

We would ban the exclusion of people with preexisting conditions. And there is a proposal that anyone who wants to put their plan in that exchange would have to have a medical loss ratio of about 85 percent, which would mean that actual health care delivered to people, the money would have to be 85 percent of their overall budget, and that 15 percent would be on administrative costs and other things like that. Medicare already does a whole lot better than that, and so does the VA.

So that's basically an outline, Mr. Speaker. That's basically what it is. But I just wanted to make sure that we really hit this idea of this public option tonight.

Our system wastes roughly about \$700 billion on treatments and procedures that cannot be shown to improve health outcomes right now. A public option would make charging these kind of fees to just generate money something they really can't afford to do be-

cause you've got real competition that's not driven by a profit motive but is driven by quality health care.

The fact is, Mr. Speaker, we need ways to drive waste out of the system and we need ways to make private insurers really compete with this public option, which they do not.

As you know, Mr. Speaker, under the McCarran-Ferguson Act, insurance companies are not required to compete with each other. They have an exemption from antitrust laws, and therefore can legally collude. And so we need this public option so that we can make them actually compete.

You know, Mr. Speaker, I don't have to get up here and tell you or anyone else that health care costs in America are crushing America's businesses and families, but I will offer a few examples. Our manufacturers spend more per hour on health care than do their counterparts in Canada, Japan, and the U.K. combined. What I'm saying is that if you have a company that is international in scope and has places in Canada and subsidiaries in Japan and the U.K.—that's England and the United Kingdom—their American manufacturers spend more per hour on health care than all these other subsidiaries combined.

□ 2220

That's making America noncompetitive and putting us at a competitive disadvantage.

Mr. Speaker, I bet you didn't know, and maybe you did, that health care costs for small businesses have grown 30 percent since the year 2000 alone. We need health care. We need a public option. The average family premium costs \$1,100 more per year because our health care system fails to cover everyone. The average individual premium costs \$400 or more. Mr. Speaker, we need a public option. We need health care reform.

In 2004, half of all people filing for bankruptcy cited medical problems as a cause. That's half. Well, Mr. Speaker, I have got a chart right here where this is definitely an out-of-date figure because it's much higher than half now. Medical bills underlie 60 percent of U.S. bankruptcies, according to a recent study. Washington Reuters, that's the news company: Medical bills are involved in more than 60 percent of U.S. personal bankruptcies, an increase of 50 percent in just 6 years, U.S. researchers reported on Thursday. More than 75 percent of these bankrupt families had health insurance but were still overwhelmed by their medical debts, the team at Harvard Medical Law School, Harvard Medical School, and the Ohio University reported in the American Journal of Medicine.

"Using a conservative definition, 62.1 percent of all bankruptcies in 2007 were medical; 92 percent of these medical debtors had medical debts over \$5,000 or 10 percent of pretax family income," the researchers wrote. "Most medical debtors were well educated, owned

homes, and had middle class occupations.”

Mr. Speaker, this scenario is what the speakers in the previous hour were trying to defend. Is that not crazy? That is not what the American people want. That is not what the American people deserve. The speakers in the previous hour were literally defending this system and standing in the way of reform.

A few more facts, Mr. Speaker. In 2008, just last year, half of all people filing home foreclosures cited medical problems as a cause. Again, medical problems and our broken health care system deeply implicated even in the foreclosure crisis. The fact is high costs lead to people losing coverage, and 14,000 Americans are losing coverage every day in the midst of this economic crisis. The numbers are staggering, and at some point your eyes just gloss over it and you can't really hear them. So sometimes numbers don't even bring as much light to the subject as one would want. But let me just say 14,000 Americans are losing coverage every day in the midst of this economic crisis. Why? Because as unemployment creeps toward 10 percent, when you lose your job, you lose your health care because we have an employer-based health care system.

Mr. Speaker, again, a serious problem. Last month 400,000-plus jobs lost by Americans. Every one of them is either dealing with no health care or has to carry an enormous COBRA payment on their back. Mr. Speaker, that's not good. And 60 percent of Americans say that they or a member of their household have delayed or skipped health care in the last year.

Mr. Speaker, we need to reform our health care system. I hope that's obvious to everybody. Actually, you and I both know it's not obvious to everybody though we wish that it was. But let me just talk a little bit about it for a moment. I will bring back up this poster, Patients Before Profits.

Mr. Speaker, reform will alleviate the burden on families by lowering costs. Ensuring timely access to affordable, quality health care, making sure everyone has access to preventative care will help keep the American people healthy and allowing workers to change jobs without worrying about losing health care. Imagine being stuck in the job you have, and maybe you don't even want to be there, but you can't leave because you've got health care.

Mr. Speaker, I talked to a dear friend of mine whom I have known for many years, many years, Mr. Speaker. And I know you know what I mean when you've known someone for years and years and years, but there is something I didn't know about this friend of mine when I had a health care forum in my district in Minneapolis a few weeks ago. I won't mention this friend of mine's name because I'm going to protect her privacy, but this friend of mine whom I've known for years, I

didn't know this fact about her. Let's call her Ann. That's not her name.

Ann, after a health care forum that I held in my district in Minneapolis in which 220 people showed up because they demand health care reform, waited around after everybody left after the health care forum and said she needed to talk to me. And I said, Ann, sure, I'll take a minute and we can talk. And this is a strong woman. She is not someone who is easily given over to tears, but she was in tears. She's only about 37, 36 years old, and she has a beautiful family, and she's just a great person all around. Anyway, Ann sat me down and she looked me straight in the eye. And when she looked me in the eye, Mr. Speaker, I knew she was serious, serious, serious. And what she said to me, Mr. Speaker, was this: I'm on my job and I have health care insurance at my job, but members of my family, including my sisters and my mom, have had breast cancer. And, Mr. Speaker, she told me that she is afraid to go get a test to determine whether she may develop breast cancer because if she gets this test, Mr. Speaker, then a health care company might decide she has a preexisting condition and then drop her from the policy. But if she doesn't go find out, Mr. Speaker, if she might develop breast cancer, she can't get treatment that she needs that may save her life one day. And she's a young mom. She's only about 37, 36 years old, and she has kids whom she's trying to rear. So, Mr. Speaker, imagine being in the case where you can't go get the test to find out whether you have breast cancer because if you do, that's going to be a preexisting condition, and yet you can't afford not to do it because if you don't do it, like your mother and your sister, you may develop breast cancer.

This is the system that these folks who are standing in the way of reform are trying to preserve. And, Mr. Speaker, it is wrong. It's time for reform to take place, and the time for reform is now.

Reform will alleviate the burden on families by lowering costs. Reform will alleviate the burden on our economy by creating more efficient insurance and a delivery system which will reduce waste and allow a more rational financing system where everyone contributes instead of shifting costs from some people onto others. Reform will alleviate the burden on business that has been hindered in their ability to compete because of these enormous health care costs.

Mr. Speaker, we have got to have a public option. I explained the public option a moment ago. A public option is just one of other health insurance coverage programs that will be offered on the exchange. But, Mr. Speaker, the public option needs to be understood. What the public option is is giving the uninsured an option to enroll in a public health care plan that's like Medicare. The public insurance option would compete directly with health

care insurers. Why are they afraid to compete? What are they scared of? The uninsured individuals would get to choose which plan is best for them, which could be a private one or the public option.

Why is having a public option so important? A broad array of research has confirmed that a public health insurance option is a key component of cost containment because it will introduce more competition, something conservatives say they like whenever it makes them exorbitant money. It will lower administrative expenses. I talked about the medical loss ratio a moment ago of 85 percent. I have a bill personally that will raise it to 90, which I think would be better.

□ 2230

Medicare would still outcompete them because they can do better than that and drive cost-saving innovation. According to research from the Commonwealth Fund, the net administrative costs for Medicare and Medicaid were 5 percent and 8 percent respectively. That's why I think a medical loss ratio of 90 percent would be good. They should be able to do it. Mr. Speaker, if you look up the top five health insurance companies, their administrative costs were 17 percent, and the average administrative cost for private insurance is 14 percent. The fact is, they're inefficient, they like it that way, and they don't want to change. But a public option would make them change.

Members of the Congressional Progressive Caucus signed a letter to Speaker PELOSI and to the Democratic leadership, clearly stating that a robust public option must be in the mix. This year in the Congress we must act on health care reform, and that health care reform must include a public option. We believe that only a health care plan with a robust public option will provide more Americans with greater access to treatment and doctors with less interference and obstruction from big insurance companies and other profit-driven special interests.

Mr. Speaker, if you listened to the hour just before I came on, you heard people spinning scenarios and imaginary ghosts and demons and goblins in the air in which a patient would have a government bureaucrat—their words—in between the doctor. Well, that hasn't happened. That's imaginary. It's not going to happen. But now today a patient has to deal with a bureaucrat in an insurance company before they can get the medical treatment that they need. Their claims have been excluded. Some bureaucrat has said, “Oh, we're not going to approve that.” “Oh, we're going to deny that.” “Oh, we're not going to allow that procedure to happen,” even though a doctor has recommended it. That's reality. What they were talking about an hour ago was fantasy, and it's kind of like on the Freddy Krueger order, nothing but a nightmare and a horror film.

We urgently need to fix health care for American families. Every day Americans worry not simply about getting well but whether they can afford to get well. Millions of Americans wonder if they can afford the routine care to stay well. Premiums have doubled over the last 9 years, three times faster than wages. The average American family already pays an extra \$1,100 in premiums every year for a broken system that supports 46.5 million uninsured Americans. We need the change for American business. Soaring health care costs put American companies at a competitive disadvantage in a global economy. Small businesses are forced to choose between coverage and layoffs. That's a choice they should never have to make. But what about the fiscal future of America? We have the most expensive health care system in the world. We spend almost 50 percent more per person on health care than the next most costly nation, and we're no healthier for it. We're spending all this money, but we're not healthier for it. If you look at national rankings of Americans' health and wellness, we're not at the top, although spending is at the top. We're at the bottom when it comes to diabetes, when it comes to heart disease, when it comes to cancer, when it comes to all these critical things. What are we going to do about it? We'd better step up and do something, and that something cannot wait. If we do nothing, in a decade we'll be spending \$1 out of every \$5 on health care. In 30 years it will be \$1 out of every \$3. Health care reform is necessary, and it's deficit reduction because reform will drive down costs.

What we want to offer is cost reduction, choice, security and quality. President Obama and this Congress want to reduce health care costs and offer people a choice of doctors and plans and guarantee affordable quality health care for all. That's what we're trying to do. This is an American solution. You always hear people talking about what they do in Canada, what they do in the U.K., what they do in France. We're not talking about any of those countries. We're talking about a uniquely American solution. We are not trying to be like anybody else, Mr. Speaker. The fact of the matter is, 36 other countries in the world and every industrialized country has national health insurance. We don't. That's why their outcomes are better and their costs are lower. But we're not comparing ourselves to some other country. We're not talking about what other countries do. We're talking about an American solution that will ensure every child in America is covered, that will invest in prevention and wellness, where we'll ensure that doctors and nurses get the information they need to provide individuals with the best care available and never again will your coverage be denied because of a pre-existing condition or your age or your gender or ending a system where profits come before people and millions

go without vital health care. Never again. Never again should we make life or a job decision based on coverage, and never again should we let our families suffer financial catastrophe or bankruptcy because of these high costs.

Mr. Speaker, I'm coming to the point where we're probably going to wind up in not too long; but I do want to just make a few more points before I take my seat. One of the things I want to do before we take our seats is just to point out the fact that scare tactics and fear tactics have not served the American people well, not back in 1994 when health care was defeated then, and they won't work now. We've learned a lot since 1994, and we're not going for it. The fact is, health care is a social imperative. It's an economic necessity. And the new study by the President's Council of Economic Advisors demonstrates that the current health care system is on an unsustainable path. Without reform, escalating health care insurance premiums will continue to cause American workers and families to experience eroding health care benefits and stagnating wages while rising spending on health care and Medicaid will lead to massive unsustainable Federal budget deficits. The fact is, we need change.

I just have a few more points to make, and then I will hand it over to my colleagues on the other side of the aisle. I don't know what they're talking about; but if they talk about health care, I want you to remember what I said, Mr. Speaker, because these facts are critical, and we cannot allow anyone to scare us away from the reform that is necessary today. The fact is, the American people want change, and they're going to get change, and they're going to be much, much better for it. The fact is that we do need this public option. We do need health care reform. The fact is that we do need the change, and we can't allow it to be denied. It's time for the American people to raise their voices, Mr. Speaker, if they want to be heard. I talked about my friend Ann—whose name isn't really Ann—but I talked about her fear of going to get that test to determine whether she has breast cancer or not because, as I said, if she gets the test, she could be denied for a pre-existing condition or dropped from her insurance. And if she doesn't get the test, she won't be able to get the treatment that she needs to fight off that breast cancer. She's in a terrible position. But she's not the only one.

I want to talk about a few other folks before I yield the microphone. I want to talk about Mary from Minneapolis. Mary says, "My daughter needed her wisdom teeth out. At the time with insurance we were told to pay \$375, which we did. Then I got billed for over \$1,000, resubmitted, and eventually the amount was reduced to \$750. Meantime, my husband had no paycheck. I have calcium deposits in my back which make it difficult to walk. I can't afford

the copays, so I'm waiting until it is so bad that I can't walk." That's what Mary from Minneapolis said which is the status quo, which some people in this body want to preserve.

Denise from Minneapolis says, "I find more and more often that my family and I are skipping doctor visits for preventive care or when we would have made a visit to the doctor in the past, but now can't afford the copayment to be seen. This is especially true for childhood illnesses as well as allergy visits and medication, dental problems that could potentially be very serious, and injuries that, in reality, should be checked out by a doctor.

□ 2240

"My family is insured, yet because of our current employment situation combined with rising health care costs, it has become out of our reach to have the kind of care that we have enjoyed in the past. I feel we are being left behind for an inability to be able to bear the burden of the cost. This may mean that we will pay dearly in the future for things that could have been prevented or less serious had we been able to see a doctor initially." That is Denise from Minneapolis.

Here is Janice from Golden Valley, Minnesota, also in my district: "I have worked every day since the day I turned 15, and I am currently 51, married with two teenage children. I have a college degree. We have always lived a balanced and frugal life. We do not take exotic trips and mostly buy generic groceries and thrift or discount store clothing. I do not and never have smoked or drank. And I have been in my job for over 20 years, yet I bring home less and less each year due primarily to health care premiums and costs. Health care premiums and copays cost about 25 to 30 percent of my income. Health care premiums cost me more than my Federal, State, Social Security, union dues and retirement plan deduction combined from each paycheck. The increase has been so great that we have stopped being able to contribute to savings for about 4 years ago. The one thing I fear more than anything is me or a family member getting sick because of what treatment will cost even beyond the premium costs. When I have a strange new sensation in my eye, or vein hurting in my leg, or dull pain in my chest, I just pray it will go away on its own because I'm afraid of what it will cost me. We pay out so much for health insurance, yet we cannot afford to really even use it. And I feel even worse for those who have no health care insurance at all. This reflects so badly on what America has become, a place where only the wealthiest survive and the profit by the few takes priority over the basic needs of all."

Janice, I want you to know that we are fighting for patients before profits today.

I want you to know, Mr. Speaker, about Anita from Roseville, which is

not in my district, but it is very close by. Anita says, "I work for a public school and my husband stayed home with our daughter. We started paying family health insurance in 2002 at \$10,000 out of pocket. This year, we are paying over \$12,000 out of pocket, and our copays are \$40 and \$50 per visit. Our daughter is school-aged now, but my husband started looking for work when the economy took its downturn last summer and still does not have a job. Health insurance costs severely limit our quality of life by using up our disposable income."

Let me talk about Priscilla from Minnesota. Priscilla says this: "I got on my husband's insurance after the job I had discontinued coverage for me. We paid over \$500 a month for this coverage. I had health issues that came on suddenly with breathing problems. It took several hospitalizations and ICU care before they finally figured out what the problem was. My husband's insurance refused to pay for any of it, calling it a "preexisting condition."

And by the way, these would be banned under the plan offered by Democrats.

"And we were left with a medical bill over \$25,000 to pay ourselves. This was at the same time we were spending \$500 per month on premiums. The provider sent our bill to collections. It has been a nightmare. My husband is now disabled, and we have no coverage, yet his condition requires regular CAT scans and nine different medications to make sure his condition is stable."

I urge my colleagues who stand in the way of reform to listen to these good, decent people. They deserve better. They deserve better. Let's not worry about what the Chamber of Commerce and what PhRMA want. Let's worry about our constituents and the patients of America.

I'm going to just read one more story from Doug, Mr. Speaker. And then after that I will make some closing comments.

"I recently refilled my mail-order prescriptions. I get as many generics as possible. However, I am a diabetic, and both types of my insulin are not generic, neither are blood pressure medication nor a cholesterol medication and glucose test strips. My insurance company in a bid to force generic drugs have made them 'free' for mail-order while nongenerics doubled in price. So I had to choose which ones I didn't need. I chose the glucose test strips because I can buy them over the counter for the same price and 'ration' them by testing less than I should. I'm still spending more money than I can afford, and I am afraid that my bank account will be overdrawn. If that happens, I will not be able to afford food or gas for myself and my son. I could borrow from my elderly mother, but it looks like they will be losing their insurance coverage from a failing car company. I have a good job with good benefits." That is what Doug said.

His last line was: "I have a good job with 'good' benefits."

Mr. Speaker, I have a lot more stories, and I hope none of the constituents will be disappointed because I wasn't able to get to every story. But we got a bunch of stories on our Web site and stories people submitted to us, Mary from Minneapolis, Denise from Minneapolis, Janice from Golden Valley, Anita from Roseville, Minnesota, Verona from Mora, Minnesota, Mary from Minnesota, Priscilla from Minnesota, Maria from Minnesota, Cynthia from Minnesota, Doug from Minnesota all calling in, sharing very courageously their health care nightmare that they need to be relieved of.

They need reform, Mr. Speaker. And the time for change is now. They need reform, Mr. Speaker, and the time for change is now.

Let me wrap up my comments by just saying that it is wrong that in the first 3 months of 2009 that the U.S. Chamber of Commerce and PhRMA paid lobbyists to combine \$22.5 million to promote their interests which is to thwart reform of health care. And it is also very disturbing that The Washington Post had to report recently that the Nation's largest insurers have hired more than 350 former government staffers and retired Members of Congress in hopes of influencing us to thwart reform. And it is actually disgusting that the health care industry is spending more than \$1.4 million a day lobbying to thwart health care reform.

Mr. Speaker, as a member of the Progressive Caucus who has a vision of an America where people who are sick can go to the doctor, Mr. Speaker, as a member of the Progressive Caucus that has a vision that we all can have decent, affordable health care, I urge my colleagues, Mr. Speaker, to think about these decent people, Anita, Janice, Priscilla and others, because surely in their districts they have people just like these good people who need change.

Let's say "yes" to the American people, Mr. Speaker.

It has been an hour appearing here on the House floor with the progressive message and with the Progressive Caucus message. Mr. Speaker, people can communicate by going to this Web site, cpc.grijalva.house.gov to let us know how they really feel.

□ 2250

SOCIALIZED MEDICINE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for half of the remaining time until midnight.

Mr. KING of Iowa. Mr. Speaker I appreciate the honor and privilege of addressing you here on the floor of the House of Representatives. As I gather here in my preparation for this discussion, I understood the remarks made by the gentleman from Minnesota that he would be glad if I would, perhaps,

address the health insurance and the health care issue here in the country, and I would be glad to do that. And I believe also my friend from Texas would be glad to do that.

What stands out in my mind is this: That the President of the United States campaigned on a promise that he wanted to deliver. It looks to me like a national health care act. It's what I would call socialized medicine. That's what we called it when it was Hillary Care, and I think that's what we will call it if it becomes Obama Care.

But the American people are for the most part very satisfied with their health insurance program, and they are almost completely satisfied with the health care that they get when they do, when they do require that kind of care. The kind of care they get in clinics, the kind of care they get in hospitals, the kind of care that's provided by our doctors and our nurses and our various practitioners is number one in the world.

And, for example, the Canadian people that have an Obama Care plan come to the United States when they really need medical care. And I happen to notice that the people that have a socialized medicine program in the European Union, where sometimes their queue is longer in France than it is in Italy, longer in Germany than it is in Spain. And people that need care might have to move all around the European Union and get in the shorter queue to try to get in to get their hip replacement or their surgery or whatever it might be.

It's not the kind of care that I want to see in the United States of America. We don't have people waiting in line. We don't have people sitting outside the emergency room in a long queue, and we don't have people that are coming to the emergency room for care because it's more convenient to them—unless, of course, somebody else is paying the bill.

Because we have at least the incentive and a component of the free market system. Even though the Federal Government pays for a large share of health care, the reason our health care system in the United States is so good, and the biggest reason that our pharmaceuticals have raced so far ahead in their research and development of the rest of the world, and the reason that we have so much technology, and such high-quality health care, one of those reasons is because of the altruism of the practitioners that are there, they are in the business for the right reason. They want to help people. They want to provide good health care services.

But on top of that, there is at least an incentive for profit. And if you dial that out, if you take it away, it discourages people from going off to medical school and discourages them from developing their skills and education, and it discourages the entrepreneurs and the innovators from producing more and more innovation when it comes to health care.