CBC ANNUAL LEADERSHIP CONFERENCE 2005, HEALTHCARE FORUM

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. KUCINICH. Mr. Speaker, the following is a copy of a speech given by me for insertion into the CONGRESSIONAL RECORD.

Thank you for inviting me to the CBC Annual Meeting. I am honored to be here.

I want to impress on you today that addressing our national health crisis is well within our reach. In fact, there is only one truly sustainable solution and that's universal, single payer, not for profit health care.

We have all heard the statistics. Almost 46 million are uninsured. Only 5 percent of them are unemployed. 8.4 million children were uninsured in 2003. Over a third of the poor and more than a quarter of the near-poor lack coverage.

What does that mean for them? They are less healthy. They don't get adequate preventative care. For example, uninsured children are 70 percent more likely than insured children not to receive medical care for common conditions like ear infections. And an uninsured person has a 25 percent higher risk of dying than an insured person. This translates to 18,000 deaths per year in the U.S. that are attributable to lack of insurance coverage.

Being uninsured or even underinsured also takes a huge financial toll. Medical bills are the number one cause of personal bankruptcies. That will affect the ability to buy a home or make other large purchases that help define the American dream.

It's not hard to see why the U.S., when compared to other developed countries, has the lowest indicators of health. We have the lowest life expectancy and the worst continuity of care. We have the highest infant mortality rate and maternal mortality rate.

And yet our per capita health care spending is almost twice the average of developed countries that have universal coverage. That is largely because of gross inefficiency. Private health insurance overhead ranges from 12–30 percent while Medicare's is consistently about 2–3 percent.

In a nutshell, we're already paying for high quality, universal health care—we're just not getting it.

Now we already have a system that is a model for where we need to go. It's called Medicare. H.R. 676, which I am proud to have developed with my friend and colleague, Mr. CONYERS, would simply expand and improve Medicare. Under this plan, Medicare for All, every person in the country will receive comprehensive health care and every person will pay less. It doesn't cost any more than our nation currently spends on health care. It simply reallocates the money to better uses.

Here's how it works. It would give everyone living in America, including immigrants, a health care card. That card would guarantee coverage at any hospital, any clinic, and any doctor that a patient wants to use. Coverage would also be guaranteed for the entire range of patient's medical needs, from preventative care screening to prescription drugs to dental care to long-term care.

The wasted and excessive funds in our current health care system are so great that under Medicare for All, no patient would ever pay a premium, a deductible, a co-payment, or even see a bill for needed medical care. Cost would no longer be a worry for families or a reason for bankruptcy.

Medicare for All would also address the quality of health care. There are often no standards, or there are different standards for different people. If you're black, or if you're Hispanic, you know that the health care you receive is, too often, not the same as other people receive.

There should be a single standard of care, determined by a group of qualified medical professionals. Under Medicare for All, a new National Board of Universal Quality and Access would be established. The Board would include health care professionals, nurses, representatives of institutional providers of health care, health care advocacy groups, labor unions and citizen patient advocates. This Board is critical because it puts control of health care in the hands of providers and health experts instead of insurance companies and software writers.

The first priority of the Board would be to create a universal, best quality standard of care. This standard would determine appropriate staffing levels and appropriate medical technology. This standard would also cover design and scope of work in the health workplace. So, no matter what a patient looks like or where in the country the patient is treated, the health care standards are the same. Even if you already have health insurance now, the medical care you would receive under Medicare for All would be better.

Finally, Medicare for All would hold health care facilities accountable to the universal, best quality standard of care. Hospitals, clinics and other facilities would no longer be able to keep internal data secret, such as staffing ratios, medication errors, misdiagnoses or infection rates. As it stands, patients cannot compare health care quality data from hospital to hospital. Making that data public would ensure accountability. It would help facilities learn what problems need to be addressed. It would encourage them to do even better to deliver the best patient care possible.

Who supports such a health care system? About two thirds of Americans agree that the federal government should guarantee medical care for Americans. 58 percent of medical students and faculty favor a Medicare for All type of system. Multiple Deans of Medical Schools, the former Editor of the New England Journal of Medicine, about 40 percent of small business owners have all expressed support. The three major auto manufacturers (Ford, GM, and Daimler-Chrysler) in Canada have all publicly endorsed Canada's health system specifically because it lowers their costs so much that it gives them a significant competitive advantage over their U.S. counterparts in Detroit. This is an important point that resonates with lawmakers.

I am excited to report that H.R. 676 now has over 50 cosponsors and the list is growing. It includes rank and file as well as several ranking members with seniority; 15 members of the CBC as well as the Hispanic Caucus, the Progressive Caucus, the New Democrats; members that have cosponsored the bill since it was first introduced in 2003 and members who have heard about the growing movements in their states and have signed on for the first time.

I want to close by saying that I think you'll find that when you talk to people who follow health care policy closely and ask them what they think about H.R. 676 you're highly likely to get the same answer I usually get—Yes, it's the best system out there and would solve many of our health care problems, but it's just not politically feasible. That is not a good enough reason to avoid one of the biggest issues of our time. I usually just smile and tell them this: with health care costs rising faster than inflation with no end in sight and with the abject failure of managed care to contain those costs; and with the number of uninsured growing steadily; and with American companies losing their competitive edge because they are paying so much more for health care than other developed countries, the opposition cannot prevail much longer. Universal, not for profit single payer health care is not only feasible—it's inevitable.

MARY M. CROSS: A POINT-OF-LIGHT

HON. MAJOR R. OWENS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. OWENS. Mr. Speaker, as a result of recent events related to the E-Rate the education community pauses to honor Dr. Mary Cross for her unwavering commitment to the development and implementation of the E-Rate program, which is making the most advanced communications technologies available to children and adults across the nation, regardless of their race, ethnicity, social or economic status. Before the E-Rate program was implemented in 1997, very few American classrooms had the necessary wiring to connect many children and educators to the world of information outside textbooks and small school library collections. As a result community libraries lacked much of this needed infrastructure to serve the needs of but a few patrons at a time.

The role played by Dr. Cross in the early fights to establish the E-Rate was a critical one which established Dr. Mary M. Cross as a Point-of-Light for all Americans.

After Congress passed the Telecommunications Act of 1996, the E-Rate program started to help schools and libraries install and pay for advanced telecommunications resources, giving greatest priority for funding to economically disadvantaged schools. As a result of persistent advocacy and commitment over its 8-year life, the program has provided over $2 billion annually to districts. This has meant accelerating the pace at which technological innovations have entered America's classrooms, a pace that was unimaginable before the E-Rate program.

Unfortunately, some corporate giants tried to kill the E-Rate program by trying to cut services. In addition, many education groups were not in total agreement about key issues, which resulted in the E-Rate wars. We appreciate Dr. Cross's work at the American Federation of Teachers, as she fought vigorously in establishing and implementing this vital program by working tirelessly with her education group colleagues, the administration, the Congress, and friendly business interests.

We are equally thankful for her responsiveness by giving updates at several Education Braintrust meetings over the years. Her work assured that African American leadership and the community at-large were aware of and engaged in the advocacy needed to launch this program.

Mary Cross was born and raised in my hometown of Memphis, TN during the overt and brutal era of legal segregation in America. By tackling racial and gender barriers, she was part of the third class of women ever admitted to Lincoln University (PA) and later

went on to graduate school at Princeton University. She became the first African American woman to earn a Ph.D. in psychology from Princeton in 1976, where she studied the psychology of learning. Dr. Cross now serves in the AFT's Human Rights and Community Relations Department where she does research, member education, advocacy, and coalition-building on civil and human rights issues.

It is clear that the efforts of Dr. Cross and her colleagues paid off, as the E-Rate program has become a $10 billion investment in our schools and libraries. Although the battles for the E-Rate program are by no means over, we stop to take a moment to recognize Mary M. Cross as a tireless Champion for Education and Technology. Dr. Cross is a Point-of-Light for all Americans.

PERSONAL EXPLANATION

HON. JOHN LINDER

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. LINDER. Mr. Speaker, I was unable to cast rollcall votes 478, 479, and 480 on September 21, 2005, because I was unavoidably detained on official business. Had I been present I would have cast the following votes: on rollcall No. 478, I would have voted ''aye''; on rollcall No. 479, I would have voted ''aye''; on rollcall No. 480, I would have voted ''aye''.

FREEDOM FOR RAFAEL MILLET LEYVA

HON. LINCOLN DIAZ-BALART

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. LINCOLN DIAZ BALART of Florida. Mr. Speaker, I rise today to speak about Rafael Millet Leyva, a political prisoner in totalitarian Cuba.

Mr. Millet Leyva is President of the Martin Luther King Civic Resistance Movement. He believes in freedom, democracy, human rights and the rule of law. As a peaceful opponent of the tyrannical regime in Havana he has been the subject of constant abuse and harassment.

According to Amnesty International, in December 2001, Mr. Millet Leyva was pushed into a police vehicle and beaten and subsequently dumped in a remote area, after attempting to participate in an event celebrating the Universal Declaration of Human Rights. Amnesty International also reports that he was again detained by the dictatorship in June, 2002.

Despite being the constant target of abuse by the regime, Mr. Millet Leyva continued to demand liberty for the men and women of Cuba. Unfortunately, in March 2003, as part of the tyrant's heinous island wide crackdown on peaceful, pro-democracy activists, Mr. Millet Leyva was arrested by the regime. For over 2 years, he has languished in a grotesque gulag awaiting a sham trial.

His wife reports, ''The inhumane conditions my husband has been subjected to have not changed his convictions or his ideals.'' The courageous life of Mr. Millet Leyva is a wonderful example of the heroism of the Cuban people. No matter how vile the repression, no matter how brutal the consequences of a dignified struggle for liberty, the totalitarian gulags are full of men and women of all backgrounds and ages who represent the best of the Cuban nation.

Mr. Speaker, it remains categorically unacceptable that men and women who demand freedom from tyranny are locked in the dungeons of monsters. We must continue to stand up and demand the liberation of all who suffer in the darkness of totalitarian rule. As we exercise our democratic rights, let us never forget those who are struggling to liberate the oppressed. My Colleagues, we must demand the immediate and unconditional release of Rafael Millet Leyva and every prisoner of conscience in totalitarian Cuba.

CELEBRATING THE BIRTH OF ROHAN KAPIL SHARMA

HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. WILSON of South Carolina. Mr. Speaker, today, I am happy to congratulate Persis and Kapil Sharma of Alexandria, Virginia, on the birth of their new baby boy. Rohan Kapil Sharma was born on September 15, 2005, at 12:50 a.m., weighing 6 pounds, 3 ounces and measuring 19 inches long. Rohan has been born into a loving home, where he will be raised by parents who are devoted to his well-being and bright future. His birth is a blessing. As a fellow graduate of Washington and Lee University I am particularly happy for the Kap Sharma family.

CHASE WILLIAM CUNNINGHAM MAKES HIS MARK ON THE WORLD

HON. BOB ETHERIDGE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. ETHERIDGE. Mr. Speaker, I rise today to congratulate Mr. Dan Cunningham and Ms. Jennifer Eberhardt both formerly members of my staff, now married and living in Wisconsin, on the birth of their first child, Master Chase William Cunningham. Chase was born on Thursday, September 15, 2005, and weighed 6 pounds and 11 ounces. My wife, Faye, joins me in wishing Dan and Jennifer great happiness during this very special time in their lives.

As a father and now as a grandfather, I know the joy, pride, and excitement that parents experience upon the entrance of their child into the world. Representing hope, goodness, and innocence, a newborn allows those around him to see the world through his eyes . . . as a new, fresh place with unending possibilities for the future. Through a child, one is able to recognize and appreciate the full potential of the human race. I know that Dan and Jennifer look forward to the changes and challenges that their new son will bring to their lives while taking pleasure in the many rewards they are sure to receive as they watch him grow.

I welcome young Chase into the world and wish Dan and Jennifer all the best as they raise him.

THE MEDICARE INFORMED CHOICE ACT: A FIRST STEP IN PROTECTING MEDICARE BENEFICIARIES

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Ms. SCHAKOWSKY. Mr. Speaker, I am pleased to join my colleague, Representative PETE STARK, in introducing the Medicare Informed Choice Act, an immediate and essential first-step in protecting Medicare beneficiaries.

I believe that fundamental changes are needed to make the new Medicare drug benefit more affordable and less complicated. Along with my colleagues Representative MARION BERRY and BOB ANDREWS, I have introduced H.R. 752, the Medicare Prescription Drug Savings and Choice Act, which would establish a meaningful drug benefit in Medicare and require Medicare to negotiate for price discounts, as the VA and large employers do today. In the meantime, however, it is clear that Medicare's 42 million beneficiaries need immediate relief from the confusion and complexity of this fall's enrollment process. The Medicare Informed Choice Act would provide that relief by providing three simple changes in 2006: elimination of the late enrollment fee, a one-time opportunity for every beneficiary to switch plans, and protection against the loss of retiree health benefits.

I recently received a letter from a constituent, Phyllis Arist from Evanston, Illinois. She wrote:

> I urge you to suspend the late-enrollment penalty for Medicare Part D.
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> Enrollment in Part D will be a challenge for anybody and everybody, whether that person is health care savvy or not. There will be dozens of complex plans that consumers will have to confront. How would you choose among a slew of different drug plans, each covering different drugs, using their own cost-sharing scheme, working with different pharmacy networks, and no guarantee that the plan will be around next year?
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> If Medicare Part D were a straight-forward benefit like Medicare Part B, the penalty might be justified. But given the circumstances, it is unfair. People with Medicare need more time to understand the new Medicare drug benefit. More time, combined with reliable and comprehensive information, will ensure more people are making the right choices and not taking a leap of faith into the unknown.

I agree with Ms. Arist. It is abundantly clear that the enrollment process for the new Medicare drug benefit is complicated, confusing and can result in bad decisions by beneficiaries. Any of us who have tried to explain the basic benefit to our constituents knows how difficult it is to do so, let alone explain the variations in the multiple private plans that will be available to senior citizens and persons with disabilities. Private plans will vary in terms of premiums, cost-sharing requirements, covered drugs, and pharmacy sources. Beneficiaries taking multiple medications will find it difficult to sort out their options, especially in areas like Chicago where about 50 plans are expected to be available.

No one who is on the ground believes that the support and outreach services will be available to provide the one-on-one counseling