

UNIVERSAL HEALTH CARE

The SPEAKER pro tempore (Mr. COHEN). Under the Speaker's announced policy of January 18, 2007, the gentlewoman from California (Ms. WATSON) is recognized for 60 minutes as the designee of the majority leader.

Ms. WATSON. Mr. Speaker, this will be the first of a special order pinpointing and focusing on the need for universal health care insurance.

There will be speakers today that will point up various areas of need. But in opening this hour, I would like to say that over the past 15 years there has been incremental reforms that have expanded health care coverage to limited populations and have crowded out an increasing number of Americans from the private insurance market.

Preventable and mismanaged chronic disease, such as asthma, cancer, diabetes and heart disease, are the leading causes of death and disability in the United States and account for the vast majority of health care spending. They have affected the quality of life for 133 million Americans and are responsible for 7 out of every 10 deaths in the United States, killing more than 1.7 million Americans every year. Chronic diseases are also the primary driver of health care costs, accounting for more than 75 cents of every dollar we spend on health care in this country.

As reported by the Centers for Disease Control, in 2005, this amounted to \$1.5 trillion of the trillions spent on health. Despite worldwide problems, the issue of chronic disease does not register with large segments of the public. As policymakers, we must raise the awareness of the health care crisis on this issue of the uninsured and underinsured as a primary concern in Congress.

Now, there is legislation to ensure that all Americans will have access guaranteed by law through the highest quality and most cost-effective health care services, regardless of their employment, income or health status.

The following Members will be speaking on this issue, and I call up as the first speaker the young lady from Texas, Representative Sheila Jackson-Lee.

Ms. JACKSON-LEE of Texas. I thank the distinguished gentlelady from California for yielding, and let me add my appreciation for the vast knowledge that she brings, particularly as it relates to the comparisons of our health care, to the international system of health care, having been an ambassador and knowing, really, some of the stark contrasts between nations that are developing and have a better health care system than we have here in the United States.

I want to add my appreciation as well to Chairman JOHN CONYERS, who has single-handedly led the cause and the fight for universal access to health care, particularly as it relates to the legislation that all of us are looking forward to seeing passed, because this is legislation that clearly is enormously important.

So I want to speak today on some issues and share some stories of individuals who are suffering in the State of Texas. Maybe those who are within the sound of our voices will understand that we do not take your plight lightly. We have heard Members come on the floor of the House and talk about the spiraling gasoline prices, we have heard them talk about the crisis in the housing market.

I was in my district, and we had an hour-long program, and we really couldn't end the program. It was a television program, and all of the questions were on the foreclosure market. The producer came out and said, they don't want to ask any other questions. They just want to ask about the foreclosures.

People are hurting, and if you juxtapose the high food gasoline prices high food prices and your mortgage being foreclosed on, or no place to live, can you imagine what it is like? You can imagine, with no health insurance, catastrophic conditions, with the backdrop of the spiraling unemployment, then I would say that we have a human crisis, an American crisis where people are falling on the spear.

Yesterday, I introduced the Medicare Efficiency and Development of Improvement of Care and Services Act, MEDICS Act, of 2008. It is a complement to universal access to healthcare. But if we had universal access to health care, many of these issues would not have to be, if you will, remedied piece by piece.

Just to give you a very brief overview, the bill that I introduced has an elimination of discriminatory copayment rates of Medicare outpatient mental health services. It also prohibits and limits certain sales and marketing activities under Medicare Advantage, and it has exemptions from income and resources for determination of eligibility for low-income subsidy.

One of the key elements is if you are on Medicaid and you die, this eliminates the ability of States to collect from your estate, you don't have anything. It may be that you are leaving minimal resources to your children, and lo and behold, they want to grab that up to pay for the long-term care that you needed while you were in the hospital under Medicaid, more insult to your dignity.

So very quickly let me say that I rise to support H.R. 676, the United States National Health Insurance Act, that is sponsored and introduced by my colleague, Chairman CONYERS, of which I am an original cosponsor. I would just simply say in the State of Texas when you look at HIV and STDs, for example, there are 22,948 total AIDS cases in Harris County, this was in 2005. These are people who may have health issues we have to address.

According to the Texas Department of State Health Services, 72.9 percent of African Americans in Texas are overweight, while 60.3 percent of the

Anglo white population are overweight. That bodes for an unfortunate health situation.

H.R. 676 would cover health care costs and would decrease for both families and for businesses. Currently the average family of four covered under an employee plan spends \$4,225 on health care, \$2,713 on premiums and \$1,522 on medical services.

I would say to you that under H.R. 676 a family of four making the medium income of \$56,200 would pay about \$2,700 for all health care costs, including the current Medicare.

Is that not a reformation of this system? Is that not a light at the end of the tunnel? Businesses would benefit as well. They would pay a 4.75 percent payroll tax for all health care costs, including the current Medicare tax. For an employee making a median annual family income of \$56,000, the employee would pay about \$2,700 per year. That is the answer that we are giving tonight and why we are here on floor of the House.

We want you to know, our colleague, that there is relief. We can move H.R. 676, which is based on the traditional Medicare model and provide health care coverage for a family of four that is drastically different from the crisis that they are facing today, because today they are facing a crisis such that if they are in any catastrophic illness you can be assured that they will have no relief.

Let me close by sharing with you two very painful stories, and you can understand why, might I say to you, there are pages and pages of stories of those who are suffering in this dilemma of having to pay for all of these expenses and short-changing their families on health care.

The lack of health care leads to death. Impossibly high gas prices can lead you to public transportation, it may lead you to walking. It may lead you not to going to places where you have not often gone, but you are still alive and might even be healthy. The lack of food may mean that you have a little less on the table, and it may mean your health, but it actually will not kill you directly.

Certainly we know that we want better education and our troops home. But if you do not have good health care, it can lead to your death. Whether it's preventive health care, whether it's mental health services, it can actually lead to the death of your loved one. Poor health care can lead to the death of your loved one.

We are speaking of life and death. This story is from Mike. "I lost my job as an RN for advocating for better staffing ratios and patient safety." That means here is a registered nurse who is trying to fight for better quality of health care, got fired. "With that job loss, I lost my medical insurance. On New Year's Day I had an ocular stroke. I was having symptoms for a couple of days prior, but without medical insurance, decisions are made in a different manner."

□ 1845

“I put off the treatment because I didn't have money to pay. In the process I delayed treatment, and now I am blind in that eye. If I had insurance, I would have sought treatment sooner. I am a health care professional who delayed treatment decisions because of the cost and lack of insurance.”

This person could have died. Now they are blind which limits I imagine some of their occupational opportunities. They are blind because America allowed them to live without health insurance.

This is my final testament to the crisis we are in. This is from Robin: “My daughter has a developmental disorder, something in the autism spectrum, her pediatrician has guessed. I am not certain of the extent of the diagnosis of her disorder due to the lack of my funds, being a single mother, and lack of quality health insurance. I can scrape together money to take her to the doctor if she has any routine sickness, and I push my budget the best I can to pay for 30 minutes of private speech therapy a week to complement what the school system provides. But there is so much more she needs. She could do so much better with medication that could possibly help her lead a decent life. If I could afford to get the extensive tests and evaluations, and even then, who knows if I could afford the medicine. She cannot qualify for SSI or Medicaid; they say I make too much money. That is an outrage. She cannot qualify for CHIPs; again, they say I make too much money. But I don't. Once I pay for day care, speech therapy, clothing, car insurance, food and shelter, transportation, the rising cost of gasoline, \$38,000 gross without child support is not enough money. Can you imagine that they say \$38,000 kicks her out of Medicaid and the CHIP program, especially when all your daughter can qualify for is a super-expensive health insurance risk pool. What can I do? I want the American dream, but I cannot have it. I am stuck in this old, falling-apart apartment with an old car and inadequate health coverage with my sweet, 7-year-old daughter. God help us, she deserves better.”

God help America. America deserves better. This universal access to health care is what we all should believe is the American dream.

I close by simply saying what our Founding Fathers said: We all are created equal with certain inalienable rights of life, liberty and the pursuit of happiness. I will just simply say that God has to help us come to our senses and pass this legislation, H.R. 676, authored by my dear friend, John Conyers, and cosponsored by so many of us, otherwise God help us.

I thank the gentlelady for her great leadership on this issue.

I regard health care as one of the most pressing issues facing this country and the world. I have been a staunch supporter of legislation that aims to eliminate health disparities in this country, fight the HIV/AIDS pandemic,

combat the childhood obesity crisis facing this Nation, and provide health insurance coverage for all Americans. Most of all, I strongly believe that quality healthcare should be affordable and accessible to all.

Yesterday, I introduced the Medicare Efficiency and Development of Improvement of Care and Services Act (MEDICS Act) of 2008. For decades, Democrats have been fighting to fix the broken America's healthcare system and this initiative is an important tool to make sure that our most vulnerable get the healthcare they need.

As a long supporter of Universal Health Care, I happy to announce that this legislation puts our healthcare system on the correct path of providing access to health care for our Nation's low income, minority and elderly populations. On Friday June 6, 2008, my colleague Senator MAX BAUCUS introduced a health care reform bill that addresses these key problematic issues continuing to plague our health care system. I am happy to announce that The MEDICS Act is the companion bill to Senator BAUCUS' legislation, uniting Congress on one accord to push for crucial healthcare reform. In 2007, there was an estimated 47 million people uninsured in our Nation. This is un-American and unacceptable. Now is the time to ensure that every citizen has access to the proper health care benefits they need.

In my house companion I have added a section requiring that within one year of enactment the Secretary, in coordination with the Association of American Medical Colleges, shall submit to Congress an effective plan to increase the number of primary care physicians particularly those practicing in counties, cities, or towns “underserved” or with a disproportionate number of Medicare-eligible and/or Medicare recipients. Without our primary care physicians, which act as the gateway to care we can never move towards an effective universal healthcare plan.

According to the Texas Department of State Health Services, Texas HIV/STD Surveillance Report, there were 22,948 total AIDS cases in Harris County in 2005; a figure which almost doubled the next closest county in Texas.

According to the Texas Department of State Health Services, 72.9 percent of African Americans in Texas are overweight or obese while 60.3 percent of White residents are obese.

The need for a high-quality, accessible and affordable health care system has never been more urgent. There are currently 47 million uninsured Americans, 8 million of whom are children. Another 50 million are underinsured. Although the U.S. spends twice as much on health care per capita as countries with universal coverage, the World Health Organization ranks us 37th in overall health system performance.

This Congress, I am an original cosponsor of H.R. 676, “The United States National Health Insurance Act,” introduced by my colleague Congressman CONYERS. This act would allow for every American to receive health insurance.

H.R. 676 would create a publicly financed, privately delivered health care system that improves and expands the already existing Medicare program to all U.S. residents, and all residents living in U.S. territories. The goal of the legislation is to ensure that all Americans will have access, guaranteed by law, to the highest quality and most cost effective health care services regardless of their employment,

income or health care status. You, the American people called for universal health care, as it was one of the most prominent issues for Americans in the 2006 elections.

The need for a high-quality, accessible and affordable health care system has never been more urgent. There are currently 47 million uninsured Americans, 8 million of whom are children. Another 50 million are underinsured. Although the U.S. spends twice as much on health care per capita as countries with universal coverage, the World Health Organization, ranks us 37th in overall health system performance. Major American corporations such as General Motors bear the brunt of an outdated health care system because they are at a competitive disadvantage relative to their international counterparts who pay less for health care. A Harvard study found that almost half of all bankruptcies are partially or fully related to health care bills.

Universal health care would not cause a financial burden on American families. According to the Government Accountability Office (GAO), “If the U.S. were to shift to a system of universal coverage and a single payer, as in Canada, the savings in administrative costs [10 percent of health spending] would be more than enough to offset the expense of universal coverage.”

Under H.R. 676, health care costs would decrease for both families and for businesses. Currently, the average family of four covered under an employee health plan spends a total of \$4,225 on health care annually—\$2,713 on premiums and another \$1,522 on medical services, drugs and supplies. This figure does not include the additional 1.45 percent Medicare payroll tax levied on employees. Under H.R. 676, a family of four making the median family income of \$56,200 per year would pay about \$2,700 for all health care costs, including the current Medicare tax.

Businesses will also save money under universal health care, as set forth by H.R. 676. In 2006, health insurers charged employers an average of \$11,500 for a health plan for a family of four. On average, the employer paid 74 percent of this premium, or \$8,510 per year. This figure does not include the additional 1.45 percent payroll tax levied on employers for Medicare. Under H.R. 676, employers would pay a 4.75 percent payroll tax for all health care costs, including the current Medicare tax. For an employee making the median annual family income of \$56,200, the employer would pay about \$2,700 per year.

Our plan, H.R. 676, “The United States National Health Insurance Act,” guarantees every resident of the United States access to a full range of medically necessary services, including primary care, prescription drugs, mental health care and long term care. There are no co-pays or deductibles under this program. The role of the government would be limited to collecting revenues and disbursing payments; care would continue to be delivered privately. Patients could continue to use the same hospital, physician or health clinic from which they currently receive services. H.R. 676 is supported by over 210 labor unions and more than 100 grassroots groups across the country. The former editor of the *New England Journal of Medicine*, two former Surgeons General and 14,000 physicians support national health insurance.

H.R. 676 is based on the traditional Medicare model, in which the government negotiates and pays service fees for private and

public providers and mails its enrollees a card that gives them access to the doctors and hospitals of their choice. This system does not divert profits to insurance companies. This legislation is focused, first and foremost, on serving the American people, not on generating profits for big companies.

Lack of health-care is no longer just a concern of those living in poverty. According to recent reports, more than one-third of the nearly 47 million uninsured Americans coming from households with family incomes of \$40,000 or more, lack of health insurance has become a worry of the middle class.

There is no reason why this country should continue down a dreadfully deleterious road of denying healthcare to any citizen of this country who needs it. Many of the health conditions, such as diabetes, obesity, kidney failure, cancer, hypertension and HIV/AIDS, the prevalence of which plagues our community the most, could be curtailed or even prevented if everyone had access to health insurance. I will continue to fight hard for the most effective policy measures that aim to narrow the racial health disparity gap.

Ms. WATSON. I thank you, and call on the distinguished gentlewoman from California (Ms. WOOLSEY).

Ms. WOOLSEY. Thank you, Congresswoman WATSON. And I want to thank Chairman CONYERS for organizing this special order and for his leadership on universal health care.

I am glad to join with my colleague, DIANE WATSON, and JAN SCHAKOWSKY is here, and we just heard from SHEILA JACKSON-LEE, to highlight the need for health care for not just some Americans but all Americans.

Mr. Speaker, more than 47 million Americans are uninsured, an increase of 6 million since this administration took office. Nearly 10 million of those uninsured are children, children under the age of 18. It is unforgivable that a country as wealthy as the United States of America cannot find a way to provide health insurance to its entire population.

Actually, when there is a will, there is said to be a way. So the United States must not have the will to provide health coverage to every single American.

Medicaid and the Children's Health Insurance Program, CHIP, are important safety nets for children whose families cannot afford to purchase health insurance. However, even with these programs, 10 million children still lack health insurance. Currently, Healthy Families, which is what CHIP is called in the State of California, Healthy Families serves 1.2 million children, more than 10,000 children in my district. And last year we, the Congress, had the opportunity to expand CHIP to provide services to nearly 4 million more children. This legislation would have provided health care to an additional 607,000 children in California, and would have provided CHIP coverage to many of the 5,000 children without health insurance in my district.

Unfortunately, however, the administration recklessly vetoed this expan-

sion. Imagine when the United States is spending over \$338 million a day in Iraq, we can't find \$35 million over 5 years. So divide that, 5 into 35 is 7, so that would be \$7 million a year to provide an additional 4 million children with health insurance.

What are these priorities?

No child should be denied quality care because his or her parent cannot afford to purchase health insurance. No parent should have to choose between medicine for his or her child and food on the table.

Mr. Speaker, even if we are able to insure every child, that still leaves nearly 40 million Americans without health insurance. We hear stories every day about people who lack medical care and whose only option is to go to our already overcrowded emergency rooms to seek care. Our Nation's health centers, hospitals and emergency rooms are doing everything they can to provide medical care to the uninsured and underinsured, but they cannot fill the need.

Actually, when an emergency room is the care center, the underinsured and uninsured do not get access to important preventive care and they do not get access to screenings to prevent disease or catch and treat them early. The shame is that we can detect and treat diseases when caught and treated early. So many uninsured, for example, who are surviving cancer and other serious diseases could have been treated with access to screenings and treatment.

No one should have to put off important medical screenings like a mammogram because she cannot afford the cost and doesn't have the time for a wait list for free screenings. If a woman is diagnosed with breast cancer, she should not have to choose between food on the table or rent. What an awful choice to be asked to make, particularly if you have a family to support. No one should be denied necessary medical care because they cannot afford it. We must refocus our priorities. We must use the money that we are spending on Iraq to invest in our Nation's health care system. The 47 million Americans without health insurance deserve no less.

I look forward to working with my colleagues to find the best possible solution to address this crisis, and I thank you again, Congresswoman WATSON, for holding this special order.

Ms. WATSON. We thank you for your depth of understanding of the issue.

Now I yield to the distinguished gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Thank you, Congresswoman WATSON, for organizing this and allowing me to participate tonight. I also want to thank our colleague, Representative CONYERS, for his long-time passionate leadership on universal health care. I don't know if he is going to get here tonight, but he certainly has been a steady and consistent voice for health care and health

care reform. Thanks to his efforts and that of so many others, I believe we are on the brink of accomplishing this long-awaited goal, and that this time we will be successful in providing affordable, guaranteed health coverage for all Americans.

When I first ran for office in 1990 for the State legislature, I proclaimed that as my goal in public service, that one day to be able to contribute to the victory of allowing all Americans to receive health coverage. I have always felt that this richest nation in the world, that it is a shame and really an embarrassment that Americans, unlike citizens and residents of every other industrialized nation in the world, that we don't make health care accessible to all of our citizens. It is unacceptable and in many ways un-American. It is not in the tradition of our country, which is to take care of each other.

There are lots of people across the country who are ready to make this fight. Another one of the heroes I wanted to highlight tonight is my friend and until recently when he retired from active practice my physician, my personal physician, Dr. Quentin Young of Chicago. Quentin Young was the chairman of medicine at Cook County Hospital. He was the president of the American Public Health Association. He is a founder of Health and Medicine Policy Research Group in Chicago, and a co-founder of the Physicians For a National Health Program. And in each of his roles, expanding access to quality health care has been his top priority. He is one of the most articulate and passionate and consistent long-term spokespeople for single payer health care in our country, for providing affordable, comprehensive and quality health care for all.

And as Dr. Young frequently says, "We feel universal health care is no longer the best answer, it is the only answer. There was a time when there were alternatives that might have worked, but that day is passed."

He goes on to say, "I certainly think it is attainable. It has been attained in certain countries that aren't very different from us. I totally come down on the side of health care being a human right. It is very hard for me to see a coherent let alone a moral or decent argument against it because illness doesn't distribute itself according to the ability to care for yourself and be cared for. It strikes children. It strikes the poor. It strikes the most needy, and the most ill-protected disproportionately. That is the correlation."

Cardinal Bernardin, also from Chicago, a hero on health care, said it best. He said, "Health care is so important to human life and dignity that it is the responsibility of society to offer access to decent health care to every person."

And I was pleased that he didn't say every citizen. He said every person. So the answer is that it should be considered a right guaranteed by society, which means it must be a responsibility of government.

And as we enter this new round of discussions, more and more people and organizations have come to agree with Dr. Young and JOHN CONYERS' conclusions. New coalitions have formed, including small and big businesses, consumer and labor groups, providers and the faith community, and organizations representing people with disabilities and living with chronic diseases. The time has come for action.

In 2002, the Institutes of Medicine estimated that 18,000 people a year died because they were uninsured. They were unable to afford preventive services, screenings that would have provided early warnings, prescription drugs or medical care. Today the Urban Institute estimates that annual death from uninsurance are up to 22,000 people every year. That is 432 people each week, 60 people each and every day who die because the United States of America alone in the industrialized world does not guarantee affordable health care to our people. It is a horrendous statistic.

But it is only a partial description of the catastrophes we face. Our health care system is becoming completely dysfunctional for patients and for those who care for them.

Even being covered by insurance is no guarantee. The Commonwealth Fund has just released a new study that concludes between 2003 and 1997, the number of uninsured Americans grew by 60 percent. There are now 25 million insured people who could face financial catastrophe if they become sick or injured.

Consider this: One in five Americans under the age of 65, many of them insured, live with medical debt. I say under 65 because many people are waiting for that birthday, can't wait to get there because then finally Medicare, a national health insurance for people over 65 and those with disabilities who qualify, do get health care.

□ 1900

Medical bills are the leading cause of about half of all personal bankruptcies. High deductibles and co-pays, limits on payments, denials of needed care, all of these shift burdens to individuals and families who are already struggling. These numbers are staggering, and it's a national shame that while spending 50 percent more than any other country in the world on health care, we fall so dismally short in providing a health care guarantee.

But it's also important to remember that behind each number is a person, our friends, our neighbors, our family, our colleagues, ourselves; people like the Wells family from Illinois, who accumulated over \$175,000 in medical expenses while waiting for their employ-

er's 6-month waiting period for coverage to expire.

Or Susan, who can't afford the tests her doctor wants her to have to deal with her high blood pressure; or Constance, who moved back to Illinois to care for a family member and can't find a job that provides affordable benefits.

I want to close by saying that winning the fight for guaranteed health care for all is not just the right thing to do, it's the smart thing to do. Too many potential entrepreneurs are locked into jobs that provide health care, unable to leave and create new businesses that keep our economy strong and provide new jobs.

Too many businesses that are providing coverage for their workers are competitively disadvantaged because their foreign competitors operate in countries with national health care. They too want us to get it together and adopt universal health care.

So, again, I want to thank Congresswoman WATSON and again, I want to thank Congressman CONYERS for his leadership.

Ms. WATSON. We would like to thank you, the Honorable JAN SCHAKOWSKY, for a thorough analysis of what the problem in access to health care really is. Thank you.

The Representative from Kansas, NANCY BOYDA, Dr. Representative CHRISTIAN CHRISTENSEN, Mr. Speaker, you were on our list to make a presentation in this hour. Would you like to do it? And I don't know what's protocol. Mr. Speaker, Representative SCHAKOWSKY will take your place temporarily so you can make your presentation if you choose.

The SPEAKER pro tempore. I couldn't have a better substitute.

Ms. WATSON. I just want to say that Members in this first hour have struck a chord with the American people and the needs. And when we talk about homeland security, it is not the land, it's the people on the land. And I am very disturbed that we're losing too many of our people who help defend this land to all kinds of diseases and health problems that need not be. With the proper kind of access to health care, we wouldn't be seeing so many of our viable citizens perish. We could do something about it.

So we intend, Mr. Speaker, to have a series of these discussions with America. And we do hope that maybe we can pull in CNN, Nightline, that's ABC, Channel 7, to hold a periodic series of these discussions about access to health care.

We do hope that you're able to make your presentation at this time, Mr. Speaker.

All right. I understand that you won't be speaking at this time, so let

me—how much time do we have left on this hour?

The SPEAKER pro tempore. Thirty minutes.

Ms. WATSON. I would just like to read some of the 51 stories of Americans with cancer who suddenly find themselves overburdened with medical bills, and they have gaps in their coverage. These are real people, Mr. Speaker. These are real Americans who are calling out to us.

As you know, we've had two very fine proposals coming from Senator HILLARY CLINTON and Senator BARACK OBAMA that would address access to health care.

Over on our side, in our House, we have the valiant efforts over the years of Congressman JOHN CONYERS, JR. He would have been here today, but there was a conflict. But he will continue the drum beat and the call for us to get down to business so we can have accessible health care.

I'd like to take some time to read you the plight of real Americans. This one is Susan M. She said, "My husband, Tom, was diagnosed with lymphoma in 1996, just 4 months after our daughter was born. He underwent three series of chemotherapy before dying of encephalitis in 2001. At that time the entire family was insured through his employer.

"The monthly premiums went to \$900 per month, and since I had left my job to care for him, I didn't have many options. I was able to get the kids covered by Medicaid, and I signed up for Ingram Health, which only covers doctors visits and prescriptions, not hospitalization or long-term treatment. This carried us along until a mammogram showed I had breast cancer in 2006, then I was put in to the breast and cervical cancer program. I received excellent care and am currently cancer-free.

"Earlier this year I took a contract position for 6 months at 20 to 30 hours per week. Working again helped my attitude tremendously. The depression I had struggled with for 10 years started to lift, and I was feeling positive about my future prospects.

"But, of course, the extra income meant that my kids were no longer eligible for Medicaid. So I had the added stress of finding insurance for them. I was afraid that my eligibility in the breast and cervical cancer program was also in jeopardy, so I never told my case manager about working.

"Now, the contract has run out and I'm looking for work again. I'm afraid that my coverage under the breast and cancer program will end before I can

get a job with benefits. And the bill for the children's insurance will be due in a few weeks. And I worry about what impact a pre-existing condition will have on my job prospects.

"It doesn't seem fair that my health should be tied so punitively to a job. It just adds to the emotional stress, which is already too high.

"Thank you for reading and thank you for caring."

That was from Susan M.

Jennifer G says, "My mother suffered and died with ovarian cancer. It was terrible. And as with many ovarian cancers, hers was not detected until it was way too late for successful treatment.

I am 36 years old now. My husband and I are finished having children. My doctor recommended that I have a hysterectomy because my risk of getting ovarian cancer is much higher now.

I am lucky enough to have health insurance. Unfortunately, an accountant working for the insurance company is able to override what my doctor recommends because they don't want to pay for it. They would rather take the gamble that I may or may not get the cancer. I, of course, would rather not gamble with my life.

"I am all for everyone having health insurance and having access to whatever health care they need. However, being covered by health insurance does not guarantee that you will get the treatment you need or any treatment that your doctor might recommend.

"It is not enough to demand coverage for all people. Insurance companies would still have the power to say no any time they want to save some money.

"And I don't have the solutions. I can just recommend that this is a problem on two levels. Getting some kind of universal health care coverage will just be the first step. Getting insurance companies to cooperate with doctors decisions will be the next step. This is where much of the reform will need to happen.

"Plus, I know several people who are fighting cancer and recovering from cancer. All of them have health insurance. Most of them are being denied coverage for medicine to fight their cancer. It is pathetic to have health insurance and not be able to count on it to help you when you need it the most."

And Mr. Speaker, just this morning, I was called to be told that one of our dear friends and PR persons died of cancer at 2 a.m. this morning. Her name was Pat Tobin. She came from Philadelphia, Pennsylvania, to Los Angeles a couple of decades ago. She has a daughter, a sister.

And we went to her bedside on Friday, and I could see at that point that she possibly would not make it through the night. But she did. She made it until 2:00 a.m. this morning.

And I tell about that particular account because if we could set priorities

in this country to cover the health needs of all Americans, rather than pour billions of dollars into a conflict 10,000 miles away, that I see never ending, and I see us involving ourselves in sectorial problems that we don't even understand. We don't even understand the language the people speak. How in the world could we understand their customs and their conflicts with each other?

If we could take that money out of the gopher hole it's in and put it into research in this country to stop this deadly epidemic of cancer throughout our land, wouldn't this make our country stronger?

We're losing 4,000, we have lost 4,090 people, and countless innocent Iraqis and others. I hear it could be as much as 300,000.

But no, we stupidly, stupidly and incorrectly continue to dump monies, and we don't even take care of our own domestic priorities.

We argued over health care for children? Every child in this country, whether that child is here with legal papers or not, not only deserves an education, but deserves health care. What kind of country are we that let its own people die because insurance companies are saying oh, no, that's too much?

And we never see their actuarial data, by the way, Mr. Speaker. That actuarial data could go into investments that fail. We don't know it. They just up the premium.

And when you have a catastrophic illness or a long-term illness, it could bankrupt you. Look at Ed McMahon, Tonight Show host, along with Johnny Carson, for decades. And now he's on CNN on the Larry King Show, talking about his broken neck and his injuries, and now his Malibu home is in foreclosure.

□ 1915

That's an American of prominence who was worth at one time \$100 million. But a catastrophic illness could run you into bankruptcy. And that story is told many, many times.

I will not take the time now, Mr. Speaker, but these are actual people with actual stories. And we are the policymakers, and we're going to continue to tell their stories night after night until we, as a body, until we, as the Congress, can come together and set our priorities on what is really necessary to keep America strong. And it might take a new administration.

So we're going to lay the groundwork for the next President and Commander in Chief of these United States to choose prosperity, to choose health care, to choose education, to choose social services over profiteering by your best buddies in the oil industry. You can read between those lines. And we hope that the next President of the United States will set, as its higher goal, to keep America healthy and be sure that every single American and persons here can get that kind of

health care. So together we can conquer.

We should not lose another person to cancer. We should not in this country because we should have done the kind of in-depth research and tests so that we could come up with various prescriptions and remedies to save the lives of so many worthy people.

Thank you so much, Mr. Speaker, for this time. We will be back again another night.

Mr. COHEN. Thank you, Madam Speaker.

It is indeed an honor to join with the previous speakers and you, Madam Speaker, to speak on this subject that you and Chairman CONYERS and others have brought to this fight.

It has been a long fight. Chairman CONYERS and Mr. DINGELL and Mr. DINGELL's father I think have had sponsorship of issues such as this since the 1940s, 60-some-odd years of efforts and introduction of legislation and debate and discussion, but no bill yet. But we've come a long way. We've come a long way since the 1940s.

Madam Speaker talked about the individuals who suffer from cancer and should not have lost their lives because we didn't have adequate research. I have penned a letter to the Speaker and to Chairman OBEY, who I know are concerned about this issue, asking that we increase NIH funding in the President's 2009 budget for research on cancer, diabetes, heart disease, AIDS, Parkinson's, and Alzheimer's disease so that we double the amount that we had in the budget as requested by Congress.

In the President's fiscal year 2009 budget, the request for research at the National Institute of Health for cancer, diabetes, heart disease, HIV/AIDS, Alzheimer's, and Parkinson's, this could be doubled, and only a day or so's worth of money that we use for our war efforts would have to be transferred to make this available.

You know, I think about what the Speaker was talking about, the loss of lives, and I had to think about Senator KENNEDY. Not that one life is greater than another life. But Senator KENNEDY is a colleague who has been in this hall and is fighting cancer. We hope he will have a successful fight. But when we see him struck with cancer, and others—and we know there are people dying every day of cancer—it just seems to me that it's a shame that we don't put more and more money into saving lives and we don't use the great wealth of this Nation, the intelligence of this Nation, the great scientific powers of this country to invest in medical research in saving lives rather than weapons of mass destruction often brought to us by people who benefit from them and have brought the military industrial complex that President Eisenhower warned us about, even President Nixon had concerns about; and that helped take us from 9/11 into an escalating budget expense of military weapons that caused this country's budget to be spent so much

and its great talent and abilities in a scientific way to be used on weapons of mass destruction and other arms of the military industrial complex rather than science and research to save lives and save humanity.

Who knows which person, which young person or older person, could do something to save other people's lives let alone give love and hope to families?

And so with national health care insurance, we could cover people, we could save lives because if we had insurance for the people, you could scope out illnesses earlier whether you're wealthy or poor. You would have the same opportunity to have preventative care, early treatment, and diagnosis of illnesses that can cause loss of life. And that early detection can save lives.

Right now if you're poor, you don't have the opportunity to have that early detection and your life is taken. And that's an inequity that this country should not allow to continue and shouldn't have permitted for all of these years.

There are so many accomplishments that we have seen in this country, particularly in this year. We've seen our Nation become a more perfect union in so many ways. But the fundamental right to health care is one that we have not recognized yet and we must.

We're all here because of the grace of God, and it seems like we should all have the—at our access and at our disposal what God's creatures have been able to discover, refine, produce, in the way of medical care to keep people alive. That just seems like a minimum thing.

And this country is the only great industrialized country on the face of the earth without some national health care policy. It seems like in this area, we are not the first in the Nation, in the world, but we're last in the world. And that's terrible.

There are doctors that serve in this body, and they're to be admired for giving their time. And I'm sure—I have many friends who are doctors who give a lot of charity care. But it shouldn't have to be doctors providing charity care to treat people that otherwise wouldn't be treated. It should be something that we all give. And I think that that's the real social need in this country. And when people talk about values and social consciousness and really religious thought and caring about others, it really begins with caring about people's health and sacrificing maybe some of our own resources to have a government system that can help others with their health care.

So I'm pleased, Madam Speaker, to speak as I have. You have inspired me with your remarks, the letters you read; and I'm just pleased that Chairman CONYERS has this issue before us.

Madam Speaker, I enter the following for the RECORD.

Speaker NANCY PELOSI,
*H-232, U.S. Capitol,
Washington, DC.*
Chairman DAVID OBEY,
*Committee on Appropriations, H-218, U.S. Capitol,
Washington, DC.*

DEAR SPEAKER PELOSI AND CHAIRMAN OBEY: I am writing to request that NIH funding in the President's FY09 budget for the research of cancer, diabetes, heart disease, AIDS, Parkinson's disease and Alzheimer's disease be doubled in the final FY09 budget set forth by Congress.

The following are the estimates included in the President's FY09 Budget request at the National Institutes of Health (NIH): Cancer: \$5.654B; Diabetes: \$1.033B; Heart Disease: \$2.111B; Global Fund to fight HIV/AIDS, Malaria, and Tuberculosis under National Institute of Allergy and Infectious Diseases: \$300M; Alzheimer's Disease: \$644M; Parkinson's Disease: \$186M.

These debilitating diseases affect millions of people each year across the globe. Families are torn apart, emotionally and financially, by the effects of their contraction. Congress has a serious responsibility to provide adequate funding for research that could not only find promising treatments, but permanent cures.

I cannot imagine a more pressing issue than ensuring the healthy future of those we are here to represent. The disparity between the amounts of funding requested for the war in Iraq and that requested to treat deadly diseases is incomprehensible. The successful findings of research programs made possible through increased funding will not only aid people in the United States, but the rest of the world, as well. It is my hope that, by taking full advantage of the scientific resources we have here at home, we can better our relationships with research teams across the globe to reach our common goals: finding a cure and establishing peace.

As always, I remain,
Most Sincerely,

STEVE COHEN,
Member of Congress.

Ms. WATSON. Mr. Speaker, I would just like to close out this hour by saying all those who came forward this evening we appreciate so much because you represent different areas of the country, and we hope this word can get out across the country that we're ready to move forward.

And I do hope that we can follow through on our plans to go over the media to present the case. So I'm going to request that all Members who have stories such as the ones I read, submit them to Congressman CONYER's office so we can compile these and be sure that we've referenced them as we move closer to accessible health care for all Americans.

And with that, I would like to close out this hour, reserve the balance of our time for another evening.

Thank you so much, Mr. Speaker, for the time.

ENERGY INDEPENDENCE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Minnesota (Mr. WALBERG) is recognized for 60 minutes as the designee of the minority leader.

Mr. WALBERG. Thank you, Mr. Speaker.

And just to make sure that my constituents know that I have not changed States, it's Michigan. It starts with an "M," it's up north, it's cold, generally. I can understand that. But I'm sure proud to represent Michigan, and more importantly, the Seventh District of Michigan in this great House of Representatives.

Tonight I am committed to talking about an issue that is of extreme importance to my constituents, and in fact from what we read, constituents of all of our districts all over this great United States because we are in a time and place and setting right now that, frankly, we aren't used to.

And may I submit tonight to all who would listen that, frankly, I don't think we should ever get used to it for America is too great of a Nation and has been the ambassador of great blessing to the rest of the world in many cases. It has set the course, has charted the way toward greater economic achievement, standard of living, advances in technology, business, industry, education, medicine, and transportation.

I happen to come from the district where Henry Ford had his home, made homes and schools for his employees in a great part of my district, used the resources from that district, including during some wartimes some Sassafras trees just three miles from my house that were used to make a light but strong frame for his motor cars with the absence of steel at that point in time because of the war effort.

I come from the State that has been known as the Motor Capital of the World, Michigan. Detroit has set the standard that the rest of the world has followed, emulated, copied, and sometimes even expanded upon, and yet still America, Michigan, the Motor Capital, charts the way.

Just the other day—I tell this story for a purpose, but just the other day I had something of an experience happen to me that has never happened before, nor did I expect it to happen. I filled the tank of my Harley Davidson motorcycle, which has a 5-gallon tank, and it cost me over \$20. Now, for those of you that have ridden motorcycles, it is almost unbelievable to think that a vehicle that gets great gas mileage, that has a small tank like that would ever cost double digits, let alone over \$20 to fill. But that's the place we're in right now with gas today on average across the United States at \$4.04 a gallon. My Harley happens to take premium. So I paid \$4.27 a gallon for that 5-gallon tank fill.

□ 1930

Less than 2 years ago, very seldom, if ever, would I double-digit fill my tank, even if it were on empty. Now, I don't ride my Harley Davidson for transportation anymore.

It's primarily for recreation, but 38 years ago when I started riding my first motorcycle it was for transportation, to get to and from my work.