

Petroleum Reserve is located in Congressman BOUSTANY's State of Louisiana and Congressman GOHMERT's State of Texas. So he's been working very hard on this issue. And I want to yield at least 5 minutes to the gentleman from Texas.

Mr. GOHMERT. I thank my dear friend from Georgia for yielding.

This has been a really difficult week. Having spent the weekend with my constituents that were hit by a hurricane in east Texas, and then coming here to Congress and figuring, surely we can put party issues aside because, frankly, when I was in the district, it was around, I don't know, the wee hours, and one sheriff that was helping said, now, you know I'm a Democrat. I said, you know I don't care. It doesn't matter. And then I get back to Washington and that's all it's about. You know, the Democrats have the majority and they were determined to shut out any ideas from the Republicans.

There was a wonderful bipartisan bill, as you pointed out, the Abercrombie/Peterson bill had 38 Democratic cosponsors that understand the importance of energy. Twenty-four of them voted against their own bill when that was made as a substitute.

And it's just incredible how something is being rammed down on the Nation when we can't afford it. People need gasoline. They need diesel. Some of those guys pointed out, they've lost power. There are no hybrid generators, and that's what's keeping about a third of my district going.

Mr. GINGREY. I'll reclaim my time, Representative GOHMERT, just for a second and yield right back to you, because what the gentleman from Texas is talking about, of course, is this, the bill that was passed by the Democratic majority. And I have a little poster up here comparing the Republican bill, the American Energy Act, to the bill that was actually passed. And I just want to quickly run through this before I yield back to my two colleagues.

In the American Energy Act, real offshore exploration, yes. Democratic energy plan, no. Renewables, without tax hikes, our bill, yes. Their bill, no. Real oil shale exploration. I won't get into details of that, but our bill, yes. Their bill, no. Arctic coastal plain, the ANWR. Our bill, go after that petroleum. Their bill, nada. Emission-free nuclear, our bill, yes, their bill, no, no, no, can't have nuclear. Clean coal technology, coal-to-liquid or coal-to-gas. Yes in our bill. No in their bill. New refinery capacity, Dr. BOUSTANY and I talked about that. Our bill, yes. Their bill, no. No energy tax hikes, yes for Republicans, no for Democrats. No electricity price spikes. Yes for Republicans, no for Democrats. Lawsuit reform, yes in the Republican bill. No in the Democratic bill.

So what Representative GOHMERT and Representative BOUSTANY are probably going to talk about now is when we had one, we had no amendments. We had a motion to recommit with in-

structions with a bill. And they've just referred to it, the Abercrombie, Democrat from Hawaii, Peterson, Republican from Pennsylvania that had 39 Democrats cosponsoring the bill. And when we offered that as a substitute, which we felt that each one of them, they had already signed on to the bill, surely they were going to vote for it. And I'd like for my colleagues to tell the rest of us what happened.

Mr. BOUSTANY. I thank the gentleman for yielding. I just want to mention to my friend from Texas that we're with you on this. My State got hit by four hurricanes, two really devastating hurricanes in 2005, Rita and Katrina, and now Gustav and Ike. And folks are suffering back home on top of the suffering that they've had as a result of high prices at the pump. And I have to say, it frustrates the heck out of me to come up here to try to get something done to help folks back home and around the country suffering with these high gas prices, and we can't get it done. We're playing political games up here because of the leadership on the other side. It's very frustrating because folks in Texas, my friend's State, my home State of Louisiana, are really suffering doubly because we have born the burden of providing energy for this country in Louisiana and in Texas. And yet, folks back home are saying, what's wrong with the rest of the country? What's wrong with the Democratic leadership? Why won't they give us an energy policy.

Give us a vote. We've got the bills. We've got the answers. Give us a vote. That's all we're asking. And I yield back to my friend from Texas.

Mr. GINGREY. I yield to the gentleman from Texas.

Mr. GOHMERT. Thank you. I know we're running out of time. But one of the comments that was made about Ike, making it so scary, it was a hurricane that was coming in the middle of the night. And when it comes in the middle of the night, it is scarier. And that's exactly what happened with this Democratic energy bill. It was filed at nearly 10:00, and it was a hurricane disaster for this country.

Mr. GINGREY. And it indeed is scary. And with that, Mr. Speaker, we'll yield back. We don't have any time to yield back. We'll just shut up. Thank you very much, and we'll say good night from this side.

IMPROVING OUR HEALTH CARE SYSTEM

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

Mr. CONYERS. Mr. Speaker, and Members of the Congress, I am delighted to come here this evening to have listened to two doctors and a judge talking about a subject that is of

great interest to me as well. And the reason that I mentioned their names is that the subject matter that brings me to the well tonight with other colleagues is how we improve the health care system.

□ 1915

And when I hear Judge LOUIE GOHMERT, who serves with distinction on the Judiciary Committee, I always love to try to involve him in what we're doing. And of course we have great respect for Representative GINGREY, the gentleman from Georgia, who is a physician, a medical doctor; Dr. BOUSTANY of Louisiana. All of these are gentlemen whose attention I would like to draw and invite to join us in this and future discussions about the state of health care in the country. I will be making every attempt to communicate with them on it.

We happen to have a doctor here on our side, Dr. DONNA CHRISTENSEN from the Virgin Islands, a medical doctor as well. And so just think of the exciting exchange of views that might have otherwise occurred.

But this is nevertheless an opportunity to take special orders to review, Mr. Speaker, that over 45 million Americans are currently without any form of health insurance whatsoever. More than eight out of ten of these Americans are members of working families, of all things. And then another 50 million Americans are underinsured and face possible financial ruin due to an unexpected medical bill for hospitalization or other emergencies that might occur.

And so for many Americans, the cost of health care, the cost of insurance, the insecurity of employer-based coverage—because many companies are downsizing or moving out of the country entirely—and these factors limit their most important choices in life: staying well and staying healthy, their decisions to work, to raise a family, to return to school, to have children, to retire early or not, to change careers. And the fact of the matter is that health care is the number one subject for nearly everyone in this country.

And so it is truly odd that some of my colleagues seem to believe that health care for all is somehow divorced from what they perceive to be the "American Dream." Indeed, the American Dream is posited on the notion that you would be healthy. Before you would become educated, prosperous, rich, accomplished, you have to have good health. Physical and mental as well.

And so I begin our discussion underscoring the fact that the American Dream assumes that we're in good health and that good health, continued good health is available to all.

One of the Presidents of the United States once stated that Americans already have universal health care because the emergency rooms cannot legally refuse to treat patients. That is the sitting President of the United

States that made that statement, the 43rd President of the United States. And there's only one way that he could have made that statement, and that is that he's never had to use the emergency room for health care or it would be very clear to him that this is the most expensive and immediate and emergency-type circumstance that a person could receive medical care.

I wish he would come with me—if I had one wish, I would probably wish something else other than coming with me to the hospital to an emergency room to find out what it's like and how limited the treatment of necessity is because the hospital is defective or the doctors are not fully prepared—but they're under the stress of all emergencies coming from anywhere in the area to come in.

So that sort of reminds me of the phrase "Let them eat cake."

"Go to the emergency room. What is the problem?"

Well, the problem is that many emergency rooms cannot handle all of the cases for people who don't have insurance. And I am sorry to report that on some occasions, they are not able to entertain the health needs of the people that seek emergency room medical treatment.

And so we, in our office, have been bombarded with the tales, the tragic stories from people who are facing permanent injury, unemployment, death, bankruptcy, foreclosure, even the breakup of families due to the unaffordable health care costs.

So during this discussion this evening, we want to share—I invite that we share with each other the experiences that have been related to us, Mr. Speaker, that have come from the American people because nothing has become clearer in the course of my experience here than before we can discuss policy options to reform our health care system, Congress needs to hear from patients and citizens and constituents who suffer under our current non-system, broken way that we deliver health care in the United States.

And so it is in that spirit that we begin this discussion.

I want to just relate one, and this is entitled "Robin's Story."

"My son was 16 when he was diagnosed with a rare form of liver cancer (undifferentiated sarcoma of the liver). I was married. My husband and I were both working and we had health insurance through my husband's employer," Robin says. "I had recently lost my job as a professor at a business college and was trying to start up my law practice from my home office. When Taylor got sick, we were barely making ends meet.

"The doctors had told us Taylor," 16 years old, "Taylor didn't have cancer but they weren't sure what the mass in his liver was. When they opened him up, they knew it was cancer but it took 5 days to determine the exact type of cancer. They had to close Taylor up

without removing the tumor because it was so intertwined with his major blood system. They would have killed him," they thought, "if they tried to remove it.

"As I sat next to Taylor's bed at about 3 in the morning, we both were awake because we couldn't sleep. My husband and I had words. We were so stressed over the uncertainty of our future. We were facing the possibility of losing our son to cancer and we couldn't even pay our bills, let alone pay for the medical bills we were already facing from the surgery and hospital stay. Then to have to pay the cost of cancer treatment was overwhelming.

"Apparently Taylor had heard parts of our conversation. He lay on the bed, barely able to get up to go to the bathroom, facing an uncertain future. He said, 'Mom, I'm so sorry about the money.'

"I can't begin to explain how inadequate I felt. I couldn't take care of my own son. He should be focusing on recovering from this major surgery and on gathering his strength to fight the biggest battle of his life. Instead he was worrying about how we were going to pay for all of this.

"We had insurance but we had a large deductible and co-pay. The cost of his treatments over the next year was a quarter of a million dollars. Even though we only had to pay a percentage, 20 percent of an astronomical figure is astronomical. Our phone rang constantly with creditors and collection agents wanting to know when we were going to pay our bills. I was unable to work much because Taylor's treatments and the everyday issues of cancer were as much as I could handle. So in addition to extra bills, we had a fraction of our previous income.

"After Taylor's first surgery and chemo treatment, we were preparing to leave the hospital. We were told we would have to administer a shot to Taylor every day to try to keep his blood counts high enough to continue his cancer treatment. It was stressful to consider giving your son a shot every day. That doesn't compare to the moment the first 14 shots were delivered to our hospital room along with a statement for \$6,122! My heart sank to my stomach. I asked the delivery person if I had to pay them right then. He said they would bill us. Thank God. I can only imagine having to decide whether we would pay our mortgage payment and electricity, or give our son a shot that might save his life.

"We eventually got to the point we couldn't pay our mortgage. Our electricity was turned off many times. Each time, I had to pay the amount due plus an extra \$100 cut-off fee. If I couldn't afford the original bill, how would I afford the additional \$100? Friends and family raised money to help us. It didn't even begin to touch the amounts we owed. And as he turned the corner towards survival, everyone believed that the crisis was passed and stopped helping us.

"We are so blessed because our son survived cancer. It is truly a miracle. But our family didn't survive. After 23 years, my marriage dissolved. The financial pressures were more than the marriage could stand. I still have all of the medical debts and other debts on top of that. I try to just get through each day. I know that I am one of the lucky ones. Although I didn't survive cancer, my son did. I know many families who lost their child and then are also financially devastated. . . . probably even more so than I because they had years of medical treatment that failed to save their child.

"We tried to keep our insurance coverage. But we had to go on COBRA coverage, which was over \$1,000 per month in addition to the medical bills. So both Taylor and I and Taylor's father have no insurance. After treatment, Taylor went in for a checkup every 3 months. Each checkup costs \$6,000. We are now on six month checkups and hope to go to one a year next year.

"However, all of the other medical issues will just have to be placed on hold. Because I don't have health insurance, I don't take care of medical issues I used to address as they arose. Last summer I fell. I may have broken my wrist or at least tore ligaments. I didn't go to the doctor but just let it heal on its own. My wrist will always be a problem because it didn't heal right. Taylor's beautiful teeth that we worked so hard to straighten with braces will just have to be dealt with later.

□ 1930

"I just pray Taylor or I don't have a major medical problem. I live in fear for both of us because I know what treatment can cost.

"What I learned through our ordeal is that the individual is expected to pay for an inflated 'retail' price for health care but the insurance companies, the ones who have the financial ability to pay, have made deals with the providers to pay a fraction of the 'retail' price. As an 'insured,' we received an explanation of benefits showing that the insurance company was given a 'discount' and they usually only paid one-third of the amount paid by an individual with no insurance. That is so wrong. That means that the individual is paying the price for the insurance companies' 'discounts.'

"This insanity must stop. We need to tell our story. The insurance companies and providers are making money on the backs of individuals already in crisis, facing life threatening illness and financial struggles because their income is reduced. I knew that survival is related to attitude. I assure you we are losing lives because it is hard to have a positive attitude through financial crisis on top of medical crisis. I want to help tell the story."

A similar wind is now blowing in the 21st century. I believe the people, not special interests, should decide what type of health care system exists in this country. I believe this

wind of change will usher in a new day; a day when hope for the just treatment of all of our brothers and sisters will be reborn.

A truly open and democratic process is needed as we pursue this endeavor to ensure equal, just, and comprehensive care for all. To this end, I implore the inclusion of the American people in this discussion, so that the singular, resounding voice of those who believe in change, who believe in moral responsibility, can reverberate across the nation loudly enough so as to drown out those who would profit from continued injustice.

The struggle for health care for all is the civil rights struggle of the 21st century. Let there be no doubt: the powers aligned against us are powerful and vast; the coming struggle will be long and hard. But, we have been down this road before, and we have succeeded. We shall succeed once again, because as Fannie Lou Hammer once said, we are sick and tired of being sick and tired.

KATHRYN'S STORY

My sister was 46 when she saved enough money and was able to go to her doctor for a physical. Her doctor discovered an orange sized mass in her uterus. He recommended that she have an ultrasound. She said she would when she had saved more money. This was August 2005. She continued to work two part time jobs, one at a hospital as a housekeeper in the operating room on the OB/GYN floor. The other job was working for the State of Michigan as a maintenance worker cleaning restrooms. She worked hard and was a loyal employee. Unfortunately, both jobs were part time, so no benefits were offered. She also didn't qualify for aid from the county or State because she worked too much! By September 2006, she was dead. The mass was cancerous, spread to her ovaries, and finally to her lungs. She died three months after diagnosis. Medicaid was approved after her death.

CONCLUSION

My friends, the vital issue of the health care crisis in this country is rising to the surface; the plight of the uninsured and the underinsured can no longer be ignored. As the election season continues to progress, and as we draw nearer to a new administration, the time is now for Members of the House to call for serious, comprehensive health care reform.

Martin Luther King, Jr. once said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." I am privileged to have known Martin Luther King, Jr. and to have worked closely with him on civil rights issues. Madam Speaker, health care is a civil right.

It is the spirit of the civil rights crusaders of the past from which we should draw inspiration and strength. Abolitionists did not settle for piece-meal appeasements or token change. Rather, a dynamic and sweeping wind reshaped the Nation for the better, capitalizing on a nagging conscience that Americans, both black and white, knew was the moral and just thing to do.

I'd like now to turn to the gentlelady from the Virgin Islands, Dr. DONNA CHRISTENSEN, who not only serves on two very important committees in the House of Representatives, but in addition, she chairs the Congressional Black Caucus Health Caucus, and I've had the honor of working with her across the years, and I would yield to her.

Mrs. CHRISTENSEN. Thank you, Congressman CONYERS.

Mr. Speaker, I rise with Chairman CONYERS and my esteemed colleagues to stress the need for comprehensive health care reform that not only tackles the core issues but substantively transforms the foundation upon which this Nation's health care crisis is existing. And the story that Congressman CONYERS told about Taylor could be repeated over and over again across this country.

The pursuit of and desire to have good health and access to reliable, high quality health care cuts across geography and gender; across race and ethnicity and political affiliation. These wants and needs are basic to all human beings. And because they are basic human needs, the time has come for health care to be affirmed as a basic human right.

As an American and as a physician, I am embarrassed that, today, the United States is the only industrialized Nation that does not guarantee access to health care as a right of citizenship. So I think that we have much to learn from the industrialized nations who, through either single payer universal health care systems or a multipayer universal health care system, have put the health and wellness of their residents at the top of their agendas and, as a result, are healthier than we are today.

For example, compared to the rest of the world, the United States ranks 41st in maternal mortality rates, which means that 40 other nations, most of which have fewer resources than we do, have lower mortality rates than us.

Additionally, we are ranked 42nd in infant mortality, which means that 41 nations, including Cuba, the United Kingdom, Anguilla, Japan and Singapore, have a lower infant mortality rate than we do.

The underlying reason for these shameful numbers is this country's failure to address health disparities and to put into place effective, comprehensive and culturally appropriate programs to eliminate them. Not only do people of color make up most of the 45 million uninsured and the additional 50 million underinsured, but because of this as well as because of discrimination and the lack of culturally and linguistically appropriate care, they also are the majority of those who die prematurely from preventable causes in this wealthy and technologically advanced country.

It's very important to note that the millions of Americans who comprise our Nation's un- and underinsured population are not people who are lazy. They're not people who are looking for a handout. They are hardworking, honest Americans. The overwhelming majority of the uninsured are members of working families who do not have access to employer-sponsored health coverage. In fact, more than 8 out of 10 uninsured Americans make too much money to qualify for Medicaid but not

nearly enough to purchase health care insurance on their own.

The provision of health care to Americans living in the territories paints an even worse picture. And that's my individual story this evening, the story of 4.5 million people living in offshore areas.

Those of us who live in the offshore areas of the United States have an additional burden when it comes to accessing health care services. For Guam, American Samoa, the Commonwealth of the Northern Marianas, Puerto Rico, and the U.S. Virgin Islands, Medicaid and the Children's Health Insurance Program is capped, and it is capped far below what is needed to provide the most basic of services to those who are at or below the poverty level.

So, even in those families at 100 percent of poverty, they can't qualify. There's not enough money in our programs. Many who need long-term care cannot get it because our Medicaid program cannot afford it. Other programs that are taken for granted in the States are not available to us because the funds are just not there to cover them. And in fact, the level of funding per Medicaid patient, even at the low numbers that are enrolled, is one-tenth of that spent on Medicaid beneficiaries in the States. Many of those States are richer than we are and have lower health care costs, and yet they get 10 times more funding per Medicaid beneficiary.

Both on the mainland as well as in the offshore areas, our Nation's un- and underinsured Americans are paying the ultimate price for the absence of universal health care. They pay more out-of-pocket health costs, as we heard, and worse, they pay for it with poorer health and even with premature disability and death.

And everyone, including those who have insurance, pay for it in rising premiums, higher deductibles and co-pays, and reduced quality of health care services for everyone.

The grim statistics and analyses prove one thing: We need to expand access to health care and completely eliminate un- and underinsurance in this country. The only way to accomplish this is through universal health care.

Access, however, is but one issue that we need to address within a comprehensive health care reform package. There is another issue that must be addressed because it, too, has to be an integral component of our health care reform discussions and efforts. And that issue is health disparities.

The direct and indirect impacts of health disparities are well-known, and we know that they cut across every aspect of life. Additionally, we know that these disparities leave millions of African Americans, Native Americans and other people of color, women and rural Americans also, in a particularly precarious position as it relates to their health and health care. Not only are those most affected by health disparities disproportionately more likely to

be un- and underinsured, as I mentioned, but they also are disproportionately less likely, far less likely to receive the high quality of health care services and treatments available for everyone else.

For example, the rates of hospital admissions for uncontrolled diabetes, which is an indicator of the quality of care received, for Hispanics and African Americans were more than three and five times, respectively, higher than the rate for Whites.

The same scenario holds true for hospital admissions for asthma. African American children and adults have hospitalization rates for asthma that are five and four times, respectively again, higher than Whites.

African American diabetics and Native American diabetics are three times more likely than White diabetics to have lower limb amputations.

The differences in health care quality are not just evident in the hospitalization rates, but also in the disparate rates of utilization of services and treatments. African Americans are disproportionately less likely than whites to be referred to undergo cardiac catheterization or to receive more aggressive treatments for lung cancer or colorectal cancers, although they are known major causes of death in the African American community.

In fact, studies confirm that across several dozen health care quality measures, African Americans receive a poorer quality of care than whites almost half, 43 percent, of the time for African Americans; for Hispanics, they receive a lower quality of care more than half of the time, 53 percent of the time; and for American Indians and Alaska Natives, they receive a lower quality of care more than one-third of the time, 38 percent.

These differences in quality, like the differences in access, have a profound and detrimental impact on their health, wellness and ability to achieve their full lives' potentials. Additionally, these racial and ethnic differences in quality persist, even when insurance status, educational level, socioeconomic status, and disease severity are taken into consideration.

Mr. Speaker, the time for comprehensive health care is upon us, and the time to ensure that our efforts not only surmount access barriers but also achieve health equity is now.

As we as a Nation engage in increased discussions about health care reform, propose solutions to our under- and uninsured plight and mounting health care costs, and finally move the idea of universal health care from concept to reality, we must address the health disparities and the root causes of health inequities, the social determinants of health, in order to be successful.

The Nation's public health and health policy experts agree that a health care reform effort that fails to incorporate and integrate health disparity elimination as a core bench-

mark and objective is an effort that is flawed.

So I urge my colleagues on both sides of the aisle and all of our friends off the Hill to work together to ensure that as we work towards a health care system where everyone is in and no one is out and to reform the system, that we do so in a manner that positively transforms the lives of the millions of Americans for whom quality health care has been denied and deferred for far too long.

I thank Chairman CONYERS for holding this Special Order this evening on this very important issue.

Mr. CONYERS. Thank you, Dr. CHRISTENSEN. "Everybody in, nobody out." I know a doctor in Chicago that uses that term very frequently.

Mrs. CHRISTENSEN. I picked that up from the American Student Medical Association. I believe that was their slogan.

Mr. CONYERS. I'm pleased now to yield to the distinguished gentleman from Illinois (Mr. DAVIS), who I had the great privilege to be in the White House when his Second Chance bill was signed into law after many years of working in this body and the other body to see that it came to fruition. It derived from his long experience as a civil rights activist, as a commissioner, a county commissioner in Chicago, and as a community health worker in community clinics for a considerable period of time. I'm so proud that he's an original cosponsor of H.R. 676, and I yield to him.

Mr. DAVIS of Illinois. Thank you very much, Chairman CONYERS, and you know, as you and Representative CHRISTENSEN were talking about, everybody in and nobody out, of course you were talking about Dr. Quinton Young, who kind of coined the slogan, who started the Student Medical Association. So I can understand how DONNA would have picked it up.

Mr. CONYERS. And Physicians for a National Health Plan, PNHP.

Mr. DAVIS of Illinois. Unequivocally and without a doubt. So it has been an absolute pleasure to know and work with Dr. Young for a number of years. Those of us who considered ourselves to be health activists always wondered how Quinton practiced medicine, I mean, because he was so engaged and so involved, and yet he was engaged in the private practice of medicine part of the time. And of course, he was the medical director also at Cook County Hospital and a leader in the American Medical Association; although, he was considered a renegade.

□ 1945

Mr. CONYERS. We're expecting his presence at the 38th Congressional Black Caucus event next week in which we will be having a forum on universal single-payer health care.

Mr. DAVIS of Illinois. Well, I should look forward to seeing him.

But I also want to commend you for your tremendous leadership. As a mat-

ter of fact, you have been a hero of mine on these issues long before I came to Congress, and even before I had the opportunity to really know who you were.

As a matter of fact, when I think of you, I often think of one of my favorite Biblical Scriptures that says, "They that wait on the Lord shall renew their strength; they will mount up like the wings on an eagle; they will run and not get tired; and they will walk and not faint." And you have been running on these tracks for a long time. And still, while most Members have gone home, have gotten their flights and have made their way back—or trying to make their way back—here you are on the floor, late in the evening, leading a discussion on the need for national health insurance, or universal health care, and I can't help but commend that.

Mr. CONYERS. Thank you.

Mr. DAVIS of Illinois. You know, as I think about the issue of health and all the problems that we face individually and collectively, I think of how unfortunate it is when individuals are illiterate because it cuts them off from the ability to communicate with the rest of the world; and how unfortunate it is when people live in substandard housing because they don't have the sanctuary or they don't have the feeling of knowing that at the end of the day they can come in out of the rain or out of the cold or come in from a society that may not be as comforting as they would like for it to be.

It's so terrible when children don't have access to good schools and decent education and can't be in a position to compete effectively with other members of society. And then to be unemployed, not have a job to go to, not be able to sustain oneself, not be able to know that you have the resources that you need. But then to be sick on top of all that means that your life is relegated, for all practical purposes, to a level of despair and uncertainty for which you can find or see no way out. The child who is sick at school and can't see a physician or go to a clinic.

There is no point to the teacher talking about, "Johnny, study hard," because Johnny doesn't feel like studying. I mean, Johnny's stomach is hurting, or Johnny can't see the board. And so telling Johnny to study hard doesn't mean a great deal to Johnny. Or the guy who wakes up in the morning and turns on the radio and the blues singer is saying, "get a job." "Every morning about this time you bring my breakfast to the bed crying. Get a job." Well, that person doesn't feel like going out looking for a job because they're sick. They don't feel like it; they're despondent, they're in despair. And so they're not going to get a job. They're not even going to go out and look for a job because they don't feel like going to work.

And so health care, as far as I'm concerned, and for my money, is the most important aspect of life, because without a sense of well-being, one cannot

challenge or confront the rest of societal needs.

Our health is the foundation of everything that you can think of. I often believe that my mother died prematurely because she had to travel 100 miles to go to the hospital for her dialysis treatment because that was the closest hospital to where she lived where she could get the treatment. And so not having access to health care has limited, in so many different ways, the ability for people to just have hopes of the American Dream, to just believe that they can experience it.

Yeah, there are those who take the position that we could never have universal health care; I mean, they say, "never, ever." But, you know, I remember when people said that you could never put poor people into managed care. I remember when people said that HMOs would not survive, that they would never, ever make it. I remember when people said that you really couldn't have the proliferation of clinics. I worked in a community health center, and I remember when those were getting started. They were part of the "Great Society" programs, part of the legislation that came out of the marches and demonstrations led by Dr. Martin Luther King that came after John Kennedy had been elected President, assassinated, and then Lyndon Baines Johnson became President. And Democrats—I mean, they were Democrats—embarked upon a new program, something called the "Great Society" programs, just as years before a fellow named Franklin Delano Roosevelt kind of led the Nation towards social reform that brought us Social Security and some other protections that we didn't have.

Well, I think that right now is the best possible time for us to take another giant step, a quantum leap, if you will, and make sure that no single individual in our country, no matter who they are, where they come from, how wealthy they are, how poor they are, how without resources they are, no single individual should have to live in the United States of America without adequate protection for health care.

I mean, we are the wealthiest Nation on the face of the Earth. We are the most technologically advanced Nation. Yes, we are hurting in some ways. And of course we are hurting because we have not seen the distribution of the resources be as adequate as we need to see them. We have not seen as many people with access to the goodness and the greatness of this country. But when 41 percent of working age adults have a problem paying their medical bills or have a medical debt that they will never be able to pay, then something is wrong.

And we have not seen what we are capable of seeing. I was just thinking of some of the things that people have been telling us about their experiences. And I guess if you live in an environment that I live in and where I live, you individually know these people.

It's not a matter of reading it in the newspaper or reading it in the magazine, you know the individuals personally who are having these kind of problems. For example, Jerome. Jerome said to us, "My wife was diagnosed with melanoma in September and died in November. I believe preventive health care and better diagnosis might have prolonged her life or provided a cure. She saw two dermatologists last year, and both failed to diagnose her condition. She went on to have moles and a cyst evaluated and removed. In addition to the failure to diagnose, the cost of insurance and deductibles exceeded \$40,000. Prior hospital visits in the past 5 years for a stroke resulted in medical bills of approximately \$100,000, which brought us to the verge of bankruptcy."

"Fortuitously, I received an inheritance last year which enabled me to pay the current bills. However, since being downsized 5 years ago at age 56, I have been unable to obtain employment. And my wife was unable to work due to the stroke and subsequent illnesses. I am a relatively well-educated man and I'm willing to work; however, I do not feel our current economic system values my experience and education. I am a certified financial planner. I have worked over 30 years with approximately \$150,000 accumulated in retirement savings, all of which has been used for medical expenses. Without my inheritance, I would have my home, worth about \$250,000, as my only asset."

Julia writes, "I've been fighting ovarian cancer for 19 years. I developed a secondary blood cancer last year and had to have a bone marrow transplant in January of 2007. Medicine is outrageously expensive. Luckily, I have mail order service that only costs \$5 a prescription; otherwise, my medication would cost over \$1,000 a month."

"Our insurance premiums cost \$965 a month. My COBRA, just for me, is \$565 a month. My husband and two children, which my husband pays for, \$400 a month. My deductible is low, \$250, but my family's is over \$1,000. I am dreading if I am unable to work before COBRA runs out. I don't know what I will do for insurance as I am a teacher and don't know if I can get Medicare. I can't go on my husband's insurance as he works for a small company. They will get dropped by the insurance company if I am added. This has happened twice before."

"The medical system is broken. People shouldn't have to choose between health care and bankruptcy, which is the case for many who go through bone marrow transplants."

Well, Congressman CONYERS, as long as there are people like these in America, as long as there are individuals for whom the American Dream continues to be a tremendous nightmare, as long as there are people who have, in many instances, lost hope and given up, as long as there are individuals who can't see their way out no matter how much

they struggle, how long, how hard and how difficult the challenges, and as long as there are people like you, who are willing to fight for every American, as long as there are people like you, I am going to be willing to join you.

And so I'm pleased that I was able to be here this evening to share with you and with Americans all over the country that health care should, in fact, be a right and not a privilege, that we must have a system where everybody is in and nobody is out.

I thank you. And I yield back the balance of my time.

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Mr. CONYERS. I thank the gentleman for his kind references.

I ask unanimous consent to include any other materials in the body of our discourse today.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. CONYERS. I return the balance of our time.

DISASTER TORNADOES AND FLOODING IN IOWA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Iowa (Mr. BRALEY) is recognized for 60 minutes.

Mr. BRALEY of Iowa. Mr. Speaker, I rise tonight to address a major tragedy that occurred earlier this year.

In May and June, Iowans suffered unprecedented tornadoes and flooding, which has directly impacted the lives of hundreds of thousands of Iowans. The magnitude of this disaster places it in the top dozen or so all-time natural disasters, and the amount of damage in this State is unparalleled.

Along with my staff and other members of the Iowa delegation, I've worked tirelessly to provide assistance in every way possible to impacted Iowans, from helping to remove debris in Parkersburg, to filling sandbags in Waterloo, to working to pass a \$2.65 billion supplemental disaster relief bill, to holding this administration accountable for its promises, to bringing Speaker PELOSI to the First District last week.

I want to thank the Speaker for visiting Iowa's First District, and I appreciate her strong words of support as we struggle to recover from these disasters.

While I'm proud of the efforts so far to pass the initial \$2.65 billion in disaster relief, there is still much work to be done. Most notably, the Bush administration needs to release these congressionally passed funds as quickly as possible, and administration bureaucrats must stop dragging their feet while Iowans wait for needed assistance.

Secondly, this Congress must pass another round of disaster relief as the first round of \$2.65 billion will fall far