

me any of the negative health-risking side effects?

“They didn’t even care who I was having sex with. Imagine, a 14-year-old. I could have been having sex with an older man. It could have been rape. Anything. They never once took the time to ask me. I was so young. All I thought was, oh, I won’t be getting pregnant if I take this morning-after pill. I was never given the facts about side effects.

“I went to the West Suburban Teen Clinic multiple times to get the morning-after pill. They would ask me if I needed a couple of back-up pills to keep in a friend’s house just in case, or to hide at my own house so I wouldn’t have to ride all the back way back to the clinic.

“I can honestly say that the clinic visits also had a very negative effect on my education. As I became more involved sexually and had more visits to the clinic, I would sit in class thinking about what courses and classes I could miss so I could make my school clinic visit for more pills and condoms before the end of the school day. It made it difficult for me to focus on my class assignments when I was thinking about a pelvic exam or the thought of having an STD or being pregnant.

“Now I’m 20 years old. I’m very concerned about the long-term damage to my health thanks to this so-called safe-sex clinic. They not only helped me hide things from my mom and dad, they hid the truth from me. The West Suburban Teen Clinic didn’t care that I was a minor teen. They didn’t care what the side effects of these pills would do to my reproductive system. And my body is messed up. They gave me pills and condoms and they left it to my parents to pick up the pieces.

“If only I knew what I know now, how the West Suburban Teen Clinic’s advice and pills damaged me physically and emotionally, I could have prevented so many of the problems with my parents and my family. If only I had never gone there. And now you are bringing these clinics to all the high schools?

“You need to protect kids. You need to uphold the desires of parents, not the wishes of clinics that make money off kids’ mistakes. My parents tried to protect me. The clinic took that right away. They took over the role that my parents were intended to have and they hid everything from them, the people who loved me the most.

“Please stop this clinic from coming in and ruining more kids’ lives. I wish I could warn all the students at high schools about these clinics. They need to know about the physical and emotional damage that can be done by a pattern of pills and promiscuity. I wish I could tell them. I know the West Suburban Clinic won’t.”

Madam Speaker, this is a story of tragedy by one girl in Minnesota. Minnesota has experience with the school-based sex clinics that are being proposed in the bill that would have gov-

ernment take over health care in this country. Surely we can do better by our children than encouraging them to gain experience in a lifestyle that will bring them only heartache and perhaps physical devastation.

THE PROGRESSIVE MESSAGE— HEALTH CARE REFORM

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

Mr. ELLISON. Madam Speaker, we are here again for another evening with the progressive message, the message that comes to the House floor Thursday night to talk about a vision of America not based on fear, not based on things that are not true, but a vision of an America where we stand up and we include everybody within this vision. No matter what color, what culture, or what faith you belong to, America is a place for you. We bring people from all parts of the world who bring and make up this great American vision that we’re talking about, a progressive vision where middle-class and working-class people can actually have policies that help them, a progressive vision which says we can have health care for all. We can have true health care reform which allows Americans to partake of the great wealth of this country for the benefit of their health. A progressive vision says that America can live at peace. We don’t have to be in war after war. We can have a policy of peace which develops our relationship with the rest of the world based on diplomacy, development and things of mutual benefit.

Today this is the progressive message, and we are glad to be here with the progressive message sponsored by the Progressive Caucus.

□ 1645

Tonight, what is the topic? Guess what, surprise, health care. Today we have two great advocates and leaders, and I am so honored to be on the House floor today with two good friends and leaders, the gentleman from Michigan (Mr. CONYERS), the chairman of the Judiciary Committee, and also the gentleman from Washington (Mr. MCDERMOTT) of the Ways and Means Committee who is also a physician, both with us today. I want to invite both of them to offer some remarks as we get started on the Progressive message today, focusing on health care reform, patients before profits.

Congressman, Doctor, what are your thoughts?

Mr. MCDERMOTT. Mr. ELLISON, it is a pleasure to be here today. In the caucus the other day we were talking about health care, and one thing that is very clear in this country is that the medical-industrial complex doesn’t want to change. They want things as they are. They would be glad to take

additional money to cover people, but they want to go through the private sector. Let’s just keep grinding out the profits, never mind what happens to the patients.

This effort that is being made in the House, and I hope to have a bill out here in 10 days or so, is an effort to make sure that what you just suggested happens. That is, that everybody in this country has health care that is adequate, that takes care of the needs they have, no matter how much money they have, no matter what they look like, no matter where they live. They should have the same kind of health care in this country no matter what their circumstances are.

I told the story, I said one of the things that people tell me: Everybody in this country gets health care. What are you talking about?

What I said to my colleague when he said that to me, you know, the difference between Members of Congress and ordinary folks in this society is, we live a somewhat different life. If you call up and say, This is Dr. MCDERMOTT or Congressman MCDERMOTT, I have a pain in my stomach, they will tell me to come into the office tomorrow morning. Everybody else goes through this little drill. When you call the doctor’s office and say, I have a pain in my stomach, the first question is, What kind of insurance do you have?

Now if you have private insurance, you will be in the office tomorrow morning. If you have Medicare, well some doctors don’t take Medicare, so it may be a week before you get taken care of. God forbid if you have Medicaid, you will never get taken care of. Or it will be a month or a month and a half. And if you don’t have health insurance, they have an offer for you: If you will come in and pay \$25 or \$30 upfront, we will have an appointment for you in 2 weeks.

People say that isn’t true. Well, let me tell you, there are very well-documented studies, and they put people on two phones sitting right next to each other, they would call the same doctor’s office, give the same story about a pain in their stomach, and find out what the relationship there was between what kind of insurance they had and when they got seen.

Now, it shouldn’t be that way in this country. If you are sick and you have pain in your stomach, you ought to be able to get in and see a doctor.

What clearly happens in that case, for those people who have to wait 2 weeks or a month or whatever, they go along with that pain in their stomach waiting for their appointment, waiting for their appointment. When they can’t stand it any longer, they go to the emergency room. That is why emergency rooms are flooded with things that ought to be seen in a doctor’s office, but people can’t find a way, they can’t find a doctor that will accept them.

Well, I told this story, and one of my colleagues came up to me and said, You

know what, you are absolutely right. He said, I just had my knee replaced. He said, I got talking to the doctor about it, and the doctor and I were talking about how he would get paid. The doctor said, Oh, you're perfect. You've got private insurance. We all have Blue Cross-Blue Shield here in the Congress. He said that is good insurance and that pays for it and that is good.

My friend said what if I had Medicare?

The doctor said, I would have said, Why don't you wait for a couple of months?

And my friend asked, If I had Medicaid? The doctor said, I would never see you. I don't accept Medicaid patients for knee replacements.

So there is rationing in this society today, and it depends on what kind of plastic you have in your pocket. Now to simply pass out more plastic cards in the insurance industry today will not work, and that's why we have to have a good public option. We have to have an option that functions the same as it does if you have a private insurance card.

If you meet a Canadian some time, ask a Canadian to show you their provincial health care card. In Ontario, they are orange. In New Brunswick, they are blue-green. In Quebec, they are kind of a greenish color. They have a card no matter where they go in the province. In Canada, they hand in that card and they get taken care of. That's what ought to happen in this country, and the public option is the only way we are going to get people who don't have health insurance today the opportunity to access the health care system and actually have an opportunity to see a doctor.

Now it is clear that the President has said not only does he want to have access, but he wants to have a plan that controls cost. The fight now in here is the fight between—giving people access is going to cost more money in some ways, although there is lots of money to be saved in the present system, but the providers and the drug companies and the insurance companies and all the other people who are involved in the medical industrial complex don't want to have anybody put any control on their costs. That's what the fight is that is going on right now as this bill comes to the floor.

JOHN CONYERS has worked as long as I have trying to get what we know would be the best system, which is the single-payer system. Now the President said we are not going to go that route, we are going to go a little different route. We are helping him to get there. It is not the perfect system, but it will get people the access and the cost control that is necessary.

I listened to my colleague from Minnesota just a moment ago telling us this story about this clinic and what is in the bill. I believe that bill has been out on the floor and up on the Web site. Anybody who can read could have read

it in the last 30 days, in the last 60 days, and there are no such clinics in that bill.

Mr. ELLISON. Are there death panels? I yield back.

Mr. McDERMOTT. Absolutely not.

Mr. ELLISON. Are there school sex clinics?

Mr. McDERMOTT. No; that is scare tactics. You know better than that, KEITH. Why are you asking those questions?

Mr. ELLISON. It is part of what has been going on. You saw August. You try to have a civil conversation, and then some people would show up and try to disrupt the meeting. Why would they want to disrupt the meeting when all we are trying to do is have a civil dialogue about the future of our country and the future of health care.

Why are we hearing about death panels? To scare seniors.

Why are we hearing about sex clinics? To scare parents.

Why all this stuff?

Let's get Chairman CONYERS in the conversation. He looks like he is digging out some facts. I just want to pose the question to you gentlemen: Why, why, why are we hearing about all of this fanciful, made-up stuff that is on the Web and anybody can look up the bill and say, that ain't so? Why are we hearing all this stuff?

Mr. McDERMOTT. You know, there is sort of a political axiom that if you can make people afraid, you can get them to do exactly what you want them to do. In this case, they want people to say no, we don't want the government to take over our health care.

Now the government pays for military health care. The government pays for veterans' health care. The government pays for seniors' health care in this country and poor people's health care in this country. And they want government to go away? Come on.

Sixty cents out of every health care dollar in this country is coming from the government through all of those programs. And the people are saying that they don't want the government. I have had older folks come to me and say, I don't want the government to get into my Medicare. Folks, Medicare is a government program. They simply are scaring people to the point where they are not thinking clearly about what is going on in this country.

Mr. ELLISON. Scare tactics.

I yield to Chairman CONYERS. Welcome to the Progressive hour, the Progressive message, patients before profits tonight.

Mr. CONYERS. I am so glad we are doing this, and I am glad to be with both of you.

Dr. McDERMOTT has been working on this for so long, and he brings a clear voice of experience, not congressional but medical. That's what makes this so important. Of course you, Mr. ELLISON, are a young person who has jumped into this in a way that makes me very proud that you grew up in Detroit, probably in my district.

I have something that just came in from the 14th Congressional District in northwest Detroit.

We had an examination of how many seniors in my congressional district hit the doughnut hole in the bill, the current legislation. There were 5,400 seniors that were forced when they hit that doughnut hole to pay their full drug costs, despite the fact that they had part D medical coverage.

And the current bill before us that we are working on, H.R. 3200, it would cut brand-name drug costs in the doughnut hole by half and ultimately eliminate the doughnut hole. That is very important, especially in this day and age.

We found that there were 2,230 health care related bankruptcies in my congressional district alone. At our next Special Order, I am going to have these same numbers for the whole State of Michigan. So 2,230 people in the 14th Congressional District had to go into bankruptcy court in the year of 2008, primarily caused by the costs of health care not covered by their insurance.

In 2008, health care providers in the district were provided \$31 million worth of uncompensated care, care that was provided to individuals who lacked insurance coverage and who were unable to pay their bills.

How many people don't have insurance, my colleagues, in the 14th District, have no health care coverage at all. This is last year's figures, which have undoubtedly gone up since 2008: 1,300 people in my district are uninsured. How many are uninsured, my colleagues, in your districts? That is 17 percent of all of the people in the district that are uninsured, and the Congressional Budget Office estimates that 97 percent of all Americans will have insurance coverage if H.R. 3200 takes effect.

□ 1700

Now, if this benchmark is reached in the district, 85,000 people who currently do not have health insurance will receive coverage. There is another factor I would like to introduce. I haven't discussed it with you, but this as good a time as any to do it.

There is a stress factor coming into this whole discussion of health coverage in America because of all of the people that are losing their jobs, especially in Michigan and Ohio, industrial States that are hit the hardest. We have the highest unemployment rates. But there is something else that kicks in. When you lose your job, you, of course, lose your income; and, frequently, if you have a mortgage payment, you could end up losing your house.

One of the things, Dr. McDERMOTT, I was in a shelter in midtown Detroit off Woodward Avenue at Peterboro, and both of you have been there. I went into the shelter in the morning, and they were having breakfast. I was astounded by this one visual picture I got. These were not people that were

homeless, wandering around or were disheveled. These were well-dressed people being fed in a shelter who had just recently lost everything. When you get hit, you lose your house, your car, your job, your insurance, your pension. So you come into a shelter, you're dressed like we are, but you don't have anywhere to eat, you don't have anywhere to stay. I have never experienced that phenomenon before in my life.

One other factor that is up to date and in real-time is that with all the people suffering under this economic—well, it's called a severe recession, but I call it a depression—there are people now that are working who have jobs, who have health insurance, but there is a little something beginning to bother them: Maybe this could happen to me too. We all know people who were going along quite well; and all of a sudden their company announced at 3 p.m. on Friday that, You don't have to come back anymore, or, We're closing down in 2 weeks. Sorry about that. We can't explain it now, but this is it.

There are people now—and you may be able to comment on the stress factor—there are people that are working. Nobody said they were going to close their job down. Nobody has heard any rumors about anything. But they can't help but think about all the other people that were going along smoothly, and they lost their jobs. People are beginning to worry about the fact that—I know it's not me. I know I'm working. I know I've got insurance, but it could be me next month. It could be me in December. It could be me in January. What about that?

Mr. McDERMOTT. Well, you know, JOHN, you are talking about the fundamental thing the President is trying to do, and that is to give people security, health security, that they know that if they get sick or they have an accident, they'll be taken care of. The fundamental weakness of our system forever has been that your health insurance has been tied to who you were employed by. When the economy's rolling along, and when the economy's going up, that's not too bad. It works pretty well. In fact, the difference between right now and what was going on in 1993–1994, as you remember when Mrs. Clinton tried to do this—everybody says, What's the difference between then and now? Then things were going up, and everybody thought, Well, this plan they're putting together is for somebody else. It's for them. They didn't know who "them" was, but it was somebody they didn't know.

When you have a system that's tied to employment—people always thought that this health care business was about them. The difference today is, as you point out, middle class people who yesterday felt they were just about as secure as they could be—they had a job, they had health care, their kids were in college, blah, blah, blah—and bingo, they lose their job. We had a bank go down in Seattle, Washington Mutual Bank. There were 4,300 people

that were affected. That's 4,300 families who found themselves instantly without a paycheck, without health care, and in many cases, all of their pension money was in an IRA of the company's stock. So they suddenly had no pension. They had no security whatsoever. No house, no health care, no food, no anything.

It's impossible for that not to be stressful to people, and people then have stress-related diseases. There are plenty of stress-related diseases. We know them. Post-traumatic stress disorder is a stress disease. And any kind of emotional thing like that is going to take a toll on you physically. A lot of people are suffering today from emotional illnesses, secondary to the instability of their economic situation.

Mr. CONYERS. But, Dr. McDERMOTT, I'm talking about the people that didn't lose their jobs, income and health insurance. I'm talking about the folks that are working, and they know about that. They can't help but think, That could happen to me. I don't know what you call this, but you start another stressful situation from that. There is nothing happening to them, but it's happening to people around them. It happens, like these people that I saw in this shelter in Detroit, where if we weren't in a shelter, they would be people I would expect to see at Starbucks.

Mr. ELLISON. If the gentleman would yield, can I just point out that I have a chart here that I think does shed some light on the situation. Because a lot of the dialogue we've been having, quite frankly, is focused on the uninsured.

But let's take a moment to talk about the insured, the folks who actually have insurance, the people who have anxiety about what could happen to them if they lose it, if they get sick. Because you know, if you get sick, that's when they don't want you on their insurance anymore, right? Cumulative change in single and family health insurance premiums, that's what you pay, what comes out of your check every 2 weeks or every month—and the Federal poverty level.

We've been seeing that the level of poverty has been rising, but look at this dramatic increase in the family premium. This family premium has jumped up 130 percent from 1996. This is real money coming out of the paychecks of real families all the time. People say we don't need reform and say that we're trying to scare people with fake death panels and fake school sex clinics and all this kind of stuff. The fact is that this is what the average family is living through, and this is impacting people who pay premiums, which means they have employer-based health insurance. What are people to do about this dramatic situation as they're facing trying to make ends meet in their family budget?

I yield to either one of the gentlemen.

Mr. CONYERS. Well, when you say 130 percent increase, that's more than double, isn't it?

Mr. ELLISON. Oh, yes.

Mr. CONYERS. A 100 percent increase would be double. A 130 percent increase is one and a third more than what they're paying. Is this an annual increase rate?

Mr. ELLISON. This is from 1996 to 2006.

Mr. CONYERS. Oh, I see. It's a period of over 10 years. What it's saying to me is that these folks don't have any option of changing insurances or doing anything. What are their alternatives? If you don't pay, where are you going? Is there some private insurance company offering a lower premium? Can we call up insurance companies and say, My insurance has more than doubled over the last 10 years, and I want out. What happens then?

Mr. McDERMOTT. You're tough out of luck. If you go into the individual market, you'll pay even more. So if you're in a big group, you know, working for Ford Motor Company or for Delco Battery or something, that way you get the risk spread over everybody. But if they're just looking at you or me or the next guy, they're going to charge you a much higher premium for anything that you have, any kind of preexisting condition.

So it's worse when you leave one of those groups. People stay in, and they scramble to try to make it. But every company in the country has been shifting more and more cost onto the individual. They used to pay in some companies 100 percent. Now they pay 60 percent, and 40 percent has to be paid by the employee. Their deductibles are going up, and the copays are going up. That's why the President has said we have to find a way to control costs. We can't let this go on.

Mr. ELLISON. If the gentleman would yield, if you look back at this chart, "National Health Expenditures Per Capita." That means that we take all the health care expenditures and divide them by the number of people. So the average amount of health care expenditure for the average person—look at these numbers. This is what actually happened, and this is what is projected to happen.

If we look at 1990, going back to 1990, what we saw was about \$2,814 per capita, per health care expenditure per person. This is 1990, the year I graduated from law school. If you go to this one, 2009, it's \$8,160. Look at how this has more than doubled since 1990. As a matter of fact, this has nearly tripled.

The fact is these expenditures are galloping higher. If you look at the projected rate, we're up here. By the year 2018, it will be \$13,000 per person. This is ridiculous.

Now, there is another chart I want to show you, and this chart is a chart that looks at different countries. So you look at this blue here. The blue is the United States; and then we have the red, France; the green, Canada; the

purple, Germany; and then this aqua color, the United Kingdom. Back in the year 2000, we were up here at \$4,570, way above everybody else. If you look at Germany, they were second, but everybody else was in the low 2,000s or higher 1,000s. This is the industrialized world.

Now, if you flash forward to here, in 2006 we're up around \$6,714. We're still way above everybody else, but look at how we are compared to ourselves over time. The American family can't sustain this. Why do we cost so much more than everybody else? It's time for a change. It's absolutely time for a change.

I yield back to the gentleman from Washington State.

Mr. McDERMOTT. Well, I think that is what is really troublesome about this debate, is that people on the other side who argue that there doesn't need to be change—you say to them, Well, what are you offering? They say, Well, let's give tax credits to people so they can buy their own health insurance.

Now, let's just think about that for a minute. The average income in this country is about \$45,000. So you're making a little less than \$4,000 a month. You can easily spend \$1,000 a month on a premium. So each month you've got to take \$1,000 of your \$4,000 out and go down and buy your health insurance. Now, the Republican solution to that is, Give them a tax credit. Let them wait a whole year to the end of the year, and then you give them back their money at the end of the year.

□ 1715

Most people don't have that kind of ability to wait for 12 months to get their money back. Rich people can. I mean, they can wait for a tax credit someplace down the road. But ordinary people who are living from paycheck to paycheck to paycheck do not have the ability to spend a thousand dollars a month on a health care premium and wait 12 months to get credit for it on their income tax.

So their proposals sound like they have something in mind. Yes, they have something in mind, but it simply won't work.

Mr. ELLISON. Reclaiming my time, I'll cite another example of that.

We hear a lot of people saying the solution to the problem is that we should just let people buy and sell insurance across State lines, and they offer this as something that's supposed to fix everything. But what they don't tell you is that 34 markets around the country have markets where one to five insurance companies are offering products and that's about all there is. Like in Alabama, as the President mentioned, one company dominates 90 percent of the market.

So basically they want to say, well, if you can go from Ohio to Minnesota, then the fact is that they think that's going to solve the problem. But if you have a monopolized market here and a

monopolized market there, you still don't have a whole lot of choice. You still don't have a whole lot of people willing to offer you very much.

And how come these markets are so monopolized? Because it's extremely difficult to break into a market and build up a provider network, a doctor network in order to be able to compete that way. So they're saying you can compete with this monopoly and that monopoly and it's not going to solve anybody's problem, it might be a small part of some solution somewhere. But the real solution is single payer, which is why I'm on the bill, but a good medium solution is a strong public option, and we have got to have people fighting for it.

Mr. CONYERS. Will the gentleman yield?

Mr. ELLISON. I yield to the gentleman.

Mr. CONYERS. More and more Members of the Congress are coming on our universal single-payer health care bill. I'm very pleased about that.

The judiciary, one of the subcommittees, we had a hearing about this McCarran-Ferguson bill that exempts from antitrust obligation insurance companies, and health insurance companies in particular. And I received a letter, a nice letter, from the CEO of the America's Health Insurance Plans. Her name is Ms. Karen Ignagni, and she sent us a nice letter back. She declined to be a witness. That's a subject we'll probably pursue later on.

But I just checked in my little file of health insurance executive compensation, and this is public information, so I don't think she'd be offended by my discussing it here on the floor. Ms. Ignagni earns \$1.580 million in compensation, but her base salary was \$700,000. This was from 2007 filings. But she did also receive \$170,000 in deferred compensation and a bonus. She probably works very long hours, and we concede that.

But we looked at others that we want to talk with, another person that we are beginning to be in negotiations with. We have to, all of us, come around the table and discuss these matters.

Let's take Aetna; one of the biggest, I presume. Its distinguished chairman and CEO is Mr. Ron Williams. Mr. Williams, I don't know what it is he does, but his income is \$24,300,112 per year. Now, he's got some heavy responsibilities. Do you know how much more money he makes than the President of the United States?

Look, capitalism, a love story, I'm for capitalism. He earned a total of \$24 million plus for compensation in 2008 with more than half of that, \$13.5 million, coming from stock option awards. I don't know how that works. He also received \$6.4 million in stock awards to go along with his base salary, which was only \$1 million plus. But, in addition, he has the personal use of corporate aircraft plus a land vehicle as well as financial planning and a 401(k)

company matches, adding up to another \$101,000 plus for Mr. Ron Williams.

Now, I sent out a friendly invitation for the head of Aetna to come before my committee to discuss the incredibly important decisions involved in reforming health care in America. Here is a person who has a lot of experience in the subject matters that are being debated in three committees in the House, two committees in the Senate, and heaven only knows how many of the people in the White House are working on this. K Street, we know, is fully occupied in this matter. We need to talk.

What about CIGNA? That's another big company. Its CEO, unfortunately he only makes half of what the CEO of Aetna earns. Maybe he's not as efficient or maybe he doesn't produce. I don't know what it is.

But would anybody object if we invited these folks in to discuss this? I mean, we have the unemployed. Our colleague SHEILA JACKSON-LEE is going to have people coming in Tuesday at 5 o'clock next week to tell their problems. These are people that not only don't have income but they have huge debts.

But I want to go from the other end of this, Mr. ELLISON. I sympathize with all those that are suffering, but I want to try to understand—I've got to comprehend the view from the top with those who are not unemployed, who are not marginal, who are not lower income, not middle income. They're wealthy. So we have to extend these conversations both ways.

What about the chairman and the CEO of CIGNA, \$12.2 million annual income? What about WellPoint, Ms. Angela Braly, its president and CEO, \$9.8 million every year? What about Coventry Health Care, President Dale Wolf, another \$9 million? Centene Insurance Chairman Michael Neidorff, \$8.7 million; James Carlson, chairman of AMERIGROUP, \$5.2 million; Humana's President Michael McCallister, \$4.7 million; Mr. Jay Gellert, the distinguished president of Health Net, \$4.4 million; Universal American, Chairman Richard Barasch, \$3.5 million; Stephen Hemsley, UnitedHealth Group, president and CEO, \$3.2 million.

I want to get the picture from the top. They could explain to us and maybe put into more perspective why there's such a maldistribution of health care to everybody, because these are health insurance companies. If they don't know—I mean, they have a lot to tell us, and I would like to hear them in their own way and in their own words explain this situation, because we've got big decisions to make.

We don't just represent the poor and the left out and the marginal; we represent the whole country. When I cast a vote in the House of Representatives, it's from my district that they sent me, but the vote applies to everybody in the United States of America, all 350

million people, including the upper 1 percent of income earners especially in health care.

Mr. ELLISON. Reclaiming my time, I want to thank the gentleman for making the point so very clear that there are winners and losers in the health care roulette that we have going on in our country, and it would be nice to hear from some of those people who seem to be coming up roses all the time to explain exactly what's going on.

Mr. CONYERS. But they make the policy. I'm not a work inspector that wants to know how many hours they worked or what they did, but they make the decisions that lead us to be here, the whole Congress, two committees in the Senate, three committees in the House. We have caucuses every single day. Talk to me, somebody. If I'm going to be working on something this enormous, a multitrillion dollar decision, the people that have been making the decisions all these years, they have got to send me some letters.

□ 1730

Mr. ELLISON. Well, Mr. Chairman, if I could cut in. I just want to read very quickly before I hand it over to the gentlelady from Texas, SHEILA JACKSON-LEE, that I have somebody from Minneapolis who wants to tell me that their family—it says actually this, “We are in foreclosure, housing foreclosure, health insurance is \$600 a month for a family of five. We applied for a loan modification and were denied.”

You know, this is a big deal. This family is dealing with this situation. “Even with a loan modification, we still would not be able to afford our mortgage because of the cost of our health care insurance.”

This is what a young lady trying to put food on the table is dealing with in my district right now. And I just think that her voice deserves to be heard as well.

So with that, let me yield to the gentlelady from Texas and note that we have about 12 minutes left of our time, and it has been a wonderful hour.

And the gentlelady from Texas, let me welcome you to the floor, and I yield to you for your remarks.

And by the way, thank you for bringing people together next week to let the people be heard.

I yield to the gentlelady.

Ms. JACKSON-LEE of Texas. Let me thank the gentleman from Minnesota and the distinguished chairman, who was really posing a rhetorical question as to why the voices of opposition are in opposition, and let us hear about their case.

And today I am on the floor joining you, Congressman ELLISON, to thank you as you've kept this battlefront going. Many of us have had moments when we have had to depart quickly, and therefore, we have missed the opportunity to share with you, but we have appreciated the opportunity for your presence on the floor.

We have got to have health care reform now. We have got to have a vig-

orous public option, Medicare Plus 5, and my position is, if this is about, Congressman ELLISON, about loss of life, 18,000 people are dying every year because they do not have health insurance.

But let me try to dispel the myth that this is a Democrat issue. This is a bipartisan issue, and I don't know when our friends on the other side of the aisle are going to get it. Because if history was recollected, you would see that Nixon, Carter, and Clinton all tried health reform because it was imperative. And if we had enacted Federal health spending as a percent of GDP dealing with health care under Nixon, Carter, or Clinton—meaning that we would have cut the cost, slowed the cost down—we would not be where we are today, which is this excessive cost in health care—and I've got a small chart. But the main idea is to say to you that spending would be much lower today if we had enacted health care reform under Nixon, Carter, or Clinton.

Right now we are spending 5.2 percent of annual growth, and we're spending \$2,000, it seems, in U.S. dollars per capita for individuals trying to be covered by health care. If Nixon, Carter, or Clinton health reform had been enacted, the share of GDP on health spending in the U.S. would be closer to other countries.

We have a problem, and the interesting thing is that we seemingly are listening to our own voices and the voices of those who do have a right to express them but seem to be confused by the messages that are coming out.

We see the attack on TV suggesting that this bill will take away Medicare from seniors. It is well known that we have been working with AARP. They are not beholden to us. They are not making decisions precipitously. They are looking closely at their responsibilities to their members. And I can assure you they are watchdogs, and they want to have a fix in the doughnut hole—Medicare part D—and they want to ensure a healthy Medicare, and they want to protect their members. So there is no substance to the characterization that we want to take away your insurance, that we want to take away Medicare, that Medicare Plus 5 will not be valid.

And there are questions about hospitals. Some of us are openminded in dealing with this question about hospitals, making sure that they don't represent to themselves that their doors are closing. We're concerned about doctors; we want to make sure that they can keep their doors open.

And I would offer to say this point: The chairman has spoken about the voices of opposition, if I heard him as I came on the floor, Why can't we find out what their gripe is, that are making this amount of money and seem to be doing well?

Mr. CONYERS. Would the gentlelady yield?

Ms. JACKSON-LEE of Texas. I would be happy to yield to the gentleman.

Mr. CONYERS. I don't claim them to be voices of opposition. I don't know what their position is.

Ms. JACKSON-LEE of Texas. Exactly.

Mr. CONYERS. I just want to find out.

Ms. JACKSON-LEE of Texas. What is it.

Mr. CONYERS. And I offer the hand of cordial exchange of views that we always do in the Judiciary Committee, and that is can we talk. Let's see where we have areas of agreement and where we have areas of disagreement. That's how the legislative process works. And then get all of the facts out on the table and decide what form and shape health care reform is going to take.

I can't predict it now. If somebody asked me to tell them what a strong public option is—I've never seen a public option in my life. I don't know what it is. I know that it's an alternative to the 1,300 private insurance companies, that every industrial company has at least one or more public options. But what its precise characteristics are, nobody's ever handed me a sheet of paper and said, This is a public option.

Ms. JACKSON-LEE of Texas. If I could reclaim the time yielded for a moment. And I thank the gentleman for clarifying that.

You're right. I am willing to hear them too, but juxtaposed alongside of listening to a reasoned discussion and debate as to whether you're for or against, or what you're for, and to get them to understand what a vigorous public option is, as we've interpreted Medicare Plus 5, which will harm no one. I want to hear from the sick and the infirm, people who have suffered. Maybe you are better now. But you've suffered the burden of not having health insurance.

Mr. Chairman, we're going to convene those individuals in Washington, D.C. We'd love for you to reach out to our office. If you're prepared to drive in or bus in or fly in so that your story can be heard, here's my condition: Because I had no insurance; my insurance was denied because of pre-existing disease; or because, in essence, my insurance said, you are not covered. These voices we have not been able to hear on the floor of the House or in committee rooms. When various individuals who have opposed this approach have offered their proposal, who are they speaking for? Are they speaking for that throng of individuals who claim that this country is their country as well, but they have not been able to secure the opportunity for good health care.

Mr. CONYERS. Could we have friendly CEOs of health insurance companies join us at that hearing? Would they be invited too?

Ms. JACKSON-LEE of Texas. I think that that would be most advantageous because then we could hear from individuals who feel and know by their work and their research and their companies' research that their house will

not collapse if we open up insurance so that all Americans have access to insurance and that we have 100 percent coverage.

What I am shocked about, something as vital as health insurance and as close to saving your life as health insurance, people are willing to say it's okay if 47 million Americans are uninsured. They seem to believe that that is a statistical number that we can bear.

I want these individuals who have suffered unfortunately and tragically from our failed health care system—not in terms of quality, not in terms of commitment, not in terms of good hospitals, but in terms of covering all Americans and lowering the costs.

Democrats are standing here advocating for lowering the costs. And this document that was presented to us by, if I might, by Karen Davis, president of the Commonwealth Fund, suggests to us if we had suggested the health care reform of Nixon—who was a Republican—of Carter and of Clinton, we would have had lower health care costs today.

And I can assure you we wouldn't have the premium surge, the upstart, the support of the premiums that are probably impacting the family between mortgage foreclosures that have not been responded to, the \$600-a-month premium that they have to pay in order to provide for their family.

Mr. ELLISON. If the gentlelady will yield, I have one more I want to show to you.

Another gentleman named Patrick who says, We have a 19-month-old daughter with congenital heart problems. We're self-employed. She was denied coverage. We pay \$14,000 a year.

Ms. JACKSON-LEE of Texas. This is a crime.

Congressman ELLISON, thank you for that real-life exhibit, if you will. And to that family, we don't want to suffer this kind of injustice to you much longer, a 19-month-old who is denied because of preexisting disease.

I know if we start this program, first of all, we're expanding CHIP, Children's Health Insurance Program, we will be expanding Medicaid. We'll have a public option. There will be an opportunity for the private insurers. This is a big country. We're growing exponentially, and the issue is, those are the sad stories.

I wish that gentleman could come here to Washington and tell his story because these are the voices that need to be heard. Even though we heard them in our town hall meetings, they need to be here in the Nation's capital, their home, their capital, to tell this body and the other body what this is in real life and real time.

Mr. ELLISON. If the gentlelady and the gentleman will yield.

We are down to about 1 minute.

So let me just say—because you will have the last word—this is the Progressive Caucus coming to you week after week for a progressive version of Amer-

ica where we're all included, we're all a part, health care for all, peace now, environmental sustainability, and civil rights for everybody, health care performed, patients before profits.

I yield to the gentlelady and the gentleman for their last words.

Ms. JACKSON-LEE of Texas. I am proud to be part of the Progressive Caucus and working closely in negotiating and working with my colleagues on ensuring a vigorous public option to save 18,000 lives every year.

I yield to the distinguished gentleman.

Mr. CONYERS. I just want to close the debate hoping that one of the dozen presidents of the health insurance companies will join us—maybe all of them or as many as schedules will permit. What I want them to know is that they've never said that they didn't care about the 47 million people who aren't insured.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2997) "An Act making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2010, and for other purposes."

TURNING POINT IN WAR ON TERRORISM

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

Mr. HUNTER. You know, we're at a turning point right now in the war on terrorism. We talked about Afghanistan today, Madam Speaker. But first as we do this, I would like to yield as much time as he may consume to the gentleman from Florida, an Army veteran and a member of the House Armed Services Committee, TOM ROONEY

Mr. ROONEY. Thank you, Mr. HUNTER.

Just last week, myself, along with Mr. HUNTER from California, sent a letter to the President asking him to take seriously the request of General McChrystal, the commander in Afghanistan; ask McChrystal to come to this body and address the Congress—or at least address the Armed Services Committee, of which I am a member—to let us know what his plan is in a very specific and detailed manner so that we can ask the tough questions, that we can do the people's work and to look out for our men and women serving in uniform.

Along with many members of the freshman class, that letter was sent last week, and along with many other

letters sent to the President, along with letters sent to my office, phone calls asking me to support our troops, support the generals on the ground, support our military chain of command and to do the right thing in Afghanistan. And that's to give us a chance to win where we know that we can win.

The United States versus the Taliban. Think about that for a second. The United States versus the Taliban. And what the questions are and what we have to do. As Sun Tzu said, Don't go to war until you know you can win; and when you go to war, know that you've already won it.

So what General McChrystal is asking the President to do quite simply is three things to win the war in Afghanistan: First, give us a surge in troops more than the troops that we've already approved—at least 43,000 more troops—to be able to secure the towns and villages and cities so that people feel safe, so that people come out of the woodwork and the intimidation of the Taliban and can feel that they can trust the Americans and our allies, that we're not going to leave, that we're going to stand by them and stand by for the people's rights and freedom in Afghanistan.

□ 1745

This has been an issue of a lot of contention and, quite frankly and unfortunately, politics, not only here in the House but between the two parties and across this great country. The second thing is to integrate with the Afghan people. It's going to be risky. We are going to have to come out from behind the walls, out of the Bradleys, come down from the turrets in the Humvees and really do a much better job of winning the hearts and minds of the Afghan people.

It's going to open us up to risk, and it's going to up us up to harm's way, quite frankly. But I think General McChrystal understands that it's going to take some sacrifice; it's going to take making the risks and the hard decisions to be able to accomplish this goal. Because, on the other hand, you have the Taliban, which operates under intimidation, operates under violence and threats that, if you cooperate with the Americans, we won't forget it and you will be punished, and there will be recourse for the things that you have done to cooperate with the enemy, in that case, us, the United States.

The third thing that General McChrystal asks of the Commander in Chief is to help end the corruption in Afghanistan politically. This is the hardest of the three prongs and I think the most important. The local governments, the regional governments and the central national government have a long, long way to go in ending what has been a long string of corruption in Afghanistan. That's going to be the most difficult aspect of General McChrystal's request. But, again, we have the best team in place.