

Next fall, the United States' occupation will equal in length the Soviet Union's own physical involvement in Afghanistan. Like the Soviets, we continue to secure and bolster a failing state, while encouraging an ideology and system of government unknown and unwanted by its people."

Mr. Speaker, I want to again say to Captain Matthew Hoh, this took courage for you to speak out, as it took courage for you to fight for this country in Iraq. I hope that our colleagues here on the floor of the House will debate this issue, not only about tomorrow, what are we trying to accomplish in Afghanistan, but in the years ahead, what are we trying to accomplish?

Mr. Speaker, with that, before I close, as I always do, I will ask God to please bless our men and women in uniform; I ask God to please bless the families of our men and women in uniform; I ask God in His loving arms to hold the families who have given a child dying for freedom in Afghanistan and Iraq; I will ask God to please bless the House and Senate that we will do what is right in the eyes of God; and I will ask God to give wisdom, strength and courage to the President of the United States that he will do what is right. And three times, Mr. Speaker, I will ask God, please, God; please, God; please, God, continue to bless America.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Ms. FOX) is recognized for 5 minutes.

(Ms. FOX addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

#### HONORING MAJOR TAD HERVAS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. PAULSEN) is recognized for 5 minutes.

Mr. PAULSEN. Mr. Speaker, I rise before the House today to remember an American hero, Major Tad Hervas of Coon Rapids, who died in Iraq on October 6.

It's so easy for us in the hustle and bustle of life to focus on our own challenges and our own concerns, and it's only natural for us to seek as much comfort and security as we can get in our own lives. But then something happens that comes to remind us that whatever success, security or hopes that we have depends on the sacrifice and the service of those who offer their lives in defense of our Nation.

Everything that we have as Americans was built on such a foundation over many generations. Every privilege that we will enjoy in the future will be bought with the heroic way our military performs its essential duty.

In the community of Coon Rapids, Minnesota, we continue to mourn the death of Major Hervas, who truly embodied the sacrifice that makes America what it is today.

Tad graduated from Coon Rapids High School in 1979. He went on to attend the University of Minnesota-Duluth, where he began a successful career in the military.

Major Hervas served in the Air Force in the very first Gulf War. After 9/11, he enlisted in the Minnesota National Guard, joining Minnesota's great 34th Red Bull Infantry Division. He was serving his second tour in Iraq when he lost his life in Basra just a few weeks ago.

Mr. Speaker, I have never worn our country's uniform myself, but one of the greatest honors of this job is all the opportunities I have to spend with those who do so. Hollywood movies tend to glamorize military folks and portray them as super men or super women, but what I have found to be so truly amazing is that they are just regular people who achieve super things. What makes them special is their drive to answer to a higher calling and truly put service to country above everything else.

As the Scriptures affirm, there is no greater love that a person can show than to lay down their lives for their friends. Major Hervas, over a period of decades, laid aside his own comfort, security and personal plans for his family, friends and neighbors, including millions of people who never, ever knew him. We owe him a debt of gratitude that we can truly never repay.

We stand with his father, Ned, and his mother, Barb, and his whole family in grief, and we assure them that we will do everything we can to try to help ease their pain in his passing.

Basra, Iraq is a long way from Coon Rapids, Minnesota, in every conceivable way. I know that the inspiration for Major Hervas' service was a love for his country and a desire to see freedom grow around the world so that others can enjoy the same freedoms that we all do. By creating a safer place for freedom to grow, Major Hervas gave a gift to future generations of Iraqis who may be able to live better than their predecessors were able to do.

Mr. Speaker, as we get back to debating health care and other important issues here like the economy, I want to make sure, and I hope that we will all take a moment to remember Major Tad Hervas and his sacrifice for all of us. He and thousands like him make our freedom possible and our future bright. Let us do everything in our power to make this a Nation that is worthy of the ultimate sacrifice that he made.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. DEAL) is recognized for 5 minutes.

(Mr. DEAL of Georgia addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. HUNTER) is recognized for 5 minutes.

(Mr. HUNTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. WESTMORELAND) is recognized for 5 minutes.

(Mr. WESTMORELAND addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### 30-SOMETHING WORKING GROUP

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

Mr. MURPHY of Connecticut. Mr. Speaker, I am glad to join my colleagues on the floor this afternoon to talk about the final stages of our push to complete what has been a very long journey to bring health care to the millions of Americans that don't have it, to lower the cost of care for the millions of small businesses and families that can't afford it, and to start finally doing something about the great burden to taxpayers in this entire economy of the cost of a system that outpaces all of our competitive neighbors across the globe by a two-fold margin. We will hopefully be joined here on the floor by some other Members who are just as interested in reform this afternoon.

Let me start out by saying that this really should be a bipartisan issue. Health care reform, which touches individuals no matter whether they are a Republican or a Democrat, whether they are a liberal or a conservative, should be a bipartisan issue. We should be sitting here working together to try to pass reform. Because when it comes down to it, there is, I think, broad bipartisan agreement, both in this House and out in the public, about what the problems are out there.

We have too many people that are playing by the rules, doing everything we ask, getting the job, being employed, putting food on their table for their family and their kids but they can't get health care insurance. Five out of six of the uninsured in this country are part of a family that have at least one full-time worker.

We agree that it doesn't make sense that there are so many people who are doing everything we ask and simply can't afford to have health care insurance. We also agree that it doesn't make too much sense that doctors have seen a lot of the joy be taken out of the practice of medicine as they spend more and more of their time filling out paperwork, hiring claims managers and fighting with insurance companies.

□ 1500

We need to get physicians back to the practice of medicine and get the

practice of medicine away from the practice of arguing over reimbursement.

We agree that the cost of our current system cannot be sustained, whether it is for an individual business that has seen its health care insurance premiums increase by 120 percent over the past 10 years or whether it is for the employees, the families that make up that small business or that large business who have seen their share of health care insurance costs increase by a similar percentage.

We all should agree that the current trajectory of costs for this government is unsustainable as well. The reason that Medicare is on a path towards bankruptcy is not just because you have an enormous amount of individuals, the baby boomer generation, entering Medicare age. It is also because we have constructed a system which pays far too often for volume of care that has nothing to do with quality of care, and we are paying for a lot of medicine out there, billions of dollars worth of medicine, that isn't adding any actual value to the health care that people get.

I bet you if we got together a random sample of Republican and Democrat Members of Congress or Republican and Democratic voters or liberal and conservative voters, I bet you there wouldn't be too much disagreement that we as a society and as a government should step up to the plate and do something about the fact that we have got too many people playing by the rules who don't have insurance, that we have too many businesses that are bearing the cost of an unsustainably high system, that we have too many physicians that are spending too much time arguing for reimbursement and not on providing care, and this government is spending too much money on medicine that doesn't add value.

The difference, though, comes in our commitment to doing something about the problem. That is where the rubber hits the road. It is one thing to go out into the public as an elected official and say that you understand people's problems, that you feel their pain when it comes to health care. It is another thing to have the courage to come down to this House floor and put your vote and put your advocacy where your mouth is.

That is the problem that we have in the House of Representatives right now, that it is only one side of the aisle that is proposing real, sustainable, transformational reform to our health care system which provides answers to those businesses, those families and those taxpayers who know in their hearts that the status quo is unsustainable. It is unfortunately the Republican minority here in the House of Representatives and in the Senate which has decided to be the Party of No, which has decided to stand in the way of health care reform.

Now, I want to take my Republican friends at their word. I want to believe

them when they say that they are for reform as well. But it has been about 135 days since the Republican leadership announced that they were going to put a plan with real words and text and ideas behind it so that the people out there could compare the proposal for health care reform that has been proposed by President Obama and the proposal put before the American people by the Republican minority. Well, it is 133 days later, over 4 months later since this declaration was made, and we are still waiting. We are still waiting.

Now, I don't know why that is. There are some out there that will say that the objective of the Republicans is to stop reform from happening for political reasons; that they think they can do damage to the Speaker or to the Senate President or to the President by stopping health care reform from happening. And those critics look back to the years when President Clinton tried to address this issue, and it was widely understood that then-Minority Leader Gingrich decided that his path to the speakership laid in destroying the President's plans to try to reform our health care system.

I hope that is not the case. I hope that our Republican colleagues here are not opposing health care just because they see political gain in it.

There are some out there that say that the opponents of health care reform are allied with the status quo, are allied with the insurance companies and drug companies and other industries that may not have an interest in reform. That is certainly the emerging case, that the major health care industries that certainly have a lot to lose from a system that transfers the profits they are making and turns it into help for middle class families are going to try to stop reform from happening.

I will say I think a lot of people have been pleasantly surprised that there has not been as much opposition to this debate as maybe one would have expected from the insurance and drug industries. Frankly, I congratulate them on making an honest attempt to be part of this process. But, as we have seen over the last few weeks, those industries are starting to inch away from the table, potentially starting to prepare to bring the full weight of their money and influence down on stopping health care reform.

I hope that my Republican colleagues aren't stopping health care reform from happening because of their alliance with some of those industries. But if it is not because they have something to gain politically, if it is not because the Republicans have an alliance with the status quo industries, then we are sort of left at a loss to figure out why, if we agree on the problem, if we agree that something has to be done, why we can't come together on trying to fix it. We are now entering the final stages of this debate, but it is not too late for us to be able to come together here and get behind some common so-

lutions to what is undeniably a common problem.

So we are going to continue to come down to this floor and call out our Republican colleagues who seem to be out there saying they are for reform, but when it comes to the actual process of coming up with a bill are nowhere to be found, and when they say they are going to come up with their own bill, leave us waiting for over 4 months to find it.

We are going to continue then, in absence of real alternate solutions or cooperation from the Republicans, to press our ideas forward, to talk about how we can bring together this Nation around some basic principles of fairness; that insurance companies shouldn't be able to kick you off your insurance when you get sick; that insurance should actually go back to being insurance so you don't have to be charged 5 times, 10 times as much just because you have cancer; that we should be able to pool together the purchasing power of individuals and small businesses so that they no longer are negotiating with the insurance companies just based on behalf of their one family or their 10 employees; that we can still base reform off of the free market, but we can try to structure the free market in a way to give a little leg up to all the people getting the short end of the stick in the existing market, small businesses and individuals.

We can reach out a helping hand to those people that I mentioned at the outset who are playing by the rules, who are doing everything we asked them to do, and help them buy insurance. Not by buying it for them, not by handing them a government-run insurance program, but by helping individuals with tax credits that will partner with their own money to try to buy insurance for themselves and giving them the option to buy into the same type of plan that every Member of Congress, every veteran, every soldier, every Medicare beneficiary has, a government-sponsored health care insurance plan.

We are going to talk about those ideas, because those are unifying ideas that bring together businesses, individuals, families and taxpayers, to try to get insurance to people that don't have it, to try to lower the cost of insurance for businesses that are being crippled by our current system, and to try to put back some fairness into the insurance markets for American families.

I hope we are in the final stages. I hope it is not too late to get bipartisan cooperation on this. But we can't wait any longer.

I am so glad to be joined on the floor by my good friend from Ohio, Mr. TIM RYAN.

Mr. RYAN of Ohio. Just to continue on as you were saying, one of the key components of this legislation is to help small business people, and I think in the long term this is going to be part of long-term strategies in the

United States. We are working on the stimulus package and other job-type programs, but if we don't have and put in place long-term, systemic changes to health care, we are going to continue to impede long-term growth in the United States.

What we are saying here is, why are all of these small businesses putting so much of their budgets into health care when that money should be going back into buying new machines, hiring new employees, paying their employees more? It is because the cost of insurance keeps eating up more and more of their budget, so wages have been stagnant. So what we need to do is continue to reinvest back into these companies, and that is what this bill is all about.

Over the course of the last couple of days, we heard our friends on the other side, Mr. Speaker, time and time again continue to talk about we are removing choice. That couldn't be further from the truth. We are trying to increase choice. The idea of the public option is to increase choice.

Our friends on the other side, boy, if it came to a trade agreement, if you would pull up the CONGRESSIONAL RECORD and you would listen to these folks talk about trade, choice, increased competition, lower prices, it will have all these great effects throughout the market. But now when we say we want to introduce choice into the health insurance reform package, giving more options, maybe even a public option, a Medicare-style option for people to be able to go into and buy into, all of a sudden they are against it, Mr. MURPHY. They are against choice.

The fact of the matter is that this bill in the long term has a human rights component to it, as you stated, with eliminating preexisting conditions, making sure that people don't go bankrupt. I think those two in and of themselves would be transformational reforms to the health insurance program.

Our friends yesterday in their long line of speakers, they were all talking about being scared. I think at the end of the day, our friends on the other side are going to be most scared when in November or maybe even early December we have a vote on health care for America, and when they are really going to be scared is when they vote against health insurance reform and they wake up the next morning and they look in the mirror and they say, I just voted against eliminating preexisting conditions; I just voted against having a cap on how much an American can spend per year as a percent of their income so they don't go bankrupt. I voted against it. I voted against subsidies to make sure that people could afford health insurance.

That is not going to be a good holiday season for a lot of folks, waking up realizing they did that. I think it sounds good now to be against this and appeal to the radical fringe of the Re-

publican Party, to appeal to the tea baggers, to appeal to those people who are completely anti-government. It may sound good. It may be comfortable right now to be in that position. But at the end of the day, history will look back and say who was pushing this reform to make health care more affordable and to address these human issues, and there are going to be folks on the wrong side of that.

Mr. MURPHY of Connecticut. Mr. RYAN, what comes with that is a defense of the current system, and whether it is part of their 1-minute remarks when they come down to the floor or not, for the party who had control of this House for 12 years, who for eight of those years had the White House at their disposal as well, they had plenty of time when they had control of the House, the Senate and the presidency to do something about health care, and they didn't do it. So you combine that inaction along with their opposition to this reform effort and you get a party which is the party now that is defending the existing health care system as it stands today.

Listen, we don't govern by polls here, but I think some polls give you a little idea on where the American people are coming down on this fight. All the polls that I have seen that ask this question, if health care reform fails, who will you blame, make it pretty clear that they know that if health care reform falls apart, which I don't think it will, that it will be the Republicans who sent it down.

That is not what people want, because they know the status quo doesn't work. They understand that this mythology of competition just isn't for real; that in half the States in this country there is one insurer that controls 50 percent or more of the business, and in three-quarters of the States there are two insurers that control almost two-thirds of the business. If you are a small businessman right now, because you are only bargaining on behalf of a few of your employees, you are paying about 120 percent or more than what some of your bigger competitors are paying.

□ 1515

The competition just doesn't work today.

So, listen, if you want to talk about what to be scared of, the real thing to be scared of is doing nothing, is allowing for the cost of this system to continue to explode for families and for small businesses to get the short end of the stick when it comes to their inability to bargain with insurance companies. What we really should be scared about is for politics to drive a wedge into the heart of doing what's right for this economy and our families, Mr. RYAN.

Mr. RYAN of Ohio. I love when our friends on the other side, oh, my God, they're going to start rationing care. Like, are you breathing in 2009 and hearing and seeing what's going on

with the current private insurance market? It's unbelievable the rationing that's going on. And what we're saying to the insurance companies is no longer will you be able to tell an American citizen you can't cover them because they have a preexisting condition. Now, that is a transformational step in the private insurance markets. But right now we have our friends on the other side of the aisle and across the dome saying that somehow this system is okay.

And you know what? This will be a Democratic bill when it passes, and we're all going to have to live with the consequences. But I will tell you, I'd much rather be in Niles, Ohio, in December telling my constituents that they will never be denied because of a preexisting condition, the 1,600 families that went bankrupt in the 17th Congressional District in Ohio, that that won't happen anymore. That's a pretty good holiday gift, a pretty good Christmas gift for a lot of people in my district. And to go to a small business person and look them dead in the eye and say, You know what? Last year your insurance went up 15 percent and now they're projected to go up another 15 or 20 percent as far as the eye can see. And that's the thing we forget to talk about is this isn't, Oh, my insurance went up 15 percent in the last 5 years. No. It went up 15 percent a year every year for the last 5 years, or whatever the case may be, and the projections are, in 30 years, \$1 of every \$3 in the United States of America will be spent on health care. Now, to me, we have a responsibility to do something.

And when folks say, well, you're going to bust the budget, we're not going to do anything. The budget is on its way to getting busted. We're trying to fix it. That's what this is all about. And when you have 45 million people a year without health insurance, and the numbers can be disputed, 10 million, 15, 20, 30, 40, we all hear, there are millions of people in the United States of America who go into an emergency room and call that their health care plan. And then you follow in after with your insurance card and you wonder why you're paying \$10 for an aspirin. Well, because three people just walked in and didn't pay anything for an aspirin, so you've got to pay for it, and the people with insurance. So those costs get pushed off. That is unsustainable.

Let's get these people in the tent, get them preventative coverage. We can give them a \$20 prescription, Mr. ALTMIRE, instead of letting them 2 weeks later show up in the emergency room and spend a week in the hospital costing us \$10,000 or \$15,000. Now, this is not rocket science, but the trick is taking on the special interests that have controlled this town over the past 8 years and trying to wrestle control away from them and trying to give it back to the American people.

Now, just think about it. Since the Democrats have taken over, we've taken on the oil industry. We've taken

on the banking industry and got them out of the student loan business. Now we're taking on the insurance industry. Whose side are you on? These are the people we're taking on, and the American people, I think, once they hear the story, are on our team, recognizing we're taking on these big interests.

Mr. MURPHY of Connecticut. I yield to Mr. ALTMIRE.

Mr. ALTMIRE. I appreciate the opportunity to be here to talk about the importance of why we need to do health care reform. And the gentleman from Connecticut has heard me talk many times about an experience that I had which alludes exactly to what the gentleman was talking about, where a woman in my district came to me and she said all the reasons that she was unhappy with the Democrats in Congress, she was unhappy with the President. And she said to me, Don't you dare take my money to pay for those people who don't have health insurance.

And I said to her, Well, the problem is you're already paying for them. As the gentleman articulately said, if you go to the hospital and you don't have insurance, you get treated. They cover you; right? You get whatever the health care you need. It's the least efficient, most costly setting. But they're going to transfer those costs to the next person who comes through the door that has insurance.

And this woman said to me, It's interesting that you say that, because I just had a procedure done at the hospital and I had to pay \$18,000 out of pocket because the insurance denied part of my claim, and I asked the hospital, she said, why does everything cost more than it should? Why does an aspirin cost \$10? Why does everything cost five times more than you would think it costs? And she was told, as the gentleman talked about, well, that's because of the cost shift that takes place to pay for the people who don't have coverage, a cost shift to the people who do have insurance. And that's the crux of the whole thing.

I hear all the time you guys agree on 80 percent of this; right? Everyone agrees we should do the insurance reforms, no preexisting exclusions, no caps on out-of-pocket expenses, lifetime or annual caps. The insurance companies will have to take all comers. They won't be able to drop you if you get sick or injured. They won't be able to deny you coverage for any reason. And everyone does agree on that. Yes, we should do that. The problem is we can't do that by itself.

And the reason health care reform has never happened before is because of the hard decisions that have to be made, the decisions that we're going to make in this Congress and the decisions that for a hundred years since Theodore Roosevelt, literally a century ago, first started talking about health care reform we've failed to do as both Congresses and administrations, both Republican and Democrat. And those

decisions include: How do you get people into the system who aren't insured? How do you do that?

The only way that works, the only way that you can tell the insurance companies you have to take everybody no matter how sick they are and you can't use their health status to set their rates, the only way that works is if you get the young and healthy people into the system, the 24-year-olds who are currently offered insurance by their employers but they turn it down because they think there's something they can do better with the \$200 monthly premium than buy health insurance. And they say, Well, I'm young. I'm healthy. I feel good today. I'd rather do something else with that money.

Well, we have to find a way to get the young and healthy people into the system. If you're going to require people to have health insurance, you have to find a way to help them afford it as individuals and as businesses. Because if you're a small business—and almost half of small businesses are unable to offer health insurance now because it costs too much. If you're a small business that can't do that, it's not because you don't want to. It's not because you're a bad person. It's because you can't afford it. And this bill is going to help small businesses find a way to offer health insurance to their employees. It's going to offer tax credits, if we do this right, and small businesses will be able to offer health insurance. Individuals who are required to have insurance that can't afford it are going to receive some assistance to help them do that. And what that does is it offsets the risk pool. It balances out what we all know needs to be done on the insurance side with the preexisting conditions and the exclusions.

So that's what we've never done. We've never made the hard decisions on the 20 percent that we all know needs to be done but we can't agree on how to do it. But there is 80 percent that is easy. But you can't do one without the other. So that's what we're going to try to do is do both.

Mr. MURPHY of Connecticut. Reclaiming my time, I think, Mr. ALTMIRE, that our Republican friends know that, because there's a reason they didn't do the 80 percent while they were here and in control of the House and in control of the Presidency, because it does necessitate the other 20 percent being done at the same time.

We all agree that preexisting conditions shouldn't be a reason for exclusion from health care, but as you said, you have to make a tough decision to get there, and that's that we have to ask all individuals to participate in health care. And then you have to be prepared to do the things necessary for those that don't have the means to be able to comply with that mandate. Those are the hard things that have prevented health care reform from happening.

But you know what? If this job was just about the easy things, there would

be a lot more people that would want to be Members of Congress. But this job is about doing the hard stuff. This job is about making some decisions that aren't easy regarding how you get to universal coverage, regarding how you expand the life expectancy of Medicare.

I mean it's worth talking about that for a moment, Mr. RYAN. We get all sorts of Republican Members coming down here decrying the fact that this bill starts to slow the rate of growth of Medicare, but they're the same exact people who come down here and talk about how Medicare is so broken and how it's going to go bankrupt and how Congress has to come and do something about it. Well, guess what? There are only two ways that you can fix Medicare. You've either got to send less money out of Medicare or you've got to bring more money in.

So our solution is, before we ask workers and employers to pay more in Medicare taxes, let's make Medicare efficient first. Let's get rid of the waste and the fraud and the abuse that's in Medicare today so that we don't have to ask more people to pay into the system or that we don't have to raise the age of eligibility.

Yet we have people out there trying to scare seniors, telling them Medicare is going to be cut without telling them that all that's being cut are the payments to insurance companies and the drug companies and the money that goes to health care systems that are performing a lot of extra treatments and procedures without any extra value and that their benefits actually get better, Mr. RYAN.

Mr. RYAN of Ohio. And the idea with Medicare, as well, is now we have in many areas across the country where people are 55 or 60 years old. They lose their job. They don't have health insurance, or they don't have very good health insurance. So I hear a lot from people in northeast Ohio that say, Well, I'm going to wait until I get into Medicare. I'm not going to get anything now. I will get some real basic coverage, if anything at all. I'll wait until I get into Medicare.

So we have people who now basically don't have insurance that are 60 years old and wait years before they go into the Medicare program who end up with very small problems not getting addressed and they become very big problems, and sometimes chronic problems by the time they get into Medicare, which is very, very expensive. But if everybody has health insurance, then you will get the kind of preventative care, the kind of screenings that you need, the kind of preventative treatments that you need to prevent you from going into Medicare and costing a lot more money.

So, overall, when we talk about slowing the rate of growth to Medicare, it's because there will be a healthier consumer, a healthier patient going into the Medicare program, which is going to have significant savings over time.

But that's not brain surgery. That's just a smart way to run it.

I mean, I think that if you would ask somebody to draw up the worst possible health care system for costs and efficiency, they'd say, Well, let's wait until you get really, really, really sick and then you go to the emergency room and get in line with everybody else who waited until they got really, really sick or had a major accident and you get in line with them. That's the worst way to do it. So we're trying to fix that.

Mr. MURPHY of Connecticut. I yield to the gentleman from Maryland.

Mr. SARBANES. I appreciate it.

I want to just echo what my colleagues are saying in terms of strengthening the Medicare program.

The savings that we're going to get out of the current program which come from being smarter—one way to do it is to be smarter on about how we deliver care and how we manage care, and we can realize savings that way.

The other way, and I'm sure this has been addressed in part already, is to go after some of the fraud and waste and abuses there. I mean, "60 Minutes" did a story recently where they talked about that. Well, you've got to put some resources in to crack down with enforcement.

There was an article a few weeks back about the producer of these motorized wheelchairs that cost them \$1,000 to make these things. They're selling them to the Medicare program for \$4,000. Well, that doesn't make any sense. That recalls the imagery of the \$600 toilet seat that the Pentagon used to buy before we cracked down on that kind of thing.

So there are things that we can do, very legitimate things we can do to find savings in the Medicare program.

But what's important to understand, and seniors need to understand this, is that much of the savings we're taking, we're not taking that and putting it somewhere else. We're actually reinvesting it back into the Medicare program. So, in other words, the savings we get from these important steps that we take, we can take the benefit of that and we can invest it in things like closing the doughnut hole. We can invest it in things like more preventative services on the front end so people stay healthy instead of getting sick and then it costs more to treat them later in the process.

□ 1530

There is plenty of research that shows that if you cover preventive services, if you get rid of that copayment, which we plan to do for things like the initial exam, for glaucoma screening, and for other preventive services, and you provide that to our seniors, it is going to benefit them and it is also going to save a lot of money in terms of the system in the long run.

So it is very important for our seniors to understand that when we go looking for savings in the Medicare

program, we do that with the goal of taking those savings and reinvesting them back into the Medicare program to make it stronger. And why wouldn't we want to make it stronger at a time when we have this baby boomer demographic wave that is coming into the country. Every 11.5 seconds, somebody turns 60 in this country. So we know that infrastructure has to be strong, and we have to do everything we can to invest in it going forward. That is what this bill does. That is why if you are a senior, you ought to be behind it 100 percent because it does all of the things that make sense for our seniors out there.

Let me yield to my colleague from Florida.

Ms. WASSERMAN SCHULTZ. Thank you so much.

Mr. Speaker, I am glad to be able to be here with my colleagues, both of whom are members of the 30-Something Working Group.

Mr. MURPHY, one of the things that has really stricken me when it comes to thinking about some of the devastating statistics that are out there in terms of describing what our uninsured population looks like are our older Americans. Not senior citizens; they are obviously covered by Medicare. But there was a 36 percent increase in the number of older Americans without health insurance between 2000 and 2009. We are literally at 7.1 million uninsured people as of just 2007, which means you know now there are more than that who are between 50 and 64 years old. It is really startling to me that there are that many. That is a gap in coverage.

I know my own mom, who has a pre-existing condition, if she didn't have a job, would be in that same category. She is 63 years old. She is not Medicare eligible yet. The job that she has provides health insurance, but she is a cancer survivor. As a cancer survivor, she is absolutely uninsurable. I have tried to get her insurance. She needs to be winding down her working years; but, unfortunately, there is no insurance company on the individual market or anywhere else that will insure her if she is trying to buy insurance privately. That is what health care reform will solve, for someone like my mom, for the more than 7 million people who are older in this country, who are either working Americans or who need to be winding down their working years, it will provide them with insurance that they don't have to worry about losing, that they don't have to worry about it being taken away because they have a preexisting condition, that will be tied to them and not their job.

Those are essential reforms. And it just continues to boggle my mind that our friends on the other side of the aisle who promised 133 days ago that they would have a health care proposal, a health care plan, an alternative to ours, the one that they are out there trashing every day, and yet

they still don't have one. They point to this bill and that bill that is maybe pieces of reform. I don't know. When I look at my children's puzzles that they have, the only time I think of it as whole is when all the pieces are together. You can't call a plan 40 different pieces of the puzzle and say, Oh, there's our plan. We've thrown out some suggestions. That's our version of reform.

That is not reform. That is just a whole bunch of broken pieces laying all over the floor. That is not leadership. Not only have they not exercised leadership, they have simply been an obstacle. The American people see through it. It is transparent. That is why every week that goes by, we pick up more and more support for health care reform. That is why 57 percent of the American people, when asked, support a public option, support a competitive option to provide more choice and more competition with the private market.

I will stop for now by just giving you my frustration from personal experience, because I have to tell you, over the last few months I have had an opportunity to talk about my own personal health care experience. In doing that, I felt very fortunate after going through breast cancer last year, that I had insurance. I had coverage through my job here as a Member of Congress. But I am 43 years old, and if I left employment with the Federal Government, I would be uninsurable because I had cancer. And this is what breast cancer survivors go through for the rest of their lives after a diagnosis, no matter how unlikely it is that we would have a recurrence.

For me, as a breast cancer survivor, I took steps to make it less likely even than the average woman to have a recurrence. So I am at like 96 or 98 percent likely to never have to deal with breast cancer again; but I would be uninsurable. That is wrong. Health care should be a right, not a privilege. It is just unconscionable. They are lacking in conscience, our opponents, and that is all you can call them right now is opponents. The opponents of reform have no conscience. They clearly don't care about making sure that people like me, people like my mom, people like the constituents that I represent who don't have insurance but deserve to have it, that they can get it.

Mr. MURPHY of Connecticut. Ms. WASSERMAN SCHULTZ, the awe and esteem you were already held in before the announcement that over the last year and a half you have been battling with this has only increased knowing that you were able to keep up the pace of your work schedule while going through that ordeal.

Ms. WASSERMAN SCHULTZ. Thank you.

Mr. MURPHY of Connecticut. You also know there are a lot of people out there who when they get sick can't continue working.

Ms. WASSERMAN SCHULTZ. Right.

Mr. MURPHY of Connecticut. I have told the story on this floor at least once or twice before about a gentleman who I met not more than a few weeks ago who contracted gallbladder cancer. He was an hourly worker at a factory in New Britain, and he was going to have to miss a number of weeks of work to get the initial treatment. That wasn't okay by his employer and his employer let him go because of the work that he was going to miss and might miss in the future. He is now unemployed because of his illness, and he is collecting unemployment benefits, but almost every dime of his unemployment is going to pay for the health care costs that he still has to bear.

And so everyone I think out there, now more than ever, as this economy puts more people in economic peril, realize that they are not just one paycheck away from potentially losing health care, but they are one diagnosis away from losing their job and the health care that comes with it.

Ms. WASSERMAN SCHULTZ. If the gentleman would yield, the point you are making can't be stressed enough. There are countless individuals in this country, countless people. We are talking about people. The 46 million, when you talk about the 46 million that are not insured, it is very easy to glaze over and think about them as an amorphous blob rather than 46 million human beings.

One of those human beings, like your example, the person who went through gallbladder cancer, was a woman who came into my office a few weeks ago, and she said this to me. She said, I am happy, Debbie, that you survived, that you got through your breast cancer. You were very fortunate when you were diagnosed. The only thing you had to think about was fighting your cancer.

A day after she was diagnosed for the third time, she lost her job, and then she lost as a result her insurance. So at the same time as getting a third diagnosis of breast cancer, she also had to battle for coverage and has not been able to get the access to care that she should have been able to get. That happens to breast cancer survivors and people who are victims of disease every single day in this country because their insurance is tied to their job. If they don't have a job, very often they don't have insurance and they can't get insurance. That is just, in this country, in the wealthiest country in the world, in the country that people always throw around the comment, we have the best health care in the world, no, we don't. We are 29th in infant mortality, and 37th in life expectancy. The statistics that Americans are dealing with in terms of their likely survival and their health is just abominable, because we have a sick-care system, like the gentleman from Ohio said, not a preventative-based system, not a well system.

I yield to my friend.

Mr. SARBANES. I want to just pick up because when we talk about the un-

insured, we are talking about 1 out of 7 Americans, and their plight is more obvious than the plight of the underinsured, which is another whole group of Americans. These are people who have purchased an insurance policy. They have been paying their premiums, month in and month out. Then they get sick, and it is at that point that they discover that the policy they have doesn't come anywhere near covering the treatment that they need because there may be a cap on how much the insurance company is willing to pay in terms of the medical expenses. Or it has high copayments and deductibles associated with it. So there you have a situation where people actually purchase coverage. They thought that they were in pretty good shape if an illness came into their family. But then when that situation confronts them, they discover that they are still at severe economic risk. And there are thousands of examples of families out there who had insurance and then somebody got sick and they have to go into personal bankruptcy because they can't afford to make the payments.

Now, if you were to add together the people who are underinsured with the people who have no insurance at all in this country, you are starting to get up to about one out of three people in America who are at risk in this way. So that means close to 100 million people are getting up every morning and they have a knot in their stomach because they don't know whether some illness is going to hit them in a way that will pitch them over the economic brink. You can't function as a society that way.

What I marvel at is look at how much we have achieved as a Nation, even while carrying around this broken health care system on our back. Think about what we could accomplish in terms of productivity and other things if we could fix this system once and for all. That is what this reform effort is all about. There is an industry out there that has got to be pushed to do the right thing. The health insurance industry has asserted that voluntarily they will change their practices when it comes to preexisting conditions and coverage exclusions for that, when it comes to rescinding policies based on some technicality that occurred at the time somebody was applying, when it comes to making their rates more reasonable and pocketing less profits by recognizing that they should put more into the medical expenses on behalf of their enrollees than they should into their own profits.

They have told us time and time again, we can fix this problem on our own.

Ms. WASSERMAN SCHULTZ. But they don't.

Mr. SARBANES. But we have seen, and coming in every day is evidence that they can't restrain themselves, they can't really discipline themselves. At precisely the moment in this debate when you would think they would want

to demonstrate restraint and show that they can forgo some of those sizable profits, I'm going around my district and hearing from businesses and employers who just now have gotten the notices on what next year's premium increases are going to be. They are looking at premium hikes of 20 percent, 25 percent, 30 percent. Now if a company that is only spending 75 cents of the enrollees' dollar on medical expense is turning around and sending out a premium notice that says we are going to raise your rates by 25, 30 percent next year, something is wrong with the picture.

This shows that left to their own devices, they cannot help themselves. That is why we have to move forward and put in place these best practices and put competition in place for that industry.

I have said a number of times, and I will repeat it again today, to me this is all about whether we are going to go on living in the health insurance industry's world, by their rules, or whether they are going to start living in our world by our rules—and they will live in our world, they'll do just fine—because we need health insurance in this country.

□ 1545

But they have to start getting with the program in terms of what ordinary Americans need and deserve with respect to health care.

Mr. MURPHY of Connecticut. And Mr. SARBANES, we've got to remember, health insurance is a business, it's a for-profit business. There used to be a lot of nonprofit insurers out there, including in Connecticut, but they're disappearing. In Connecticut, I'm not sure that we have a nonprofit health care insurer that's a viable alternative for folks in our State.

And so as a business, I guess you can understand that what we perceive as payments for necessary health care insurance companies term "medical loss"; that's what they call the money that they pay out for health insurance claims, "medical loss." Because to them it's a loss; any money that they pay out to pay claims is less money that they can keep for profit or as a return on their investment to shareholders.

Now, it's a business, so I'm not going to begrudge them the fact that in the end their motivation is often profit investment return, but it speaks to the fact that the interests of the insurance industry are not always perfectly aligned with the interests of their beneficiaries and of patients out there, and it is up to a fair-minded, common-sense government to try to even out that playing field. That is why this health care reform bill has to have all of those provisions that you talked about.

Now I want to just talk for one second about the debate here that we're having because we would like to think that there is consensus around these

issues. We talked a little already about the fact that the tough decisions are the ones that Republicans were unwilling to make for a very long time. But there was a 27, 28-page memo that was going around Washington about 6 months back written by Frank Luntz, the sort of pollster-in-vogue for the Republican Party. It was a 28-page memo on how you kill health care reform. It wasn't an analysis of what the bill actually was, it wasn't a summary of the proposals the Democrats had put forth and a critique of those proposals, it just said, Here are the words and the phrases that you need to use in order to kill health care reform without evaluating whether it was a good or bad thing to kill health care reform. The supposition from the beginning was of course we're going to try to kill health care reform.

It is no coincidence that the phrases in that memo are the phrases that you will hear over and over again uttered on the House floor by Republicans, by many of their allies in talk radio, "government-run health care," "socialist takeover of health care." The same phrases that polled well to people who were willing to stop health care reform are the same phrases that are used on this House floor—no connection to the bill we are actually debating, the bill that the Congressional Budget Office actually says over a 10-year period will expand the number of people who have private health care insurance, not contract it, but will expand the number of people that are insured by private insurance companies.

But this debate doesn't seem for one side of the aisle to be about really the merits here; this debate seems to be about certain catch phrases and sound bites that will stop reform from happening.

Ms. WASSERMAN SCHULTZ, as you mention, every day, as we sort of emerge from the heat of August, it seems that more and more people, whether it be in the public opinion polls or in the calls to our office, are getting behind the idea of health care reform happening. I think that is due to the simple uncovering of these distortions and sound bites. People are realizing that the phrases they hear on TV—it's not all from Republican Members of Congress, a lot of it is from the folks who are in the news entertainment industry—they're figuring out that there is a very big difference between rhetoric and reality.

Ms. WASSERMAN SCHULTZ. Well, you're absolutely right. As we came out of the "August of fear" and were progressing through the fall, every day that goes by, with every passing day—add the bogus report that was released by AHIP, the Association of Health Insurance Plans of America, that tried to scare seniors and scare people into believing that their costs were going to go up and that government was trying to take over their health care. As Mr. SARBANES alluded to, forgive us if we don't trust the health insurance indus-

try to do the right thing on their own; they've had many, many years to do that. For at least some of this debate they have been helpful—or at least not obstacles, which is progress. And we will hitch our star to any progress that we can make when it comes to expanding access to health care and making sure we can cover everybody.

But at the end of the day, the fearmongering isn't working anymore. I mean, opponents of reform were singularly focused on scaring seniors, on scaring people into believing that the health coverage that they had now was going away, that they weren't going to be able to get access to quality health care, that somehow we were going to begin rationing. And you know what? The American people see through that. They can see the transparent attempt to derail reform because their real priority is politics. Their real priority is that they are unhappy that they are not in power, they have been disrobed, revealed to be essentially the frauds that they are because they say now that they want reform, but they had 12 years, 12 years that they ran this place—they were in charge for 12 years and they did nothing. They controlled everything and they did nothing about health care reform.

So that is why the American people are not responding to their distortions and their exaggerations and their fearmongering. The American people have had it, and they want health care reform.

I yield to the gentleman from Connecticut.

Mr. MURPHY of Connecticut. And the consequences of standing in the way of reform, as we've talked a little bit earlier in this hour, is defending the status quo. I think that there has been an awakening out there that that is just unsustainable. Mr. SARBANES talked about 20 percent, 30 percent increases in insurance in Maryland, the same thing in Connecticut. Our main insurer that covers more than half of the individuals in our State announced just this year a 30 percent increase in premiums.

People have woken up to the fact that the status quo cannot work. Whatever the objective is of people who are trying to stand in the way of reform, if the result of that is another year of double-digit increases of premiums, if the result of that is another year of millions of Americans being denied care simply because they're sick, if the result of that is another year of the Medicare program being on a trajectory to bankruptcy, that just doesn't work for people.

So I think we have seen this momentum towards reform, in part because people have discovered that the catch phrases and the slogans out there from the opponents of reform don't have much grounding in the text of the bill. And the consequence of going with the people who say, do nothing, preserve the existing system, is disastrous for families and potentially ruinous for this government.

Mr. SARBANES.

Mr. SARBANES. Well, in August, when we had all this noise and commotion that was going on, the other side began to predict the demise of the health reform effort. But then September came and October came, and a funny thing happened on the way to that demise, and that is that people started asking the public again, what do you think, and discovered that they weren't about to let go of this thing, that they've waited too long to see these reforms.

If you look at what's in the health reform proposal that we have developed in the various committees in the Senate and the House, it's almost a checklist of all the things that need to be done to address decades of grievances on the part of the American people. I mean, it's all there—strengthening Medicare, dealing with the problem of those who have no insurance coverage or are underinsured, creating a better health care delivery system, focusing on our health workforce and making sure we're getting people in the pipeline, improving the public health system in this country—which we understand oh so well today we have to strengthen when we look at the H1N1 outbreak and the infrastructure that we need to put in place. These are all things that for decades people have been calling about, and we've never been able to achieve the reform. Finally, now it is within our grasp.

When we were that close to it and the story line began, the narrative started to be put out there that this isn't going to happen, that's when the quiet majority out there, the American people, said, No, no, no, wait a second; we're not giving up on this thing. We've come too far to turn back.

That is why you see, as was mentioned by our colleague, you see in every single survey that's conducted that the American people want us to act. Only 20 percent of Americans when asked say that the Congress should not act on health care reform. Only 20 percent say we should just leave things the way they are, because they know that it's time to be liberated from the current system and to embark on a system that looks after people, that keeps people healthy, that doesn't confront them at a moment when they least should be thinking about whether they can pay, whether it will bankrupt them. At that moment, when they get sick and they need the care, that's when they should be able to rely on it. And so many millions of Americans can't do that.

So when I hear this discussion about, Let's hit the reset button, let's start over again—the American people don't want to start this process over. We started back in January of this year with hearings, and we did hearings in three committees in the House and two committees in the Senate. We gave the public a chance to understand what was in this bill and get their input. And here we are 10 months later, it's

within our grasp, and if we keep pushing, we're going to deliver this for the American people.

Mr. MURPHY of Connecticut. If this was easy, Mr. SARBANES, it would have been done under President Bush. If it was easy, it would have been done under President Clinton. If it was easy, it would have been done under the first President Bush, President Reagan, President Carter. If this was easy, it would have been done already. It's not easy. This is one of the most complicated, convoluted health care systems in the world, which is part of the source of the problem that we find ourselves in today. And so the solution is not one sound bite, the solution isn't 10 pages; the solution is tough to come to.

I have faith that the American people are going to get what they've been asking for—as we've mentioned here today—for over 100 years, a system of health care which guarantees that they get coverage not just when they're very sick, but throughout their lives, and gives it to them at a price they can afford.

With that, Mr. Speaker, we thank you so much for granting us the time, and we yield back the remaining time.

#### HEALTH CARE

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

Mr. AKIN. Welcome to this debate that's been going on now for a good number of months, a debate that has caught the attention of Americans everywhere, Members of Congress, Members of the Senate, the question about health care. It's something that's big, it's as big as 18 percent of the entire U.S. economy.

We have seen in the last number of weeks the involvement of the government in new and expanded ways in this economy, not just the 18 percent, but we have seen czars setting the salaries of people in the insurance and banking industry, firing the president of General Motors. So we've seen quite a trend of the government getting involved in the private sector. But this involvement in the area of health care is certainly the biggest of all; this is 18 percent of the entire American economy.

I had the pleasure of being able to sit here and listen to quite a number of the Democrats talking about health care. It was like coming from a different planet. I thought it was interesting that they talked about pet phrases and slogans and things. I guess there have been quite a lot of different words bantering about and different phrases and things, and I think it's important for us to be very precise with our use of words. Otherwise we fall into very serious mistakes.

One of the things that has been talked about is will there be a public

option? That's kind of an interesting choice of words, a public option. What that really means, in political talk, is not a public option, but a government solution. A government solution.

So when you talk about a public option, really the public doesn't have anything to say about who's going to get treated or what price it's going to cost or how it's going to work. The public has no say in that; the government is the one who does that.

And in terms of options, you can talk about how bad health insurance companies are—and certainly they do some things that we don't like—but there is one thing about health insurance companies: If you don't like one, you at least have some option to try and find something else. If the option is the U.S. Government, your only option is to go to another country.

□ 1600

So there's not much option and not much that is public about the public option. Another phrase that sounds just wonderful is "every American has a right to health care." Hmm, that's an interesting phrase. Let's think about that a little bit.

There was once a country that doesn't exist right now that had the idea that everybody had a right to certain basic things. For instance, if it gets really cold outside, you should have a right to housing, because if you don't have a warm place to live, you'll freeze to death. So they said that everybody should have a right to housing. If you don't have food to eat, you'll starve to death. So everybody should have a right to food. They said that everybody should have a right to education, that you should be able to read. So in each of these cases, the government was going to provide housing and food and education. The government said that you also needed to have a right to have a job. So the government was going to provide the job. And the government, of course, said that you had to have a right to health care, so the government was going to provide your health care.

This idea that because it's essential for your survival to have housing or food or education or a job or health care, to say, then, or to assume that, therefore, it's a right is to make the same assumption that was made by the Union of Soviet Socialist Republics. We used to call them commies when I was younger. How well did their system work? It didn't work very well. Lots of people got lousy health care, starved to death, froze to death and were persecuted and killed by their government because they had an assumption that you had a right to all these different things.

But I think that when our Founders started America, they talked about a right to something else, a right to life, a right to liberty, a right to pursue happiness. What's the difference between those things? Well, the right to life, liberty, and the pursuit of happi-

ness is something that is granted by God to each and every individual citizen. Nobody else gives you that. Only God himself.

When you talk about a right to food, does that mean that the farmer has to be your slave and give you food, which is the product of the sweat of his brow? I don't think so. We call that stealing. So we need to be a little careful when we talk about rights a little bit too quickly. Because when you assume you have a right, then it's the government's job to enforce it, and pretty soon you end up with public option or essentially one choice, and that is the government running everything.

So let's take a look at when the government does too much. What happens when the government does too much? Well, one of the things we can see by other departments of the Federal Government is that we have some sense of rationing, inefficient allocation of services, degraded quality, and excessive expense. These are things that are not uncommon in government departments.

You can think about the postal department. The postal department is not known for its efficiency. There are a lot of private operations that are more efficient than the postal department. It was necessary when America first got going. But the government can do too much. That is the point of many of us on this side.

It's not that we want to have people not have health care, but it's also a reality on our side, as a Republican, that there are things called the law of supply and demand. And as much as we might like to repeal those basic laws, like the law of gravity, the laws of physics, the laws of economics and supply and demand, we can't do that. We cannot have the government guarantee everybody to get absolute first-class health care at absolutely no cost. It just doesn't work mathematically. You can't do it.

So the promise is that you're going to get Cadillac-quality health care at no cost, and don't worry because the government's going to take care of it. That's a great proposition. And if you believe that, there's probably some swampland in New Jersey that you could buy.

What happens when the government does too much? Well, we've taken a look at the Democratic health plan and tried to put 1,000 pages—because it's got to be complicated to take over 18 percent of the economy. So we came up with this chart. Every colored box here is a new agency or something created. Now, if you think of yourself as a consumer and you've got the doctors on the other side, you've got to somehow get through this maze to get your health care.

Obviously, the first thing that you note about this chart is—and as you can imagine, a 1,000-page bill, if it's as limited as that—I'm sure it's longer than 1,000 pages—is not going to be simple. Another thing that you know