

Mexico where drug wars are growing more dangerous every day. Given the problem our Nation faces at home, we need to make wise decisions about how we spend our money and military resources abroad.

Andrew Basevich is a West Point graduate, a retired Army colonel, a Vietnam and Gulf War veteran, a professor, and a military historian. Mr. Speaker, he is also the father of a son who gave his life in Iraq in 2007. In an article he wrote for the American Conservative, titled "To Die for a Mystique: The Lessons our Leaders didn't Learn from the Vietnam War," I quote Mr. Basevich: "Americans today profess to 'support the troops,' but that support is a mile wide and an inch deep. It rarely translates into serious or sustained public concern about whether those same troops are being used wisely and well. With the long war already this Nation's second most expensive conflict, trailing only to World War II, and with the Federal Government projecting trillion-dollar deficits for years to come, how much can we afford, and where is the money coming from? The President who vows to 'change the way Washington works' has not yet exhibited the imagination needed to conceive of an alternative to the project that his predecessor began."

Mr. Speaker, again, that is from the father of a son who died in 2007 for this country. It is essential that the President work with his military commanders and with the Congress to develop the best strategy for achieving our goals and for wrapping up our military commitment in Afghanistan. I hope that many of my colleagues in both parties will join me in cosponsoring Congressman MCGOVERN's legislation, H.R. 2404.

Before closing, I 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, a child who has died for freedom in Afghanistan and Iraq. I close three times by asking God: Please, please, please, God. Continue to bless America.

THE STEAMROLLER OF SOCIALISM

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

Mr. BROUN of Georgia. Mr. Speaker, this week, the Energy and Commerce Committee will take up a bill that will put a huge tax on every single family in America—rich, poor and in between. It's going to hurt the people who can afford this tax the least—the poor, the retirees who are on a limited income. It has been estimated that this tax is going to increase the tax burden on every single family by over \$3,000. Most families in this country can't afford to pay an extra \$3,000 in taxes. Not only that, it is going to raise the cost of

every single good and service in America. Food is going to go up. Medicine is going to go up. Health care insurance is going to go up. Everything in this country will go up because it's an attack on the energy producers and on the energy consumers in America.

We have got to stop it. The American people need to understand what this is all about. It's not about cleaning up the environment. It's about creating more revenue for the Federal Government to grow a bigger Federal Government, a bigger socialistic government. We are taxing too much. We are spending too much. We are borrowing too much.

What this will do is it will steal our grandchildren's future. It is immoral. The people who are promoting this should be ashamed of themselves. We've got to stop it, and the American people need to stand up and say "no" to this tax-and-trade. I call it tax-and-cap. A lot of people on our side call it cap-and-tax. It's about taxing. It's about more revenue for the Federal Government. It's about just taking money from people who cannot afford to give money to the Federal Government. It's about promoting an agenda that FDR followed during the Great Depression that extended deep into the recession and depression during that time. That is exactly what I believe is going to happen to our economy if we go down this road.

We have a steamroller of socialism being driven by NANCY PELOSI and by HARRY REID, and it's being fueled by the administration and Barack Obama. The American people need to put a stop sign and speed bumps in the path of this steamroller. We see the federalization and the nationalization of the financial services industry. We see car dealerships being closed by this administration. That's unconstitutional. It has never been done in the history of this Nation, and we need to stop it.

We see this administration and the Congress wanting to socialize health care, making a Washington-based health care system that is going to take away patients' choices. It's going to increase the cost of all health care. It's going to destroy the quality of health care in America. We've got to stop it, and it's up to the American people to do so by contacting their Members of Congress and saying "no." We have to develop a grassfire of grassroots support all over this country to say "no" to this steamroller of socialism.

Former U.S. Senator Everett Dirksen at one time said, when he feels the heat, he sees the light. The American people need to put the heat on Members of Congress in the House and the Senate and say "no" to a Washington-based health care system. Say "yes" to a patient-based health care system that the Republicans and, in fact, in our office are generating. We need to change the health care financing system, but it needs to be patient-based, not Washington-based. It needs to be

based on choice by patients where decisions are made within the doctor-patient relationship, not made by some bureaucrat in Washington, DC.

So we have got to put a stop to this. We are stealing our children's future. We are going to destroy what this country was built upon. This country was built upon a free market system, and we are taking over the free market system here in Washington and are making it all socialized, all Washington-based. So it's up to the American people to say "no." I encourage you to contact your Congressman, your Senator and say "no" to this cap-and-trade bill. Say "no" to socialized medicine and what is being promoted by the Democratic majority. Say "no" to this socialization of all of our market system.

We've got a picture of exactly where we're going. All we've got to do is look in Venezuela. We are going down the same track that Venezuela is going down. We see the end results, too. We've got a clear picture of that. All we have to do is look at East Berlin during the time that the wall was there under Communist rule. All we have to do is look at Cuba today, and we see where this country is headed if we don't put a stop to it.

It's up to the American people. So please, folks out there, say "no" to this steamroller of socialism and "yes" to a free market solution to all of these problems so that we can build a stronger economy. We have to leave dollars in the hands of small businesses to create jobs and to buy inventory. That's what, as Republicans, we are proposing. So, please, American people. Say "no" to this steamroller of socialism.

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

(Mr. BURTON of Indiana 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 Kansas (Mr. MORAN) is recognized for 5 minutes.

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

CBC FOCUS ON HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Ohio (Ms. FUDGE) is recognized for 60

minutes as the designee of the majority leader.

Ms. FUDGE. Thank you very much, Mr. Speaker. Good evening.

Mr. Speaker, I am here this evening to anchor the hour for the CBC for our Special Order tonight, which will be health care.

The Congressional Black Caucus, the CBC, is proud to anchor this hour. The CBC is chaired by the Honorable BARBARA LEE from the Ninth Congressional District of California. My name is Congresswoman MARCIA L. FUDGE, and I represent the 11th Congressional District of Ohio.

CBC members are advocates for families nationally, internationally, regionally, and locally. We continue to work diligently to be the conscience of the Congress. We stand firm as the voice of the people, and we provide dedicated, focused service to the citizens and to the congressional districts that elected us to Congress.

The vision of the founding members of the Congressional Black Caucus is to promote the public welfare through legislation designed to meet the needs of millions of neglected citizens. It continues to be a beacon and focal point for the legislative work and political activities of the Congressional Black Caucus today.

Tonight, the CBC will focus its attention on health care reform. Specifically, we must ensure access to quality health care for all Americans. We must control health care costs and eradicate health care disparities.

At this time, Mr. Speaker, I yield to our Chair, the gentlelady from California, the Honorable BARBARA LEE.

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Ms. LEE of California. Thank you for yielding.

Let me say once again as Chair of the Congressional Black Caucus how grateful I am to Congresswoman MARCIA FUDGE, the gentlelady from Ohio, for continuing to lead our Special Orders on Monday evening and for continuing to keep our caucus very focused on the key issues addressing and facing our Nation today. And also let me thank you for your sacrifices and everything you do each and every day to make sure that this hour is solidified so the rest of the country really understands the Congressional Black Caucus's agenda as the conscience of the Congress. Thank you, Congresswoman FUDGE.

Let me thank and acknowledge our colleague, Congresswoman DONNA CHRISTENSEN, who Chairs the Congressional Health Caucus Health Brain Trust and also serves as the second vice Chair of the Congressional Black Caucus. She has been such a phenomenal leader in leading the House of Representatives and, really, our country to address racial and ethnic disparities, health disparities in our country.

Let me take a moment to thank Representative DANNY DAVIS who co-chairs the Congressional Black Caucus'

Health and Wellness Taskforce along with Congresswoman CHRISTENSEN. Together they have developed a very comprehensive set of principles with regard to health care reform, and I would like to insert, Mr. Speaker, a copy of those principles for the RECORD this evening.

CONGRESSIONAL BLACK CAUCUS HEALTH AND WELLNESS TASKFORCE BENCHMARKS FOR THE 111TH CONGRESS

1. Every measure must apply equitably to American Indian tribes and the Territories.

2. The elimination of health disparities of any population group must be a central goal of any healthcare reform process, and the process must be coordinated within HHS and across all agencies at the state, local and community levels.

3. Coverage and every other provision must extend to everyone residing legally in this country.

4. Communities must be engaged from the identification of the challenges to the crafting of solutions and their implementation. They must receive the funding, education and technical assistance to fully carry out this role.

5. In this process, health and health care must be comprehensive and include mental and dental health services fully and equitably with physical health.

6. Creating and expanding a diverse workforce on all levels must be a priority, and these efforts must begin in concert with efforts to improve K through 12 education and with outreach efforts beginning at least in junior high school with underrepresented minorities including those with disabilities.

7. There must be increased focus and spending on prevention, irrespective of any offset.

8. Recognizing that the traditional "medical home" has been the office of the family and other primary care provider, efforts must be undertaken to increase their numbers and their reimbursement and they must be an integral part of the implementation of this program.

9. Health information technology (HIT) must be an integral part of any reform effort and access to it by all providers must be supported where needed so that every provider and all communities enjoy its benefits and savings. Additionally, all HIT systems included and subsequently implemented must ensure patient privacy, as well as robust penalties for any violation of such privacy.

10. There must be an increase in research that is community based, looks at the causes of disparities and includes minorities in clinical trials. Beneficial findings must be fast tracked into practice.

11. The collection of data by race, ethnicity, language, geography and socioeconomic factors must be mandated and uniform.

12. Reform must be done within the context of and include provisions that address the social, ambient and built environmental issues affecting health.

Also, let me thank and recognize Congresswoman EDDIE BERNICE JOHNSON who brings a wealth of knowledge and expertise to this health care debate. As a registered nurse, she has been very involved in health care reform for many, many years.

First, let me just say as one who personally supports a single-payer form of universal health care, I also believe that health care must be and should be a fundamental human right. But I also know that whatever form health care reform takes, that we must have a pub-

lic option very similar to that of Medicare.

Forty-seven million people lack health insurance in America, and although racial and ethnic minorities account for about one-third of the American population, they account for about half of the uninsured. In my district alone in Alameda County—and also throughout the country—there are very profound inequities in health insurance coverage between various racial and ethnic groups. Among non-elderly adults 18–64 years of age, Latinos are five times as likely as whites to be uninsured; African Americans and Asian-Pacific Islanders are also more likely than whites to be uninsured.

And because medical costs have been steadily rising, medical bills are the number one cause of bankruptcy in the United States. In today's economic climate with unemployment numbers—for instance, in my own State of California reaching over 11 percent—that means that millions more are falling into bankruptcy every day, and, of course, that means millions more are losing their health care coverage. And, of course, African Americans, Latinos, Native Americans and Asian-Pacific Islanders, unfortunately, are disproportionately affected.

The statistics are irrefutable. African American women are nearly four times more likely to die during childbirth than white women from pregnancy complications. Nearly half of all those living with HIV and AIDS in the United States are African Americans, and the AIDS rates for African Americans are nearly 10 times that of whites. And a recent study by the CDC found that nearly one in two young African American girls is infected with one of the four more commonly sexually transmitted infections as opposed to one in four among the general population.

African Americans are two times more likely to have diabetes than whites, and African Americans are nearly 3½ times more likely than whites to have an amputation as a result of the diabetes. African American men with colon cancer are more than 40 percent less likely than white men with the same condition to receive major diagnostic and treatment procedures. While medical science has made a lot of advances over the last 10 years, the gains made by the discovery of new drugs and treatments have not passed on to all segments of our population.

For example, going back to my own district in Alameda County in California, from 2001–2003, we had an average rate of 2,033 people die of coronary heart disease, a mortality rate of about 160 per 100,000 people. Across every category, African American men and women in my district had higher mortality rates than any other group: 286 per 100,000 for African American men and 199 per 100,000 for African American women. While the overall mortality rate has declined in my district

by 7 percent since 1998, the gap, mind you, the gap between African Americans and the overall county rate has grown dramatically. In 1990–1991, the African American rate was 16 percent higher than the county rate. In 2002–2003, it was 50 percent higher. Something is seriously wrong.

The story is the same with cancer and with diabetes, and these statistics are not only in my district but they are reflected throughout the country and all of our Congressional Black Caucus, Congressional Hispanic Caucus, and Congressional Asian-Pacific American Caucus members' districts. It is a shame and a disgrace.

This is a serious health care crisis that warrants a clarion call immediately. Our Nation has failed to guarantee what is often federally funded, health research, which fully benefits everyone across the Nation.

So that is why we're here tonight, Mr. Speaker, to speak with clarity, with one voice, to demand health care reform now and to demand an end to the factors that perpetrate racial and ethnic health disparities in this country. We can't do one without the other.

I'm sure that Congresswoman Dr. CHRISTENSEN is going to review tonight the Health Equity and Accountability Act. Let me mention a couple of the provisions. It will bolster efforts to ensure culturally and linguistically appropriate health care and remove language and cultural barriers to health care; it will improve workforce diversity; it will strengthen and coordinate data collection; it will ensure accountability and improve evaluation, and it will improve health care services in general. This is the Health Equity and Accountability Act which Congresswoman CHRISTENSEN has worked so hard on with our tri-caucus for several years. It will help put our country back on track to eliminating health disparities in our country. So I must applaud again Congresswoman CHRISTENSEN and her staff for spearheading the development of this initiative, and I look forward to its introduction in the next few weeks.

Finally, let me just say we all know that the profit motive has driven the health care industry. It should not be an industry. It's an industry that has rewarded and provided profits for the wealthy and for the insurance industry; yet it's been, unfortunately, at the expense of the people it's intended to serve.

And so as the conscience of the Congress, we are insisting that the public health option or a public health option similar to Medicare be part of any health care reform package and that closing health care disparities be part of any health care reform effort. These are central principles that we are making sure our perspective incorporates as it relates to whatever health care bill that comes out because, quite frankly, we can't have some of the same old business in the health care business.

So thank you again, Congresswoman FUDGE, for this evening. And let me just say we're sounding the alarm once again that members of the Congressional Black Caucus, we're not going to stand for any health care bill that doesn't include closing health care disparities which our community, unfortunately, has suffered under since our presence here in the United States of America.

Thank you very much, Congresswoman FUDGE.

Ms. FUDGE. Thank you, Madam Chair, and thank you for your leadership and your vision as well as your focus.

Mr. Speaker, I would now like to turn the podium to my colleague from the State of California, the gentlelady from California, DIANE WATSON.

Ms. WATSON. Thank you, Ms. FUDGE. And, Mr. Speaker, I'm here along with my colleagues to speak about health care.

As we all know, the United States is the only industrialized Nation not to offer universal health care to its citizens. Currently, there are over 47 million people without health insurance, and as a Nation, we are facing a health care crisis.

Also, due to the ailing economy, the number of uninsured is on the rise as many Americans have lost their access to employer-based health care. We are aware that all Americans need access to quality health care. Many of us for years have repeatedly called for a national solution to the health care crisis, especially those of us who are deeply concerned about health care disparities in minority communities. For years we have continually noted how minorities are less likely to have quality health care.

For example, one-third of all African Americans lack comprehensive health care, but health care is not just a minority issue. Just this past weekend, thousands of students graduated from colleges and universities around the country. They walked across the stage to grasp their diplomas in return for their hard work, achievement, and their health insurance card. For those of us in California, we are blessed that children can remain on their parents' health insurance plan until they are 25 years old, but this is not the case in many States. Can you imagine overnight thousands of graduates who have not been able to find jobs in this struggling economy have now become uninsured? Yes, young people may be the healthiest portion of the population, but they, too, at some point will fall ill.

This past weekend's graduations have made me realize how necessary it is to act quickly. That is why I support universal health care and H.R. 676. We have twiddled our thumbs long enough, and now it's time to act as quickly as possible to give all Americans the right to quality health care.

Now, I want to talk about another health issue that is very close to my

heart, the issue of mercury amalgams. Dentists have been using silver dental fillings for over 150 years without informing consumers that these silver fillings are actually more than 50 percent mercury. A 2006 poll showed that 78 percent of American people are not aware that mercury is the majority component in silver fillings. Congress has acted to remove mercury from public schools in the form of thermometers, the Environmental Protection Agency warns the public when mercury levels are high in certain fish. However, the Food and Drug Administration has done nothing to warn consumers of the risk of mercury in their mouth.

Mercury is a known neurotoxin. It can harm the mental development of a fetus and children. Mercury vapors from dental fillings can enter the blood stream and cross the blood-brain barrier. In an expecting mother, mercury can pass through the placenta into the fetus, potentially causing neurological damage. For example, autism in young children has been linked to mercury exposure. In adults, studies are beginning to show mercury as the root of neurological diseases such as Alzheimer's. I will admit that more studies are needed to strengthen the relationship between mercury and neurological illness. The studies that have been done thus far have been woefully shortsighted and have failed to look at the long-term effects of mercury fillings in children and adults. Rather, they have focused on only 2 or 3 years of an individual's life.

I support more research on the subject. However, I do not support watching more Americans becoming ill without the knowledge of the potential health risk caused by mercury. The burden of proof is on the producers of mercury amalgam and on the dentist. If there is a chance that mercury is toxic to consumers' health, the consumer has the right to know.

□ 2015

In the coming months, I will be introducing a bill about the effects of mercury amalgam fillings and its potential health risks. I hope that you will support me in making consumers more aware of this critical issue.

Ms. FUDGE. I thank the gentlelady from California. I would now, Mr. Speaker, like to yield to my colleague, the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. I thank the gentlelady from Ohio for organizing this opportunity for us to discuss health care.

Access to quality, affordable health care is critical to the well-being of all Americans today and in the future. We are seeing millions of Americans suffering from illnesses that could have easily been prevented with basic preventive health care, but people did not seek that care because they didn't have health insurance. In fact, 46 million Americans lack health insurance, and

tens of millions more lack health coverage during some part of the year.

In these tough economic times, we must seek to provide universal health care and must seek to reduce the cost of health care insurance, especially for children and pregnant women. We also must address other health concerns, such as the health disparity that exists between racial and ethnic minorities and the need to fund cutting-edge research to find cures for diseases.

We also need to strengthen the Medicaid and Medicare systems and give patients the tools needed to challenge the decisions of all health insurers. Only through action in these critical issues can we meet the pressing health care needs of our Nation.

Providing health care for all and reducing the costs of health care will relieve the financial strain on all families and businesses. It will also go a long way to addressing the racial disparities in health indicators in this country because minorities, as it's already been said, are less likely to be covered by health insurance than others.

On child health, one of the first actions of this Congress was the passage of the Children's Health Insurance Program, the SCHIP, where we were able to provide coverage for 7 million children already covered by SCHIP, plus an additional 4 million more. While this was a good step in the right direction, it is not enough, because 5 million children are still left without health insurance.

That's why I introduced legislation that would provide health insurance for all children, the All Healthy Children Act, which was endorsed by the Children's Defense Fund as a logical, achievable, and incremental next step to closing the child health coverage gap. This proposal would ensure that all children and pregnant women are covered by expanding the coverage of both Medicaid and the SCHIP programs by eliminating the procedural red tape that currently prevents them from being covered by either program. This comprehensive program will include all basic health care coverage, as well as coverage for mental health, prenatal, and well-child care.

Mr. Speaker, our health care system is unfortunately riddled with inefficiencies, excessive administrative expenses, inflated prices, poor management, and inappropriate care and waste. These problems significantly increase the cost of medical care and health insurance for employers and workers and affect the security of the financial security of our families. We all know that reforming health care is not going to be easy, but we have a good opportunity now to finally reform the health care system by cutting costs, protecting families from bankruptcy or debt because of medical costs, investing in prevention and wellness, and improving patient safety and quality of care.

We have taken the first step in reforming our health care system by

passing a Federal budget for fiscal year 2010 that includes more than \$630 billion to establish a reserve fund to finance fundamental health care reform that will first bring down health care costs and then expand coverage.

The budget does a number of things. It accelerates the adoption of health care information technology and expansion of electronic health records.

The budget expands research comparing the effectiveness of medical treatments to give patients and physicians better information on what works best.

It invests over \$6 billion for cancer research at the National Institutes of Health as part of the administration's multiyear commitment to double cancer research funding.

It strengthens the Indian health system, which sustained investments in health care services for American Indians and Alaska Natives to address persistent health disparities and foster healthy Indian communities.

It invests \$330 million to increase the number of physicians, nurses, and dentists practicing in areas of the country experiencing shortages of health professionals.

It supports families by providing additional funding for affordable, high-quality child care, expanding Early Head Start and Head Start, and creating the Nurse Home Visitation program to support first-time mothers.

It strengthens the Medicare program by encouraging high quality and efficient care and improving program integrity.

And finally, it invests over \$1 billion for Food and Drug Administration food safety efforts to increase and improve inspections, domestic surveillance, laboratory capacity, and initiatives to prevent and control food-borne illnesses.

Mr. Speaker, for years we've been at a stalemate in Congress and haven't been able to enact real health care reform. As a Nation, we are already spending more on health care than any other Nation. We spend a higher percentage of our GDP. We spend a higher amount per capita, and yet by any measure, by any of the health indicators, we are still in poor health, and we still suffer from significant disparities in different parts of our population.

So we're already paying for health care. What we need to do under the present administration and Congress is to finally do more than talk about health care reform and actually do something about it.

Mr. Speaker, I'm delighted to have this opportunity and, again, want to thank the gentlelady from Ohio for organizing this Special Order.

Ms. FUDGE. I would like to, Mr. Speaker, again thank Representative SCOTT for his vision. To put in place an act that really does address the needs of babies and children is very significant for this Congress, and I thank you as well.

GENERAL LEAVE

Ms. FUDGE. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days in which to revise and extend their remarks and include extraneous material on health care reform.

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

There was no objection.

Ms. FUDGE. Mr. Speaker, I would now like to yield to my colleague, the gentleman from New Jersey (Mr. PAYNE).

(Mr. PAYNE asked and was given permission to revise and extend his remarks.)

Mr. PAYNE. Mr. Speaker, let me begin by thanking the gentlelady from Ohio, Congresswoman MARCIA FUDGE, for anchoring this evening's Special Order on health care. I want to say that her continued diligence in bringing issues that confront our Nation, in general, but African Americans, in particular, week after week has been a great addition to our Congressional Black Caucus, and let me commend you again for your diligence.

Ms. FUDGE. Thank you.

Mr. PAYNE. I want to also recognize our distinguished Chair of the CBC Health Brain Trust, Congresswoman DONNA CHRISTENSEN, for her leadership in health care debates and for introducing legislation which you will hear about tonight which will address the root causes of our Nation's health disparities and the crisis that we find ourselves in.

You've heard from other Members, Congressman SCOTT, Congresswoman BARBARA LEE, and you will hear from others tonight, because health care is one of the most important issues that confronts our Nation in general, as I mentioned before, but in particular, communities of minorities, whether they be black, Hispanic, Native American, foreign born.

Mr. Speaker, I join and I am pleased to join the other Members tonight to talk about the costs, health care access, the lack of it, the need for quality care, and the eradication of health disparities which are so important to us.

Our Nation's health care costs are increasing rapidly. In 2007, the United States spent \$2.2 trillion on health care. We also spent twice as much on health care than any other developed countries.

In 2006, the U.S. spent \$6,714 per capita on health care, more than double that for any country in the Organization for Economic Cooperation and Development, OECD, with an average of \$2,915, and these are developed nations in the world.

Our health care quality system compares poorly to other developed nations. For example, the U.S. ranks 22nd out of 30 OECD countries on life expectancy. We have the third highest infant mortality rate in OECD countries, with 6.9 deaths per 1,000. Only Mexico and Turkey have worse infant mortality rates.

As alarming as that is, though, if we take out the infant mortality rate for

African Americans, it's astounding. If you take the city of Minneapolis, 9.2 per 1,000; Seattle, 10.3; Los Angeles, 10.1; Phoenix, 12.9—that's per 1,000 live births in the African American community—Detroit, 17.3 deaths, when 6.9 deaths are in OECD countries. My own city, 15.5. It's an abomination. It's wrong. It should not be in a Nation, a developed Nation of this—13.6 in Philadelphia; and the Nation's capital, 14.4; Charlotte, 14.1; Orlando, 13.8; New Orleans, 13.2; Miami, 11.8, when it's 6.9 in OECD countries.

And so we really have to talk strongly about health care reform, and we have to go into the disparity of health care in our communities. The costs of health care are straining American families' pocketbooks. Half of all personal bankruptcies are at least partly the result of medical expenses. More than 80 percent of the 47 million Americans in this country are uninsured, and these are many working families.

Mr. Speaker, there is strong support for comprehensive health care reform. In fact, a solid majority of the public, 59 percent, believes health care reform is more important than ever. Sixty-seven percent of all Americans favor a public health insurance option similar to Medicare to compete with the private health insurance plans, and I am a strong supporter of that public health insurance option.

Mr. Speaker, I believe that our Nation's health is its most precious asset; however, health disparities plague this country and lead to deteriorating conditions for millions of Americans. Because of deficiencies in health insurance and health care access, minorities suffer at greater rates and greater levels of severity from health-related issues than their like counterparts.

Education and awareness alone cannot combat these issues. While vigilance and groundbreaking health research have reduced the incidence of death and illness among white Americans, health statistics on minorities remain staggering. Even though deaths caused by breast cancer have decreased among white women, African American women continue to have higher rates of mortality from breast and cervical cancer.

While the national HIV and AIDS mortality rate lessens, this disease remains a leading cause of death among African American men. In 2002, more than 2.5 times more African American newborns died than white newborns at that time.

Research shows that quality health care could eliminate some of these health-related issues and reduce the onset of others. Unfortunately, especially during the current state of the economy, health insurance and quality health care continues to be widely unavailable.

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I represent one of the most expensive States for health care. In New Jersey, health care and health insurance re-

main out of reach for many low-income citizens—a large percentage of them living in my congressional district.

Many of my constituents are aware of habits and actions that lead to health complications. Despite awareness efforts, non-Hispanic black males and females continue to have the highest prevalence of hypertension. Diabetes disproportionately affects the ethnic and racial minorities. Heart disease is the leading cause of death in the United States for African Americans. Its prevalence is double that of the broader community.

Access to health care and the lack of health insurance prevents even some of the most knowledgeable from avoiding illness.

In conclusion, on May 9, Congresswoman CHRISTENSEN and the Congressional Black Caucus Foundation co-sponsored a Health and Wellness Expo in my district. It began on Friday evening. We were fortunate enough to have Congressman ALBIO SIREs and Congressman ED TOWNS join Congresswoman CHRISTENSEN in my district. That was on May 8th. The next afternoon, the next day, Congresswoman CLARKE came to the district to the Health and Wellness Expo.

We served over 400 people, with an overwhelmingly positive response to screenings and workshops, where people were told on the spot that they should immediately see a physician. I know that we saved the lives of many people because we had screenings of blood pressure and a bone marrow drive and bone density and cholesterol and depression. We had a screening for diabetes and glucose. We had a glaucoma screening. HIV/AIDS screening was held, kidney disease, oral and dental, and on and on.

I, again, would like to thank DONNA CHRISTENSEN, our Congresswoman who heads our Health Brain Trust, for her being there. This is the third time she's been to my district. We have a serious problem in my district, but I will continue to work to bring those statistics down. They should not be the way they are.

So, Mr. Speaker, our society's institutions, from government to business to not-for-profits, must provide opportunities to bring affordable and quality health care to all Americans. More importantly, I believe that our society's leaders and major institutions must create incentives and lower barriers so that individuals and families can take steps to achieve healthier lifestyles. Finally, in order to reduce the cost of health care, there must be an increased focus on spending for prevention.

Mr. Speaker, I look forward to working with my colleagues on both sides of the aisle to develop policies that will improve the delivery of our health system in the most effective and efficient way that we can.

With that, thank you once again, Congresswoman FUDGE, and thank you, Congresswoman DONNA CHRISTENSEN, for the outstanding work that you are both doing.

I yield back the balance of my time.

Ms. FUDGE. Thank you, Mr. PAYNE. Thank you for always continuing to fight for those who are most in need.

Mr. Speaker, I would, at this time, yield to the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. First of all, I want to commend Representative MARCIA FUDGE for the tremendous leadership that she continues to display each and every week by hosting, organizing, convening, and giving all of us the opportunity to discuss issues that are pertinent to all of America, but especially to the African American community.

I also want to commend Representative DONNA CHRISTENSEN for the outstanding leadership that she has displayed for a number of years as chairperson of the Congressional Black Caucus Health Brain Trust, and all of the members who consistently try and protect, promote, and project the health care needs and opportunities that should exist for all of us in America.

We are poised right now to do serious health reform. I want to commend President Obama for having the courage to tackle one of the most pernicious issues of our day, and that is the issue of trying to make sure that each and every American, that each and every one of our citizens have the opportunity to receive cost-effective, as comprehensively as we can provide it, quality health care that is culturally competent, provided by individuals who understand their needs and individuals that they can understand instructions and what is being given.

We are about to do something that has been needed, and that is we're going to expand—and I'm confident that we will do it. No matter which option people look at, no matter what kind of coverage they suggest, that when we finish, we're going to have the best health care delivery system that this country has ever seen.

In many instances, I don't think that we have to reinvent the wheel. Yes, there are large numbers of uninsured individuals in our country, probably about 50 million of them, and some of those individuals, no matter what plan we come up with, are going to be covered. But just as important as coverage—just as important as the delivery mechanisms and systems which are provided.

I often say to people that as far as health care improvement, I don't think anything has done much more than Medicare, Medicaid, and the development of community health centers and community mental health centers. And so any plan or system that we come up with, I hope that we will expand community health centers, because as deliverers of primary care, I don't think that there's anything in America that has done a more effective job for low-income people than what these institutions have done.

In addition to that, I would hope that we take a hard look at nursing home care. What happens to people once they begin to reach the "golden" ages? What happens to them as they have given every measure of devotion that they could possibly provide for their country? We need to make sure that they don't languish in some place.

One of the proudest things in my family is the fact that we decided, for example, that neither one of our parents would have to experience that kind of care. My mother was an invalid for about the last 10 or 12 years of her life. But, of course, we decided that she would stay at somebody's house, in somebody's home, and that we could be assured. I think that every senior citizen should have the assurance of knowing that they're going to be cared for.

I don't want us to forget those individuals with disabilities, those individuals who are sometimes shunned aside, who are not perceived as being a part of the mainstream population. And so in order to be effective, health care reform must be quite comprehensive.

I know that our committees on Energy and Commerce, Ways and Means, Education, all of these committees are working jointly together to come up with the kind of plan that the President is going to be proud of.

So, again, Representative FUDGE, I want to commend and thank you for the opportunity to be here, and I want to thank, again, my classmate who has led the charge, and that's Representative DONNA CHRISTENSEN, who, for so many years, has been the caucus' point person on health care. And we're going to make health care in this country a right so people will understand that it does not have to be a privilege. I thank you all so much.

Ms. FUDGE. Thank you, Mr. DAVIS. I just want to say that you have always talked of the need to make sure that we have community health clinics and how it probably does in many ways serve our communities better. I thank you for discussing that with us this evening.

Mr. Speaker, I would now like to yield to the person that we have all talked about this evening, our go-to person, our expert, our Chair, and the person that we really do look to as we tackle health care, and that is my colleague from the Virgin Islands, Dr. CHRISTENSEN.

Mrs. CHRISTENSEN. Thank you, Congresswoman FUDGE. I just want to add my word of thanks and commendation for the way that you bring us together every week on Monday evenings to discuss issues of importance, not just to the African American community or communities of color, but issues of importance to our entire country.

I want to thank my colleagues for their kind words. I did have the opportunity to visit with Congressman PAYNE in his district. It was a wonderful event, very well attended, and the

people who came, I know, really benefited from what he and his staff and others in the community came together to provide.

And Congressman SCOTT, who's been working on SCHIP, but he also has worked tirelessly on another issue that's not always seen as a public health issue, but it is a public health issue, and that's the issue of juvenile violence among our young people, and working to prevent that. We look forward to continuing to work with him on the PROMISE Act and other legislation that he has introduced.

Of course, Congressman DAVIS is my co-Chair on the Health Brain Trust, so I share all of the accolades with him, as he has long been working in the area of health care.

This weekend I had the honor of giving the commencement address at LSU Health Sciences Center in New Orleans, Louisiana. I want to recognize and congratulate the 546 graduates. As we look to health care reform, we're wondering where the health care personnel are going to come from. The LSU Health Sciences Center made a great contribution in doctors, nurses, dentists, health researchers, and allied health.

We commend them, and we commend them not just on graduating and completing their coursework, but I want to commend them especially because, for those who started about 4 years ago, as the medical students would have, and others, they started just before Katrina. Their school was devastated by Katrina. Some of them had to go to classes in other parts of our country to keep their coursework going.

But the LSU administration, faculty, and staff really pulled together when they had very limited help and support to bring their students back together and to see to it that they did complete their coursework and do great research and be able to move on to very promising careers in all of the fields of health.

So I want to congratulate them and commend them on that. It's good to see that they are now in the process of rebuilding some of the facilities there and continuing to grow and will be educating another cadre of young people and graduating another cadre next year.

I want to thank our chairlady for our steadfast commitment to the issue of the elimination of health disparities as well, as we heard her speak to it a few minutes ago.

I want to just highlight some of the key themes from a report that's often overlooked. It's the National Health Care Disparities Report that's done by the Department of Health and Human Services. They do it every year. It's done by the Agency for Health Research and Quality.

This is the report for 2008. It's amazing because it really is very similar to the report that Surgeon General Heckler did 25 years ago when she found that persistent disparities remain and, as she said, was an affront to the ideals

of this country and the quality of medicine that we have here.

But three key themes emerge in the 2008 report: one, that disparities persist in health care quality and access; two, that the magnitude and pattern of disparities are different within subpopulations; three, that some disparities exist across multiple priority populations.

As they look at some of these highlights, some of the trends that we still see today in communities of color, for blacks and Asians, 60 percent of the core measures used to track access remained unchanged or got worse in that year. That's 60 percent for African Americans and for Asians.

□ 2045

For Hispanics, 80 percent of core access measures remained unchanged or got worse in 2008; and for poor populations, 57 percent of core access measures remained unchanged or got worse in that year.

So as we move towards health care reform, the issue of access and insurance is very important. As we begin that work when we get back from our Memorial Day break, it will be critical that we work arduously to remove the 46 million Americans off of the rolls of the uninsured and an additional 20 million Americans out of the category of being underinsured.

Studies confirm that more than 5 in 10 or 55 percent of Hispanics, and 4 in 10 African Americans were uninsured for all or part of 2007 and 2008, compared to just 2 in 10 or 25 percent in whites. Additionally, in total, more than three in every four people of color, 76 percent, were uninsured for 6 months or more in 2007–2008.

I agree with Congressman DAVIS that we will enact universal coverage before the end of this year and bring insurance to every person living in this country. But while eliminating uninsurance is critical, it's also important that we remember that health and wellness is about more than just having an insurance card.

Only about 20 percent of health disparities can be attributed to uninsurance. We have to ensure as well that health equity is an integral component of efforts not only to reform but to transform our Nation's health care system so that all Americans, regardless of race or ethnicity, regardless of whether you live in an urban or rural area, regardless of your gender or sexual orientation that you receive equitable and appropriate care every single time that it is needed.

The time to eliminate the current inequities in health and in health care is long overdue, and the evidence detailing the impact that they have had and continue to have on the health and well-being of Americans is staggering.

In fact, across every chronic condition and every acute disease, and across every measure of health care quality, racial and ethnic minorities, as you have heard this evening, are disproportionately more likely than

whites to be on the downside and to be detrimentally affected.

In addition to eliminating uninsurance and achieving health equity with comprehensive health reform, we also have to ensure that we identify the health policy that exists in every policy, and this is something that I want to just focus on for a few minutes.

We were reminded of this by a Dr. Ogilvie who spoke at our spring Braintrust a few weeks ago. From climate and urban planning policies to environmental and education policies, from housing and transportation policies, from employment and criminal justice policies, every week a new study is released that confirms that there is a health policy in every policy. So it's not a surprise then that by addressing the health repercussions of the policies that are not overtly health-related, we are more likely to champion policies that not only complement our health care reform efforts but that further improve the health and wellness of every person living in this country. And that's where we're also going to see some of those savings come about when we address health in a very holistic way, not just disease entities but the whole community creating cultures of wellness.

For example, a March 2009 report from Public Health Law and Policy explains, the human health aspects of climate change policy by focusing on food systems and land use planning, that is, health policy in every policy. In their analyses and recommendations, they note that because both climate change policy and public health policy ultimately seek to improve the lives of people, it is critical that they work towards complementary goals and in a complementary manner to have the greatest potential to create healthy and sustainable communities and neighborhoods.

You can take that into education if we don't have a strong educational system where every child has access to quality education. We know that poor education is also linked to poor health. We can never build the diverse workforce that we need if we don't have good K-12 education.

If you live in substandard housing, it's difficult to be healthy. If you don't have access to healthy foods, you cannot adopt those lifestyles that are necessary to improving and supporting good health.

And so insurance for everyone. Universal coverage is important. I will work hard with my colleagues to ensure that we get that done, as the President has asked, before we go out for the August recess.

But insurance is not enough. We have to reform the system. We have to improve the standard of living in our communities. And then with the insurance, with the improvements in the system, with the healthy communities, then we can ensure that every American will have access to quality health

care, and our country will be a stronger and better country because of it.

Ms. FUDGE. Thank you so much again to our expert, Representative CHRISTENSEN.

Mr. Speaker, I would like to close this session by saying a few things. Dr. Martin Luther King, Jr. said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Mr. Speaker, I come from the 11th District of Ohio, a place where arguably you can find the best health care providers in the world, but still people cannot see a doctor. There is something wrong with what is going on in America today.

Anytime we have a health care system that is more reactive than proactive, something is wrong in America today. Anytime we look at a health care system whose cost is rising so rapidly that our paychecks can't keep up, something is wrong with what is going on in America today, Mr. Speaker. If your health is determined by where you are born or the neighborhood you live in, something is wrong with what is going on in America today.

And I say to you that the members of this caucus are going to fight in every way we know how to ensure that every American, be they rich, be they poor, be they minority is going to have a right to have health care that is going to be not only affordable but is going to take care of their needs in a preventive way, in a cost-effective way and in a humane way.

Because right now if you can get to see a doctor if you are poor, they may make you sit in an emergency room for 5 or 6 hours. They don't really take you seriously when you come in with serious problems, and that is why we have all of these hospitalizations that we really shouldn't have because these issues should have been treated early on in the process.

So I say to you, Mr. Speaker, that as members of the Congressional Black Caucus, we are determined to make sure that by the time health care is approved in this country, every single person who wishes to have health care will have it. Every single person who has a job will be able to afford it. And for those who are not, we are going to take care of those people.

Now they can call it anything they want to call it, but government's job is to take care of its people. That is what we intend to do, and that is what we intend to help our President do. We are going to continue to fight as hard as we can to make sure that every American in every district we serve has health care.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, health care in the United States has degraded in accessibility and quality, to the extent that we are a nation in crisis. Fundamental change is needed to truly make progress toward a healthier America.

My experiences as a federal legislator—and as a nurse—have provided a unique vantage point from which to discuss this issue. During

my years as chief psychiatric nurse at the Veterans' Administration Hospital in Dallas, I have seen, first-hand, the state of affairs of our health care system.

When it comes to mental health, for example, our system is particularly weak. Insurers do not provide sufficient or consistent coverage of mental health care services. Individuals with mental illness must navigate a patchwork of community service providers. Those with severe illness often have limited options for care. They end up homeless and are victims of a system that does not work. Others may not have an employer who understands mental illness. Others may be unemployed, and uninsured; or they may work for minimum wage and earn "too much" to qualify for Medicaid. People with mental illness are among those least served by our local and national care systems.

We need relief from the harsh and unfair practices of the health insurance industry. We need a guarantee of quality, affordable health care for all of us. We need to set and enforce the rules so insurance companies put health care above profits. We must be able to keep the health care that we have, and in addition, we need the choice of a public plan, so we're not left at the mercy of the same private insurance companies that have gotten us into this mess.

It is my belief that we need not re-invent the wheel. We can achieve savings and improve value in our current systems of Medicare, Medicaid and CHIP—and make them available to anyone who needs coverage. Legislation like H.R. 676 makes a strong case for this policy strategy. Tonight I would like to share some good suggestions for health care reform. A study by the Commonwealth Fund analyzed policy options and their economic impact on health care costs. Five major strategies emerged, and I think these should be priorities.

First, we must extend affordable health insurance to all.

Second, we should offer financial incentives to reward efficiency and quality in health care that is provided.

The third strategy is to ensure that care is accessible, coordinated and patient-centered.

A fourth strategy for a high performance health system is that we must set benchmarks for quality and efficiency.

Last, a reformed health care system must hold national leadership accountable, and it must allow for public/private collaboration.

We can take the best of current models, and lessons learned, and use that to reform our health care system. Only then will we begin to reduce the health disparities that plague African Americans and other minorities.

Forty-six million uninsured Americans, including 5.7 million Texans, need health care coverage.

The time to act is now.

INEQUITIES IN THE RULES

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

Mr. CARTER. Thank you, Mr. Speaker.

If you read this statement right here, Speaker of the House NANCY PELOSI on