

continued his knowledge and advice right up until the day we lost him. May we remember Bill. We thank his family for his hard work and dedication to his callings and the lessons he learned and taught us. We need to reread his words and to act thoughtfully and swiftly to solve the current crisis facing our Nation. I know he would want that for sure.

I extend the sympathies of this Congress and our hope for strength to his family in the coming days to endure his loss, to Bill's wife, his children, his grandchildren, and great-grandchildren. He truly was a great American.

Our country was strengthened by his service and it is with a sad and grateful heart and mind that I yield back the balance of my time this evening.

LET'S QUIT RUNNING UP THE DEFICIT

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

Mr. GOHMERT. Mr. Speaker, I very much appreciate my friend Ms. KAPTUR's comments and appreciate her insights. It's always very valuable.

And she believes, as I do, that we're making a big mistake by running up the deficit like crazy. Well, some say, well, it was going on back under the Bush administration. Yes, it was, and it wasn't right then, and it's even worse now that it's being multiplied many times. Every week, we're running up more of a deficit. It's got to stop.

China continues to buy our debt. We just sent the Secretary of the Treasury over to China to encourage them to keep buying America. Buy our debt because we cannot control ourselves. Can you imagine a parent going into a bank and saying, I need a loan because I can't control my spending, but you see my little children over there, I've even got some grandchildren, I am going to pledge to you that some day—I can't pay it back, but some day they will? Well, there would be a move to take the children away from somebody that irresponsible.

And yet we sent our Secretary of State over to beg China to keep buying our debt because we couldn't control our spending. We send our Secretary of the Treasury over there to tell them to keep buying our debt because we can't control our spending.

We've done things in the last weeks, like \$25 million we voted for in this Chamber to buy land in foreign countries for rare dogs and cats. China has some. We'll borrow that money from China to buy land from China, so that they can have rare dogs and cats, if they're not eaten by people that are starving. And we are paying for that with interest while we run up our debt even higher. It makes no sense at all.

You know, I went back and did some looking. I remember pretty good—hav-

ing been a history major, I've loved to follow things as they occur because we're told those who fail to learn from history are destined to repeat it, which as a corollary to that, those who do learn from history will find new ways to screw up, but that's another story. Right now, we're not learning from history.

But you can look back at the Soviet Union, and we were reminded by that by bipartisan speeches just yesterday as Ronald Reagan's statue was unveiled. It's a great statue, a great tribute to a great President. But as he pushed the SDI, the missile defense system, and the Soviets tried to keep up, they were spending too much money. They were running up too much debt, and people were nervous about loaning the Soviet Union more debt.

Do you remember as Eastern Europe, the Baltic States started rebelling, what happened? Russia had seen that happen before. The Soviet Union would roll in with tanks. They could put it down. But for some reason, they didn't roll in with tanks and suppress it like they had in years past.

Well, it appears there's information indicating that they were needing us to loan them \$100 billion, which 20 or so years ago was real money, \$100 billion to keep them afloat. And we gave them word, We got your country, but if you roll in with tanks, we're not going to be able to loan you that money. We owned their future, so we could dictate what they could or couldn't do. Does it ring any bells?

If we keep selling our debt as we can't control it, we can't control the spending—we vote in here tonight to spend millions and millions of dollars to pay people for not working, while they're called employees, when they are millions and millions of Americans who are champing at the bit to go back to work and to get paid to actually work. And this is what we're passing?

You know, some believe here in this body that running up the debt is what's going to save the country, and I've been told, look, we don't think we're wrong, but if we were wrong, we can always come back and fix it. The Soviets couldn't because at some point when you no longer own your future, you don't have a future.

We owe the people we represent. We owe our own children better than that. Let's quit destroying this Nation's future. Let's quit running up the deficit. I yield back.

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

(Mr. JONES 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 Arizona (Ms. GIFFORDS) is recognized for 5 minutes.

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

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

(Mr. PAUL 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 Maine (Ms. PINGREE) is recognized for 5 minutes.

(Ms. PINGREE of Maine addressed the House. Her 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.)

THE PROGRESSIVE MESSAGE

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

Mr. ELLISON. Good evening, Mr. Speaker. I'm about to grab some boards but I will claim the hour, and we'll get started.

Well, Mr. Speaker, welcome to the progressive message. This is the hour that the Progressive Caucus comes forward to offer a progressive vision for America where we put down markers, and we signal to the American people that there is a progressive vision, there is a way forward, and that way forward does include principles like generosity, like inclusion, like vision, like openness, like fairness, like sharing, not a vision of fear, not a vision as, Oh, my goodness, what's going to happen, we have to throw someone off the bus, but a vision of saying, You know what, we can include people, we can have peace, we can have a society where people are treated equally and fairly.

In fact, a few weeks ago we had a Special Order where the premise was, why the progressives? And we detailed how important it was to take note of the great contributions that progressives have made to America.

So, with that, I just want to introduce the wonderful array of leaders we

have with us tonight, and I have to start with the co-chair of the Progressive Caucus, the person who's given more 5-minute speeches than anybody ever on the issue of peace, including Iraq but not limited to Iraq, also Afghanistan, demilitarization, the whole nine, none other than our own co-Chair LYNN WOOLSEY, and I yield to the gentlelady from California.

Ms. WOOLSEY. Thank you very much, and I thank you again for your progressive hour. Every week, the progressive hour is a gift to every person that watches us and wants to know what we stand for.

And we have two new women with us tonight. So we've all heard from me a lot, and I'm going to stand here and be part of the dialogue, but I think MAZIE HIRONO and Congresswoman JAN SCHAKOWSKY bring something that is new and fresh tonight.

Mr. ELLISON. Who do you want to yield to?

Ms. WOOLSEY. For me to yield? I will yield to Congresswoman HIRONO from Hawaii.

Ms. HIRONO. Thank you very much. We are going to be focusing on health care tonight for this hour, and I just wanted to share with all of you a little bit of my background because I know what it's like not to have health care.

I came to this country as an immigrant. My mother brought me and my brothers to Hawaii, lucky me, and raised us as a single parent. We didn't have much, and she worked for many years in a job that did not have any benefit, no vacation, no health care, and I remember growing up that my greatest fear was that my mother would get sick, and if she did, she wouldn't be able to go to work, and if she didn't go to work, there literally would not be money for food or rent.

So, today, in our country over 45 million people have no health insurance. I know what that's like. Our current system does not serve these millions of people, nor does our current system serve those who have health insurance because of rising costs which have not kept up with wages.

Our current system also does not serve our businesses well, where employer-based health insurance premiums have nearly doubled since 2000 and continue to rise.

We're spending in this country over \$2 trillion annually on health care with no one happy, certainly not 45-plus million people without any insurance, certainly not the business community, certainly not those people who literally, many of them, in fact, many individuals who file for bankruptcy in our country do so because of catastrophic health problems and costs.

And our current system is spending almost 16 percent to 18 percent of the gross domestic product on health insurance, and yet with this kind of expenditure are we getting the kind of results that you would expect for each of us, spending something like \$67,000 a year on health care? No.

American children are two times as likely to die by the age of five as children in Portugal, Spain, or Slovenia. Pretty amazing, isn't it?

Ms. WOOLSEY. It is an embarrassment.

□ 2130

Ms. HIRONO. It is. Did I mention the costs go up and up and up? There's no end in sight, frankly, to rely upon the private health insurance carriers to resolve this problem which has been with us. Remember, when I came here and my mother didn't have health insurance, it was a number of decades ago. I won't tell you how many, but the problems remain.

And this is why the Progressive Caucus is very much focused as we focus on reducing costs and maintaining access and choice for doctors and health care plans and really focusing on affordable quality health care, that we want to have a public option, a public option to give the people of our country a choice as to whether or not, if they have their current private carrier insurance and they're happy with it, they can stay with that. But for those who want to have another option, who want to see competition in the health insurance market through a public option, that's what the Progressive Caucus wants to see.

This is why so many people from all across the country are supporting health care reform. It's not just top down. We have all been having reforms all across the country, in my own State, and I can talk about that a little bit more. I think I have been sort of hogging the time, so why don't I send it over, if you don't mind.

Mr. ELLISON. Will the gentlelady yield back? Let me just say the gentlelady is right. Thank you for kicking off our subject tonight of health care. You did a fabulous job. None of us are surprised, because you always do.

But let's get one of our great champions from the great State of Illinois, a fighter for justice from Chicago. Let's say that JAN SCHAKOWSKY has been a dedicated advocate for people for many years in her work, not just in Congress, but before that when she was a social worker.

Ms. SCHAKOWSKY. Actually, I was a community organizer from Chicago.

Mr. ELLISON. This public option, Congresswoman SCHAKOWSKY, do you have any views on it you would like to share before you launch into some prepared remarks you might have?

Ms. SCHAKOWSKY. No. I have had people come into my offices—I'm sure you have too—day in and day out and talk about how they're so scared. They can't get the health care they need. They have a child with a disability or a spouse who's lost his job and lost his health care. And also people come in and say, you know, I'm 63 years old. I hope I can live another 2 years so I can get Medicare, a government-provided health care for our seniors and for persons with disabilities.

We know that Medicare is one of the most successful programs that we have had. It's something that passed in 1965 and lifted the burden of health care costs off of the most vulnerable people, our elderly and persons with disabilities. This is something that I think many young people are jealous of, wish they had this government-provided health care program that is really a universal program for people over 65 and persons with disabilities.

Well, now we have an opportunity, something I have been working and waiting for all of my adult life, that we're going to have a health care program for all Americans. And what is it going to look like?

It's going to give Americans a choice. If they like what they have, they can keep it. Nobody has to worry about anything being taken away from them that they like. But if they don't want to go back to a private insurance company and want something that we know is reliable because we have done it with Medicare and the Veterans' Administration, they can choose a public health insurance option.

The good news about that is not only will it be there to provide the package of benefits that they want, but it's also going to be something that's really going to save money and make the private insurance industry have to compete with that and make them even better.

Let me just read from a letter that the President of the United States, Barack Obama, from my home State, a former community organizer, sent yesterday to the chairman of the Senate Finance Committee, MAX BAUCUS, and the chairman of the Senate Health, Education, Labor and Pensions Committee, Senator EDWARD KENNEDY.

He wrote, "I strongly believe that Americans should have the choice of a public health insurance option operating alongside private plans. This will give them a better range of choices, make the health care market more competitive, and keep insurance companies honest."

The other thing he could have said is that it's also going to save us money by helping to reduce the costs all around for health care. In fact, there's been estimates that over 10 years about \$3 trillion can be saved because there will be this choice of this health care option. And it is about time that the United States joined the rest of the industrial world and said, Yes, our people are going to get the health care they need, that it's going to be a right and not just a privilege for those who can afford it.

Let me just tell a couple of stories before I yield back, quick ones. The other day, a friend of mine proudly showed me a picture of her daughter that just had a baby in the hospital, a darling picture of mother and baby and mom holding the baby in one arm and a cell phone in the other.

I said, Isn't that adorable? She must be calling friends and family and telling about the birth of this beautiful

baby. And my friend said, Oh, no. She was on the phone with her insurance company right after the birth of the baby to make sure that things are covered.

You know, there are lots of insurance policies, private insurance policies, that don't cover maternity care. People sometimes aren't aware of that until they have a baby.

The other is I met a farmer about a month ago who told me he and his family had a \$10,000 dollar deductible policy. Now, this man is included when we count who is insured in the United States of America, but the truth of the matter is this family isn't insured for most things. Unless something horrible happens, a terrible, catastrophic accident on the farm, for everyday health care they are absolutely uninsured, paying out-of-pocket costs.

So, Congresswoman HIRONO, you talked about the 47 million uninsured. Over half of all Americans last year reported that they had to forego or postpone some health procedure or prescription drug that they needed. And so we know it goes way beyond those who are uninsured into most Americans.

And now I got a new report today; 60 percent of all personal bankruptcies are due to health costs, and 75 percent of those people have insurance, so-called. That is, until they get sick.

Mr. ELLISON. Will the gentlelady yield back?

Ms. SCHAKOWSKY. Absolutely.

Mr. ELLISON. By the way, ask anybody to yield whenever you want them to. We will just toss the ball around kind of quick.

But you made a point that made me, like, leap to my feet. I just want to draw attention to this chart. Medical bills underlie 60 percent—I think, Congresswoman, that's the point you were making—of the U.S. bankruptcies. This is according to a recent study, Washington Reuters. Medical bills are involved in more than 60 percent of U.S. personal bankruptcies, an increase of 50 percent in just 6 years.

Now, we've had certain kind of folks running this place over the last 6 years, right?

Anyway, the U.S. researchers reported on Thursday that more than 75 percent of these bankrupt families had health insurance—another point that Congresswoman SCHAKOWSKY just made—but were still overwhelmed by their medical debts, the team at Harvard Law School, Harvard Medical School, and Ohio University reported in the American Journal of Medicine, a very, very reputable institution.

This is a quote from the study. "Using a conservative definition, 62.1 percent of all bankruptcies in 2007 were medical. Ninety-two percent of these medical debtors had medical debts over \$5,000 or 10 percent of their pretax family income," the researchers wrote.

Another startling quote, "Most medical debtors were well educated, owned homes, and had middle class occupations."

Now, that's pretty serious. I just want to just ask one of the three of you, do any of you have any reactions to this startling study?

I yield to the gentlelady from California, Cochairwoman WOOLSEY.

Ms. WOOLSEY. Well, you're actually telling my story. I think we all remember that. I've said it so many times to all of you.

Mr. ELLISON. We never get tired of it.

Ms. WOOLSEY. It was 40 years ago and my children were 1, 3, and 5 years old, and their father was emotionally ill and just abandoned us. I went to work. And I was like the 45 million people that are uninsured in this country right now; 85 percent of them are working. I mean, imagine that. So we can't depend on employers to provide all of the health care.

Well, I was working, too, and it was going to be months before I was eligible for health care. And certainly my husband's health care didn't cover us anymore.

And I want to tell you, I would wake up in the middle of the night and sit straight up and think what if one of my children got sick, what would I do. I mean, it would just overwhelm me.

Now, they were too young to worry about what would happen if I got sick, but I never thought I would, so I didn't even worry about that. But I had two boys and a little girl, and the boys were always breaking something, their arms. They played ball and they were rough and tough. They didn't dare do any of that while we were uninsured because I had no way to pay for it.

I was working. I was on welfare. But because of getting public assistance, then we were eligible for Medicaid, Medi-Cal in California. Then I stopped waking up in the middle of the night, frightened, so that I would have no breath because what if one of my children got sick, what was I going to do.

So if you wonder why—first of all, I would really support a single-payer system, and I will support nothing less than a good, robust public plan and a choice for every single American, even if they're covered by their employer. I want them to have that choice of no, I'd really rather go on this public plan because it's going to be good.

When we say "robust"—I mean, we have talked about what does "robust" mean. Of course, it's quality care and it's accessible and it has benefits, comprehensive benefits, from prevention all the way through long-term care, so there's a way of meeting the needs of every single American.

Now, somebody who chooses their private plan, that's perfectly all right, but they get to have that choice. If they don't want their private plan, they have the choice of the public plan, and we're working on that.

We are really appreciative of this letter from the President today. And Senator KENNEDY is putting a lot of spirit behind a good, robust public plan.

But the Progressives are defining what that means. We're not going to

leave it up to somebody else to decide for us that this is robust enough because we think—there's 80 of us in the Progressive Caucus and we have a big voice and this is very important to every single American.

Mr. ELLISON. If the gentlelady yields back, I would just encourage Congresswomen SCHAKOWSKY or HIRONO, would you care to respond to the recent study? I think Congresswoman SCHAKOWSKY already made a few comments on it.

Ms. HIRONO. Will the gentleman yield?

Mr. ELLISON. I will certainly yield.

Ms. HIRONO. I also mentioned the fact that so many of our working families who file for bankruptcy do so because of catastrophic medical expenses. And in a country that is spending \$2 trillion a year on medical care and 45 million-plus people not insured, it's astounding that we continue this system, which obviously is not working for people who are working, middle class families, for businesses.

We have to do something. And the great thing is that we have an opportunity now, looking at all of this data, to come together to make some changes. For the first time, we have this wonderful opportunity, in over 15 years, to make some changes to the system that is not working for anybody, really.

Mr. ELLISON. Would the gentlelady yield for just a quick moment?

Ms. HIRONO. Yes, I'll yield.

Mr. ELLISON. Now, according to this study, it shocked me a little bit, Congresswoman, because I was under the impression that only people that were struggling in poverty—and the Progressive Caucus is all about fighting for people who are dealing with poverty, but I was under the impression this is just poor folks' problem. But this study seems to say something else.

□ 2145

I mean, what about this fact here? The medical debtors were well-educated, owned homes and had middle class occupations.

I would yield back to the gentlelady. Is this not a middle class problem?

Ms. HIRONO. It just points out how broken this health care system is when people who are working, when people who are educated and when people who have good jobs cannot afford their health care. So, again, it points out that there are things we need to do.

In fact, I had mentioned earlier in my remarks that many of us have been having health care forums in our communities. I had one in my community last week on the big island of Hawaii, and we had representatives from the hospitals, from the medical profession and from the dean of our medical school. While this whole health care issue is very complicated, certain common themes came out.

First of all, of course, is the recognition that the cost is astronomical and that there is no end in sight. In terms

of what we can do, I was really interested to know that there was this focus on prevention, on primary care. These are two areas that our current system does not reward, that it does not pay attention to, so we've got this topsy-turvy kind of a system where we're actually paying a lot of money for quantity, not quality, because if you really cared about saving cost—just focusing on the cost of health care for a moment—we would be spending a lot more on prevention so that people wouldn't have to go for long periods of time until their illnesses would be exacerbated and then they would have to go to the emergency rooms or wherever they would have to go to get much more expensive care. So prevention is really important, but our current system does not really pay attention to prevention.

Also, if we had more emphasis and support for primary care providers, it would be the same thing. We would probably save billions and billions of dollars every year by enabling people to see their primary care providers. Of course, we know that we don't have as many primary care physicians and nurse practitioners and others as we need; but if we spent more time on the primary care side, then we would avoid some of these really expensive kinds of treatments later on. So this system is very topsy-turvy.

I yield back.

Mr. ELLISON. I thank the gentlelady for yielding back.

Let me open the floor back up to Congresswoman SCHAKOWSKY. If you don't mind, I just want to pose to you a question. We have a Web site called www.progressivecongress.org. These are folks who want to talk to us, right? They posed a question. The question was: Doesn't employer-funded health care help to make American business less competitive globally?

Would you like to respond to this question?

Ms. SCHAKOWSKY. Absolutely.

If you think about the cost of an automobile, which a lot of people do think about—and we certainly want to encourage people to buy American cars, but there is now more cost for health care than there is for the steel in that car. That's how much it is.

Now, when you want to sell your cars around the world and be competitive and when you're competing against countries in which they have a national health care system and where they control their costs of health care, then it's pretty hard to do when employers are facing these double-digit rising costs in health insurance every year for their employees, those employers who are good enough to provide it or who have negotiated with their workers to provide health care benefits.

So, clearly, we have to find a way to get these health care costs under control. One of the best ways to do that is to have an efficient and quality public plan, and that's one of the reasons it's

so important. Not only is the quality going to be great, but there will be cost-effectiveness.

I see you've got a chart about the administrative costs of health care. What we know is that, of all of these public plans that we have—Medicare, Medicaid, Veterans Administration—the administrative costs are very low compared to the private insurance companies.

As a progressive and as a community organizer—and still having that mindset—one of the things that we do as progressives is to engage grass-roots support.

Mr. ELLISON. Yes.

Ms. SCHAKOWSKY. That is one of the great things about our Web site, too, is that they can talk directly to us.

Let's face it: as we push for comprehensive health care for all Americans, the people who are profiting from the system as it is are going to be out there pushing against us. Mainly, we're going to find that the insurance industry is fighting tooth and nail in having to compete against a public plan. They're out there now and are saying that it's unfair and that it's not right that they should have to compete. Come on. They have had the market to themselves for all of these years, and here we are right now with a crisis in our country in health care.

When people think about the economy, lots of times what they're thinking about is health care. If they lose their jobs, what are they thinking about? Health care. If they had employer plans, they don't have them now. So what we have to do is organize. We have to mobilize. We have to have people out there demanding the kind of plan that's going to help their families, that makes sure that they can get the preventative care that they need and that they can take their kids to the doctor. They don't have to go to an emergency room and wait until the last minute until there is a really serious illness before they get any kind of help.

So I think one of the things that the Progressive Caucus can do is to go out and help mobilize people around the country to get behind a plan that does have a robust public health insurance option in it, too, because without that, you'd better believe that we're going to see the lobbyists from the insurance companies and probably from the pharmaceutical companies, like on the Medicare part D fiasco. So we want to create a partnership in the Progressive Caucus with Americans who want real change in health care.

Ms. WOOLSEY. If the gentlelady will yield.

Ms. SCHAKOWSKY. Absolutely.

Ms. WOOLSEY. Well, do you remember Harry and Louise in 1994 when the Clintons were proposing a national health care plan? The insurance companies got behind this ad about a couple, an ad that cost millions of dollars. It was talking about how bad this

health care plan would be for America. Well, the insurance companies had enough industry and had enough funds to play that ad over and over and over. Also, the Clinton plan was much too complicated. Nobody could explain it to anybody. It never got all the way to being finished in the first place. Do you know what? People would not be bullied by that kind of ad now.

Mr. ELLISON. Right.

Ms. WOOLSEY. They absolutely have gone through enough fear of losing their own insurance, if they have it and if they're employed. They pay more and get less every year for what is offered, and they never know if it's going to be there the next year.

Those are the people who were saying: No, don't fool around with my insurance coverage. It's good. I've got mine.

Then there were the seniors, retired folks: Well, I have my retirement. It's good. I'm really worried.

Then Harry and Louise scared them to death that we were going to take it away from them.

Ms. SCHAKOWSKY. You know, we're still hearing those same arguments against the public health insurance option. They're saying: Do you want the government standing between you and your doctor? Do you want the government telling you when you can go to the doctor?

That's just baloney.

Ms. WOOLSEY. Well, they're lies.

Ms. SCHAKOWSKY. It's absolutely baloney.

Ms. WOOLSEY. I truly believe that they are not going to pull the wool over the eyes of the majority of Americans. Doctors come to me or call me or stop me, and they say: Look, I was really against the Clinton plan because I was afraid of what I might lose.

One of my favorite doctor friends tells me that he would much rather deal with Medicare than with the insurance companies, point blank.

Mr. ELLISON. Right.

Ms. WOOLSEY. He said that they're not perfect, but that they're way better to deal with.

So I think that there is going to be a whole different set of supporters for this when we get it down and out and when we let people know exactly what it is.

Ms. SCHAKOWSKY. Let me just say one thing.

Senator WHITEHOUSE said that this is not a Harry and Louise moment; this is a Thelma and Louise moment. You'll remember in the movie that they were driving toward a cliff. Actually, as the President pointed out when he said it, they fell off the cliff. We don't want to drive off a cliff, but that's where we're heading right now in this country with health care. The kind of plan that gives the choice to Americans and that allows all Americans to be covered will keep us from falling off the cliff and more. It will make our society much more healthy.

Mr. ELLISON. That's a very important point.

Let me yield to the gentlelady from Hawaii.

Congresswoman HIRONO, you had talked about the forums that you've had and that others have had, and that makes me kind of think about what Congresswomen SCHAKOWSKY and WOOLSEY are talking about in terms of organizing people.

What kind of coalitions do you see gathering at these forums? Are these folks who you didn't expect to see working together in the past but now maybe are?

I yield to the gentlelady.

Ms. HIRONO. Thank you for yielding.

That's the thing. This system is so broken that you've got people from all segments. You have Republicans and Democrats. You have doctors, nurses, hospitals, and providers.

Mr. ELLISON. Businesses. Small businesses.

Ms. HIRONO. Small businesses. You have them all coming in, saying: Let's really fix this. Let's identify the problem and let's fix it.

In our country, we like competition, but I don't think anybody could really say that there is competition going on among the private health insurance carriers. It's all very complicated. JAN talked about how, if you don't read the fine print, you don't even know if you're not covered for something that you think you're covered for. So it's all very nontransparent.

That's why the Progressive Caucus is supporting a public insurance option that is accountable and that is transparent. Believe me, those two adjectives do not apply to the private insurance carriers, because insurance is traditionally regulated, or in a manner of speaking, very little regulation actually occurs at the State level. I'll use Hawaii as an example.

The State of Hawaii regulates the rates for automobile insurance because Hawaii is a "no fault" State. The State regulates the rates for workers' compensation. I would say most States regulate workers' compensation insurance rates, but there is no rate regulation, and there is no review of the rates that private insurance health care carriers charge. In fact, most States, I would venture to say, don't even require any kind of information from their private insurance carriers. That is why there is no competition.

As Americans, we like competition. We want to see competition between a transparent, accountable public insurance option and a private option. Believe me, if people like their private options, or their private carriers, then that's what it is. It's a choice, and they can keep it. If they are satisfied, they ought to be able to keep it.

Mr. ELLISON. If the gentlelady would yield back, I want to ask a question of you, if I may. The question is: What do you think Americans say on this poll question: Do you think it is the responsibility of the Federal Government to make sure that all Americans have health care coverage or is it

not the responsibility of the Federal Government?

Does anybody want to venture a guess on what most Americans say?

Ms. WOOLSEY. I think the Federal Government is responsible.

Mr. ELLISON. What do you think most Americans say?

Ms. WOOLSEY. I think they say the Federal Government is responsible.

Mr. ELLISON. You're right. Sixty-four percent of Americans said it is. Thirty-three said it's not. I think most people running for office would like to have those kinds of numbers.

Could I ask another question for anybody?

Ms. WOOLSEY. Sure.

Mr. ELLISON. Here is another poll question:

Which comes closest to your view, that the United States should continue the current health care insurance program in which most people get their health insurance from their private employers but some people have no insurance? That's one option. Two: The United States should adopt a universal health insurance program in which everyone is covered under the program, like Medicare, that is run by the government and financed by taxpayers?

Which one do you think Americans chose and what percentage?

Congresswoman SCHAKOWSKY.

□ 2200

Ms. SCHAKOWSKY. I don't know the exact number. I am not going to make a guess. But I think it's overwhelming that people feel that the government needs to be a player here in providing health care.

Ms. WOOLSEY. Well, KEITH, when one in every three Americans under the age of 65 was uninsured at some point in 2007 and 2008—imagine, every one of those people knows that they weren't being taken care of, that they needed something that was not available to them.

Ms. SCHAKOWSKY. So what's the answer? How many?

Mr. ELLISON. Well, the answer is, when it says, which comes closest to your view, 65 percent said the United States should have a universal health insurance program under which everyone is covered, and only 33 percent said no. And as I said, there's not one person in this body who wouldn't feel pretty good about those numbers. I know some people win by a higher percentage than that, but 65 percent is pretty good for anything. Overwhelming, as you said. So that leads me to a question that I want to offer to all three of you. Do Americans want the change that we're talking about? Or is a public option some kind of a lefty, far-out-there viewpoint that doesn't have any support?

Congresswoman HIRONO, do you have any points of view on this?

Ms. HIRONO. I think that when the American public finds out what we're talking about with a public option that they will support it because it's choice.

Nobody is forcing anything down anyone's throat. So when the American public receives accurate information, as opposed to being scared to death, I think they know what the appropriate answers are. That's part of what we need to do here. That's what we're doing tonight, to talk about these options that we have to talk about, what kind of focus we should have in terms of how we're going to use our health care dollars: Are we going to use it for prevention? Are we going to use it for primary care? Are we going to make those kinds of decisions with regard to how we spend \$2 trillion every year? We hope we can reduce that. But with accurate information, I think the American public is perfectly able to make the correct decisions or appropriate decisions.

Ms. SCHAKOWSKY. I was on FOX News not too long ago, and they said, Well, how do you know that the government is going to be able to really provide health care and it's not going to just be another big expensive bureaucracy? I said, Well, you know, we don't have to guess about it. We can just take a look at the record of the provision of health care. It's not just the low overhead cost. You go into a room of older Americans, 65 and older—and I am proud now to have my Medicare card. I just got it last week—and you say, Republicans or Democrats, do you think that we should just get rid of Medicare and send you out into the private market—actually, that's what we did with the prescription drug program—and there isn't going to be a person in that room who would support that kind of idea. I mean, people are longing to get old enough, hoping to make it until they get on Medicare because it really is a very effective program. Could it be better? It could be even better. We could have a Medicare prescription drug plan, and that would be a whole lot better than a private plan.

Ms. HIRONO. When you talk about the people who are already being covered by Medicare or are about to get there, the fact of the matter is that our country is a rapidly aging country; and, in fact, Hawaii has one of the fastest aging populations in the entire country. So the issue of health care coverage and how we're going to do it is very much on people's minds. When you talk about, how are people supposed to take care of their long-term care needs, that is a huge, huge concern in our country.

So what we should be also talking about is, how are we going to help our elders age in place as opposed to having to be institutionalized where the costs are so much greater? There are just so many choices that we can be making that truly enables the people of our country to sleep soundly at night, knowing their needs are being met.

Ms. WOOLSEY. One of the things we are going to hear, and we're already

hearing is, Well, we can't make the insurance companies compete with a public plan. It won't be fair to the insurance companies. Well, excuse me. The insurance companies have a huge marketing budget. They have an overhead that's so much more than the public Medicare program.

Ms. SCHAKOWSKY. I've heard their CEOs get paid pretty well, too.

Ms. WOOLSEY. Oh, and their CEOs get paid so much. If they can't compete with a public plan, oh, too bad. They'll either, you know, plus up and get better and only pay their CEOs so much or more people will go on the public plan. And if we have a good public plan, over the years—and I don't know how long it will be—it can lead to a single universal coverage.

Ms. SCHAKOWSKY. What we're going to have is an exchange that will allow for all these different choices for Americans. But let's face it, even the private companies now are going to have to play by different rules. For example, pre-existing conditions are not going to be a reason to exclude anyone on public or private plans any longer. There will be some defined benefits that have to be covered so you don't find out when you get sick that, Uh-oh, this wasn't covered, and we thought it was.

Congresswoman HIRONO, you talked about transparency and all of this whole industry of health care, which it really is in this country now, is going to be much more family-friendly, people-friendly, where you can understand actually what you're getting, and then you can decide what you want.

Mr. ELLISON. Can I just ask the question here, what is wrong—and I think as progressives we do have to address this question—with just having single payer? Let me just say, 2,275 people wanted to know that. That was from www.progressivecongress.org.

Ms. WOOLSEY. If the gentleman will yield to me, in 1993 I was actually a freshman, my first month, just sworn in to this House of Representatives. I was the first freshman to sign on to the single payer bill. JIM MCDERMOTT was then the author. I have been a single payer supporter. I would be so happy if we could move into single payer. The arguments I hear make some sense that by disrupting everything right now at once would be more harmful than putting together a plan that can get to the single payer. But I can tell you in my district—and I represent Marin and Sonoma Counties, probably as progressive a district as anyplace in this country—when I say what I just said, that we're not pushing for single payer, although the great majority, 90 percent of the Progressive Caucus would vote for a single payer right now today; but that's not 90 percent of the Congress, House and Senate. But when I tell my constituents that, I will tell you, they look like they could cry. They are so disappointed in me. I mean, it's like, What, you?

Ms. SCHAKOWSKY. Actually, when you ask the American people if you

want either all private or all public or a choice of the two, the overwhelming response is that people want to have the choice of a private or a public. And so what we're doing now is building on what people feel comfortable with, and we certainly don't want to have people worrying that they're going to lose something that they feel pretty good about right now. So I think that the notion of having this competition between the two is the kind of plan that can move us forward to get everyone covered right now in the United States of America. We'll see how this multiplicity of choices actually evolves or turns out, or maybe it will be the thing that can last and be successful in providing all Americans with health insurance. But we're not in the business of scaring people that they're going to lose something that they find really works for them. Instead, we're in the business of giving people rational, good, quality choices.

Mr. ELLISON. For the record, I will not vote for any health care that does not include a public option. I will not do it. That's a guaranteed "no" vote.

□ 2210

And I cannot be dissuaded from that. And I also want to say I am a dedicated single-payer advocate. I am going to continue to raise this issue. I have before. But the fact is politics is the art of the possible, and we do have the limitation, as the gentlelady from California mentioned, of not having 100 percent of all the Congress yet being Progressives. And so we have to do what we have to do. And I have absolute faith that with the public option along the lines of Medicaid, Medicare, or the VA, that it will outcompete what these other guys are doing. And if they can't outcompete them, that is fine, but the fact is I believe that they will.

Let me yield to the gentlelady. Do you want to respond to this question that 2,275 people asked from www.progressivecongress.org? Do you want to answer that question, what is wrong with just having the single-payer? Or do you want to pass it?

Ms. HIRONO. I don't think there is anything wrong with the single-payer. But as you say, we are dealing with a lot of interests and ideas, and as President Obama said, this is a time when all of the perspectives ought to be given consideration and due respect. And I think that moving this discussion to a consideration of a public insurance option is a pretty large step, in my view. And if you add that in addition to the promoting of the use of information technology for medical records, and there are a number of other things we can do to move the ball so that we can get quality medical care for more people and have it affordable, I think that what we are talking about right now with the public option moves that ball in that direction.

Mr. ELLISON. We have a progressive America out there, and there are cer-

tain things they want answered. Another question they had was why do insurance companies have so much input into the health care reform debate; 1,704 people asked that question. Again, why do insurance companies have so much input into the health care reform debate?

Do any of one of you want to grab that one?

Ms. WOOLSEY. I will make a stab at it. They are organized. They have associations. They have a lot of money, and they will spend that money on advertising. They will spend that money on helping Members of Congress get elected. And I am not saying that every Member of Congress that takes donations from anybody or any industry votes with them, but I'm saying—

Mr. ELLISON. It sure helps.

Ms. WOOLSEY. This particular industry has wielded a lot of money and a lot of power around this Congress, but it is mostly that they have been able to choke off the information that the grassroots was not able to receive the first time around. That is not going to happen again. We are not going to let that happen.

All the money in the world is not going to be able to close down our voices, the thousands of people that are e-mailing us on our congress.org, and they know where we are with them and we are going to keep this. And the Democrats are with them for the most part. We are going to make it happen. The President is with them.

Mr. ELLISON. If the gentlelady would yield back, I just want to remind everybody by saying that, you know, President Obama did say that if we were starting a health care system from scratch he would be pushing single-payer, but we are not. You have people who have vested interests, who have settled expectations, and so if people are committed to the plan they have, they can keep that. But there will be a public option for people who want to do that, and under no circumstances can these insurance companies deny people for preexisting conditions and things like that.

Do you want to take another question?

Ms. SCHAKOWSKY. Sure.

Mr. ELLISON. Here is an important question people have. Why can't the public have the same insurance that Members of Congress have? And 953 people wanted to know that.

Ms. SCHAKOWSKY. Actually, that is exactly what we are talking about, making sure that everybody has a plan at least as good as the Members of Congress. It can be even better. Our Federal employee benefit plan, we have a choice of only private insurance companies that we can pick from. I think maybe people think that we have—and I'm certainly not complaining. We can pick a good plan, but it is not like Cadillac insurance. We pick among a number of different insurance policies, some better, some that provide less coverage, depending on how much you want to spend.

But what we will give people is something as good as Congress gets, and I think better, if there is this choice of a public option.

Ms. WOOLSEY. I echo Congresswoman SCHAKOWSKY, so I don't have to take up your time. So you can ask another question.

Ms. HIRONO. Ditto for me.

Mr. ELLISON. I would like to put this one out to you. What is it going to take for you—I think they mean us—to wake up and smell the catastrophe that profit health care is?

Ms. SCHAKOWSKY. Let me just say, first of all, I don't know what a catastrophe smells like. But I think a lot of people out there are getting that whiff of what a wreckage the current so-called—we don't really have a health care system. It is kind of a hodgepodge.

I did want to say, talking about even our Federal plan, between 2007 and 2008, 14 different insurance plans dropped out of the Federal employees plan. And so thousands of Federal employees who have a plan like we do had to look for new coverage. And so when you have got a public option, it is going to be there. It is not going to go out of business and you have to search around for something to replace it.

Ms. WOOLSEY. Because for senior care, when HMOs took on senior care, Medicare Advantage, et cetera, I went to one of my providers in my district, and they were telling me about this wonderful plan that was very good. And I said, Well, what are you going to do when people start using it? And they looked at me like I was just a nut on Earth. And guess what? In 2½ years, when seniors started using the plan that they had purchased, this group went out of business, and those seniors had to find someplace else in the district because people were using the plan.

Mr. ELLISON. Well, if the gentle lady yields back, it is a lot easier to make money when you're just collecting the money as opposed to when you actually have to pay it out.

Ms. SCHAKOWSKY. There are a lot of people who, quite correctly, feel as if health insurance is for the healthy, that if you get sick, forget it. It is not always there for you. We all know that.

Mr. ELLISON. The fact is that many insurance companies, I think the whole industry identifies when a person goes to a doctor and needs to actually use that coverage, they call that a medical loss. They see that as a loss to them. That is messing with their money when somebody says, Hey, I actually need to use the coverage that I'm paying you an arm and a leg for. That is why some of these companies go out of business. It is not designed to do that.

The fact is we talked about how medical expense costs families tremendously and also ends up people having to declare bankruptcy so often. The fact is that is one side of the coin.

The other side of the coin is the overwhelming amount of profit that the industry makes. And I just want to point

out that in an industry where you have CEOs making \$1.6 billion like Bill McGuire of United Health Group made, how can you get that kind of money unless a whole lot of people are not getting the health care that they should get? How can you have these exorbitant profits that people are turning over and still cover everybody? Well, you can't do it. You either have to cut people out of coverage, you have to deny claims, and then you can pay exorbitant profits. Or you have to actually run a decent system that extends coverage, but in that case you don't have people making goobers of money, and so you really do have to make a basic and essential choice.

Ms. HIRONO. As I had mentioned earlier, it is generally the States regulate, so-called regulate, insurance companies. So most States do not have the kind of resources or even the laws that allow them to look at what the health care insurance companies are doing, how they are basing their cost increases or their premium increases. So there really is a lack of transparency and accountability. And when you don't have the ability to look at the relationship between the rates they are charging and what the claims are, how can you even begin to say that people's needs are actually being met or that cost containment is actually occurring? You can't.

□ 2220

You can't.

Mr. ELLISON. Well, if the gentle lady yields back, let me tell you. Cost containment, remember, any time I charge you and you paid me, I now made some money, right? I'm not against making money. This is America, and we have a free enterprise system. But there is such a thing as abuse.

Let me point out, profits at 10 of the country's largest publicly traded health insurance companies rose 428 percent—I'd say that's pretty good—from 2000 to 2007. In 2007, alone, the chief executive officers at these companies collected a combined total compensation of \$118.6 million, an average of \$11.9 million each. And if it's an average, you know some made more and some made less. And the fact is that that is 468 times more than the \$25,000 a year that an average American worker makes. So the fact is, these folks are making 468 times more than the average wage of an average worker in the United States. And we're wondering why we've got problems. There's no wonder why we have problems. That's why we need a universal, single-payer system. But if we can't get it now, let's get a system where you keep your insurance, and we have a public option.

Ms. SCHAKOWSKY. You know, we've heard horror stories for years about how insurance companies hire people who are essentially told, at least on the first ask, just to deny the procedure, to just say no. And there was, I remember a very brave doctor who ended up working for an insurance

company and denying a procedure for somebody who actually died. And she came to cleanse her soul, to essentially apologize; left that company with enormous amounts of guilt, and said that that's how the business operated.

And what we're trying to create is a health system, a health care system, not one that is designed to make anybody a profit. It's to keep people healthy. And that's what I've said to an insurance company that said, well, you know, how are we going to compete?

I said, look, the object of this policy discussion is to figure out how are we going to provide health care to Americans. The goal, you know, if companies can make money doing that and working within the system that we prescribe, God bless them. That's what we're heading toward right now. But the goal is not to figure out how to maintain their high profits when it's done at the expense of the health care of millions and millions of Americans. That's the bottom line.

Ms. WOOLSEY. And if the gentlewoman will yield. Insurers have increased premiums 87 percent over the last 6 years. And the premiums have doubled in the last 9 years, increasing four times faster than wages. So, what for? To pay the high salaries of the CEOs and to hire more bean counters.

Mr. ELLISON. I do have to say, let's get the last one, because we've got about 30 seconds to go, and I think Congresswoman HIRONO is going to get the last word. And this has been the Congressional Progressive Caucus, and you're going to take us out.

Ms. HIRONO. Health care is a right, not a privilege, and everyone in our country deserves quality, affordable health care with choice.

Mr. ELLISON. And I think that pretty much does it. This has been the Progressive Caucus with the progressive message, and we'll see you next week.

REPUBLICAN FRESHMAN PERSPECTIVE

The SPEAKER pro tempore (Mr. CONNOLLY of Virginia). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Wyoming (Mrs. LUMMIS) is recognized for 60 minutes as the designee of the minority leader.

Mrs. LUMMIS. Mr. Speaker, my name is Cynthia Lummis. I am the Member of Congress from Wyoming. I am a freshman and a Republican.

This is the first time that the freshman Republicans have engaged in a Special Order, and it's my privilege to be joined by members of the Republican freshmen. This is our opportunity to share with you our perspective on these first 5 months in Congress that we have shared together as freshmen, to tell you a little bit about ourselves and about our views about this process, about where we have been in the last 5 months and where we think, as fiscal conservatives, the Nation should be going instead.