

far extreme leftists that want to just have a government takeover of health care where, literally, a bureaucrat in Washington that's not elected, didn't even go through a Senate confirmation, can have the ability to tell you which doctor you can see or even if you can get an operation.

And we've seen the devastating results in countries like Canada, in England, where they've done the exact same thing. And now those people who have the means in those countries come to America to get health care. Because even with our flaws—and we've got flaws in our system that need to be worked out—but even with our flaws, we have the best medical care in the world. And yet they want to destroy that system by having a government take it over and then add \$800 billion of new taxes on the backs of American families.

And if that wasn't enough, that leads us into the topic that I know my friend from Tennessee really started off talking about, and that's energy. This cap-and-trade energy tax that actually passed this House, and I sit on the Energy and Commerce Committee and we debated that for weeks, and I strongly opposed their bill because their bill doesn't address the energy problems in our country. We don't have an energy policy in America. Imagine that. The greatest country in the history of the world, the most industrialized nation in the world, doesn't have a true energy policy. We've got the ability to create a comprehensive energy policy that actually eliminates our dependence on Middle Eastern oil. And we filed a bill.

Some people would lead you to believe there is no alternative out there. It's just this cap-and-trade energy tax or nothing.

Well, there is a different approach. There was an approach called the American Energy Act, which I'm proud to be a co-sponsor of. I know my friend from Tennessee is a cosponsor of. It's an all-of-the-above policy. It says yes, we should pursue those alternative sources of energy like wind and solar power. But unfortunately, those technologies aren't advanced enough yet. You can't run your car or house on wind or solar. You surely couldn't run a hospital on wind and solar because they're intermittent sources of energy, and so you need some other forms to keep power generating in this country. And so yes, you have coal production and we should advance the technologies to make clean coal technology.

But you also need advance nuclear power; nuclear power emits zero carbon. It's a zero carbon emission source of energy. Eighty percent of Europe is on nuclear power now. It wasn't on their bill. They discouraged it. We need to move towards those other alternatives.

We also need to recognize the existing types of energies we have in our country, and that's oil and natural gas.

It's also some of the new sources and technologies that we have, like these tar sands in the Midwest which right now are prohibited from being explored by Federal policy. In fact, if you go into the Gulf of Mexico, there are many areas there where there are huge reserves of oil and natural gas that are banned from even being explored.

I've taken a few Members out to the Gulf of Mexico a few weeks ago. We went out to the largest natural gas exploration facility in the country. It's called Independence Hub. Nine hundred million cubic feet of gas a day. Actually represents 2 percent of our entire country's natural gas needs. It's out there in the Gulf of Mexico, and they have greater capacity. In fact, we keep finding more and more reserves of natural gas every day. In north Louisiana, I'm proud to have gone out and visited the area in Shreveport, Louisiana, called Hainesville. Hainesville shale find is the largest new find of natural gas in our country's history. It was just found 3 years ago, and we continue to find more and more reserves like that.

So there are all kind of natural resources that our country can use, and yet Federal policy blocks it. And the only answer President Obama gives us is this cap-and-trade energy tax—which actually limits our ability to explore American resource of energy and gives greater power to those oil OPEC barons in Saudi Arabia and other countries in the Middle East that don't like our way of life. So we've got to get a comprehensive energy policy, and we've got to move away from this idea of taxing businesses, taxing families, raising electricity costs—which their bill does—and go to a policy that adopts a comprehensive, all-of-the-above approach.

So here at this time I'm going to yield back to my friend from Tennessee. But we're talking in the same week that Neil Armstrong and Buzz Aldrin and Collins landed on the Moon, the Apollo 11 mission. The 40th anniversary this week. I had the honor of meeting them. True American heroes. When I talked to Neil Armstrong earlier this week, what I told him was, What you did, what your crew did and what all of the NASA officials did, they inspired a Nation because they showed us what the greatness of America can be if we truly set our minds in a bipartisan way. And back then under President Kennedy when he said and set that objective that we were going to go to the Moon by the end of the 1960s, the entire country came together, Republicans and Democrats. We can do that again.

But President Obama's got to set aside the bipartisanship and this extreme radical policy, and we can get there.

□ 2130

Mr. WAMP. I thank the gentleman. As I close out our hour tonight, I want to say when the question is asked,

where are the jobs, if all of the applications pending right now before the Nuclear Regulatory Commission for nuclear plants were approved, that would be 17,500 permanent jobs and 62,000 construction jobs. Nuclear is maybe the single largest step towards stimulus, economic opportunity and global warming progress, all of those things that we need.

We can reprocess and recycle the spent fuel. This administration doesn't want to bury it in Yucca Mountain. They won the election. That's their prerogative. Let's move as France has, and Japan and other countries, towards taking the spent fuel and turning it back into energy. We can deal with this. We built 100 reactors in less than 20 years, and now we know so much more about it, if we said we were going to build another 100 reactors in the next 20 years, we would have a robust U.S. economy with new electricity capacity.

And when we bring on new capacity, we will lower the cost instead of increasing the cost. This regulatory cap-and-trade scheme increases the cost, reduces the supply, by definition, because we're going to need new electricity and energy capacity. So tonight we just close, Mr. Speaker, by saying that American innovation and entrepreneurship, free enterprise, can help solve these problems without the government burden.

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. Mr. Speaker, what a pleasure it is to claim this hour, this Special Order, on behalf of the Congressional Progressive Caucus. The Congressional Progressive Caucus is the body of Members of Congress who believe that we're all better off together than we are separated and apart. We believe that we need a mixed economy, in which, yes, people are entitled to pursue their private dreams and make their money, but also there are certain things that we should do together, things like take care of the water, things like provide for transportation, things like provide for education and things like health care.

The Progressive Caucus is the body of people here in the Congress who stand by the idea that the civil rights movement was a great moment in American history, that FDR and the New Deal was another great moment in American history and that the steps forward to end slavery was a great moment in American history.

And yet the greatest moments of American history have not yet been written but are really still in front of us. We still have more people to bring into the ambit, bring into the embrace of this great American ideal, the progressive ideal, this idea that America

has not yet done the best it can do. We have more people to include, more people to help find that internal light of their own and that this is the time to walk forward into that history.

We have the Congressional Progressive Caucus that comes together today. We started out, Mr. Speaker, as a group that said, we would like to see in the area of health care a single-payer system. This was our position. But we've compromised, because we're practical progressives. We said we can have health care reform if we have a public option, but we can't go any further than that. There must be a public option in the health care plan. And it looks like we are going to have one. We are excited about the prospect of seeing this public option. It appears as though it is moving forward, Mr. Speaker. And it's a good thing because it's what America needs. It's what America needs.

This is the Progressive Message, and we are here to talk about health care tonight. Health care, Mr. Speaker, is the boiling issue. It is the issue that is all the talk around the Congress; it is the issue that is all the talk around America. The fact of the matter is, Mr. Speaker, it is a fact, it is a belief and a firmly held belief of my own that health care is a movement that is essentially a civil rights movement. It has the same level of intensity as that movement. And it has the same urgency as that movement.

I'm inspired by the words of Martin Luther King, Mr. Speaker, who said that we have the fierce urgency of now, the fierce urgency of now, that we can't say that somebody else can get their freedom at some other time, at a more convenient time, at a time when it makes sense and is comfortable for everybody.

No, he said civil rights now, not later, and not have to say today we have got to have health care for all, right now, not later. The fierce urgency of now, Mr. Speaker.

I want to let you know, Mr. Speaker, that when I was watching television last night, I was tuned into President Barack Obama. And I want to let you know that I was very proud of President Obama last night, Mr. Speaker. President Obama came before the American people and articulated a case, as skillfully as any arguer or orator ever could, for health care, health care now.

The thing that really grabbed my attention, Mr. Speaker, is when he was asked by a reporter, why does it have to be now, and the reporter asked in somewhat of a challenging and slightly derisive tone of voice, why does it have to be now? Can't it just be some other time? Mr. Speaker, President Obama said, you know, I can't delay it when I read the letters that I get. The letters tell me that we have got to act now. We can't put it off another day. We've got to do it now. And I actually was cheering at the television screen as President Obama was saying these

things. It's so nice to have a President that you truly agree with and believe in and think is a real champion for the people who elected him.

So in that spirit of President Obama saying that the letters and the stories that people are going through propel him toward action, let me share a few stories of my own, Mr. Speaker, because my constituents write me letters too, and those help move me and motivate me toward action for true health care reform. Instead of my hitting you first with the facts and figures and all those things, I just want to start out tonight, Mr. Speaker, with stories and letters from my constituents.

Let me talk about Mary from Minneapolis, Minnesota. Mary says, my daughter needed her wisdom teeth out. At the same time, with insurance, we were told to pay \$375, which we did, then got billed over \$1,000, resubmitted, eventually the amount was reduced to \$750. In the meantime, my husband got no paycheck. I have calcium deposits in my back which make it difficult to walk, and I can't afford the copays, so I'm waiting until it's so bad that I can't walk.

Mr. Speaker, Mary needs help. Mary needs a caring, committed government that is listening to her and is going to help bring forth legislation which can allow her to work with her doctor and her health care provider with the solutions that she needs. No government official in the middle between Mary and her health care provider. That's nothing but spooky, scary stuff, and it's not true.

Let's hear from Denise: I find more and more often that my family and I are skipping doctor visits for preventive care, and when we would have made a visit to the doctor in the past, but now can't afford the co-payments to be seen. This is especially true for childhood illnesses such as allergy visits or medication, dental problems that could potentially be serious, and injuries that, in reality, should be checked out by a doctor. My family is insured. Yet because of our current employment situation, combined with rising health care costs, it has come out of reach to have the kind of health care we have enjoyed in the past. I feel that we are being left behind for an inability to be able to bear the burden of the cost. This may mean that we will pay dearly in the future for things that could have been prevented or less serious had they been able to see a doctor initially.

As I listen to Denise from Minneapolis's story, I'm thinking, Mr. Speaker, about the global, the larger trends in our society that are sweeping her up and affecting her. She's talking about being insured, having a job, but having to go without because of the costs of copays and premiums. Well, Mr. Speaker, one of these startling facts that you might want to know is that over the last 9 years, premiums have doubled for people who have insurance, and while wages have been flat, premiums have been increasing

much faster than wages have, and this has made a squeeze on the American household budget. Denise needs a hand, Mr. Speaker. Denise needs somebody to care.

Janice from Golden Valley, Minnesota: I've worked every day since I turned 15, and I'm currently 51. I'm married with two teenage children. I have a college degree. We have always lived a balanced and frugal life. We do not take exotic trips and mostly buy generic groceries and thrift or discount store clothing. I do not and never have smoked or drank, and I have been in my job for 20 years, yet I bring home less and less each year due primarily to health care premiums and costs. Health care premiums and copays cost about 25 to 30 percent of my income. Health care premiums cost me more than my Federal, State, Social Security, union dues and retirement plan deduction combined from each paycheck.

The increase has been so great that we have stopped being able to contribute to savings for 4 years. The one thing I fear more than anything is me or my family member getting sick because of what treatment will cost even beyond the premium costs. When I have a strange new sensation in my eye or a vein hurting in my leg or a dull pain in my chest, I just pray it will go away on its own because I'm afraid of what it will cost me.

We pay out so much for health care insurance, yet we cannot afford to really even use it. And I feel even worse for those who have no health insurance at all. This reflects badly on what America has become, a place where only the wealthiest survive and profit by a few takes priority over the basic needs of all.

Mr. Speaker, let me tell you about the story of Anita. I'm armed with statistics tonight, Mr. Speaker, and I have them. But they don't mean a thing next to these stories of these citizens, these good, honest Americans from my State of Minnesota whose stories I want to bring to you tonight.

Let me talk to you about Cynthia from Minnesota. Cynthia says: As an asthmatic and a mother of an asthmatic, I would think the insurance company would be happy that we go for our annual check up and would be willing to cover our medicines so that we stay healthy and don't end up costing them more. Much to my surprise, the insurance company would not cover our asthma checks, and the cost of our prescriptions has gone through the roof. Unfortunately, our meds are not part of the formulary drug list. What ends up happening is I cover my child's meds, and I don't get any. I just hope we are near each other if I have an attack.

Mr. Speaker, that is no way to treat Americans who are trying to make it in this society.

How about this one. Maria from Minnesota: My daughter is 24. She has had a polycystic ovarian disease since she

was 15 requiring three surgeries, five hospital visits and many, many office calls. This is a chronic condition which will probably result in infertility or at the least difficulty in achieving pregnancy. This is physically draining, as she is often in pain and has been on many narcotic pain meds, including Vicodin, Percocet and OxyContin.

In addition, the idea of not having children is a tough thing to face as a teenager and young adult. If that wasn't enough, she also has a degenerative disk disease in her cervical spine. This has resulted in a herniated disk and chronic constant pain. Again, there is no cure for this and no real treatment. Since she is an adult, she no longer is eligible to be under our insurance plans. She has a BA degree, but has not been able to find long-term employment in her field which would offer benefits. Rather, she is managing a bar restaurant, which is a good job, but it's not what she went to school for.

□ 2145

She's working as a bartender at least 60 hours a week, on her feet all the time. She pays her own bills, lives on her own, but because of her chronic condition, has not been able to get COBRA insurance and, instead, has a policy through a private insurance company paying over \$200 a month, which doesn't cover many of her needs. This is outrageous.

Please, please understand she is not sitting at home waiting for a handout. She's so motivated and such a hard worker, but the insurance costs are eating up her paychecks. She's my hero, as I can't imagine facing these conditions and then having the minimum coverage while paying the maximum bill.

Mr. Speaker, I just thought I'd start off this Progressive Hour with some real stories from real people, real stories for real people who are dealing with a very difficult situation. Mr. Speaker, let's not relegate them to the status quo.

My colleagues, many of them on the other side of the aisle, are essentially saying let's keep it how it is. Let's stop moving so fast. Let's not let this process move along too quickly. And some have been caught offhandedly making the comments that they think that they can take President Obama down. Is that what this is about, taking somebody down?

This should be about lifting somebody up, the American people, lifting them up, not trying to score a partisan point in a political game. This is real life people are going through, real life like the Minnesotans that I just talked about. But as I speak here tonight, Mr. Speaker, I can assure you that in every State in this Union and in every territory of this country, there are stories exactly like these.

Mr. Speaker, I want to talk about what the bill actually does a little bit, but before I do, I want to talk a little

bit about the cost of this health care reform because, you know, first of all, there is this big fear thing around cost, and this is one of the major ways that some detractors are trying to stop things. So first let's talk about the individual cost, the cost to the person.

Without reform, the cost of health care for the average family of four is estimated to rise \$1,800 every year for years to come, and insurance companies will make more health care decisions. Okay. Status quo, hand the insurance companies 1,800 bucks every year. In 2 years that's 3,600, in 4 years it's more than that. The fact is this is the status quo. And I was so proud to hear President Obama last night saying, if somebody offered you a plan that was going to double, that was guaranteed to double in cost and was going to push more people into the ranks of the insured, would you want that, because that's what we have now. Again, another brilliant oratorical flourish rooted in the truth.

So one cost is the 1,800 bucks every year estimated to increase, but let's talk about the individual costs a little bit more. If we have health care reform, Mr. Speaker, no more copays or deductibles for preventive care. That will help a family budget. No more rate increases for preexisting conditions, gender or occupation. That will help the family budget. No more annual cap on out-of-pocket expenses. That's going to help the family budget. Group rates of a national pool, if you buy your own plan, that should hold costs down. Guaranteed affordable oral, hearing and vision care for your kids, that will definitely help the family budget out.

The fact is that this bill is designed to help families deal with the escalating costs of health care. It's not about increasing costs or increasing debt or anything like that. It's about helping the family budget stay in a place where families can actually get ahead a little bit for the first time in a long time, for the first time under a budget, under an economic philosophy where the rich didn't have enough and the poor had too much in the minds of some people.

The fact is, Mr. Speaker, we need to talk about costs tonight. We need to talk about it, and I want to go now to the recent—the CBO budget scores have been tossed around a lot. We've been hearing a lot about what the CBO says. The CBO says this, the CBO says that. Let me talk about what the CBO actually says, really says.

On July 17, the Congressional Budget Office released estimates confirming that the health care insurance reform policies of H.R. 3200, America's Affordable Health Care Choices Act, are deficit-neutral over a 10-year budget window. That means that they don't add to the budget. They're deficit-neutral, even producing a \$6 billion surplus.

CBO estimated that the cost of the bill's insurance reforms was \$1.042 trillion, while the bill's cost savings and

revenues totaled about \$1.48 trillion. This is over a 10-year period. CBO estimated that these reforms will provide affordable coverage for 97 percent of Americans 2 years after the program starts. Now, that's really something, Mr. Speaker.

It was also reported in the press, CBO also estimated that the overall bill has a net cost of \$239 billion over 10 years, but this is entirely due to additional provisions in the bill to maintain current Medicare physician payment rates costing \$245 billion over 10 years by preventing scheduled draconian cuts.

The House agreed earlier this year that this \$245 billion cost would be exempt from PAYGO. The President's budget acknowledged the flawed Medicare physician payment formula and allotted money to address it. Then, in voting for the budget resolution in April, the House voted to exempt Medicare physician payment provisions from PAYGO. The statutory PAYGO bill to be considered by the House this week, passed through this House this week, also exempts these provisions from PAYGO.

Mr. Speaker, let me also add that this bill preserves and increases options, plan options. Those eligible for the exchange—and I'll talk about that in a moment—choose from all options, private and public. No one can steer them to any particular plan.

CBO projects that by the year 2019 about 9 to 10 million Americans, or a little more than 3 percent of Americans, will choose the public option. CBO projects that the most of these using the exchange will choose private sector plans. This confirms that the bill creates a level playing field where the public option will compete with private plans on a fair basis and that the public plan will not necessarily push them out of existence.

Again, I'm a single-payer advocate, but I wanted to talk about, just a little bit about this cost, because this is the very thing that detractors are using to try to scare Americans away from real health care reform with, and I think that Americans deserve better. They deserve the truth, and they should know that this plan is one that's designed to help save them money. Let's talk a little bit more about health care costs.

Health care costs for small businesses have grown 30 percent since the year 2000. The average family premium costs \$1,100 more per year because our health care system fails to cover everyone. The average individual premium costs \$410 or more.

The fact is we're joined here tonight by one of the great, great, great stalwarts and heroes of health care reform, none other than JOHN CONYERS, chairman of the Judiciary Committee, second-most senior Member of the House of Representatives.

Good evening, Congressman CONYERS.

Mr. CONYERS. Would the distinguished gentleman yield to me?

Mr. ELLISON. Certainly I will yield to the distinguished gentleman from Michigan.

Mr. CONYERS. Thank you, Mr. ELLISON, and to our colleague and friend, STEVE KING, who is also on the floor enjoying the proceedings.

I came down merely to let you know how much I admire and respect your determination to make sure that every American can listen and learn about the importance of health care, the issues as you see them developing, and what it means for all of us to come up with the best possible result that we can.

The 44th President of the United States brought his case to the public last night, a brilliant explanation, very persuasive, very intellectual, and then he answered more than a dozen questions from the press. It was very instructive. I was moved by that last night, and I'm moved by the gentleman from Minnesota (Mr. ELLISON) this night as well, because what you're doing is so very, very important.

I get calls in my office, and I have the unique tendency to answer my own phone. And people are very surprised when I answer the phone and they're telling me what to tell the Congressman, and I explain to them who I am, and they're pleased and flattered by that. But a lot of those calls are about health care. Some of them are very moving, like some of the stories that you've related here tonight. Other people are not happy about health care, and some hope that we don't come up with a bill, a few. But most people realize that this struggle has been going on for 30, 40, 50 years.

Harry Truman began talking about universal health care, and then Lyndon Johnson was able to come through with Medicare. And in respect to Harry Truman's determination, although unsuccessful, he went to the Harry Truman Library in Missouri to sign the Medicare bill.

There's a rich history, a legacy about how we've gone through these different changes. And now the President, after only a few months, calls us together in the White House at a White House summit to declare his determination to do more about this system—we call it a system. It's a broken-down, non-working system—about health care. And so it's so interesting to study what all of our Presidents, what our leaders have done and why it's so important when we think of the millions and millions of people that don't have health care.

I'm going to say something here tonight that, to me, I want to put in perspective the issues. The plan, as I understand it, that's being proposed does not relieve everybody of the threat of not having health care. It is not a universal system.

Let's put these things on the table. I am for a universal system of health care. I've worked with doctors, medical scholars, nurses for years now, and they say that that's the only way we're

going to reduce costs. And for anybody that's talking about—it's bad enough that we don't have single-payer health care involved in this, except for the tremendous efforts of the gentleman from Ohio, DENNIS KUCINICH, who's got it in one of the committee's bills that would allow States to develop health care if they chose an option.

□ 2200

But we don't even know what the public option is finally going to be. There are those that don't even want to give the opportunity of Americans to choose between their health care plans, and the controls of the insurance industry have been legendary. It's been written, spoken about, people's own experience.

And then if I hear anybody talk about the government controlling medicine, it's the health insurance companies that are controlling medicine, not the doctor.

So I just want to listen, take in the wisdom that you have brought to this body and enjoy this discussion. I hope any other of our colleagues that want to join in this can participate as well if they choose, and I'm just so proud you're doing it tonight and that I can just add my comments to this decision of yours to once again take out a Special Order to discuss this subject.

Mr. ELLISON. Well, I want to thank the gentleman from Michigan, Chairman CONYERS, for coming down here. We have a chance to do a little bit of give-and-take. Actually, I'd like to ask the gentleman a few questions if the gentleman would take a question.

And my question is for you, Mr. Chairman, is why do you author H.R. 676, the single-payer bill, and why did you work so hard to try to get so many authors in the House? And you ended up getting about 80-plus authors. And why did you go all over the country, to my State of Minnesota, and talk to so many people? Why did you work so hard to push this idea of single payer forward?

I yield to the gentleman.

Mr. CONYERS. Well, improving our health care system is the most single fundamental domestic issue that we can deal with. The second most important is creating a full employment society. And both go together, because if you've got your health and don't have any employment, I don't know if you're in worse shape than a person who has employment and doesn't have any availability for health care. They're both fundamental rights that are inherent in a constitutional system of democracy, and we've been working on this so far long.

I remember when the First Lady then, Hillary Rodham Clinton, called us into the White House and asked us to hold back on our push for universal single-payer health care when her husband became President, because she, with Ira Magaziner, was going to work on health care reform. We did. We met. I remember and said, look, we should

honor her request. There had never been a First Lady in the White House designated by the President to work on an issue this momentous, and so we pulled back. It did not succeed. It wasn't her fault. She had no way of estimating how powerful the corporate medical sources in health care were and that were determined not to make this universal or to make any changes at all.

And so this, to me, is one of the highest issues that all of us in the Congress can repair to, and I'm so proud that we now have a total of 85 Members of the House now on H.R. 676. I'm proud that we have it in the health care reform as an option for States so that we can overcome some of the restrictions that will be relieved through the Kucinich amendment to allow States that want to begin this global experiment.

That's how it started in Canada. It was a province in Canada that first passed it, and then another, and yet another. And of course, Canadians are overwhelmingly, extremely proud of the system that they have. No, it's not perfect, but very few things in this life are. They're working on it, and we're not copying it. We're looking at health care systems from around the world, everywhere, all countries that have them and the problems in countries that don't have them, and so this is an exciting global setting.

I was even in China not too long ago examining their system, which sometimes they're very efficient, and in other places, they don't exist at all. But we're putting the study together so that the plan that we create is an American plan, created by us, benefiting from all the improvements and problems of other countries that have universal health care systems.

And so even though my primary concerns are the Judiciary Committee issues, some of which tie into health care, the bankruptcies caused by health care are in our committee, and now we're having hearings on medical bankruptcies next week in the Judiciary Committee, and I know my colleagues on both sides of the aisle will no doubt attend these hearings.

And so there's a relationship. There's a relationship in creating a full employment program. I will be talking to some of the Caucus members tomorrow morning about unemployment and the importance that we sever the link between unemployment and health care, because what has happened in Detroit is that, as the plants are closed and people laid off and no longer have employment, guess what? They no longer have health care either.

So the relationship of employment-based health care to unemployment is profound, and a person without employment needs health care guaranteed and assured, needs health care, whether he's working or not. He needs it even perhaps more than when he is working.

And so as the unemployment continues unfortunately to rise, more and more people who once enjoyed health

care from the employer-based system don't have it anymore.

Mr. ELLISON. If the gentleman will yield for another question, do you think, Chairman CONYERS, that your advocacy for single-payer health care, H.R. 676, which was widely supported, wildly supported in my district when you showed up to talk about it in Minnesota—we packed the house. Everybody was so excited. We've had several other hearings on health care since then. People always mention that hearing because the spirit was so high. Do you think that that effort for a single payer actually helped gain enough momentum to at least make sure we had a public option for consideration in the current version of the bill?

Mr. CONYERS. I think a distinct relationship, and there are many people that have told me—and I'd like to compare it with your experience and our colleagues'. There are those who have said, first of all, they're disappointed that a single-payer system, which is the most popular in the country and has the most numerous supporters in the Congress of any other plan, did not get more consideration. But they said, well, at least we ought to have a strong public option at a minimum, and so, yes, there is a relationship between those who still seek a single-payer system who demand that there be a public option.

Unfortunately, there are some of our colleagues who are still not persuaded that we need a public option even.

□ 2210

There are reservations in the other body. And so it still remains to be seen what is really going to happen in that regard.

Mr. ELLISON. If the gentleman would yield back, I wonder if the gentleman would offer another question. As the Chair of the Judiciary, the chief author of H.R. 676, we're talking about a public option. Could you offer your opinion as to why anyone who claims to be in favor of free markets would be afraid of having the public option included in other private insurance offerings in the exchange?

The health care proposal is that if you have your health insurance, employer-based health insurance, you can keep that and that some improvements would be no exclusion for preexisting condition, no discrimination for age and gender. And then, the second thing, if you have a government program now, like Medicare, you can keep that. And we try to get more people enrolled in Medicaid who are eligible for that.

And then, of course, the third option, the new option, would be the exchange standardized benefits, which would include eight private insurance offerings, together with a public option.

And so my question to you is: Why are the free marketeers afraid of a public option? What are they scared of? I thought they were in favor of competition.

I yield to the gentleman.

Mr. CONYERS. Well, it's clear that many in the insurance field—remember, there are over 1,200 or 1,300 different insurance policies for health care, dozens and dozens of companies writing their own policies and plans, creating huge administrative overhead for doctors who are practicing, who frequently have to hire more and more administrative people just to sort through all of the policies of patients that come to visit them.

So they don't want competition. They don't want a free market. They want a market in which the ones that have the business and have been in it for a long time don't have to share it with anybody. And they certainly don't want to have to face the competition of an effective public option, which almost surely would be less expensive and perhaps more efficient than most of the private insurance systems. Why? Because they won't have the advertising costs, the overhead costs, the administrative costs—all of these things that burden and raise the cost of private insurance.

The same way with Medicare. Medicare costs have an overhead of 3 percent. In the private sector, the insurance policies run 10, 15, 17 percent or more in cost. All the advertising we see, at least in my area, these huge billboards, Come to this hospital because we're better at this particular health service. Another hospital, Come to this hospital; we're specialists in this particular service. And so on.

MRI equipment, the overuse of equipment. And doctors tell me if they're in a hospital and another hospital nearby gets new MRI equipment, they have to go get it to compete with theirs, and they don't really need it, but they want to have state-of-the-art, the latest thing.

And so this fee-for-services notion keeps raising the cost of health care. Many of the people that complain about these costs don't realize that the public option will almost surely lower the cost of health care.

Mr. ELLISON. Well, if the gentleman yields back, if the cost of health care is lower for families, will this allow them to be able to meet more of their basic needs and put food on the table, send kids to school, buy adequate amounts of clothing? Will this allow them to escape having to rely on credit cards and payday lenders just to be able to make it through the week?

I yield to the gentleman.

Mr. CONYERS. The answer is yes. No question about it. This is what the goal of health care reform is about, to lower the costs, which, by the way, each year the costs keep increasing and we have to find ways to deal with it.

There are other reasons that costs go up. We have got to tackle this on a realistic basis. This isn't about emotions or whether a capitalist system is being challenged or not. We have plenty of examples in which—your highway systems aren't run by different companies, your water systems, your electricity.

Health care is a matter of having it available to every citizen, regardless of their ability to pay. Of course, many of the people that end up in bankruptcy, they had health insurance. They didn't know that what they needed it for wasn't covered by the health insurance that they have.

And so, for me, it's been such an interesting field of endeavor to meet and talk with these really wonderful doctors in different parts of the country, at the medical schools, and to have made their acquaintance and then to learn of all the innumerable citizens who are so grateful to us for dealing with their problems.

By the way, this isn't some kind of circumstance that applies in rural areas as opposed to urban areas or in conservative areas as compared to liberal areas. These people are in the same fix all across the country in every one of the congressional districts.

I yield.

Mr. ELLISON. That's an interesting point. Do people who live in conservative areas where their Representatives are fighting for the status quo, are these people exempt from these escalating health care costs, these escalating premiums? And do people who live in the so-called "red" States, folks who are being excluded for preexisting conditions, being dropped, do people who have Representatives who fight for the status quo get some sort of a pass under our current health care system?

Mr. CONYERS. Not on your life. We're all experiencing much the same thing. I had hearings around the country on this subject. And I remember going to the Upper Peninsula of Michigan. Our good colleague, the gentleman from Michigan, BART STUPAK, had invited me up there for hearings.

I thought the urban areas were in trouble. I got a lesson. The rural areas were in even more difficulty in some respects.

□ 2220

Let me explain what I mean. They were of the opinion that they couldn't get doctors or nurses to come up there to serve their population. I remember their telling me about one doctor whose wife had said, At the end of this year, I'm leaving. I'm going back. I just don't fit in here. I'm not comfortable.

And there are people that would love to be in the Upper Peninsula of Michigan. It's beautiful. I have people rhapsodic about the beauty of the outdoors. But this wasn't for her. This was the only doctor. They were begging the doctor not to leave, and his wife. They knew if she left, he would leave, too. They were flying people from upper Michigan to Wisconsin because they didn't have any way to serve people who needed serious hospital treatment.

So we find that in Minnesota, up there at the Canadian-Michigan border, in that State, I remember distinctly talking with farmers who called their health insurance agents and said,

Please. I'm a successful farmer. Please come out and help me get insurance. I remember distinctly this one farmer said, The insurance agent said you don't want me to come out to quote you a price because I know you can't afford it. We don't even want to bother even trying to sell you insurance because I don't care how successful a farmer you are, because with you and your family, you won't be able to afford it, so we don't even need to try to sell you the policy.

There are all sorts of circumstances going on that I learn of as I accept invitations around the country to meet with health care experts in hospitals, in medical schools, in town hall meetings where people are trying to get some relief from this terrible fact that originally 37 but now 50 million people are without any insurance at all. And more people who are losing their jobs end up going into that column as well.

Mr. ELLISON. Well, if the gentleman yields back, I just want to point out that you mentioned Medicare has an administrative fee of about 3 to 5 percent. The fact is, however, that if you look at the top five health insurance companies, their administrative costs are 17 percent, and if you look at the average overall private insurance, it's about 14 percent.

What do they spend all that money on? How come they can't get down to a reasonable percentage of medical loss ratio? Does the fact that some of these CEOs just get exorbitant pay have anything to do with it? And if there was a public option—the CEO of the public option, I guess, would be Governor Sebelius, who is the Secretary of HHS, Health and Human Services. She is not making \$10 million a year as a public servant. I guess my question is what are they spending all that money on. How come they can't be more efficient?

Mr. CONYERS. Well, exorbitant salaries to the chief executives and the managers of the company, as you imply, runs into millions of dollars annually, and many of them are the precise people who, through their lobbyists on K Street, are fighting any kind of serious health care reform. It's not a pretty picture.

Mr. ELLISON. Well, if the gentleman would yield, it was recently reported that the lobbyists are spending \$1.4 million a day to try to stop health care. Why would they want to spend so much money? And does this amount of money, \$1.4 million a day, how does that compare to the profits that they reap by, say, excluding people? They are excluding their enrollees and are not covering medical procedures.

Mr. CONYERS. Well, there is a relationship, and that's what makes it so difficult for us to come to a conclusion and to do something about this. Notwithstanding the great intellect of the President and his determination to correct the situation, there are people that put profits before health care. I'm sorry that that's the case, but that's what it really comes down to.

Mr. ELLISON. I just want to say that in this last 5 minutes that we're here tonight with this Progressive Hour that the goal and the purpose and the soul of our efforts to reform health care should focus on the word care, health care. We should act like we care. This is not widgets; this is people.

At the beginning of this hour, Mr. Speaker and Congressman CONYERS, I shared stories about people from my district. I know you could have done the same thing. You get letters. The President gets letters. We all get letters. But care should be what drives us. I believe that you, Mr. CONYERS, have worked so hard and done so much to start with a single payer, but because of your advocacy, we have gotten to a point where a public option is a real option, and I thank you for that.

But public option is not the best name. It could be called patient option or a we're-in-this-together option, an option that says that we're going to have a public plan that could compete with the private plans, that could have some real cost drivers; not just drive down cost, but can offer best practices so that we really put an emphasis on health care and wellness, not just on processing people, fee-for-service, overutilization, which, as you know, has been a very serious, serious problem.

I think as we close up, Mr. Speaker—and I want to leave the gentleman from Michigan time to make some closing remarks, and we'll give him the final word since he's so eloquent—I just want to say that it's important for us to understand that if Americans want real health care reform, the time is now, I think, Mr. Speaker, to raise your voice. I'm not saying what people should or shouldn't do, but I'm saying that if you want health care reform, this is not the time to be silent. It's a time to raise your voice. And if you happen to live in an area where you have a Representative who is not for reform, I think that this is an especially important time to have something to say about that and exercise your constitutional right and offer your views on that.

I just want to say that we've fought hard here, and this piece of legislation that we're fighting for now is every bit of a civil rights issue as the 1964 Civil Rights Act. The 1964 Civil Rights Act was passed just a few years before you came to Congress, Mr. CONYERS, so you really were in the ambit and in the aura of this great triumph of American democracy. You were a friend of Martin Luther King. In fact, Rosa Parks worked in your office for many years and was a dear friend of yours throughout her life.

I think I feel something like what you must have felt then, that we are on the doorstep of seeing great change in the American democracy, but it's going to take the energy and the prayers and the voices of everyone to get us over the line. When the President comes out on the television here at prime time, it's not just because he doesn't have anything else to do.

It's serious. It's important, and it's very essential that everybody click in, raise their voice and make sure that if you want health care reform, if you want an end to being dropped and kicked off and denied for a preexisting condition, that if you're tired of discrimination because of gender and because of age, if you feel that a public option should be able to compete with a private insurance to drive cost down, and if you really believe that in our country that a health insurance company should be able to operate with a 4 or 5, 6 or 7 percent administrative cost as opposed to 17, 18, 19 percent, completely inefficient, then it's time to step up and do something about it. It's time to step forward.

If you want to do something about health care disparities between people of color and other people, it's time to step up and do something about it. This is not the time to sit back and figure. Well, Conyers will probably save us. Obama will save us. Somebody will do the right thing. No, this is time for everybody to step up and demonstrate their own leadership.

With the moments remaining, I just want to yield—I think that's it. The gentleman from Michigan has yielded to me. Therefore, what I'm going to do is thank the Speaker for allowing us to come to the floor tonight and talk about the Progressive Caucus, arguing for a public option, starting out our debate for single-payer health care, but being reasonable and being practical and saying that we've got to have a public option, that that is where we stop compromising.

We've done our part already. We are proud that people like Congressman KUCINICH have made it possible for States to be able to pursue single-payer. We're practical Progressives. We're not doctrine here. We're practical. What we want is good results for the people of the United States so we can join the 36 other countries in this world who have national health insurance.

With that, Mr. Speaker, I yield back the balance of my time.

□ 2230

HILLARYCARE AND THE NEW HEALTH CARE PLAN

The SPEAKER pro tempore (Mr. MINNICK). Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. I want to acknowledge the presence of the chairman of the Judiciary Committee here tonight and Mr. ELLISON both. I appreciate the young man from Minnesota coming down here and spending an hour down here. I expect that out of him since he's got all of that youthful vigor. But the chairman of the Judiciary Committee could have found something else to do, and I think this is a testimonial to his commitment and his belief in the policy.