

emergency room, which was then required to treat her without payment until her condition stabilized. Since money was no longer an issue, the hospital performed 25 emergency surgeries on Nikki, and she spent six months in critical care.

"When Nikki showed up at the emergency room, she received the best of care, and the hospital spent hundreds of thousands of dollars on her," her step-father, Tony Deal, told me. "But that's not when she needed the care."

By then it was too late. In 2006, Nikki White died at age 32. "Nikki didn't die from lupus," her doctor, Amylyn Crawford, told Mr. Reid. "Nikki died from complications of the failing American health care system."

"She fell through the cracks," Nikki's mother, Gail Deal, told me grimly. "When you bury a child, it's the worst thing in the world. You never recover."

We now have a chance to reform this cruel and capricious system. If we let that chance slip away, there will be another Nikki dying every half-hour.

That's how often someone dies in America because of a lack of insurance, according to a study by a branch of the National Academy of Sciences. Over a year, that amounts to 18,000 American deaths.

After Al Qaeda killed nearly 3,000 Americans, eight years ago on Friday, we went to war and spent hundreds of billions of dollars ensuring that this would not happen again. Yet every two months, that many people die because of our failure to provide universal insurance—and yet many members of Congress want us to do nothing?

Mr. Reid's book is a rich tour of health care around the world. Because he has a bum shoulder, he asked doctors in many countries to examine it and make recommendations. His American orthopedist recommended a titanium shoulder replacement that would cost tens of thousands of dollars and might or might not help. Specialists in other countries warned that a sore shoulder didn't justify the risks of such major surgery, although some said it would be available free if Mr. Reid insisted. Instead, they offered physical therapy, acupuncture and other cheap and noninvasive alternatives, some of which worked pretty well.

That's a window into the flaws in our health care system: we offer titanium shoulder replacements for those who don't really need them, but we let 32-year-old women die if they lose their health insurance. No wonder we spend so much on medical care, and yet have some health care statistics that are worse than Slovenia's.

My suggestion for anyone in Nikki's situation: commit a crime and get locked up. In Washington State, a 20-year-old inmate named Melissa Matthews chose to turn down parole and stay in prison because that was the only way she could get treatment for her cervical cancer. "If I'm out, I'm going to die from this cancer," she told a television station.

Mr. and Mrs. Deal say they are speaking out because Nikki wouldn't want anyone to endure what she did. "Nikki was a college-educated, middle-class woman, and if it could happen to her, it can happen to anyone," Mr. Deal said. "This should not be happening in our country."

Struggling to get out the words, Mrs. Deal added: "The loss of a child is the greatest hurt anyone will ever suffer. Because of the circumstances she endured with the health care system, I lost my daughter."

Complex arguments are being batted around in this health care debate, but the central issue isn't technical but moral. The first question is simply this: Do we wish to be the only rich nation in the world that lets a 32-year-old woman die because she can't get health insurance? Is that really us?

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.)

RECOGNIZING HISPANIC HERITAGE MONTH

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

Mr. HEINRICH. Mr. Speaker, on Tuesday we began our Nation's Hispanic Heritage Month. Hispanics comprise over 45 percent of New Mexico's population, and our State's Hispanic community has deep roots and a rich history in our State. I am truly honored to highlight this important community in Congress today.

For a population that is expected to triple in size in our country by 2050, education continues to be an issue of fundamental significance. Preparing our children for the future is the greatest investment that we can make for our long-term economic vitality and for our country's ability to compete in the 21st century. We have many disparities to address in education and a long way to go to ensure the success of our children throughout their elementary and secondary education, particularly our Hispanic students.

But, Mr. Speaker, I am proud to stand here today to highlight an example of a New Mexico institution of higher learning that is doing a tremendous job of serving our Hispanic students.

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This month the University of New Mexico was given top rankings by Hispanic Business Magazine's list of top 10 schools in the Nation for Hispanics in the fields of engineering, business, law and medicine.

UNM, which is located in my district, is our State's flagship university. UNM's success at serving the Hispanic community is the result of decades of hard work by the university's administration, their faculty, many organizations, and their students.

UNM's Law School, which the magazine ranked number one in the country for the third year in a row, has an outstanding number of Hispanic faculty and a school-wide emphasis on the engagement of students, faculty, and alumni in the wider community. Organizations like the Mexican American Law Student Association recruit local Hispanic high school students and then mentor them through their undergraduate years and help them to prepare for admission to the law school. It's worth noting that the UNM Chapter of MALSA was just named Law Student Organization of the Year by the Hispanic National Bar Association.

UNM's School of Medicine, which the magazine ranked sixth in the country,

has also formalized a pipeline program called "Joining Communities to Increase Access and Reduce Disparities." There, mentors from the School of Medicine recruit students from underrepresented high schools to consider careers in health care, enroll them in the New Mexico Clinical Education Program for undergraduates, and support students taking the MCAT.

UNM's School of Engineering, which earned a seventh-place ranking, has steadily grown its enrollment of Hispanic students to 32.7 percent this year. Much of that increase is owed to the school's leadership in creating the Hispanic Engineering and Science Organization's Annual Science Extravaganza with more than 500 youths from our State.

And, finally, at the Anderson School of Management, which Hispanic Business Magazine ranked sixth in the Nation, the number of Hispanic students entering their graduate program in the fall of 2009 was double from the previous year. Much of the Anderson School's success is owed to innovative programs such as a regular breakfast that they hold with members of the Albuquerque Hispano Chamber of Commerce to increase interest in the MBA and the master's of accounting programs.

Mr. Speaker, across the University of New Mexico community, there is an ingrained commitment that strives to ensure that the university is representative of our community. That commitment is not just symbolic; it is essential to the service that UNM graduates offer to our congressional district once they graduate.

I want to congratulate the University of New Mexico for its national recognition as a top university by Hispanic Business Magazine, and I wish them continued success in serving our community and our Nation.

Mr. Speaker, there is no doubt that when our Hispanic students succeed, New Mexico succeeds and our Nation succeeds.

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 Utah (Mr. BISHOP) is recognized for 5 minutes.

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

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

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

THE PROGRESSIVE MESSAGE:
HEALTH CARE

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, welcome to the Progressive hour, the Progressive Message, the 60-minute period of time where the Progressive Caucus comes to the House floor to talk to the American people and our colleagues about critical issues of the day. The Progressive Message.

The fact is, Mr. Speaker, is that we've got a lot to talk about today. The issue of the day is health care. And as we get started, I would like to bring our chairperson right into the conversation in the very beginning to introduce some of her ideas on this issue. Our chairwoman of the Progressive Caucus, Congresswoman LYNN WOOLSEY, has been a stalwart leader on this issue, has been convening meetings, has been keeping us together, has been unrelenting on her insistence for a public option.

I yield to the gentlewoman from California.

Ms. WOOLSEY. I thank you again, Congressman ELLISON, for your leadership on these weekly hourly discussions about health care reform and what's going on in our Congress at this particular time.

Things have happened this week. Finally, the Senate has two bills that were written and have been introduced. The second bill, coming out of the Finance Committee, has not passed through the committee yet, but it is the Bachus health care reform bill. And we have gotten a lot of pressure here—I know I have, I know you have, most progressives have—because there's some idea out there that because the Bachus bill that doesn't have any Republican support either, after 3 Democrats and 3 Republicans spent months and months and months writing it, now Senator BAUCUS seems to be almost standing alone with that one. But he'll pass it through his committee, and we'll see what happens.

But what does that mean to our proposal and our absolute commitment for a robust public option to be included in a very strong health care reform bill? As far as I'm concerned, it means nothing. What it does is it shows the opposite of what this country could end up with, and it gives wind beneath our wings for our debate on just why we need a strong, robust public option. And one of those why's in Senator BAUCUS's bill is that it does not provide a public option of any level.

The public option we offer through the Progressive Caucus would have its rates determined based on Medicare plus 5 percent, and do you know that that saves \$110 billion over 5 years? Over 5 years. And the Energy and Commerce Committee has a public option that they have proposed, and their pub-

lic option rates would be based on negotiating with the administration, and their negotiated rates would save \$25 billion.

So we have \$110 billion in savings through the Progressive Caucus plan, \$25 billion in savings through the Energy and Commerce, and we have zero savings through Senator BAUCUS's plan. So that in and of itself is enough for me to know that that is not a bill that I want to be negotiating and compromising with.

Mr. ELLISON. Reclaiming my time, I know the gentlewoman has to take a brief interlude, but let me just say very quickly the fact is that Senator BAUCUS, who has spent many hours trying to pull together a bipartisan bill, comes out of that process without any bipartisan support for his bill, and there may not be many Democrats who want to vote for that bill coming out of the Finance Committee.

The reality is we have had three House committee bills that all produced a public option and we have the Health Committee in the Senate that produced a public option, and now coming out of the Finance Committee there is no public option. I think when you look at the convergence of all these bills, it means that we're going to have a public option. But I think this is a time for grassroots activism, people to let their voices be heard, and people to be very clear on what they want.

Stepping back from a public option, health care reform is really a three-tiered thing. It's a three-legged stool. One is making sure that people who already have insurance have stable insurance, are not discriminated against, and are treated better by the insurance companies with lower costs. The other is covering the uninsured. The third leg is a public option that can compete with private market insurance so that they can hold costs down and can introduce evidence-based medical practices to give Americans the best quality care that's available. The fact is that this three-legged stool is essential in order to have the kind of reform that Americans need today. This reform, we can have it. It is well within our grasp and we can do it, but we have got a little bit more to go. At this point we now know it's on the table and we know that this Finance Committee bill is not adequate and they need to go back to the drawing board.

It's interesting to me that not one Republican said that they would support it after hours and hours of bipartisan effort to get them on the bill anyway. It's time to move forward with a bill that makes sense to all the American people.

The fact is the President is on our side when it comes to the public option. The President made himself clear right on the floor of this House Chamber only a few days ago when he came here and said that he was for a public option. The President said it, and he made himself very clear. In fact, the

President was eloquent when he said that without competition, the price of insurance goes up and the quality goes down, and it makes it easier for insurance companies to treat their customers badly, by cherry-picking the healthiest individuals and trying to drop the sickest, by overcharging small businesses who have no leverage, and by jacking up rates. The reality is the President was right about that, and he is on our side and wants to see reform come forward.

Let's just say that this health care reform that we are talking about needs the support of the American people. Slowly the real facts have been coming forward. Slowly the American people have been coming to a better understanding of what the public option is and what health care reform means in general. The President is on our side, as I've said, and I believe the House should act quickly to pass a bill with a strong public option as it reflects the President's preference for a public option.

The plan will do the following: It will cover preexisting conditions. How many Americans are dropped or have had their insurance go up because of a preexisting condition? The plan will stop the practice of rescission or denying you health care when you need it the most, and the bill will stop bankrupting our businesses and families for the sin of getting sick. A public option, which is an essential part of reform, as I've already mentioned, will offer choice, introduce competition and lower costs for consumers and taxpayers, and bring higher quality health care to all Americans.

Choice: The President stated last week that currently in 34 States, 75 percent of the insurance market is controlled by five or fewer companies. What does that mean? That means that if we don't have a public option, we're going to mandate 49 million new consumers into the insurance companies' arms without any way to make them compete because these markets are monopolized or duopolized or what they call an oligopoly.

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What that means is they are highly concentrated. There are not a lot of sellers in the market; there are just a few.

Now, if I say you have to buy insurance and there are only two or three people to buy it from, you can bet those two or three companies that are selling it are going to give you the maximum price unless you have a public option that's going to really compete with them and make them do the right thing. So we've got to be for choice and we've got to have competition.

Let me also say that the President said—and I want to repeat this because I've said it once, but we've got to say it again—the President said without competition, the price of insurance goes up and up and quality goes down.