

IN RECOGNITION OF THE
HONORABLE CONRAD FOA

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mrs. MALONEY. Mr. Speaker, I rise to pay tribute to the Honorable Conrad Foa, an outstanding New Yorker who has distinguished himself as a leader in the worlds of business, philanthropy, and civic and political affairs. A Member of the New York State Democratic Committee, Mr. Foa's contributions to the community were recognized at the annual dinner gala of the Lexington Democratic Club last month. As the first "reform club" in New York City, the Lexington Democratic Club strives for inclusive civic participation in our nation's greatest metropolis, and Conrad Foa is a proud heir to that great reform tradition.

As the Democratic State Committee Member representing the 73rd Assembly District on the East Side of Manhattan, and as a Member of Manhattan Community Board 8, Conrad Foa has distinguished himself as a dynamic and forceful leader for his community. He and his wife Linda Foa were both born in Manhattan, as were both of their sons Justin and Barrett. As a lifelong resident of Manhattan's Upper East Side, Conrad Foa has volunteered his time and effort to maintaining and improving the quality of life for his fellow Upper East Siders, and has thrown himself in public life by twice running for a seat in the New York State Senate. In recognition of his outstanding leadership abilities, the Democratic voters of New York's 73rd Assembly District elected Conrad Foa to the New York State Democratic Committee in 2006.

Conrad Foa has also distinguished himself as a premier leader in the insurance industry. As the principal of Chairman of Foa & Son, a leading insurance brokerage firm which negotiates insurance coverage on behalf of the consumer, he ushered his family-owned enterprise into the twenty-first century. The firm's proud tradition is now being carried on by its President, Conrad and Linda's son Justin, who is the fifth generation Foa to head the firm, which will be celebrating its sesquicentennial anniversary next year.

Conrad Foa's leadership and achievements have been recognized on many occasions by his colleagues and peers. He is a past President and Director of the Insurance Brokers Association of the State of New York, and was instrumental in getting two pro-consumer bills passed to keep jobs and holding insurance premiums down. He was named a member of several prestigious and exclusive associations for business leaders, including the Young Presidents Organization, the World Presidents Organization, and the Chief Executives Organization. Mr. Foa is Founder of the International Executives Association and a past President and Director of Executives' Association of Greater New York, a networking organization which promotes New York businesses. A dedicated philanthropist, he also served as Member of the Board of Directors of the Federation of Protestant Welfare Agencies. He is a graduate of the Wharton School of Business at the University of Pennsylvania and received a Master's Degree in Economics from The London School of Economics.

Despite all his activity in business, civic, and political life, Conrad Foa has always remained

dedicated above all to his family. He and his wife Linda are the proud parents of their sons Justin and Barrett, an accomplished actor and performer, and doting grandparents to Justin's son, Max.

Mr. Speaker, I ask that my distinguished colleagues join me recognizing the enormous contributions to our civic and political life made by the Honorable Conrad Foa, a great New Yorker and a great American.

HONORING THE ACADEMIC ACCOMPLISHMENTS OF DANIEL LAGE

HON. ILEANA ROS-LEHTINEN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Ms. ROS-LEHTINEN. Mr. Speaker, it gives me great pleasure to recognize a young man from south Florida, Daniel Lage, who has made headlines with his remarkable academic achievements at the young age of twenty-one.

Daniel's family history is a sadly familiar story for many of us in south Florida; that of being forced to flee the Castro dictatorship of Cuba for the land of freedom and opportunity: the United States.

I too come from this same background—and I know that the struggles of his family served to strengthen this young man's passion to succeed.

There is no better path to success than that of a driven individual pursuing a sound education.

I know that Daniel demonstrated his eagerness to learn and his matching intellect every day in the classroom. Through his hard work and with the support of his loving family by the time he graduated Gulliver Preparatory School he had been named Valedictorian and had earned the prestigious Silver Knight Award.

Later, Daniel was accepted into Harvard University, where he has pursued a degree in history and science and will graduate in May. Never forgetting his roots, Daniel has been the president of Harvard's Cuban American Undergraduate Association and remains committed to the idea of a free and prosperous Cuba.

Daniel embodies the noble values, unshakable integrity, and sheer determination that we all should aspire to match. Many people and institutions have certainly taken note.

Daniel has received the incredibly prestigious Rhodes Scholarship where he will study at the world renowned Oxford University in England. Winners are selected for many defining qualities including high academic achievement, personal integrity, and leadership potential. Impressively, he is one of only seventy Floridians to ever receive this scholarship.

At Oxford, Daniel expects to pursue a Master of Science—with a focus on different nations' approaches to caring for the chronically ill. Sadly, this focus is not arbitrary, and again both he and my family share a solemn common bond. His grandfather, Eugene, was recently diagnosed with Alzheimer's disease. I know firsthand the terrible effects of this debilitating disease on an individual. My mother, Amanda, has been fighting a losing battle against the disease over these last few years.

I know that my personal experiences with this horrific disease have prompted me to take

action in the fight against Alzheimer's; so too have Daniel's experiences. He has partnered with the Alzheimer's Association as an advocate and has every intention and expectation of becoming both a physician and a policy-maker in his future. I understand this deep-seated passion for geriatric medicine and certainly expect that his strong resolve will play an important part in unlocking the mysteries of this terrible disease and finally finding a cure.

I know Daniel fully recognizes the immeasurable value of his ongoing education, and in doing so I am confident he will accomplish many great things for our community in south Florida, our magnificent United States, and above all continue to make his family immensely proud.

So once again, Daniel, from a former Florida certified teacher and a firm proponent of education as a lifelong journey: I congratulate you on all you have accomplished—you are a fine example of the best and brightest in south Florida and I wish you truly all the best on all you hope to accomplish in the future.

THE WALK FOR HEALTHCARE:
HEALTHCARE STORIES FROM
WEST VIRGINIA AND PENNSYLVANIA
COLLECTED BY OGAN GUREL, M.D.

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mr. KUCINICH. Mr. Speaker, I submit the following stories, collected by Dr. Ogan Gurel.

"Tom described a situation in which he was buying two batteries for a scooter. Since he was paying out-of-pocket, they discounted the price \$30 below the price they charged Medicare. 'Something fishy is going on,' he said." Tom—Chester, 7/14/2009

"I met Sharyn at the DaVinci salon. No, I wasn't going in for a pedicure, which, with the condition my feet were in wouldn't have been easy anyway. Actually, she peeked out the door and asked, 'Are you that doctor walking from Chicago to DC?' and invited me in for a glass of water. Being busy with clients, there was no opportunity to get any stories. But they all were supportive of the Walk. 'We sure need healthcare reform,' Sharyn said, as her co-workers gathered about along with the clients reclining in their chairs nodded in agreement." Sharyn—Chester, 7/14/2009

"Gayla told me that she and her husband have been 'very lucky.' They've had employer-provided insurance through Verizon—"pretty good insurance," she told me. But Frontier is buying the West Virginia assets of the company, so in the transition, as she put it, they have no idea what it'll mean for them. This is important because her stepson has cystic fibrosis (CF). At age 23 he's a real survivor. He's done well but lately, from an insurance standpoint, it's gotten very complicated. Based on doctor's orders, he's strictly limited to very light work, at a maximum of 30 hours a week. So essentially, as Gayla told me, 'He's stuck with a part-time employment status. Insurance on his own is not a possibility,' she added. 'And he can't get SSI because he actually can work a little.' And while Verizon promised to cover him (as part of their employer-based coverage) even into adulthood, Gayla and her husband don't know if that agreement will be honored by the new company. She doubts that it will be. It sounds like there are so

many cracks in the system, I said. 'Yes. It's a real problem. And it's not abstract—my son's life depends on it.'" Gayla—Hagers-town, 7/22/2009

"I've got no money for insurance," Shirley, working behind the counter at Reeve's marketplace, told me. 'Just Medicare, pretty healthy, I'm lucky.' She told me how she didn't sign up for the AARP prescription medication plan. 'It didn't make sense,' she said. 'AARP wasn't really paying and they seemed to be getting the higher priced drugs anyway.'" Shirley—Hookstown, 7/14/2009

"As I entered Pittsburgh, Deb, working the counter at the Miley's BP convenience store, told me she has no insurance. She'll only go to the doctor if absolutely necessary. 'Basically,' she told me, 'healthcare is just not available.'" Deb—Pittsburgh, 7/15/2009

"Robin, whose smile brightened up my day after a long day walking, told me the story about her girlfriend in Chicago. 'She was doing well, but then lost her job. She lost her health insurance and last year, at age 50, was diagnosed with multiple myeloma.' So how did she deal with that? 'Well, she had to come up with \$689/month for her insurance, the hospital would not provide healthcare otherwise.' As her condition got even more serious, all of their mutual friends and sorority sisters (Delta Sigma Phi) have been raising funds and sending her money for her care. 'I guess,' Robin told me, 'if it wasn't for us, she could be dead.' She said it without ego or braggadocio but rather out of sadness (even with our bright smile) that it had to be that way.'" Robin—Pittsburgh, 7/15/2009

"Rhonda returned to Pennsylvania to take care of her elderly family. She's had self-pay insurance via Highmark, the major insurer in the Pittsburgh market. 'It's alright so long as you don't get sick.' Regarding the recent debates in Congress, she also added, 'If you believe anything those execs put out, then you're a fool.' She had a situation last year of right upper-quadrant abdominal pain. She went to the ER, which was an ordeal. They started the work-up, a GI consult, surgical consult, ultrasound, HIDA scan were ordered and was admitted for overnight observation. She told me all the tests returned negative. And then, Highmark ended up denying the \$7,000 for the hospital stay and all the radiology consults deeming that it was all medically unnecessary. 'There was no way for me to know they wouldn't cover it.' The hospital called for pre-approval, but the insurance company still had denied it. But Rhonda fought it, saying either the hospital was practicing fraudulent medicine or the company was wrong. 'They finally backed-off and paid.' Rhonda also described a story from a friend of hers who worked as a dental assistant. She had attended a conference on billing which the whole point of which was how to bill so the insurance company could deny the claim: what diagnostic categories to use, etc. The percentage of people who would not fight was estimated at 70%." Rhonda—Pittsburgh, 7/16/2009

"As an ambulance driver, John definitely notes that, 'the uninsured come to us in a more severe state. They don't have a family doctor and so in the ER people end up having to wait more because these critically ill patients come in.' He told me it was not uncommon for them to wait six months to a year before seeking any medical attention." John—Braddock, 7/16/2009

"As an EMT, Christina's seen diabetics without medications coming into the ER two to three times a week because their sugar gets out of whack. They really don't have any health care access otherwise." Christina—Braddock, 7/16/2009

"Zenobia has to see a doctor regularly for her prescriptions. 'It's really hard, because I have no insurance,' she said. 'And I work

hard. But since I'm part-time, Medicaid says I'm not eligible.' But since she's working only 25 hours a week, she doesn't apparently qualify for insurance through her employer either. 'According to Medicaid, you're working,' she said. But according to her employer, 'You're not working.' The cracks in the system she was facing, seemed, from her expression, to be more like gaping chasms, with no way out. When she heard public assistance was no longer available for her, she called them, crying. 'Why have I been dropped?' To which they answered, 'You make more than \$200 a month.' So she makes do with a hodge-podge of different programs and deals. She's able to keep her medication bill down to \$60 a month because the pharmacy has a special plan but her various other medical bills have accumulated to close to \$6,000. 'It's all a mess, all so complicated,' she told me. 'And if I really get hurt, I'm pretty much screwed.'" Zenobia—North Braddock, 7/16/2009

"At the tail end of a monstrous thunderstorm, seeking some shelter, even though I was soaking wet anyway, I met Mary at the Wendy's just west of Greensburg. She was there with her daughter and grandson. We talked about the Walk and about health care reform. Mary shared with me the story of her son, Jim. 'He works in a plant nursery. He's got no insurance but suffers from sympathetic dystrophy, you know what that is, right?' Yes, I replied. 'He's self-pay but basically he just suffers in pain. It breaks my heart.'" Mary—Greensburg, 7/17/2009

"You can reach out for help, but if you have no health insurance you're nobody.' That's how Rebecca concluded the story she told me about the death of her boyfriend. It's a complicated story but basically the 24-year-old was off and on in a Methadone rehab program. He was doing well in rehab when his treatment was about 1/2 done, his insurance ran out. Because of this, 'The rehab facility, kicked him out,' Rebecca told me. She explained how, with withdrawal symptoms kicking in, he arrived home very sick. Two days later, near-comatose he was taken to the hospital where he was admitted to the ICU with liver failure but, according to Rebecca, they, 'really didn't do anything.' At the time of his death, she said, with incredulity, that the staff was joking in front of her, laughing even. The trauma continued, even after his death. She described how the coroner came in and started accusing people. 'Then a doctor arrived, and asked if the decedent had insurance.' Rebecca shook her head. 'No, I answered. And the doctor asked if I wanted to see the body. I said, yes, but he told me that they had taken it away to make room for the next body.' Rebecca told me it was all very sarcastic and cruel. But the nightmare was not over. Then the bills started arriving. They were not married but the rehab center (which kicked him out) and the hospital demanded payment. 'They fraudulently indicated that I signed the bills,' said Rebecca. 'It's been two years now and they're still sending bills. Between the doctor and the financial games, I never had a chance to grieve over his death.' Rebecca's eyes saddened as I asked her to sign for her consent. 'You can reach out for help, but if you have no health insurance you're nobody.'" Rebecca—Greensburg, 7/17/2009

"Ryan is a young American. 24 years old, sporting an unassuming t-shirt and buzz cut, he exudes a personality simultaneously reserved and forthright. He has a gracious smile, offered with a twist of the head but then when he looks at you, with a piercing gaze, his face turns serious. As a writer, he seeks to deeply understand people, yet some things, like healthcare insurance, elude even his keen comprehension. Brought up in a family who never had health insurance,

Ryan is, nevertheless, a man with energetic ambitions. After an early honorable discharge from the Army—for medical reasons—and a fruitless search for a job, he is working to finish his first novel, Ever Street Road, a parable, as he calls it, for the choices in life that one makes. Yet, in this great country, bursting with infinite possibility, Ryan has few, if any, choices. Infinitude meets finitude—this is America. The future is but an illusion. Not knowing whether there will be healthcare for all or only healthcare for some, Ryan and I, sharing dinner, are focused on the present and the past. This is the only thing we truly know. The future, a future where the young ambitions of earnest, yet thwarted souls, might reach their full potential, is only a dream. Reality is how I met Ryan and what brought him to run up the hill to meet me on US 30 as 18-wheelers thundered past. Just east of North Versailles, about 25 miles beyond my initial walking point, the last few miles trundled on through with pain. My feet—a jumble of collapsing arches, exploding blisters, and hemorrhaging nail beds—were beyond rebellion. I would have ordinarily arranged a pick-up to take me to the next hotel—now about eight miles east—but this had not materialized. And the transport for the bag—the 70 pound suitcase monstrosity—from which I live, had not been arranged. And despite the physical tribulations of walking nearly 24 miles a day, the most challenging part of the Walk has been the logistics. Lodging, pick-up (often the bunk down place is not necessarily on my walking route), and bag transport had all to be arranged. If any one of these elements fell through, the Walk would come to a standstill. At this point, I was not worried so much about that. With the sun now setting, knowing that I would soon be walking in the dark—the time when sounds become more important than sights—I was worried about my survival, concerned about arriving at the motel—if I made it at all—well after midnight. At the bottom of the hill, I had stopped at a McDonald's to replenish myself with water and recharge my phone batteries. I slipped on my safety vest and grimly headed up the hill. A young man, gasping for breath, came up beside me. Cars rushed by and instinctively motioned him towards the narrow shoulder. 'Are . . . are you Doctor Gurel?' he asked, wide-eyed, disbelieving. I was on the phone, still working feverishly to arrange transport of my bag. Too tired to be surprised, I smiled at him, and nodded. 'I was following you on Twitter and . . . and I just had to come and meet you.' I hung up the phone, and out of habit continued on forward, as the young man joined me. 'I'm Ryan, Ryan Trump,' he added. Oh yes! From Facebook! 'Yes,' he said, his face twisting, searching for words to describe a situation for which there was no precedent. 'Wow, I can't believe this.' What? 'That I met you here.' I chuckled. 'Crazy, isn't it?' Ryan and I had exchanged some e-mails during the past few weeks on Facebook, and it was strange indeed that an entirely electronic friendship had materialized here on the not-so-isolated Lincoln Highway east of Pittsburgh. And so we talked—talked with amazement about the GPS tracking technology that had brought Ryan to my very spot. We talked about healthcare. But I had to interrupt him. Ryan, I have a problem. 'What's that?' My motel is about seven miles up, in Irwin. I have no pick-up to get there. Could you help out? 'That's the least I can do!' I smiled weakly. Deliverance, in the form of Ryan Trump, shy but forthright, gracious but ambitious, had arrived. I was grateful for the wonders of technology and even more for the grace of initiative and real, not electronic, fellowship. And so, after a couple of hours of back-and-forth driving, Ryan and I

delivered the suitcase and myself to the motel in Irwin. But that was the present. The following evening I had dinner with Ryan and we talked about the past. The present and the past: while this is what we know, we spoke out of hope for the future. A future with healthcare for all, and not just for some. A future where the imagined infinitude of possibilities cross with the crushing reality of no possibility. 'My family has never had health insurance,' Ryan told me. 'My father worked in maintenance at the hospital for 36 years. And we never had health insurance but we could get care through the hospital.' That's good, I replied. 'Then the hospital closed, back in 2006, and he got laid off . . . but he was close to retirement anyway.' So what do you do now? 'It's difficult. My mom's got a heart condition, had a heart attack back in 2000. You know it could always happen again. She's got four types of drugs.' How do you pay for it? 'It's all out-of-pocket.' But you told me that you had troubles with the bank. 'That's just the way it goes—you pay for the medications when you can.' I shook my head. And how about for you? What's it like to not have insurance? Ryan, who would usually look straight at me with those forthright, almost aggressive eyes, glanced down. 'Well, you got aches and pains, but you think, do I deal with the pain or do I go to the hospital and suffer accumulated debt? I'm 24 years old and my credit score is probably garbage. Can't do anything in life with that, you know.' I figured, listening between the lines, that Ryan had, in fact, gotten some healthcare, and the 'accumulated debt' he had referred to was real. How's the asthma? I asked. (This was the reason for the honorable, medical discharge from the service.) 'Oh, that's not too bad. But there was this other situation.' What was that? Ryan thought for a moment, then looked up. 'Well, I had a lump,' he said, pointing below the table. 24 year old young man, I realized that he was likely referring to testicular cancer—a condition made widely known by Lance Armstrong's experience, and survival. Did you get it checked out? 'Well, I was holding off for the longest time. But it was quickly getting bigger.' My heart sank, but the fact of the rapid enlargement, encouragingly suggested to me that it wasn't cancer. And? 'So I did go to the doctor eventually.' Ryan smiled and sighed. 'He said it was some sort of hydrocele.' Oh yes, that's good news. 'They did an ultrasound . . . and, of course, I got all the bills. There was no way I could pay for them so I didn't even open them up.' An odd mix, a contradiction even, that with the wonderful news—namely that one did not have cancer—there came delivered a message of debt peonage that inspired even more despair than the dreaded diagnosis itself. It was almost as if the healthcare system itself was the cancer.' Ryan—Greensburg, 7/17/2009

"Bob has worked for the government for 44 years. He told me that he's always had health insurance (BC/BS via the government plan). 'Why is it not possible to make that available to all?' he wondered. 'It's the same plan as that for Congressmen and Senators.' He added that it was a big pool and that 'it would bring in younger people, make the insurance for all more affordable.' But, he explained, 'It's different with corporate America. I'm retired now but I still get the same coverage as those who are still employed in government.'" Bob—Greensburg, 7/18/2009

"Terry's here in Greensburg visiting from Philadelphia. She shared with me the story of her mother's untimely death, which resulted, in her estimation, from a nightmarish confluence of administrative barriers and inhumane insurance policies. The story goes as follows. Her mother underwent a liver biopsy. This was on a Friday. As Terry

explained to me, 'She was done as an outpatient, but even though the surgeon said it was complicated, with bleeders, she was not permitted by her insurance to stay overnight.' She returned home for the weekend. On Sunday, she went to the emergency room with escalating pain but was sent home again being told it was a gallbladder problem. The pain still unbearable, she returned to the ER within three hours. 'From what we learned,' Terry said, 'there was a blood clot pressing on the bile duct.' She progressed rapidly downhill from there ending up three-and-a-half weeks in the ICU (battling sepsis). Six weeks after the biopsy she died. Terry finished the story. 'If only the insurance had been more flexible, had considered true medical necessity, in observing my mother the first night after her procedure, perhaps she would still be with us now.'" Terry—Greensburg, 7/19/2009

"I haven't had health insurance since '92,' Ed told me, when I asked him if he had any healthcare stories. 'That's when Bethlehem Steel closed down—so, no insurance, for me.' I nodded. I can understand. I don't have insurance either. I don't think Ed really heard me as he continued, 'I'm glad I'm healthy because if not, I'd be dead.' Ed plays quite a bit of soccer (he's wearing his soccer t-shirt now) and he told me of an injury he had a few years back. He got hit pretty hard at a soccer game at the Y. 'Got myself a gash on my head and some sort of shoulder injury.' And so he went to the emergency room. When he told them he lacked insurance, Ed told me that the doctor basically said, 'Stitch him up and send him home.' Ed had an angry look on his face. 'I got 27 stitches but they did nothing about my shoulder.' I suppose I could understand his displeasure as with all that he got a bill for \$2,300. 'I still haven't paid it, and I never will be able to,' he said. Despite these distressing stories, Ed was not really as sour as his tale would make him to be. We talked about quite a few other topics and he wished me well on my journey, closing in now, on Washington, DC." Ed—Stoystown, 7/19/2009

"Karl, a volunteer Ambassador at the Flight 93 Memorial, told me he doesn't believe in a government-run system. According to him, the free-market is the best though he acknowledged that having insurance linked to employment was a problem. 'Empower the individual,' Karl explained to me. So how about your own situation, I asked. 'We're not well-to-do,' he said. 'I get my health insurance from the state, a plan called Special Care which is in between Medicaid and private insurance.' And how's it going with that? 'Very well actually,' he answered. 'It's not connected to employment status so I have the freedom to change jobs without changing my health coverage.' [On a side note, Karl, in his presentation to the thirty some-odd gathered visitors at the memorial explained how about \$40 million more was needed to complete the permanent Flight 93 Memorial. I recalled how anti-reform industry groups were spending (as reported by the Wall Street Journal) about \$1.4 million a day in their selfish and grasping efforts to thwart (or worse manipulate) healthcare reform. That means that about a month of that spending (the time it took for me to walk from Chicago to DC) would cover the remaining cost of the Memorial—a tribute, as most know, to Americans who gave the last full measure of sacrifice for their fellow citizens.]" Karl—Shanksville, 7/19/2009

"Kay's a part-owner of a small business—all of three people. Because of the high cost of health insurance, the deductibles, and all that, 'they've got no discretionary income,' she told me. They're with Highmark and the premium went up \$100 a month within the past few months alone. Her husband has had

two heart surgeries (done at the Cleveland Clinic). The cost was \$4,000 a day but they ended up paying \$700. 'That was a relief,' she said. 'But we're lucky. We can afford healthcare insurance—barely—but that leaves us with no extra money.' Clearly up-to-date on various health reform proposals, she added, 'It would be nice if I could deduct it as a tax credit. But here's the real problem,' Kay continued. 'If my husband—or I—couldn't work then we wouldn't be able to maintain the income to pay for any insurance. How will we be able to pay for health insurance when we actually need it most? That's what doesn't make sense.' I was readying to leave when Kay interrupted. 'One more thing. I think much of these premium monies are being wasted.' How so? I asked. 'I went to a Pirates game and they were giving out free bobblehead dolls. Guess who sponsored all that?' Who? 'Highmark. That's where health insurance premiums go—to advertising.' And so my experience came full circle as I recalled the giant Highmark billboards scattered among Pittsburgh's downtown when I had been there four days earlier." Kay—Bedford, 7/20/2009

"I met with Eric in Jim's living room (at the home where I stayed that night). Jim had invited several neighbors to stop by for a discussion of healthcare reform and Eric was gracious enough to share his story with me. First, he does not have health insurance. He looked into it, reviewed the policies from three companies and saw that there was essentially no difference among them. 'It was 80/20 coverage and no doctors were covered,' he told me. The premiums started off at \$300 a month and went up to \$900 a month within a year. 'Worse than the cable company!' And so he dropped the coverage. As it turns out, Eric did have a serious health issue last year—a pituitary adenoma (a form of benign, but still very dangerous, brain tumor). One morning he woke up nearly blind—all he could see was a tiny pin-prick of light (an extreme form of a condition called 'tunnel vision'). He had himself taken to the emergency room. To make a long story short, he was treated at UPMC. He told me 'Hershey refused to talk because he had no insurance.' Being without insurance, he now, after all was said and done, owed \$160,000. He was able to make deals with the doctors but the hospital, he told me, 'was never cooperative—a monster to deal with. And there was no negotiation.' He told me about his ongoing struggles with the hospital. 'And the billing was so strange,' he added. As someone who checks things out carefully, he told me how an MRI at UPMC cost \$7,000 but the same scan, on the same machine, cost \$2,000 in the nearby town of Altoona. 'And a single Tylenol pill cost \$10! It's a crazy system.'" Eric—Bedford, 7/20/2009

"Gloria is the owner of Hollinshead grocery. She told me how the grocery, a family business, has been in Harrisonville for over a hundred years. Being self-employed, she hasn't had health coverage for more than twenty years, ever since her husband's company went out of business. 'It's just too expensive to get insurance being self-employed,' she told me. Three years ago, her husband had a heart attack and died. She explained that paying for his care, even in the midst of grieving, was not easy. 'A Harrisonburg doctor accepted a payment plan,' and she also applied for Hill-Burton funds to pay for testing and other hospital costs. 'Things were not easy,' she added, with a touch of melancholy." Gloria—Harrisonville, 7/21/2009

"Mike, a customer at Hollinshead's Grocery, lost his job at Caterpillar in February and is now without insurance. 'COBRA was much too expensive,' he said. His unemployment check was \$325 a week and health coverage cost over \$400 a month. His children,

'fortunately,' he told me, are covered through the state (ACCESS program). He seemed calm as he explained this predicament. 'My wife just got diagnosed with Lyme disease, though—a tick-bite right here in our back yard.' Eyes perked up among the others sitting about the grocery. He told me, 'We're paying cash for the lab bill.' It had originally been \$307 but they were able to get it discounted to \$187. 'The doctor's bill was \$80—and that's just for the diagnosis,' he added. 'For the actual treatment, we're dependin' on free samples.'" Mike—Harrisonville, 7/21/2009

"Martin has been out-of-work since last year. 'Obviously I have no insurance,' he said. He has insulin-dependent diabetes and gets some healthcare through the Pennsylvania ACCESS card. He explained that, 'If I go back to work, however, I'll lose my medical care.' That's a disincentive to work, I said. 'Sure is . . . I need to stay under twenty hours a week to get medical care. If I work more, there's no job, no way I could pay for the healthcare and medicines. I can't just drop the insulin.'" Martin—Harrisonville, 7/21/2009

"I would call myself a fiscal conservative,' Jim told me as we sat together discussing healthcare in his living room. 'I believe that health savings accounts, HSAs, and patient involvement in the decisions will be important to bring costs under control.' He added that in his experience, once health benefits are provided, it's 'very difficult to backtrack.' He's worked in government for 32 years and is currently retired. 'Personally, I think the government plan, if made available to all, would work well. I think that would be easy to implement. It allows choice, there's already a mechanism to collect premiums and there could be some income tiering.'" Jim—Bedford, 7/21/2009

"I think that it's possible to have a very basic plan as a public good.' Jo told me she's seen examples of that and she 'believes it's a good use of taxpayer money.' But she also realizes how it could get out-of-hand. 'It all depends on how and what "basic" is defined as,' she said. 'Sometimes that's too abstract.'" Jo.—Bedford, 7/21/2009

RULES OF THE HOUSE

SPEECH OF

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 5, 2011

Mr. BLUMENAUER. Mr. Speaker, I am deeply disappointed in the Rules package assembled by my Republican colleagues. In their campaigns, they promised to improve transparency and to reduce the deficit. These Rules break those promises.

Under these Rules, the new Republican majority will enact a draconian budget without a single hearing, without any input from the Budget Committee, without any outreach to Congressional Democrats, and without a direct vote by the House of Representatives. Merely by entering a statement into the record, the Budget Chairman can subject all spending beyond whatever levels he deems appropriate to a point of order. This level of concentrated authority runs contrary to the premise of transparency that Republicans campaigned on, and, given its disregard for scrutiny, runs the risk of greatly damaging our economy and the welfare of millions.

The rules themselves make a mockery of prudent budgeting. While the Republican rhet-

oric has been laudable in some instances, their "Cut-as-you-go" rule is riddled with loopholes. For instance, it allows tax cuts for corporations to be deficit financed, while programs like child tax credits must find offsets. In fact, these rules forbid eliminating even the narrowest special interest tax loophole to find revenue for effective government programs.

The most casual glance at the origin of this country's debts illustrates the fallacy of their approach. Without finding a dime to offset the cost to our Nation, these rules make it possible to both make permanent the 2001 and 2003 Bush tax cuts for the highest-income taxpayers and to repeal the Affordable Care Act, which not only saves nearly \$150 billion during the next 10 years, but reduces healthcare costs by nearly a trillion dollars during the following decades.

In no way do these rules result in the type of prudent budgeting that my Republican colleagues campaigned on, nor does it resemble anything like what any hardworking American family must do. At a time when the Republican majority is pledging greater openness, the Rules are also anti-democratic by depriving 600,000 taxpaying D.C. residents of their ability to have their voice heard in the Committee of the Whole.

The Rules package also undermines opportunities to continue investing in America.

By eliminating the point of order guarding Highway Trust Fund balances this Republican majority threatens investments in communities large and small across the country. Historically, this point of order ensured that Congress delivered on the transportation investments promised in the transportation authorization, and that States and communities could count on the long-term commitments made in that legislation. By removing this point of order, and allowing Highway Trust Fund balances to accrue and mask the actual deficit, the Republicans are engaging in budget gimmickry that undermines our economy and the safety of our communities.

Organizations from the Chamber of Commerce to the American Association of Highway Transportation Officials have expressed their strong concern about destabilizing transportation funding, and have urged the Republican Conference to make changes. I join with these organizations in expressing my concern and disappointment.

At a time when the need to invest in our communities is higher than ever, these rules will make it possible for the Republican Congress to decrease our investment in infrastructure, undermining efforts to rebuild and renew communities across the country. In addition to the new rule regarding the Highway Trust Fund, these Republican rules also limit the ability of the House to raise revenue for the Highway Trust Fund. At a time when our needs are greater than ever, and individuals and organizations across the country are calling on Congress to upgrade our Nation's roads, bridges, and transit systems, limiting our options—as these Rules do—is shortsighted and foolhardy.

THE WALK FOR HEALTHCARE: HEALTHCARE STORIES FROM MARYLAND AND WASHINGTON, DC, COLLECTED BY OGAN GUREL, M.D.

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mr. KUCINICH. Mr. Speaker, I submit the following stories, collected by Dr. Ogan Gurel.

"Tamara told me, 'She was lucky having health insurance.' Knowing generally that lack of insurance was a problem, she didn't have any particular personal stories to share. But when I asked about health reform, she said, simply enough, that, 'More should be done.'" Tamara—Hagerstown, 7/22/2009

"Patrick has been on and off insurance all his life. 'More off than on,' he further clarified for me. 'My credit rating is trashed because of medical stuff.' And in the 80s he had a skull injury. 'I actually had insurance but not everything was covered so I just couldn't pay.' He seemed relaxed for someone for whom the system seemed not to work—forced into debt, even with insurance, and now suffering the consequence of ruined credit. But perhaps one gets used to such predicament.'" Patrick—Hagerstown, 7/22/2009

"Tiffany doesn't have a job, nor does she have health insurance. As a single mom, her daughter gets assistance through the state. For herself, she did have to go to the emergency room one time last year but as she didn't fill out the form for medical assistance in time (there was a three-month time limit), she ended up owing \$4,000. Now she's being taken to court by the hospital, Washington County. 'I get phone calls every day from the bill collectors,' she tells me. 'And I'm scared to go back to the doctor for anything including my frozen shoulder.' With some trepidation, she told me she knew somebody who was threatened with jail for not responding to court summons for a medical bill. 'It's not a good situation to be in,' she told me. Despite her unhappy troubles, Tiffany insisted on smiling when I took her picture.'" Tiffany—Hagerstown, 7/23/2009

"I met Terry at the Oriole Club, a local bar where I stopped in during a ferocious thunderstorm to take a water break. Terry believes in preventative medicine, eating right, exercising—being positive. She doesn't have insurance and with two kids, she's busy providing them with a home and feeding them right. Last year she got very sick but nobody would take her. Because she has no primary care doctor, it costs \$250 just to get in the door. The others seated along the bar gave knowing looks. She told me she prayed a lot, especially when her temperature hit 104. 'But I survived,' she said with a smile. 'But, if you don't have insurance,' she told me, 'you're treated different.'" Terry—Middletown, 7/23/2009

"Sonny told me the story of a girl in town. Many of the others seated at the bar recognized her plight. 'She's worked for ten years, without insurance,' Sonny told me. And she got sick with a gallbladder problem and, 'probably because she couldn't work on account of her illness,' she was laid off. She needs a gallbladder removal but the doctor keeps putting her off. 'Nobody wants to treat her,' he added. 'And she went to see the specialist but he wanted \$300 up front.' Karen, sitting alongside, squirmed in disapproval. 'Everyone's giving her the run-around . . . And there seems to be no way out of her situation.'" Sonny—Middletown, 7/23/2009

"Chris works at the Days Inn in Frederick. He's an insulin-dependent diabetic (that's his