

supplies he's proudly showing me). He has insurance but 'it sucks, only covers so much,' he told me. 'They don't cover even the supplies I have here. And if you go to the hospital for low blood sugar, or see a specialist, it costs several hundred dollars.' He was previously under his parent's coverage but now his own insurance, which 'bad as it is,' he added, has been further downgraded because of the economy. 'But,' he said, 'I don't have much choice unless I get another job, and that's not at all easy these days.'" Chris—Frederick, 7/23/2009

"Frank's story centers around his fiancée. She's a breast cancer survivor. The chemotherapy, according to Frank, 'cured the cancer but devastated her body. She continues to have health problems,' he told me. These include diabetes and psoriatic arthritis for which she is treated with methotrexate and Enbril injections. She had been getting her medications through PAC (Physicians Assistance Care of Maryland) but, as Frank explained to me, 'Only the diabetes medicines qualified and those she got through this program were less effective than what she was previously taking.' Now that she is working, she is no longer eligible for the program (which requires an income of less than \$1,400 a month). Her new job offers health insurance but, 'the premiums are so high that if she gets the policy, there'd be no money for anything else.' Getting health insurance, would 'make it impossible for her to live,' Frank told me. 'And, even with the policy, the medications would be too expensive. Basically,' Frank summarized for me, 'without healthcare, she has pain and suffering, can't get out of bed and so could lose the job.' That's terrible, I said. 'Oh, it could be worse I guess,' he replied, shaking his head." Frank—Frederick, 7/23/2009

"I met Howard and Tauyna over breakfast at the Days Inn. Howard told me that they've generally been OK, but even with insurance, 'deductibles have been increasing and out-of-pocket expenses also going up.' But Howard wished to share a story from twenty years ago. 'It actually relates to what's happening today,' he told me. He was between jobs, he explained, having left a position with health insurance for a higher-paying job that did not, however, offer health benefits. Soon after, his wife had a tubal pregnancy and with the hospital bills he ended up having to taking out a loan for \$8,000 ('a huge chunk of change in those days,' he added). The doctor forgave his fee and he was able to negotiate a half-price with the anesthesiologist. 'I sure don't know what would happen if it were today.'" Howard—Frederick, 7/24/2009

"Brenda's story is about her father who died two months ago. She told her story with a mix of disbelief and quiet anger though she was heartened to be able to share with others what she felt was a true health insurance horror story. Her late father had diabetes since 1995. His illness was complicated by neuropathy and multiple foot infections resulting in an amputation of one great toe. Earlier this year, his insurance company, Group Health, told him that they were dropping him for medical noncompliance although Brenda, who's a nurse, said this was patently a lie and they had medical proof, including doctor's attestations, that he was in compliance. And then he had a stroke, which was compounded with multiple complications. He came down with sepsis, had to have another amputation, this time below-the-knee. Though the MD said everything was OK, the operation was, in fact, a 'was a disaster,' Brenda told me. It turned out he was left unattended in the hallway, coded in recovery, had a head bleed, was given CPR, put on a ventilator and admitted to the ICU. He never regained consciousness. He was taken

to a Palliative Care unit and though he was put on a morphine drip, he survived for two more tortuous months. All during this time, people from the hospital kept coming by telling his already grieving wife that she would be responsible for the bill. 'The total bill is \$69,000 and still going up,' she said.'" Brenda—Gaithersburg, 7/24/2009

"Shayla's been newly enrolled in a PPO. Supposedly better than an HMO, she had high expectations. 'But,' she told me, 'I don't understand why it's so good. First, you pay more,' she explained, 'and second, you still get a bill AFTER the co-pay.' And then she told me about the prescription plan, which requires you to mail away for the medications and it often takes 4 to 6 weeks for delivery. She shook her head. 'That just doesn't make sense!'" Shayla—Gaithersburg, 7/25/2009

"Keith is one of the founders of the ubiquitous Food Not Bombs organization. His organization has protested around the world and now he's in front of the White House delivering his message to all those gathered. His story is simple: he's got fibromyalgia, which he says he acquired after being tortured by the CIA during one of his several incarcerations for illegally delivering free food. With his income and this sort of pre-existing condition, he can never get health insurance." Keith—Washington, 7/26/2009

"Doris, from New York, is here in DC visiting. 'No insurance, can't afford it.' She said, 'and doesn't ever go to a doctor. I'm otherwise lucky,' she said, with a smile and went off with her friends." Doris—Washington, 7/26/2009

#### CELEBRATING THE GRAND OPENING OF TERRY'S HOUSE

### HON. JIM COSTA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mr. COSTA. Mr. Speaker, I rise today to recognize Community Regional Medical Center on the occasion of the grand opening of Terry's House, a new, state-of-the-art facility in downtown Fresno, California, which will provide much needed support and housing to allow families to stay close to sick and injured loved ones in the hospital. Located in the heart of the Fresno medical district, this new 15,874 square-foot, two-story family house with twenty guest suites will be the first hospitality house in the Greater Fresno Area.

This residential facility is named in honor of Terry Richards who suffered and survived a serious trauma at the age of five when he was injured in a car accident. For nearly five months, his mother was forced to travel nearly 80 miles a day to see her son while he was recovering in the hospital. Currently, family members of patients must seek accommodations miles from the hospital, and many who cannot afford lodging sleep in waiting rooms, in their cars or try their best to find a spot in a busy hospital. Often, patients' loved ones have no alternative but to leave the hospital and make the long drive home. Now families have Terry's House, their home away from home, while their loved ones receive care.

Terry's House was made possible by the tireless work of Terry Richards' brother, Tom Richards, a local community developer and CEO of the Penstar Group. With the dedication of Tom Richards, Leta Ciavaglia, the Terry's House Development Council, the Commu-

nity Regional Medical Center Foundation and many generous members of the community, a family dream has become a reality.

Mr. Speaker, I applaud Terry's House and its many supporters for their efforts to create a facility which keeps families together during times of need. I ask my colleagues to join me in commending Tom Richards and the community members of Fresno who have worked unremittingly to make the opening of Terry's House possible.

#### THE WALK FOR HEALTHCARE: HEALTHCARE STORIES FROM ILLINOIS AND INDIANA 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.

"Martha finds it shameful that America can't provide basic health care for its citizens, like any other developed country does. 'Civilized nations care for those in need,' she said. She especially noted that the connection of health care insurance to employment status was a big problem. 'It doesn't make sense. If you get sick, you have a greater chance of being unemployed.'" Martha—Chicago, 6/27/2009

"Addison, on the right, is Martha's older son. He's a student in college who, with evident pride, told me that in the past election he had just voted for the first time. As he embarks on study abroad in Italy this coming fall, he is, despite his glowing patriotism, embarrassed that health care for all, as he has learned is the case in Italy, doesn't exist here in America." Addison—Chicago, 6/27/2009

"I met Ron along Martin Luther King Drive. He was working at painting a fence. He waved his hand towards the south side streets beyond and said, 'Yes, there's many people here without health insurance.' With a serious look, he turned back towards me. 'Yes, without health care.' He shared a story of an old lady from the neighborhood. She had a change in coverage that now made it too expensive to get her insulin for her diabetes. 'It was all very fishy business,' Ron told me. This lady, on Medicare, was in the hospital for some time. An insurance salesman came to her hospital bed and convinced her to change her coverage (Ron couldn't recall the exact name but he told me it sounded, 'Something like Well Care'). What happened was that this 'new' plan didn't cover the old lady's particular type of insulin so, with her 'brand-new' private supplemental insurance plan in place, she ended up now spending \$129 a month, out-of-pocket, for her medication. The insurance salesman is gone and now she's struggling, Ron tells me, on top of her fight to stay well, to piece together her wrecked insurance and financial situation." Ron—Chicago, 6/27/2009

"Stopping by the Chicago Baptist Institute, I met Rev. Joseph Felker, the Chairman of that organization. A crowd was gathered and they were hosting an outdoor event—a 'Healthy Walk' event actually. He told me, 'We should have had health care for the uninsured years ago. It is a travesty, a true travesty, but hopefully the change we are seeing is a start.'" Joseph—Chicago, 6/27/2009

"Sitting next to Rev. Felker was Rev. Dr. Tyler. He concurred, saying that, 'Health care reform is long overdue. With the wealth

of this country, it's a shame that people don't have health care.' They, and the others, were all very nice. They passed me a couple bottles of water and many best wishes (and prayers) for the journey onward to Washington, DC." Clifford—Chicago, 6/27/2009

"Roderick from the hotel told me, 'Everyone should have health care and it should be provided by the government, not by for-profit companies.' I asked him if he thinks the current reform proposals are enough. He shook his head, 'No.'" Roderick—Hammond, 6/28/2009

"As I walked along 25th Avenue (on the way to Gary), I heard a honk from the road. They stopped, I looked over. 'Hey, Doc—weren't you on TV last night?' And so I headed over to say hello and get the next story of the day. With traffic zooming on by, we didn't have much time for chitchat. But he, Chris was his name, told me, 'We need help, it's rough out here for everybody—not just the elderly. There's drugs and alcohol problems, no treatment and the price of medications is too much.' I asked if he could share a specific example. 'Sure,' he replied, while the older gentleman in the passenger seat with him nodded in acknowledgement. 'My mother's got Alzheimer's and her medications are \$500 to \$600 dollars a month. It's impossible . . .'" Chris—Hammond, 6/28/2009

"Eric shared his brother's story. He had had an eye accident, lost his job on account of that and being without health insurance had to file for bankruptcy. 'That about tells it all,' he said." Eric—Wheeler, 6/28/2009

"With parched throat, I stopped into the Indiana University police station hoping to find a water fountain. John, the officer-on-duty at the front desk, greeted me. 'It's a critical situation,' he told me. 'Especially now that people are losing jobs. But keeping prices down is important. Even with the insured, prices are inflated, they're sky-high.' I nodded in reply. 'So, it's hard to stay healthy if you can't afford health care.'" John—Gary, 6/28/2009

"Six miles later, now in Hobart, I stopped into United States Security (a private security service) for some water. I talked with Ed, the Director. 'Definitely things need to change,' he said. 'But it's more like tweaking. I'm 100% against something like the Canadian system.' I asked what he thought of the health care reform debate in Washington. 'Well, I don't like the idea of the upper brass fat-cats reaping rewards. They need to be dissolved or at least held accountable . . . and take another bottle for the road,' he added." Ed—Hobart, 6/28/2009

"Kyle's story is a bit complicated. He's a senior in college (at Purdue in Hammond) but he started college a couple years after graduating from high school. Because of this unusual transition, it ended up that he had missed the deadline for getting insurance through his mother's policy. 'I was working to put myself through college with a bunch of part-time jobs. None of them, though, provided insurance . . . then I got sick—very sick.' He was bedridden for several days with fatigue and fever. He finally went to his family doctor who took a blood test. Two days later, his mother received an urgent call from the doctor saying, demanding almost, that Kyle go to the emergency room immediately. Kyle told me, 'it was the highest white blood count he had ever seen,' and he was concerned Kyle had leukemia. So, at the behest of the doctor, and actually feeling better by this time, they went the emergency room. It turned out, thankfully, not to be leukemia, but Kyle ended up with a \$9,000 emergency room bill (he was never even admitted to the hospital). 'My mother and I spent months fighting and negotiating,' he told me. 'Luckily the Church organization affiliated with St. Mary's finally—yes, fi-

nally—helped take care of the bill.' Shaking his head in disbelief at the Kafkaesque ordeal, Kyle concluded, 'It was something—and I'm not talking about the illness—I never, ever want to go through again.'" Kyle—Valparaiso, 6/28/2009

"John actually had two stories. First, his wife has diabetes, lupus, and fibromyalgia and he feels that the drug companies are just pushing drugs . . . through the doctors. 'The drugs don't work,' he told me. 'She doesn't seem to get better and all that seems to happen is that she gains weight.' He then shared his second health care story which happened after his first son was born. The \$11,000 dollar bill forced his family into bankruptcy, again, soon after his wife gave birth. 'It was like the bill was padded but there was nothing I could do about it.'" John—Wheeler, 6/28/2009

"Erin's mother (Dianne) has multiple sclerosis but doesn't qualify for SSI (Social Security disability) or Medicare. Her medication costs are so high that there's no money left for anything else. Her symptoms involve significant diplopia (double vision) and she can't work. Erin shook her head, 'It's a difficult situation and I don't really know what to do.'" Erin—Valparaiso, 6/29/2009

"Jack has good insurance. But his story starts with unexplained pain in both of his feet. He went to dozens of doctors, podiatrists, and other specialists but nothing seemed to help except painkillers and these were prescribed only sparingly. It was a terrible problem and he could barely walk and was at risk of losing his job. 'Then there was this neurologist who gave me two injections in the back—L4, L5, I think it was—and that worked!' I nodded, realizing that his foot pain was clearly related to the back (perhaps spinal stenosis or a herniated disc) rather than the feet. 'But, guess what, the insurance company wouldn't pay for the one thing that worked and now I owe \$6,000!' I grimaced at the story. 'Oh yes,' he added, 'before, several years ago, I didn't have insurance and I had to declare bankruptcy.'" Jack—Wheeler, 6/28/2009

"Michael told me he had no insurance. 'Do you get sick?' I asked. 'Well, I try not to,' he answered. 'If I must, I go to these clinics, but the appointments are way off, there are long waits, and sometimes it's impossible. I mean I can't miss much work, either . . . And dental is really expensive. I could have gotten a job that provided insurance but I'd actually end up making much less.'" Michael—Wanatah, 6/29/2009

"A few years back Keith had lost his job at the yogurt factory in town. This provided health insurance but now as an owner of a three taxi cab small business, he doesn't have health insurance. He has significant heart disease and has had six heart attacks, the first one at age 32. For this he's gotten seven stents (a device placed in the coronary arteries that keeps them open). The first two were covered by insurance but since then he's racked up \$56,000 in bills which he has paid down to \$12,000. [Interpretative note: I know a bit about stents and I was surprised to hear he had so many. But he did tell me that they continually get blocked up and he takes Plavix—a form of 'blood thinner'—to prevent further blockage. I didn't ask him but perhaps he has the less-expensive, bare-metal stents as compared to the much more expensive drug-eluting stents which are designed to reduce the possibility of blockage, or restenosis. While only speculative, I would not be surprised if bare metal stents were to be preferentially used for patients without insurance. Unfortunately that might mean less cost per operation but it typically results in more operations, ending up in even greater cost.] Keith—Hanna, 6/29/2009

"Ginny lost work and took early retirement at 62 but, she told me, 'The bad thing

about that is that there's no health insurance.' I nodded. 'I make too much for the Indiana health care program, but not enough to pay for medical insurance. It costs at least \$300 a month. I've got diabetes and high blood pressure and five grandchildren that live with me. My daughter is legally blind so if something happens to me, I don't know what will happen, who will care for, the children.' Perhaps that explains why I look pretty grim in the picture. I'm inspired, and humbled, by the bravery of regular, hard-working Americans." Ginny—Plymouth, 6/30/2009

"Jay is the manager of the Days Inn in Plymouth. He told me the story of his uncle (a U.S. citizen by the way) who had a heart attack and required a triple bypass operation. 'He didn't have insurance, though and the operation would cost about \$118,000.' There was no way that he could pay that money—the money that would save (or at least extend) his life. And so he ended up having the operation in India which, with airfare, cost about \$35,000. Jay shook his head. 'It doesn't make sense how America can't take care of Americans.'" Jay—Plymouth, 6/30/2009

"Mike's the fiancée of the front desk attendant. He doesn't have insurance having recently lost his job. 'I still owe a bunch of doctor's bills,' he told me. 'I broke my hand and right now it's better but I owe \$12,000.'" Mike—Plymouth, 6/30/2009

"Val is 58. She told me, 'My husband and I have worked all our lives, had insurance all our lives and we were both laid off in November. We're looking for jobs and this is the first time we've had no health insurance.' She looked at me with unbelieving eyes. 'We're hard-working people, too young for Medicare. We just don't know what we'll do.'" Val—Plymouth, 6/30/2009

"I believe government should not be in health care,' Brian told me, though he added that he'd like to see some regulatory changes to actually increase competition, ensure personal responsibility and decrease prices. 'The system is sure not working,' he told me." Brian—Etna Green, 7/1/2009

"Gruff but friendly, and with a face that oozed sincerity, Harold answered, 'the insurance—80/20, but my wife is totally disabled so she's on the Medicaid . . . and I got a \$5,000 deductible! Every year, it just tears me up. We get good care over there at Lutheran in Ft. Wayne but it's outrageous. When the doctor gives a regular prescription—not the generic stuff, and the pharmacist automatically gives you the generic, makes you sick and then you have to go back to the doctor to get the right stuff to send to the pharmacist, that don't make no sense.' I asked Harold if he had any choice of coverage or if this was the only insurance offered. 'There's no choice,' he told me. Indeed . . ." Harold—Warsaw, 7/1/2009

"Scott told me that, 'There should be less government involvement. I really think it should be left in the hands of the people.' He added that he used to work in the orthopedic device industry (there are many in Warsaw). 'What I feel that would do, if health care was nationalized, is that it would undervalue the products they are making. In the end, I think it would work out as what they would lose in sales, they would get in volume, but I really feel that the health care scenario needs to be left to people, not the government.'" Scott—Warsaw, 7/1/2009

"Meeting Krystal in front of the Courthouse on Center Street, I explained my walk, its purpose. Krystal asked how many pairs of shoes I have and so I showed her the extra pair strapped in a bag to my backpack and told her of the several more in the luggage at the hotel. And with that, we began talking about health care. 'Insurance rates are sky

high,' she told me, lamented further that, 'like I was talking with my doctor, you almost have to call the insurance companies to get the approval for what drugs you can prescribe—insurance companies are driving the show . . . they give the discounts or I think they're in the cahoots with some of the drug companies. They say 'Oh, we're having a special on Lipitor' and so they push Lipitor.' We talked about the pharmaceutical companies and that drug costs just seemed to be too high." Krystal—Warsaw, 7/1/2009

"Being self-employed, and that business was not so good this year, Uprendra cannot afford health coverage. He is not insured, nor is any of the staff. He has diabetes and gets his insulin, when he can, as free drug samples from his brother, who is a retired doctor. I was humbled by his generosity, the complimentary room and the \$20 donation, his wife (and hotel co-operator) Sheila, gave me when I checked out the following morning." Uprendra—Warsaw, 7/1/2009

"Brittany, on the left, told me she has no insurance. She said, 'I think everybody should have insurance. You never know what will happen. I've been sick and had to pay cash and it's not cheery.'" Brittany—Warsaw, 7/1/2009

"Amanda, like Brittany on the left, also has no insurance and now has 'tons of medical bills.' She told me she is slowly—'very slowly,' she put it—paying for them." Amanda—Warsaw, 7/1/2009

"Ed was in the service, in the Philippines during World War II. He was later an electrician at the Harvard Cyclotron in Cambridge (on Oxford Street). He has had many medical problems but hasn't had any difficulties being on Medicare. Some things are not paid for but by-and-large, he's happy. He has often thought that universal health care insurance should be provided by the government and that higher taxes were likely necessary. 'If the government managed its budget better, there'd be money to pay for it,' he added. He also said, 'People without health care insurance live under handicapped conditions. With insurance, a wage-earner can be free to concentrate on his family, his education, and think more clearly.' He was very happy I met with him and concluded, 'I'm so surprised at the opportunity to talk.'" Ed—Warsaw, 7/1/2009

"The most telling story came to us in a Mexican store down the street. I spoke with one of the counter people, who wished not to be identified. She told us that she did have insurance (through her husband) and that she was happy with the system and that she would not change anything. Then, next to the register, I noticed a posted sign with a picture of a young boy in a hospital bed pleading for \$100,000 to help with a kidney transplant. Doesn't that tell it all?" Warsaw, 7/1/2009

"I'm unemployed," Scott told me, "and don't have no insurance. But, I've been pretty healthy, 'cept my teeth here—gotta work on that sometime." I nodded. "The difficult story is with my girlfriend. She works part-time and also no insurance. She makes too much for HIP (Indiana public assistance program) so that's that. A few months ago, she had a kidney stone and the local hospital wouldn't take care of her so they sent her to Indianapolis. The pain was so bad and she ended up having some operation there." He said that there was no way they could pay any of the bills being that they were barely making ends meet. We drove by the trailer park that was their home and he told me how they were lucky, that the next trailer park up in Columbia City had been recently hit by a tornado and a few homes destroyed. Throughout the trip Scott was glowingly optimistic. But as he was about to drop me off, his face turned sour. "Tell those

knuckleheads in Washington to get with it out here.'" Scott—Columbia City, 7/2/2009

"Last December Trushar had fallen down in an ice storm, breaking his left wrist. He was without health insurance and making do with the pain, waited a week—by this time it had become considerably swollen—to have it eventually seen by a family friend, who happened to be a doctor. The family ended up spending about \$500 for various x-rays, the visit to the doctor was free, but he was told that if it had gotten worse, the surgery for it would cost about \$25,000. If that came to pass, they decided that Trushar (who is a U.S. citizen) would go back to India to have the surgery." Trushar—Ft. Wayne, 7/2/2009

"Hina's one of the workers at the hotel—doubles up as back-up front desk and housekeeping. In fact, it seemed like everyone had a hand in all aspects of the operation. Hina's had what she called a 'muscle lock' in her neck, which sounded to me like a cervical muscle spasm, perhaps even a herniated cervical disk—hard to tell. In any case, she's had no insurance and hasn't seen a doctor or been to a hospital for it. She remains in pain, housekeeping work is hard, and this is making it harder. She looks warily around. I know that this hotel staff is like family, and they likely wouldn't fire her for a situation that is undoubtedly compromising her productivity. But in a crueler world (which is quite common), she'd be out, replaced by someone else healthier, but also without insurance. Hina, in a way, is lucky." Hina—Ft. Wayne, 7/2/2009

"It was back in 2002 that Bonnie lost her job of 22 years. At that time, she had been on COBRA though, 'it was incredibly expensive,' she recalled. She has insulin-dependent diabetes, high blood pressure, and 'Charcot joints.' Her insurance and medications cost \$1,500 a month. 'When you don't have insurance you don't have any choices,' she said." Bonnie—Ft. Wayne, 7/3/2009

"Pat shared with me a friend's story. Her daughter, diagnosed with severe rheumatoid arthritis since the age of 26 had been suffering for many years. A six-week course of Remicade cost her \$7,200 and, as Pat told me, 'Her mother has cashed in her 401K,' to pay for that. 'Nothing should cost \$7,200.'" Pat—Ft. Wayne, 7/3/2009

"Nate's a young and relatively healthy guy. 'Last year, in December, I came down with pneumonia,' he told me. He's a diabetic and so his illness was complicated by diabetic ketoacidosis, acute kidney failure, staph infections, and 'cardiac issues.' 'I was in the ICU for twelve days, unconscious for a week,' he told me. Even though he just been laid off from his job, he told me, 'he was lucky in the timing of things . . . like a 'roll-of-the-dice,' that he happened to have insurance just when he had gotten deathly ill. And hopefully he won't get so sick again, since COBRA, which he cannot now afford, costs \$800/month especially with his pre-existing conditions . . . and especially being unemployed.'" Nate—Ft. Wayne, 7/3/2009

"Jessica and her husband were laid off from their RV company (based in Elkhart, Indiana) this past August. They have four kids under the age of 10. They lost all their health coverage and cannot afford COBRA which cost \$1,200/month. The kids are now on Medicaid but they, the parents, are uninsured. 'If something happens to them,' she asked, 'how'll the kids be taken care of?' This is Noah and Chris in the picture also. Today was Noah's birthday too and thanks to the Ft. Wayne rally, he had a big turnout for his party!" Jessica—Ft. Wayne, 7/3/2009

"Cameron's a 4th year medical student but on a leave of absence to pursue a law degree. He's planning for a career in health advocacy—at the intersection of health and law. As a student, however, he cannot afford, at

\$220/month, the health insurance offered to him. But he's lucky because he gets coverage through his wife who's a resident. In his medical school experiences, he's come across many patients who have foregone medical care because of a lack of health insurance and this has inspired him to help to solve this problem." Cameron—Ft. Wayne, 7/3/2009

"Terri—an older member of the workforce,' as she put it—is currently unemployed. She has no health insurance and with several chronic conditions, chronic sinusitis and hypertension included, she's 'in a difficult situation,' Terri tells me. Her prescriptions have 'ran out' and without insurance, her doctor won't see her. Even though she asked about a payment plan, 'They told me, they take payment in full.' Terri's an informed person. 'High blood pressure is a silent killer,' she adds, and 'I don't want to be silently killed because I can't get the treatment.' She reminded me that she's certainly not the only one in such a predicament, but told me, 'I'm just speaking out, because everybody has to speak. If you don't speak on it, no one would ever know.'" Terri—Ft. Wayne, 7/3/2009

"Deb works at the Subway in New Haven, just east of Ft. Wayne. Her health coverage costs \$600/month through her husband's union plan (he's a carpenter). 'If I got the insurance on my own,' she told me, 'it'd cost \$850 a month.' She shook her head and said, 'Even though I consider myself lucky, this is crazy!'" Deb—New Haven, 7/3/2009

#### IN RECOGNITION OF THE 40TH WEDDING ANNIVERSARY OF THOMAS AND CAMILLE OGIBA

#### HON. MIKE ROGERS

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mr. ROGERS of Alabama. Mr. Speaker, I would like to pay tribute to a very special occasion today—the 40th wedding anniversary of Thomas and Camille Ogiba. This event will take place on January 16, 2011, but family and friends are celebrating the event on January 14, 2011.

Thomas Henry Ogiba was born on January 24, 1947, in Stamford, Connecticut, to Henry and Rose Ogiba. His wife, Camille Caruso Ogiba, was born on January 18, 1946, in Stamford, Connecticut, to Pete and Rose Caruso. Mr. and Mrs. Thomas Ogiba were married on January 16, 1971, at St. Mary's Catholic Church in Stamford, Connecticut. Together they raised two children, Thomas and Jena.

Thomas and Camille currently reside in Naples, Florida. I salute this lovely couple on the 40th year of their life together and join their friends and family in honoring them on this special occasion.

#### RECOGNIZING THE UNIVERSITY OF MICHIGAN-FLINT

#### HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 6, 2011

Mr. KILDEE. Mr. Speaker, I rise today to recognize the University of Michigan-Flint for being designated an "Engaged University" by the Carnegie Foundation for the Advancement of Teaching. The Carnegie Foundation announced this classification yesterday and a