what their pension looked like, because they believed that they were going to be able to keep their job.

And that wasn't true.

So again, Madam Speaker, we will come back again until somebody, somebody helps us solve the game of Clue. Who took an ax in the Senate leader's office, the Speaker's office, the conference room, who took the ax to 9,000 hard-working Americans in this country, their plants and the communities that depend upon those tax revenues for police protection, fire protection, and schools? Who took the ax and ended those jobs?

And again, President Bush was meant in jest. I don't think President Obama did this. But others on this board, I would posit, had to know, had to know prior to the President's announcement that this was going to happen. And I just don't think that that is right in the United States of America.

Likewise, the 203,000 people that are about to be out of work at the dealerships across this country, again, some of these dealers, these automobile dealers, some of them paid upwards of $2 million to have a Chrysler franchise or a General Motors franchise. And it really boggles my mind that in the United States of America if you are a car company you can come in and say, I don't want to honor these franchise agreements.

And the news just last week was the lawyers for Chrysler are arguing that this Federal bankruptcy should supersede State franchise law. And even though State franchise law says, if you sold this guy a franchise for $2 million, he is entitled to keep it, they want to terminate him and just say, you got no business.

Again, Madam Speaker, I don't know how it goes in your hometown, but in my hometown, the car dealers have been there, in some instances, for generations. They support the little league teams, the bowling teams, and the Chamber of Commerce. A lot of the lifeblood of our community is supported by auto dealers. So I know that the President didn't mean that this set of conditions, this set of circumstances, wasn't going to disrupt people's lives and wasn't going to impact negatively on communities all across this country. And I am baffled that in the United States of America, if you, Madam Speaker, took $2 million, and I wish I had $2 million, but if you took $2 million and bought something, that the government could come in and just say, guess what? You don't own it anymore. And do you know those 60 people that work for you, who in some instances have worked for you 20, 30 years? They are out of work. They are out of work.

So Madam Speaker, we will attempt to unravel this mystery. I appreciate very much the time. And I look forward to working with my colleagues on both sides of the aisle to determine how this could happen in the United States of America.

I thank you, Madam Speaker.

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COMMUNICATION FROM THE REPUBLICAN LEADER

The SPEAKER pro tempore laid before the House the following communication from the Honorable JOHN A. BOEHNER, Republican Leader:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, April 28, 2009.

Hon. NANCY PELOSI,
Speaker, U.S. Capitol,
Washington, DC.

DEAR SPEAKER PELOSI: Pursuant to The National Foundation on the Arts and the Humanities Act of 1965 (20 U.S.C. 955(b) note), I am pleased to re-appoint the Honorable Pat Tiberi of Ohio to the National Council on the Arts.

Mr. Tiberi has expressed interest in serving in this capacity and I am pleased to fulfill his request.

Sincerely,

JOHN A. BOEHNER,
Republican Leader.

APPOINTMENT OF MEMBERS TO HOUSE COMMISSION ON CONGRESSIONAL MAILING STANDARDS

The SPEAKER pro tempore. Pursuant to 2 U.S.C. 501(b), and the order of the House of January 6, 2009, the Chair announces the Speaker's appointment of the following Members of the House to the House Commission on Congressional Mailing Standards:

Mrs. DAVIS, California, Chairman
Mr. SHERMAN, California
Ms. EDWARDS, Maryland

APPOINTMENT OF MEMBERS TO MEXICO-UNITED STATES INTERPARLIAMENTARY GROUP.

The SPEAKER pro tempore. Pursuant to 22 U.S.C. 276h, and the order of the House of January 6, 2009, the Chair announces the Speaker's appointment of the following Members of the House to the Mexico-United States Interparliamentary Group:

Mr. MCCAUL, Texas
Mr. DREIER, California
Mr. MACK, Florida
Mr. BILBRAY, California
Mr. NUNES, California

PROGRESSIVE CAUCUS 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. Madam Speaker, let me just signal that again tonight we come before this body as the Congressional Progressive Caucus with the Progressive Message.

The Progressive Message, this idea of coming before the American people, projecting a progressive message, so that the people of the United States can say, you know what, there are people in Congress today who are willing to stand up and say that ideas about generosity, of justice, of peace, of inclusion, of universal health care, of providing access for everyone, these are principles, there are people who are in that Congress who will stand up for these ideas, and that is the Congressional Progressive Caucus.

And we come and we talk about the Progressive Message where we talk about the importance of this message of saying we will remember great advances of our country of the past, like the civil rights movement, the women rights movement, the idea of coming together for Social Security, standing up for peace, getting us out of Vietnam, standing up against the rush to war in Iraq and Afghanistan. And today, that charge has not failed. That charge has not gone unnoticed, and we're here today to keep the call going.

And tonight for the Progressive Message, I'm really pleased to have join me a leader who never fails to stand up for the people, never shrinks from the call of the people, a progressive, dynamic leader who hails from the great city of Houston, the great State of Texas, none other than SHEILA JACKSON-LEE. I thank Congresswoman JACKSON-LEE for joining me tonight for the Progressive Message. Do you want to get us started a little bit as tonight we talk about health care?

Ms. JACKSON-LEE of Texas. Let me first of all thank the distinguished gentleman, Congressman ELLISON, for his leadership and to applaud the effort of, if you will, recording, reporting, enforcing, and educating individuals on the importance of a holistic approach to health care reform.

Certainly, I want to congratulate the Progressive Caucus, of which I'm a member and my distinguished colleague is, because we have been spending time, Madam Speaker, on working on these issues, constantly seeking to find common ground around a very important issue, and that is, of course, the public option.

Some of us are concerned and interested in single payer, and in our meetings that we have had, which is a number of legislative initiatives, one happens to be H.R. 676. But what we are speaking about is to keep all doors open, all voices open, because as you can see, the idea of coming together around fixing the health care system is going to ensure that we have the kind of baseline of service that will help all Americans.

And let me just make a point to my distinguished colleague. We were just in a hearing on the collapse or the bankruptcy of Chrysler and General Motors, and I call it a collapse, and I call it a crisis. And why? Because we're putting people out of work. Even with the bankruptcy structure they're closing dealerships. They are closing minority dealerships. They're laying people off work.

Well, it was projected in a hearing by some of our colleagues on the other side of the aisle that it was this labor union health care cost that brought the industry to its knees. I refuted that by saying it was the lack of health care in America, and thank goodness for labor unions who are willing to protect their retirees and the workers and give them health care.

And so just take the example of having this access to health care, this public option, this new reform that would help ensure the 47 million uninsured or give companies an option. That would have helped General Motors and Chrysler, not putting the burden on labor unions.

And let me digress for just one moment, and I appreciate the gentleman yielding to me, and I just have to do this because it has to do with focus. It has to do about what is important for this Congress to go forward on.

And today, as you well know, there was an individual that stood up to offer a privileged resolution regarding our Speaker, and I just for a moment have to champion her cause and say that these are the kinds of distractions that take us away from focusing on the needs of the everyday men and women of America. There's some representation about comments regarding the briefing that our Speaker received as it relates to torture. I was there during that period of time, and I am well aware of the atmosphere.

First of all, we should note the Speaker has indicated to have all files released, one point. The second point is in the 1990s, or let's say after 9/11, we had the presentation being given by the Bush administration at the United Nations, and the backbone of that presentation happened to be the Agency. Of course, we seem to be living in an atmosphere of being misled.

So, to my friends on the other side of the aisle who don't look at the real facts of this case, I ask them to do so, but then I ask them to wake up and ask the question of themselves: What do Americans want us to do? They want us to address the question of recession. They want us to address the question of mortgage foreclosure. And they want us to address the question of health care.

And so, for that reason, let me thank you for allowing me to be here. We will be having town hall meetings in my congressional district. I look forward to travelling to other districts, joining my colleagues to talk about the public option, the value of the single payer.

And the message that I leave here is I don't believe any aspect of health care reform should be left out. I frankly believe that under the public option designation, which means that there is something similar to Medicaid and Medicare in a more efficient manner, you could in essence put a single payer choice under that particular structure so that just as people are arguing for individuals to keep their own doctors, you could in fact say, well, you want choice in this way, I want a choice in public option, and we can come to the table and meet ourselves head-on and find the kind of relief that the American people need.

So I'm delighted to be here with my good friend and colleague, Congresswoman WATSON, and you have my confidence and support on how we move forward in the evidence of your great works in bringing to the American people what we need to do for good health care reform.

Mr. ELLISON. Let me thank the gentlelady. We hope that she can stick with us because we'll be here for a little while, but I want to turn right now to another champion of the progressive values around health care, around diplomacy, around so many critical issues. Congresswoman DIANE WATSON's been a stalwart champion, and so I want to invite the gentlelady right now to just give some opening comments and reflections on this critical health care debate that's going on right now in our Nation's Capital and across America.

Ms. WATSON. Thank you so much for yielding, and Madam Speaker, thank you for presiding this evening.

I wanted to join my colleagues because it's important that we speak on such a critical issue as health care, and as we all know the United States is the only industrialized Nation to not offer universal health care to its citizens. Currently, there are only 47 million people without health insurance, and as a Nation we're facing a real health care crisis.

Did you know that blacks are far more likely than whites to die from strokes, diabetes and other diseases? Six million African American adults are uninsured or experiencing gaps in their coverage, and one-third of all adult African Americans are without health care. Sixty-one percent of African American adults who are uninsured during the year reported medical bills or debt problems, compared to 56 percent uninsured white adults and 35 percent uninsured Hispanic adults.

About one-third of African American adults visited an emergency room for a condition that could have been treated by a regular doctor if one had been available, compared to 19 percent of Hispanics and 19 percent of whites. Hispanics and African American working age adults in the United States are at greater risk of experiencing gaps in insurance coverage, lacking access to health care and facing medical debt than white working age adults, and usually when African Americans come in to a health facility, they come in more acutely ill. They go into emergency and end up in the surgical suite at a great cost.

Uninsured rates for working age African American adults are also high, with one-third, or 33 percent, more than 6 million adults uninsured who are experiencing a gap in coverage during the year. Sixty-two percent of Hispanic adults, age 19 to 64, an estimated 15 million adults were uninsured at some point during the year, a rate more than three times as high as that for white working age adults.

Minorities are less likely to be given appropriate cardiac medicine or to undergo bypass surgery. Studies show significant racial differences in who receives appropriate cancer diagnostic tests and treatments.

Mr. ELLISON. To the gentlelady from California, the statistics you've laid out are excellent, and I'm sure we all need to hear more of that. But I just want to ask you for a moment, if I may, in all the statistics that you have read—and they're startling—as you walk around your district in California and you talk to people, just regular folks like at the grocery store, do they tell you stories about their lives, which really are reflective in some of the statistics that you have been sharing with us? I yield.

Ms. WATSON. Absolutely, and I just want to mention the demographics of my district. I have a third African American, a third other people of color, and a third majority, and I have some very wealthy real estate and some very poor real estate in my district. And what I do to accommodate their concerns is send out a questionnaire, and I have five regional advisory groups that come maybe every quarter to my office in the conference room, and I list their concerns. And then we go over each one of the concerns, and what comes at the top is education.

But health care depends on the area that you're in. The very wealthy people can pay for their 50-minute hour with their psychiatrist. So health might come in the middle or down in the lower area of their responses. But in the lower socioeconomic areas, you can always find it near the top. Education is at the top but health care would follow.

Mr. ELLISON. So as you walk your district and you talk to folks, just regular folks, whether they be from the rich district you're talking about or the not-so-rich district, you're saying that people are concerned about this issue of health care?

Ms. WATSON. Yes, they are, and particularly in this era when we have a critical economic crisis they are really concerned about health care. They're out of a job. They don't have any insurance. They don't even get their retirement. Some of them worked for, I would say one of those discount master store. I won't call any names.

□ 1945

And they work part-time and there are no benefits. And these are the people that fall at the end of that spectrum.

Mr. ELLISON. Well, I thank the gentlelady for yielding back. We're going to be right back with the gentlelady in a moment.

But at this time I'd like to get into the conversation one of the very fine physician who happens to be a Member

of this esteemed body, and we're so happy that he is a member of the Progressive Caucus too, and that is JIM MCDERMOTT, a physician, Member of Congress, a long-term practitioner of medicine, who is going to give us a thought on his reflections on where we are in health care, and as a member of the Progressive Caucus.

And I yield to the gentleman from Washington.

Mr. MCDERMOTT. Thank you very much, Congressman ELLISON.

I think that one of the interesting things about the debate that's going on in Congress right now is that the debate seems to be that we can't have a single-payer system in this country. The people aren't ready for it, or it won't work, or whatever, there's all kinds of myths around that.

And one of the fascinating things about it is that now, as we come to the President's proposal, he's proposing that we have a public option among those choices that people will have when the national health plan is put in place.

Now, everybody immediately says, oh, we don't want a public option. We don't need that. The private industry has—they'll come up with enough options and people will have choices. The problem is people won't have money to pay the premiums.

Well, the fact is that the American health insurance industry has had full chance to do it since 1933, when Franklin Delano Roosevelt took this off the agenda. They've had more than 60, more than 70 years, almost 75 years to come up with a plan to cover all Americans, and they have not done it.

Now, there has to be a public option, and it has to be a good option. There is an interesting book, if people are interested in reading about this whole thing, it's called Do Not Resuscitate, meaning do not resuscitate the health insurance industry that's dying. But that means we've got to have a good public option out there for people to choose.

Now, people say, why do we need a public option?

You need the competition of the public option to drive the health insurance industry prices down.

What's happening today—in fact, when Mrs. Clinton tried this effort 15 years ago, in 1993, we had almost 1,800 insurance companies in this country. That industry is rapidly contracting to the point where today we have around 800. And in many States, particularly rural States in this country, they have one choice of an insurance company, not two. So you've got an insurance company, or maybe they'll have two. But there's no competition in that kind of situation. And you need the government plan.

Now, the reason? Why is that? Well, very simply, Medicare has administrative costs of about 3 percent. That means you give a dollar to Medicare, 97 cents goes out in health care benefits to older people in this country. If you give money to a private insurance company, 82 cents, on average, goes out to people. In many companies it's 70 cents is all that gets out to people who are sick.

So we need a Medicare-like, a government option to compete with private industry to drive down those costs, because costs are what are killing our health care system today. Costs are going up much faster than inflation. People are finding their deductible higher. They are finding their co-pays higher. They're spending more money out of their pocket, even though they have health insurance. They think, well, I'm covered. I've got this illness, but I don't have to worry. I'm just going to go and have it taken care of. And suddenly they find out they've got huge bills left after, and that's because the plans are simply not taking care of people's needs. And we need a government option.

Now, there are several things about a government option. First of all, it has to be one in which it takes anybody. You can't give the insurance companies or anybody else the ability to say, I'd like to take that person, but I don't want to take that person. That person's old or that person looks sick, so I don't want to take care of them. I just want to take premiums from people who are healthy.

And the government option has to be one that takes everybody, and so do all the private insurance industry. If we have a health care bill that goes out of this House that does not have insurance changes in it that requires everybody to be taken, then we haven't done what we need.

You heard the disparities in minority communities in this country, and it's also, it's just poor people. It's really not minorities as much as it's poor people who don't have the same kind of health care that people do who have a lot of money. I mean, that's the way it is. And we ought to be honest about this and say if we're going to do a national plan, it takes everybody.

Now, it also has to give the same set of benefits. Whether it's a private plan or a public plan, it ought to have the same benefits.

Now, if the private industry can compete with a government plan, that's fine. But if they can't, they're going to have to find ways to bring their prices down. They're going to either have to squeeze their profits or do something to change the way that goes.

Pre-existing conditions. I had a patient or a woman in my district who was an opera singer. She went to Germany, had a contract in Munich. The minute you go into Germany you're in the German system. You're taken care of.

Her daughter got leukemia. They spent thousands and thousands of dollars treating the child. She came back. The child had remission, and so they came back to the United States. The woman couldn't find an insurance company in the United States that would give her insurance, except at exorbitant rates, $2,000 a month.

Now, why is it that the Germans can figure a way to do that, and we can't in this country?

And my view is that you have to have no pre-existing conditions, you've got to let everybody in, and you've got to give the same set of benefits. And I think that the public option is essential for any bill that goes out of here.

Mr. ELLISON. Will the gentleman yield?

Mr. MCDERMOTT. Yes.

Mr. ELLISON. I'd just like to pose a question to the gentleman. There is a Web site called feedback progressive Congress. This is a Web site. It's called feedback.progressivecongress; 250 people went to that Web site and asked the question, how will you stop denial of pre-existing conditions?

And I yield back to the gentleman. For those 250 folks who got on the Web site and want to know, what do you think?

Mr. MCDERMOTT. You essentially make a decision at the Federal level that we are going to require all insurance companies to take everybody. They cannot use pre-existing conditions.

One of the things that happened back in the Forties was a bill was passed in this House called the McCarran-Ferguson Act, and that said that all insurance decisions should be made at the local level. So we gave it to the States. So you've got 50 different insurance commissioners doing 50 different things all over this country.

When we come to a national health plan that Barack Obama's going to sign, it has to have a national standard that every insurance company has to cover everybody. And you can't say, well, you know, they are this ethnic group or they're a little bit overweight or they smoke. The only thing you can make changes is on age. Obviously, as you get older, there is more likelihood that you're going to have problems. But that's the only kind of rating that there can be in a system that's going to be fair to everyone in this country.

And the insurance companies, they obviously didn't want to take care of this woman's kid because they knew that the chance was she might have a recurrence of her leukemia, and they could see her sitting right there and know she had had the disease, so they said, that's a pre-existing condition. We don't want that family.

You can't let that happen when we write this national plan. It has to be written right here on the floor. They can't trust it to 50 States because some States will have a good insurance commissioner and some will have people who are not quite so publicly spirited.

And my view is that we have to make that decision, and I think the President will support us in that.

Mr. ELLISON. If the gentleman would yield again.

Mr. MCDERMOTT. Sure.

Mr. ELLISON. Forgive me for these questions, but at this same Web site,

which is feedback.progressivecongress.com, the question was posed, Will you, meaning the Congress, vote against a reform plan without a public option?

And then it goes on to say, a couple of months ago, Progressive Caucus made a promise to vote against any health care reform bill that does not include a strong public option. Health reform without a public option is no health reform at all. Will you continue to stand by your pledge to the American people to insist on a public option for health care by voting against any bill that does not include it?

And this question was asked by 1,434 people. And the first person to ask the question was Mike.

Mr. MCDERMOTT. Well, in my view, if we have a plan brought out on this floor without a public option in it, it is not universal coverage, because that means the insurance companies have won the whole game. And if they believe in the free enterprise system, then they believe in competition, and they ought to be able to compete with a government plan that's well done, and not given any special advantages, just the fact that it's going to be done without profit, so you're not going to be worrying about—insurance companies worry about profits for stockholders. The government doesn't worry about profits for stockholders. It worries about giving services to human beings. That's why the administrative costs in Medicare are so much less than those of an insurance company.

So I can't imagine myself voting for a plan that does not have a public option in it.

And I'll tell you one of the little tricks that people have to be watching for. In the part D in Medicare, which was the drug benefit, they said, well, if there aren't two plans in an area from the private sector, then they would go to a public option. Guess what? The industry went out there and got involved everywhere, mostly because we gave them such heavy subsidies that they could make a lot of money. So they said, yeah, we'll go in and treat, we'll deliver drugs to people in this country. And it was a false public option. It says public option in the bill, but they knew it would never happen because they subsidized the pharmaceutical industry to such an extent that it just never—they were making money so they stayed and did it, and we didn't need a public option.

Mr. ELLISON. Well, if the gentleman would yield, I want to get Congresswoman LEE involved in the conversation. We'll be right back with the gentleman in a moment because I know the gentleman has plenty more to go, the good doctor from Washington State.

But we do have with us Congresswoman BARBARA LEE, who is wearing a fabulous blue suit tonight, but more importantly than that, has been a fighter for people for so many years on so many issues; currently, the chairperson of the Congressional Black Caucus.

Congresswoman, give us your thoughts on the progressive vision for health care in America, the debate going on right now and all across America.

I'll yield to the gentlelady.

Ms. LEE of California. Thank you very much. I want to thank the gentleman for yielding, for his generous comments, and for your leadership.

And a couple of things I'd just like to say as I was listening to the discussion tonight.

First of all, and Doctor, Congressman MCDERMOTT, I'm very pleased and delighted that you laid out why a public option is necessary to reduce health care costs. That fact, I think, is often missed in this health care reform debate.

I personally think that single-payer—and I have to applaud Congressman CONYERS and all of those who are supporting H.R. 676.

Mr. MCDERMOTT. Me too.

Ms. LEE of California. That's where we should start. That's where we should start. And whether one agrees or disagrees with single-payer, that option has to be on the table for us to even move toward universal affordable health care for all. But I hope that we end up with single-payer.

And when you look at Medicare and when you look at single-payer, it works. It has worked for many of our veterans in terms of cost containment of medical costs. The VA is allowed to purchase pharmaceuticals and drugs at a price that is lower than on the open market, and so it just makes a lot of sense. So a public option is absolutely necessary, and I'm very proud of the fact that the Congressional Black Caucus has gone on record calling for a public option.

Also, let me just mention the importance of closing health care disparities. I was listening to Congresswoman WATSON earlier talking about that. When you look at the disproportionate rates, for example, of HIV and AIDS or of diabetes or of other diseases in communities of color and, of course, on top of that, we have the poor, and rural communities.

□ 2000

So, if we don't look at closing health care disparities and look at a strategy for that and at health care reform, we're going to end up with another two-tiered system. We will have health care reform for those who can afford it, but we'll have the millions of people who have historically had these disparities, because of the economics of their lives and because of the circumstances of their lives, who won't be included at all in any new health care reform effort.

I, personally, don't believe health care should be an industry. I mean profits should not be made off of sicknesses and illnesses. We should begin to understand that, as we keep health care as a profit motive only, we'll never have the type of system that's affordable and accessible for all.

Prevention: What is it? An ounce of prevention is worth a pound of cure. We have to focus on prevention in any health care reform. Many of us have ended up in emergency rooms with our families, and we see what happens in emergency rooms. Many people, especially in communities of color, end up going to emergency rooms for primary care or they go to emergency rooms when it's really too late and when they could have had some form of preventative treatment. So we have to look at prevention as key in this reform debate.

Also, community clinics: Community clinics provide access to the poor and to rural communities as well as to urban communities and to communities of color. So I hope, in any debate and in any health care reform we have, that community clinics become central in that effort.

Mental health care: Congressman MCDERMOTT, you are a psychiatrist by trade, by profession. I'm a clinical social worker. We've fought for years for mental health parity. Now mental health parity, thanks to Congressman PATRICK KENNEDY and to Senator KENNEDY, it's the law of the land. In any health care reform efforts, we have to include mental health as being as important as one's physical health.

So, Congressman ELLISON, I'm really pleased that you're continuing to beat the drum for the Progressive Caucus on the issue of health care reform. You are putting forth our vision of health care reform, which is really a vision that addresses the majority of Americans in our country. It actually affects all Americans and it impacts all Americans. So the progressive promise, which the Progressive Caucus laid out several years ago, is a promise for the entire country.

Tonight, once again, we're talking about that promise. Hopefully, that promise and that dream will be realized as we move forward and provide health care for all.

Mr. ELLISON. Will the gentlelady yield for a question?

Ms. LEE of California. Yes, I will yield.

Mr. ELLISON. The Progressive Congress.org asked for questions for the Progressive Caucus and for other progressive legislators on the issue of health care. Fifty-nine people want to know: What about the chronically ill?

There is a lot of talk about subsidizing ''those who can't afford it.'' What about subsidizing the chronically ill, who have to pay outrageous fees for minimal access? What will you do for them? Is it the sick who need health care subsidies, those who truly cannot afford it at any income level?

You mentioned HIV/AIDS. You mentioned other chronic illnesses. I wonder if the gentlelady has any views on that topic.

Ms. LEE of California. Sure. The chronically ill should be a priority in our health care reform effort. Unless one has health care insurance—which, of course, in any health care reform plan, one can maintain one's health insurance. So, if one has the insurance to cover chronic illness, that's great and that's fine. That coverage will be maintained. For the chronically ill who have run out of funds and who don't have any money and who don't know what to do next, we have to include the chronically ill in our health care reform package. We have to include long-term care and other types of provisions and policy initiatives for our senior citizens, for example, or for the disabled, who deserve long-term care. This has got to be covered. This is a must.

I believe the Progressive Caucus gets it, and I think the rest of the country gets it. So we have to make sure that this is part of our effort and of our legislation.

Mr. ELLISON. I thank the gentlelady for yielding back. I hope the gentlelady can hang on with us for a little while longer.

Mr. MCDERMOTT. Could I just say one thing?

Mr. ELLISON. Yes, the gentleman from Washington.

Mr. MCDERMOTT. Representative LEE raised the question of profits for insurance companies.

Between 2000 and 2007, the insurance companies profits in this country went from $2.4 billion to $12.9 billion.

Mr. ELLISON. If the gentleman would yield, would you repeat that?

Mr. MCDERMOTT. $2.4 billion to $12.9 billion. That's an increase of 428 percent.

Mr. ELLISON. Wow.

Mr. MCDERMOTT. Now, you're going to see ads on television saying, oh, this government option is the worst thing that has ever happened to this country and that we need to save the poor, struggling insurance companies. Just remember those figures.

The average collective salary of the executives, the CEOs, is $118 million. That's an average of $11.9 million a piece. If you're running an insurance company and you're making $11.9 million, what do you think your real interest is in taking care of people? Your interest is in getting as much money as you can. Give it to the stockholders and keep it for yourself. That's why we have to have a public option where the public good is the driver in what we try to do.

Mr. ELLISON. Will the gentleman yield for a moment?

Mr. MCDERMOTT. Yes.

Mr. ELLISON. In Minnesota, we have a health care company where a particular executive, who is no longer there, made $100 million every year. If he made $90 million one year, he'd have to chalk that up as a bad year for him. Here is my question:

If this hypothetical but real gentleman only made, say, $10 million a year—just $10 million a year—wouldn't there be at least another $80 million to $90 million a year just out of his salary alone to extend coverage to more people?

Mr. MCDERMOTT. Of course.

Mr. ELLISON. Would the gentleman or the gentlelady like to address this issue?

Mr. MCDERMOTT. I mean the answer is so obvious that I know you're not asking me a question, because it's clear that the money that people are paying in premiums is not going to pay for health care. It's going to pay for a whole lot of other things. That's why we want a strong public option that takes the money that people pay and has it pay for health care.

Mr. ELLISON. Would the gentlelady like to weigh in?

Ms. LEE of California. Health care is big business. It's profit-driven. It's big business such as any corporate entity in our country. In any health care reform package, we have to make sure that it is not the profit motive that's driving health care reform. All of us have instances where we know of either constituents or of family members who have to wait on an account executive to make a medical decision for them, and that account executive has to go back to the corporate officials to determine whether or not this individual will be allowed a certain medical treatment. That is wrong. It's really unethical. It's hard to believe that that is still happening in our own country.

Let me just say that I lived in England for 2 years, and I'm not saying there is any system that we need to look to as a model, but I have to just tell you that I lived in Great Britain. My first son was born in Great Britain. I've lived under a different health care system, and I know what that system provided, not only to British citizens but to me, and I was a U.S. citizen who was living there for 2 years. It was a system that was much further advanced than, I think, we have ever had in our own country.

I say that because there are other ways to do this, and we need to look to see what the best ways are in terms of health care systems throughout the world. It's being done differently, and people are benefiting in other countries, and we just need to know that there are other options.

Mr. ELLISON. Will the gentlelady yield just for a moment? I just want to ask you a question. I pose this question to both the Members of Congress who are with us tonight.

Aren't you talking about socialized medicine? Aren't we supposed to be scared of this?

I yield to the gentlelady.

Ms. LEE of California. Well, let me just say that, by any stretch of the imagination, I don't believe that England is a socialist country, and I'm not talking about socialized medicine. I know what ''socialized medicine'' is.

What I'm talking about is making sure of our values as American people, as people who care, the least of these being ''I am my brother's keeper;'' ''I am my sister's keeper.'' I'm talking about the most powerful, the most wealthy industrialized country in the world having 47 million people uninsured, and it's growing. There are 10 million more now as a result of this economic downturn that has resulted from these last 8 years of Bush's economic policy.

So come on. We have to begin to look at how we begin to reflect our values as Americans in this great democracy, and we have to begin to say that we're going to be concerned about everyone who deserves health care but who does not have health care. So, no, that's not socialized medicine. Trust me. I know what socialized medicine is, and I don't think anybody on this House floor would want to see our country enact a socialized medical system.

What we want is a universal, accessible, affordable health care system for all regardless of one's ability to pay, regardless of one's disability, regardless of preconditions, regardless of one's ethnicity, regardless of one's economic status. As long as people don't have the money to purchase a large health care policy, then they should at least be provided with a public option so they can live. This is about, you know, life. This is not about counting beans. This is about life and death issues.

Thank you.

Mr. ELLISON. If the gentlelady would yield back, I just want to pose a question to the gentleman from Washington, Congressman MCDERMOTT.

Before you make your point, could you just address this issue? I think, as we go through this debate, there will be people who will say that a public option is nothing but socialized medicine. In fact, I've heard this word ''socialist'' thrown around already in this Congress. What do you say to this?

I yield to the gentleman.

Mr. MCDERMOTT. Well, first of all, the American people would be offered a plan from the United States Congress. Yet, as the President has said, if you have insurance, you can stay right where you are. If you're satisfied with it, stay right there. Don't worry. You're not going to be made to do anything, but we are going to offer you a choice of a public option. Now, if you don't like what you're in now and you want to move over to the government program, you can do it.

That is not socialism. That is not forcing everybody to do the same thing. That's saying, if you want to stay where you are, fine, that's all right, but if we put together a good public option and it looks better to you, it's your free choice.

Mr. ELLISON. If the gentleman would yield for a moment, should Americans not be afraid of some of these terms that are tossed around? Is there nothing to fear? Is that what you're saying?

I yield to the gentleman.

Mr. MCDERMOTT. I'm saying that you're going to see a big campaign of

fear mongering, of trying to make people afraid by using all kinds of words. The fact is that they are simply deceptive in the worst sort of way when people are vulnerable and when they're sick. Then somebody tells them, ''Oh, you don't want that because—''

In 1993, there were some ads on there called ''Harry and Louise.'' They're sitting at the kitchen table, and Harry says to Louise, Do you know that the plan that Mrs. Clinton is putting together is going to take away your health care?

Well, that was simply to scare people, and people, since they weren't sure, decided they didn't like her plan, but we could have had this 15 years ago. We could have had a change in this country 15 years ago. Now we get a second chance. This time, the people are in much worse shape than they were then. Business wants it. Labor unions want it. Even doctors today who were sort of against Mrs. Clinton's plan now are saying, you know, you can't deal with insurance companies. So you've got a whole bunch of different people this time who are saying we need a public option that can make the system fairer and that can work for everybody in the country.

The people can choose. The American people are not stupid. They're not going to fall for this kind of advertising that they used the last time.

Mr. ELLISON. I thank the gentleman for yielding back. I'll yield to the gentlelady from California.

Ms. LEE of California. Yes. I would just like to say that the question has to be asked of the public:

Why would companies with big bucks run these advertising campaigns? It's to try to scare people. This money that's going to be put out there is very, very—I would say—wrong. Again, Congressman MCDERMOTT said that it's almost preying on the most vulnerable when they need help, when they need something. So it's sinister to mount that type of a campaign and to believe that any of us would want socialized medicine. It's a scare tactic. I think we all have seen this before.

I thank you, Mr. ELLISON, for having these Special Orders, because we've got to sound the alarm and beat the drum and let people know that no one is talking about socialized medicine.

□ 2015

I hope the country hears us loud and clear. No one is talking about socialized medicine. We're talking about affordable, accessible health care for all with choice as being central to that policy.

Mr. ELLISON. I thank the gentlelady.

Let me point out as we walk into this new round of debate in health care, there is a pretty well-accomplished Republican adviser and consultant who has come out to be heard on this issue. And the gentleman, Frank Luntz: ''Warns GOP Health Reform is Popular.'' This has been published. This is a headline. Mr. Luntz is telling his constituency that health reform is popular, and he's warning the GOP what they should do if they ever want to come out of the cold.

Dr. Frank Luntz, a top Republican consultant on the language of politics is warning the GOP that the American people want health care reform and that lawmakers need to avoid directly opposing President Barack Obama. ''You simply must be vocally and passionately on the side of reform,'' Luntz advises in a confidential 26-page report—I guess it's not so confidential now—obtained from Capitol Hill Republicans. ''The status quo is no longer acceptable if the dynamic becomes President Obama is on the side of reform and Republicans are against it. Then the battle is lost and every word in this document is useless.''

I think it's important to bring this out because we, of course, care about our Republican colleagues. We're all in the same body. And I think the advice to them is to avoid the fear stuff, because as Frank Luntz, a man who knows this stuff, has said, health reform is popular.

I wonder—I mean, do either one of the esteemed Members have any views? Is this health reform that is talked about all over the Nation, is it popular? Do people really want it, and does a politician who stands against reform run the risk of paying the price at the polls?

I offer the question to either Member.

Mr. MCDERMOTT. Well, you know, the Republicans didn't do anything in 8 years on this issue. Nothing. Not one more person was covered than was before. In fact, the number of uninsured went from 35 million to almost 50 million during the period that George Bush and his cohorts were running this place.

The American people in November of 2008 made a decision: we want change. We want something different. And President Barack Obama has offered the leadership and has said this is the way we ought to go and has laid it out and the Congress is working on it. Anybody who opposes this in the long run is going to be taking a real risk in the next election saying, Oh, I was against that because—because why? Because you wanted to give the insurance companies everything? Is that what it was you were after? Or is it because you don't think that we can make any changes in the system; the system is perfect?

One of the things I was going to quote for you, there is a man named Zeke Emanuel. He's the brother of our President's administrative assistant. He's the head of the department of clinical bioethics at the National Institutes of Health, and he says this: the U.S. health care system is considered a dysfunctional mess. Conventional wisdom has been turned on its head. If a politician declares that the United States has the best health care system in the world today, he or she looks clueless rather than patriotic or authoritative and they run the risk of opposing—if they oppose this, they are going to look like they are out to lunch.

And I think that's not a good situation to be in when you're running for re-election.

Ms. LEE of California. You can't tell me that the 47 million uninsured in our country are all in Democrats' districts. You can't tell me that it's only Democratic Members' constituents who are uninsured. The lack of health insurance is an equal opportunity destroyer. So just as with the economic recovery package, I said over and over again, people have lost their jobs not only in Democrats' districts but in Republican districts. And so the public wants health care reform. I don't care what party they're registered with and who represents them.

We have to also remember that given this economic downturn, the first reason for bankruptcies, the top of the list, health care. Health care. That's the reason people are filing bankruptcy. The first reason, the cost of health care.

Mr. ELLISON. Well, you've opened up an issue that I would like to explore for a moment, and that's an issue of cost and expense, how much is it costing. I think the gentleman from Washington already talked about the exorbitant expenditure. And this chart I have to the right—projected spending on health care as a percentage of gross domestic product—what this chart shows is that we are nearly approaching 50 percent of gross domestic product when you add up all of health care. This big shaded area, the light blue-gray area here is all other health care. This little thin slice is Medicaid, and this low slice down here is Medicare, which we all know is one of the most efficiently run health care systems that we have—by the way, a single-payer system.

And we've seen, as the percentage of GDP that if we add it all up, it's getting up to 50 percent. And my question is—and by 2082, it will be 50 percent. Here we are back here. It's been crouching up. And now we're in the realm of approaching 15, 14 percent. But if it keeps on growing, we will be paying 50 percent of our gross domestic product in health care by 2082, which, quite frankly, is not that long from now.

These numbers are going in the wrong direction.

I also want to bring up another chart very briefly. And this chart talks about net insurance program administrative costs as a percent of total spending. The fact is, if you look at Medicare, administrative costs are pretty low, about 5 percent or less. Medicaid, a little higher, 8 percent. Top five private companies, 17 percent. Small group, 29 percent. Individuals, 41 percent. Average private insurance, 14 percent.

My question is, can we continue to see administrative costs be so high?

When we talk about having an insurance program, what are the implications for the average citizen trying to get health care?

I yield to the gentleman.

Mr. MCDERMOTT. Let me give you just one figure out of that.

When we looked at that in 1993, the administrative costs were—we could save $140 billion by going to a single-payer system. The administrative costs in that system are totally out of control.

I'll give you another way to look at it, to really think about it. France has been judged to have the best health care system in the world by the World Health Organization. They spend one-half as much per person as we spend in the United States, and they have one doctor for every 430 people. And in the United States, we have one doctor for every 1,230 people.

Now, you can't tell me that the French are that much smarter than us, that they could figure out how to get the best health care system—we're rated 37 when you look at infant mortality and maternal mortality and longevity and morbidity for hypertension and for diabetes and all of these other things. We are not in the best health care system in the world despite of what we're spending.

Mr. ELLISON. But are we number one in any particular aspect?

Mr. MCDERMOTT. We're number one in how much money we spend.

And my view is there's plenty of money in this system if we were more efficient and had more primary care physicians. I put in a bill that would make medical school in public medical schools free. In exchange for that, a medical student coming out would serve 4 years in primary care in underserved areas or inner-city areas—areas where people are underserved, whether it's the urban or the rural area. And we would take the debt load off our students. That would cut down the costs of medical care in this country.

We can do some things that would be real game changers if we were to change. Right now, most medical students go through and go into a specialty because they have to pay off their debts. And we can stop that. There are a lot of ways we can cut costs if we start thinking about those issues.

Mr. ELLISON. I thank you.

If I could yield to the gentlelady from California

Ms. LEE of California. It doesn't take a rocket scientist to understand that the billions of dollars going for administrative cost that drive up the cost of health care is what I'm talking about when we're talking about the profit motive and the fact that there are big bucks being made in the health care industry. And that is what is driving up the cost of health care in many respects.

So we have to get to a system that allows for, yes, profits for those who want to make profits, for those who have those types of health care, you know, who can afford those types of health care premiums. But also we've got to have some fairness and some justice in this health care system for those who can't afford those kinds of plans.

And, in fact, single-payer, as Congressman MCDERMOTT said earlier, it's been shown that you drive down the cost of health care if you have single-payer. And I think the American people need to believe this and understand this, and if they just look at what you just showed us earlier in terms of the cost of health care and if you have a system that is fairer, then you will drive down those costs and then everyone will be able to afford health care. And that has nothing to do with running any company out of business. I support companies, the business sector, making money, making profits. I was a business owner for 11 years. So I get it. But I don't get how in the world can you do that at the disadvantage of 47 million-plus who are desperate for some kind of health care coverage.

So we have to deal with this quickly.

Mr. ELLISON. If I could ask the gentlelady a question. You just noted that you were a business owner for 11 years. How does a public option, single-payer impact small business people? Is this going to put them out of business as we've heard, the scare tactics and so forth? Or would this, perhaps, help them out?

Ms. LEE of California. I will tell you as a former small business owner, had we had single-payer, my business would have thrived a little more. Small businesses need help. Small businesses want to insure their employees because they know that a happy workforce, a workforce that has good benefits, good wages, decent wages, living wages, that's how productivity is ensured. When you have businesses that are struggling to survive because they can't afford the cost of health care, they need some help.

A single-payer system would help small businesses with their health care costs. And I have talked to many, many, many small businesses about health care reform, and many of them agree they need some help because they know that health care reform could drive their costs up and they don't want that, they don't need that. And we have to make sure that our small businesses are treated fairly and that the employees have health care coverage. And the single-payer system would certainly help small businesses move forward and insure their employees.

Mr. ELLISON. I thank the gentlelady for making that clear about small business because it is important that for people to know that we have this burgeoning coalition of people who want to see single-payer, at least want to see a public option. Clearly, we know that the forces of labor would like to see this public option and many of them call for single-payer. We know that the Chamber of Commerce has said we need health care reform. They may not be calling for single-payer, but some are. We know doctors are. But also as you pointed out, it's critical to know small business people would benefit from single-payer or at least a public option, which is critical.

And I just want to say, as we begin to wrap up the night, that the need for health care reform in a public plan is essential. Reform will alleviate the burden on families by lowering costs, ensuring timely access to affordable health care, making sure that everybody has access to preventative care to help keep people healthy so those people that you were referring to don't have to worry about their employees being sick and not coming to work. They got a plan so they're coming back to work every day.

And allowing workers to change jobs without worrying about losing health care. In this age of increasing unemployment, should a person lose their job and lose their health care? It's a scary prospect, and I suppose I pose that question to the gentlelady as well.

As you talk to your constituents and you walk around the City of Oakland and you're in the grocery store, and you're in the park and in the community meetings, what are you hearing about people's fears as it relates to how they might lose their job—I mean, lose their health care if they should happen to become unemployed?

□ 2030

Ms. LEE of California. You know, right now people are worried. First of all, in a country as great as ours; in a country that spends over $600 billion for defense, and more; in a country that spent close to a trillion dollars on wars that should not have been fought, it is a shame and disgrace that a person has to fear and worry about losing a job and health care. I can't understand this. I can't believe that our values are there.

I think that this is a debate that has ethical and moral dimensions for us as a people. And I can't imagine any Member on this House floor wanting to see a person lose a job, and then health care, and not want to do something about it immediately.

So I want to thank you for your leadership. I want to thank the Progressive Caucus for their leadership. And we're going to stick with this public option. We want disparities closed. We want community clinics, we want prevention. There's big, big pieces of this health care reform bill that we're insisting on.

Thank you, Mr. ELLISON.

Mr. ELLISON. Let me thank the gentlelady for yielding. That will close us out for the night.

HEALTH CARE IN AMERICA

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