

(Mrs. BACHMANN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

IN HONOR OF THE 2008 DETROIT RED WINGS AND THEIR STANLEY CUP CHAMPIONSHIP

(Mr. CONYERS asked and was given permission to address the House for 1 minute.)

Mr. CONYERS. Madam Speaker, it's with great pride that I rise today to congratulate our Detroit Red Wings on winning this year's National Hockey League championship. It has been 6 long years since the Red Wings have last brought the Stanley Cup back to Hockey Town, which is what we call Detroit in our good seasons, but their hard work and their hard-won victory on defeating the Penguins in six games is the epitome of teamwork at its absolute best. If ever a championship fits the personality of a community, this one does.

This team was about true sportsmanship and selflessness. Every Red Wing could vie for the Most Valuable Player award because each of them played with remarkable fortitude and consistency. Whether Detroit won because of the stepped up play of goalie Chris Osgood, the excellent leadership of the Captain Nicklas Lidstrom (the first European Captain to hoist the Stanley Cup), Henrik Zetterberg's post-season offense led the way (scoring 13 goals in the playoffs), or the tremendous Red Wings bench. They are a true model of what can be achieved with team work: Success.

I am particularly excited that the city of Detroit won this championship at this time. Madam Speaker, during the past few years the Metro Detroit area has lost tens of thousands of manufacturing jobs, some of which will never come back to this great city. The Detroit Red Wings winning this championship has brought back hope and a sense of optimism that Detroit desperately needs. The team's success exemplifies the strength and tenacity both of the Red Wings and of the great citizens of Detroit.

The moral of this championship is that you never now what you can achieve until you try. Go Red Wings.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to rule XXVIII, as a result of the adoption by the House and the Senate of the conference report on Senate Concurrent Resolution 70, House Joint Resolution 92, increasing the statutory limit on the public debt, has been engrossed and is deemed to have passed the House on June 5, 2008.

COVER THE UNINSURED WEEK

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 60 minutes as the designee of the majority leader.

Ms. BALDWIN. Madam Speaker, I rise tonight one month after our Nation recognized Cover the Uninsured Week to draw attention to a national crisis, and that is the crisis of the uninsured. This crisis affects all Americans, and so for the fifth straight year, I have reserved this hour to highlight the issue of the uninsured.

Madam Speaker, I believe that all Americans have a right to affordable and comprehensive health care. But unfortunately, according to the Census Bureau, 47 million Americans are without health insurance. Millions more encounter a health care system that is inadequate in meeting their basic medical needs because they are underinsured.

According to a recent Commonwealth Foundation study, there are 16 million Americans who are underinsured, meaning their insurance did not adequately protect them against catastrophic health care expenses. That means that 63 million Americans, or one-in-five Americans, have either no health insurance, have only sporadic coverage, or have health insurance coverage that leaves them exposed to high health care costs.

Additionally, even those with health care coverage are faced with rising health care costs. As our economy continues to falter and the price of food and gas rises, high health care costs are straining more and more family budgets. The lack of affordable comprehensive health care affects every congressional district in the Nation.

To highlight this issue and the real impact that is being—that being uninsured has on the lives of Americans, I have reserved this time to share some of the letters that I have read in my office from constituents who have had difficulty in obtaining and affording comprehensive health care coverage.

Too often here in Congress, we speak of health care issues and the antiseptic jargon of policymakers and lawyers. We talk about Medicare Part D and insurance risk pools, but people across America are hurting. And these letters tell their stories in their own words.

I represent a district in south-central Wisconsin, and while the letters I read may be from Wisconsinites, they speak to the difficulties that people all over America face every day.

I'm going to start with a few letters about the ever-increasing price of health care.

Vickie in Beloit, Wisconsin, writes, "I am a 51-year-old woman, and was recently in the hospital. I have no insurance and my bill was almost \$22,000. I was unconscious when I was taken there by ambulance, so I didn't know they were going to run all of these tests which were going to be the biggest part of my bill. I really have no idea how I'm going to pay this. I inquired about health insurance about 6 months ago, and it was over \$700 a month."

Ross in Wisconsin Dells, Wisconsin, writes to me, "I am 78 years old. My

wife is 82. We have Medicare part A, B, and D and supplemental insurance. There is so much that is not covered that we spend ALL our Social Security on medical costs and stuff that Medicare doesn't cover, like hearing aids and dental bills. If we didn't have some income besides our Social Security, we would both be in a nursing home, but I am not sick."

Michael in Poynette, Wisconsin, writes that "I am a Federal employee and a member of the Wisconsin Air National Guard. This past year we were granted a wage increase of roughly 2.3 percent. At the same time, the cost of our Federal Employee Health Benefit Plan benefit increased by up to 44 percent. Along with this, many of the copays also increased. This has put a tremendous strain on my colleagues in the Wisconsin Air National Guard, many who have been deployed three or more times in support of operations throughout the Middle East region."

Ed in Monroe, Wisconsin, writes, "My wife and I live in the gap. Between our Social Security and the disability policy she had, we get too much money to qualify for help, but not enough to really get by. With the donut hole in Medicare D, we would only be able to get my wife's meds for three months if it were not for samples provided by her doctors. Four out of her 10 meds would take 65 percent of our total income if it were not for the help of that doctor. I live with chronic pain because of a cancer treatment, but as the years go by, it helps less and I have other medical problems that are gradually getting worse. I have a wife and a son that I have to take care of because neither can do it all for themselves. I am the one who battles with Social Security and the insurance companies. I have to deal with problems that arise with their medications, their finances and many day-to-day things. Every time I hear a politician talk about cutting Medicare and other programs for the elderly and disabled, it scares me to death because I am just hanging on by a thread."

Glen in Wisconsin Dells, Wisconsin, writes, "My wife and I are retired and are on Medicare and supplemental insurance with drug coverage through my former employer. Our monthly cost for both is about \$1,050 a month. With next year's increase, it will take my whole monthly pension to pay for our health insurance. It's like an adjustable rate mortgage that only increases."

Sue in Beloit, Wisconsin, writes, "My husband was diagnosed with lung cancer. After treatment began, we found out that the insurance company had a small loophole for the treatment of cancer. Under our insurance, they have a \$13,000 limit per year on radiation and chemotherapy. That amount did not even cover the first treatment of either radiation or chemo. I was not going to have my husband die for lack of treatment, so we started to use our savings and available credit to pay for

medical expenses. My husband later died. After having completely depleted our savings and facing insurmountable credit card debt, I had no choice but to file bankruptcy last year.”

□ 1700

Michelle in Middleton writes: “My sister had been diagnosed with a possible brain tumor. She has a job with minimal pay and minimal insurance. It pays for the first \$1,000 of medical costs per year and then the patient is to pay the next \$5,000 before it kicks in again. She cannot afford this. She has already incurred the \$1,000 of cost and bills are piling up. She has no idea how she will ever pay for all of the medical care she has needed and the stress is huge. Medical care should be a right of all. We all pay if prevention and early intervention don’t happen.”

Michelle brings up an important point in her letter because people without comprehensive health insurance are often not getting the care that they desperately need. A recent study released by the Robert Wood Johnson Foundation found that cost prevented 41.1 percent of uninsured adults from seeing a doctor that they needed to see.

Madam Speaker, I’d like to next focus on the connection between employment and health care. Only about 40 percent of businesses who employ low-wage or part-time workers offer health benefits. And at \$11,480 per year, the average family’s health insurance premium now costs more than a minimum-wage worker makes in a whole year.

And as we all know, the costs of health care are rising far faster than inflation. Between 2000 and 2006, health premiums for employer-sponsored insurance jumped 87 percent, far outpacing inflation’s 18 percent overall increase over the same period of time.

Many of my constituents feel trapped. Either they cannot find jobs that offer good health care benefits, or they do have jobs that offer health insurance but they feel that they can’t leave those jobs for fear of losing that health insurance.

Lisa in Beloit, Wisconsin, writes me. She says: “My husband and I have been without insurance on and off for the last 8 months. My husband is diabetic and his insulin can run up to \$500 a month, not to mention all the other medications he takes. Thank God for the VA and their assistance. So we are managing with his health issues, but I have not had any well-woman check-ups in a long time because I either had no insurance or the work I was doing, I couldn’t get any time off to go to a doctor. I have made quite a few job changes in the last year to find the right fit for me, and I feel that I have finally found one, but my concern is that why do we have to suffer health-wise? Why do I have to rely on employers for benefits and be at their mercy, employment-wise, in order to obtain health care?”

Carolyn from Madison, Wisconsin, writes: “In 2002, I left my full-time job

to pursue my dream of having my own business. Unable to afford COBRA, I looked around for affordable insurance with a high deductible. Imagine my surprise when five companies turned me down because of my controlled hypertension and 30 pounds overweight. I struggled for over a year, paying \$150 a month for medication at the pharmacy. I developed extremely painful neuropathy in my feet and was unable to seek medical treatment for the condition because I had no insurance. So I just suffered, and I do mean suffered. After more than a year of endless suffering, I had no choice but to take a part-time job driving a school bus so that I could get health insurance. Eventually I had to give up my business because I no longer had the strength or energy to handle a growing business as well as a part-time job.”

Frank in Madison, Wisconsin, writes: “I’m a 42-year-old male who has diabetes. I cannot get private health care coverage due to my illness. Two years ago, I stepped out of a corporate job to start my own business to fulfill a dream. I was not prepared for the fact that I would not be able to purchase a private health care policy for myself, due to my preexisting condition of diabetes. After 2 years of self-employment and lack of adequate health care coverage, I have no choice but to let go of my dream to own my own business and go back to working for a corporation so I can again receive health care coverage.”

Bonnie in Janesville, Wisconsin, wrote: “I have, for years, had to be the one in our household, to maintain health insurance because my husband is self-employed. I could not take just any job I wanted. It was so nice when he turned 65 and was able to get Medicare. I was able to take a job that offered a plan for just singles. Since starting this job, I have had significant health issues. I have tried to keep working because I will be unable to find insurance and I can’t afford the COBRA payments. I realize that there are people worse off. But I find it so difficult some days to have to come to work; if I work part-time, I would have no insurance to cover my health expenses.”

Madam Speaker, the high cost of health care affects employers as well as employees.

Greg in Verona, who owns a small business, wrote me recently. He writes: “Since 1998, we’ve been providing health care to our employees. Every year, we’ve had double-digit increases in our costs. This year, the insurance company has informed us that we’ll be paying 42 percent more next year, which will lead to one of several eventualities:

“1. We’ll have to reduce what we cover as a benefit for our employees and hopefully retain them. Reality is, many will leave and we’ll have trouble replacing them.

“2. We’ll eat the increase but offer no employee raises for the next 3 years.

“3. We’ll raise our prices and force customers to look elsewhere for the services that we currently provide them.

“The very real possibility is we’ll end up with some element of all of the scenarios and end up not being able to keep the doors open. Very scary thought when one considers that my business has been around for 55 years.”

Madam Speaker, I also get many letters from constituents who are nearing 65 but are not yet eligible for Medicare. I’d like to share some of their stories with you, too.

Daniel in Madison, Wisconsin, writes: “I am close to 57 and the combination of my disability and age are making work more difficult all the time. I have been thinking about retirement, but I found that if I do retire, I would lose my medical assistance that I count on for my medical needs. This is due to the fact that I would receive a small State pension. Pensions are considered unearned income, even though the pension was part of our compensation for working. One cannot have any unearned income and receive medical assistance. This seems very unfair. People with disabilities have a difficult time getting employed if they need benefits. Now I find it’s just as hard to stop working and retain the needed medical benefits.”

Marilyn in Oregon, Wisconsin, writes: “Tammy, I am writing you this e-mail to let you know how frustrated I am with the health insurance coverage in this country, especially for people over 50. I recently lost my job. I did not reach my retirement age. I was only 2 years away. My husband and I have had to use our life savings to pay \$700 a month for health insurance. I just received a letter that the premium is going to go up next year \$60 a month. My only choice is to cancel, since we have used up almost all of our savings. My husband and I do not know what to do for health insurance anymore.”

Charlotte in Baraboo, Wisconsin, writes: “I am 54 years old and work 40 hours a week. A lot of jobs in our area have health care but might as well not offer any. It is really bad insurance. I know a lot of people in their 50s that have health problems that make it very hard for them to continue working, but they have to in order to have insurance for their health problems. Many of them would like to retire.”

Madam Speaker, simply put, our health care system is failing and America knows this. Among the thousands of letters regarding health care that I receive, there is a common thread, a common theme that binds them together; and that common theme is an overwhelming frustration with a system they know just is not working and a call for those of us in Congress to take action.

Here are some more stories. Michael in Burlington, Wisconsin, writes: “My late daughter was diagnosed with lymphangiomatosis and Gorham’s vanishing bone disease in March 2005. We

found out how much a child with a terminal illness costs a person. My wife and I used every amount of credit and refinanced our house three times just to take care of her. Since her death, the bills mounted so bad that now we will have to file bankruptcy and we have already been foreclosed on our home.

"Secondly, my wife was born with a hole in her heart. In 1972, the doctors repaired the hole. In doing so, through the blood transfusion they gave her hepatitis C. Now she is preexisting at 37 and can't get life insurance and has been repeatedly denied health care coverage. Her mental breakdown because of the death of our daughter left the insurance companies another reason not to let her have health care. This needs to change."

Sherry in Lake Delton, Wisconsin, writes: "I live in a place where most jobs are low quality and low paying and don't offer health insurance benefits. I have had jobs on occasion that have offered insurance, but they have never lasted due to the fact that this area prefers to believe that you are not entitled to a life if you work here. In 1995, I gave birth to my first and only child. In my quest to find employment that would allow me to afford raising my child and pay enough for me to support her without working 18 hours a day, I met my future husband. I was employed when I sustained a work injury that went through on workman's comp. I was left with an injury that was never addressed and bills that workman's comp refused to pay. This injury has prevented me from even applying for better jobs, as the physical pain prevents me from performing many tasks that I have done in the past. My inability to bring a decent income to our home has created major stress on my husband. My marriage is falling apart daily due to health problems and my inability to support my husband. I tried to apply for Badger Care, Wisconsin's Medicaid program, and was told that we slightly exceeded the limits for a family of three, but if I was willing to leave my marriage and my home, that they would be more than happy to give me everything that was available. This just doesn't make any sense."

Cindy from Fitchburg, Wisconsin, writes: "I was in a motorcycle accident in Wyoming in 2004. The driver lost control on a gravel road. I ended up on the bottom of a mountain. I was found unconscious and covered in blood. Unfortunately, the people I was with didn't take me to a hospital. It wasn't until I was driven back to Wisconsin that I was taken to a hospital. When I did go to the hospital, doctors told me I should have died."

"My company where I worked had been sold just prior to this trip to Wyoming. I was supposed to start a new job when I returned. During that transition, I had just a few months without health insurance. I could not afford COBRA at \$426 a month along with rent.

"The ER in Wisconsin did a CAT scan and recommended that I follow up with my doctor. At this point, I had problems talking, walking, and was in a great deal of pain. I had to give up my apartment and move in with a friend. I was able to continue my health care with COBRA paying for it with my unemployment. But once my unemployment ended so did my ability to pay for health insurance. My savings and 401(k) are all gone.

"My condition worsened without medical treatment. I had tried to get medical assistance, but was refused because I have no dependents and have not been diagnosed as terminal. I had applied for SSDI, which now takes 2 to 3 years for approval.

"I have been left with no income, unable to work, no insurance, and no home. The doctors told me that it may be possible for me to work again, if I can resume my medical treatments. As of now, I have no chance.

□ 1715

"With private health insurance or universal health care, I may have been taken to the hospital the night of the accident instead of being left to die. I would have gotten the treatment needed to prevent my brain from swelling, which caused further damage I may not have had today.

"If there were a mandatory law that people had to carry vehicle insurance, it might have also helped. If SSDI didn't have a 2 or 3-year waiting list, I may be able to get the health care and finances now for me to get better and return to work. If there were some dollars set aside for people without insurance, would my GP have helped?"

"This can happen to anyone at any time. I was a homeowner, I had a professional career, and now I'm left without any help. I thought the United States was the richest Nation in the world. How can a human being be discarded?"

Julie from Beloit, Wisconsin writes, "I was just notified that my insurance company will be raising my house insurance by nearly \$100 per year solely based on my credit report. Eight years ago, I had a sterling credit report; in fact, I was able to get a very low interest loan for the house that I bought because of it. Five years ago, I had a medical emergency which caused me to default on two credit cards and to create medical bills I have no hope of ever repaying. I had the choice between buying bandages and ointments, which are not covered by my insurance, for my legs or making my monthly credit card payments. I chose life. For as my doctors told me, I would have eventually lost my legs, if not my life, if I had not sought treatment.

"I know it's legal for insurance companies to do this just as it is legal for businesses to do a credit report on potential employees, but that doesn't mean it's right. I can see the point, to some extent, if poor credit rating were caused by irresponsibility. What I do

not get is why people whose sole financial error was to have a health care crisis should be penalized for it.

"It does not take a rocket scientist to see that this will affect the poor, the elderly, and the disabled the most, who are often already either underinsured or uninsured. As for me, I will have to raise my deductible substantially and seriously consider filing for bankruptcy in the hopes of eventually improving my credit rating."

Eva from Madison, Wisconsin writes, "I am contacting you in regards to my desperate need for public health care. I am a grad student. I recently sprained my ankle playing soccer and had to go to the emergency room for x-rays. My bill came out to \$1,242.50 because I can only afford a measly insurance that has only catastrophic coverage. This is a ridiculous amount of money for such a visit, and it causes me to consider those less fortunate than me who have even more serious injuries and less familial support. This cost can truly make waves in the lives of people."

Suzanne from Stoughton, Wisconsin writes, "It is time to have the government deal with health care. We are covered under COBRA, which will run out in March. The cost is going from \$500 per month to \$900 per month. We checked with Blue Cross, and they refused us coverage because of a pre-existing condition. They will not even offer a waiver for this preexisting condition. We checked with the Wisconsin State Insurance Program, which will cover us for \$1,200 a month. Please let people over 60 buy into Medicare. It is impossible to find a job that offers health insurance."

Silvia from Fitchburg, Wisconsin shared her story with me. Silvia was uninsured when she was hospitalized with the need for an appendectomy. Even after the hospital charity program reduced her bill, she still owed over \$11,000 to the hospital. Sometimes bill collectors call her at home five times per day. Silvia chips away at the bills, sending \$20 or \$50 a month.

Roberta from Janesville, Wisconsin writes, "I think the insurance bills for both medical and dental are horrendous. Both my husband and I work full-time with two small children, living paycheck to paycheck. My insurance costs have caused us many heartaches, with us owing more money than what needs to be paid. As a result, I will not get a needed medical procedure done.

"Something drastically needs to change in the United States of America where hardworking individuals and families can get the treatment they need without going broke."

Patricia from Madison, Wisconsin writes, "We need to fix health care. I have to choose between food, heat and medications. I have lost 80 pounds because of this. Please help."

Heather from Waterloo, Wisconsin writes, "I am married. And together with my husband I own a home. We live a modest, middle class life, managing to always have what we need, except

health care. My husband has excellent health care at his job, but for me to also be covered by his plan we would need to pay nearly \$400 per month. That is two-thirds as much as our home mortgage.

"Through school, I have worked less and less in order to maintain health coverage. I have only been able to afford short-term major medical coverage. I am grateful that we can afford this, but it does make a difference. Even now, if I have a sore throat, I will wait a few days to see how I feel. I will wait because if I don't need to go, I certainly need to save the money. This is disturbing to me as a nursing student because I know the importance of early treatment and prevention. And it's upsetting to me as a person because I value my health. It's unacceptable to me as a citizen because I know there are other people just like me who wait and get sicker or can't take the medications that they need."

Brad from Mount Horeb, Wisconsin writes me, "I write you today to urge you to take action on a growing crisis in America, health care. I strongly believe that we need a national health care plan to insure all Americans.

"My major concern with the current system is when people attempt to obtain health insurance, insurance companies refuse them because of past health history. Let's face it, insurance companies are in business to make a profit. The best way to make a profit is to ensure the healthy so that you can minimize the claims you pay out, and not insure those who need medical care or who may potentially need medical care.

"I am 38 years old with a family of four. I currently participate in a health savings account. For all practical purposes, I pay for all of my own medical needs, including the recent birth of our daughter.

"I recently attempted to switch insurance providers. The insurance companies will insure me, but they will not insure my daughter for any type of treatment for her asthma for 3 years, along with no drug coverage for life. The policy I was requesting had a \$10,000 deductible, yet they still refused coverage."

Lisa from Madison writes, "I'm a very healthy person, and my husband and children are very healthy. We cannot get insurance. I think everyone should attempt to get an individual health insurance policy just to see how impossible it is. I'm not a risk, really, I am not. I am terrified right now because we are uninsured."

Carol from Madison, Wisconsin writes, "As someone who has had no health insurance at all for 3 years, I can tell you that it was pretty miserable being one of the millions of people in this country without health insurance. Not long ago, my best friend died at age 42 because of ovarian cancer because she did not have health insurance and waited too long to see what was causing all of her symptoms. Yes,

people in America actually die from not having health insurance."

Darla from Fitchburg, Wisconsin wrote, "I lost my job because of unpredictable attendance due to my health issues. Upon losing my job, I signed up for COBRA. Last week I received a letter indicating my COBRA eligibility ends soon. In order for me to get health coverage, I would have to work at least 20 hours per week. My physicians believe that would do me more harm than good relating to my health issues.

"If I do not get some kind of health insurance, I will need to stop all treatments, and I have no money to pay for doctor services. My prescription drugs will have to stop, as I will not be able to pay for them either. What can I do?"

Kimberly from Madison writes, "I'm writing today because of my family's frustration and anxiety over health care. Although we hear a lot of rhetoric about making health care more affordable and/or more available for Americans, nothing is happening, at least not soon enough.

"My husband recently started his own business. Obviously it will take some time for his company to see any profits, much less income. In the meantime, we are without health insurance. I am 5 months pregnant, and we have a 2-year-old son. Because of my pre-existing condition, we cannot buy affordable health coverage. COBRA would cost us \$1,200 per month. I am currently applying for Medicaid and other forms of public assistance as a last resort. This is ridiculous.

"As someone with no insurance, I wonder what could possibly be the problem with implementing a public health care system. Oh, I have heard the horror stories about having fewer choices in doctors, longer waiting lists for procedures, and less incentive among doctors and researchers to develop new techniques. But what's most frightening to me is the chance that my son might get sick or my baby might be born with expensive complications while we are uninsured.

"I am not naive. I know that funding public health care is an issue. But is it wise to sacrifice the health and well-being of American citizens to avoid the challenge of implementing a change? I, for one, would be satisfied to pay more for goods and services if I could rest assured that my family's basic health care needs were being met."

David from Cross Plains, Wisconsin writes, "My wife and I have been self-employed for over 18 years and have paid thousands of dollars for health insurance premiums. As of a few months ago, we had to drop out and are now without health insurance. The cost is completely out of reach; in fact, it's nuts. Now that I am 50 years old, it's not a matter of if I will ever have health problems, it's when. Tammy, we will lose everything we have ever worked for. So much for the American Dream. Now we look forward to dying broke and possibly homeless."

Victor from Stoughton, Wisconsin writes, "My wife can only work part-

time because of her health. Her employer offers a generic policy that costs \$3.97 a week and requires no background check. This policy covers basically nothing. Medical supplies, check-ups, doctors visits necessary on a routine basis for my wife to survive are now not covered. My wife is uninsurable because of her health, and we have been turned down for health insurance that we have applied for. We cannot believe that this is happening to us."

Ronald from Deerfield, Wisconsin writes, "I was on COBRA insurance for 3 years, which ended this past fall. I spent from March until September trying to get private insurance, but could not because of my neck injury. I was, in effect, looked at and dismissed by 33 private insurance companies because of my preexisting condition with my neck injury. Just imagine how you would feel after being dismissed by this many companies. I was finally insured through disability and Medicare. The sad reality of it is that if I want to try to work full-time again, I cannot, because in doing so, it would cost me the only insurance option I have left.

"The truth is that many other countries can and do provide equitable health insurance to all of their citizens no matter what preexisting conditions they have or their ability to pay or what income level they have. I believe this country does have top-notch medical facilities, but not decent or equitable insurance for poor and middle-income families."

□ 1730

Susan, from Baraboo, Wisconsin, writes, "I'm writing you today regarding health insurance coverage for single people with no children. As of this time, I feel that I am left out of the loop in regards to this topic. I am 42, and last September, I was diagnosed with breast cancer. In January of this year, the company that I worked for informed us that they would be closing down. I was laid off in December while I was out due to my cancer treatments. I have been searching for health care everywhere because my COBRA will be going up, and I am on unemployment and am barely able to pay the \$244.76 for the coverage now. I cannot get insurance because of the breast cancer. The high-risk insurance program in Wisconsin is too expensive for me to get coverage since they want 4 months of premiums up front, and they only cover some things. What are single people supposed to do? We don't qualify for any government assistance because we are single. We cannot go without insurance. There are no programs to help us out. So, when you are working on health care in the House of Representatives, please remember that there are other single people out there also in my shoes. I am at a crossroad because I have no avenue for assistance when it comes to health care. Come November, I will be unable to get coverage when I need it at this point in my life."

Janet from Portage, Wisconsin writes, "I have a 53-year-old brother

who has psoriasis all over his body and arthritis that is caused by this. Three weeks ago, he fell and needs surgery on his shoulder to repair it. He has no job, no money and no insurance. We started looking for a program to help him. There are none that we can find. There is nothing to help him get his shoulder fixed, but after it heals wrong and he is disabled because of it, then there are programs to help him. They will not help get it fixed so he could find a good job. Instead, they would rather support him for the rest of his life instead of trying to help him now."

Gail from Janesville writes, "My husband recently lost his job. He applied for over 100 positions only to be told that he lacked a college degree or he is overqualified or they can only pay \$8 an hour. I was diagnosed with breast cancer in June of 1998 and again in 2003. I have gone through breast cancer twice and have undergone a mastectomy and reconstructive surgery. COBRA has run out, and without a stable income, we cannot afford to pay the premiums of our own health care policy. My husband is 59 years old, and I am 58, and we have no medical coverage. I have looked at every insurance company and get turned down because of my medical history. All our lives we have paid into these insurance companies only to be turned away when we need coverage the most."

Lastly, Madam Speaker, I want to relay a story that was shared with me by Laurie, a fourth grade teacher in Madison, Wisconsin. Laurie recently had a student fall during recess and break his foot. Laurie writes me.

"As he was waiting in extreme pain and cold for the school nurse to get to him, he cried to an assistant, waiting with him, 'I can't go to the doctor. We don't have insurance.'" That a 9- or 10-year-old child should even think something like this is an atrocity.

Madam Speaker, I hope that my colleagues will join me in recognizing that obtaining comprehensive, affordable health care presents a very real challenge for millions and millions of Americans. We can not turn a deaf ear on our constituents' pleas for help. I invite my colleagues to join me in working on this most pressing domestic priority—to provide quality, affordable health care for all Americans.

Thank you, Madam Speaker. I yield back my remaining time.

AMERICAN ENERGY INDEPENDENCE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Utah (Mr. BISHOP) is recognized for 60 minutes as the designee of the minority leader.

Mr. BISHOP of Utah. Madam Speaker, I appreciate the recognition and the opportunity to say a few words on the topic that has been talked about here on the floor repeatedly as well as by our constituents on almost a daily basis.

For those of you who may not have heard it originally earlier this morning, I want to harken back once again to that old movie, "The Natural." As you will remember, the fictional team—the New York Knights—in an effort to try and stop their losing streak, brought in a psychologist to speak to them, to the team.

As he was sitting there, talking to them, he simply said, "The mind is a strange thing, men."

We must begin by asking what is "losing." "Losing" is a disease as contagious as syphilis. "Losing" is a disease as contagious as the Bubonic plague, attacking one but infecting all. Now, imagine, if you will, you're on a ship at sea on a vast ocean, gently rocking, gently rocking, gently rocking, gently rocking.

At that stage, Roy Hobbs, not being able to take it anymore, realizing the possibility that actually winning a game has nothing to do with talking to a psychologist or to a psychiatrist at the team meeting but that it has everything to do with performance on the field, just bolted out of the room and ran up there because he couldn't take it anymore.

What Roy Hobbs realized is, if you are going to be successful, it has got to take action. You have to do something. There are too many people on this floor who have been talking and talking about energy. There are too many people who have tried to find scapegoats to blame for the energy situation we are in. They blame Big Oil. They tell you we're in an energy bubble of some kind. Yesterday, someone even suggested that Enron was the reason. The only thing we have done under the auspices of the majority party so far here is allow attorneys to go and sue OPEC countries so they'll give us more oil. Now, that is like talking to them and simply saying, "Lack of energy is a disease."

Imagine you're on a ship, on a vast ocean of oil, gently rocking, gently rocking, but are not doing anything to get the job done. Indeed, if we continue on that pattern, we can be living in reality the words of the book, which are simply "how we get along by freezing in the dark."

See, what Roy Hobbs understood in the movie was that, if you want to win, you don't get there by talking about it. You have to get out and do something. He went out on the field; he was given a chance to play, and he pounded the crap out of the ball. In so doing, he was able to be successful, and the New York Knights started to win, to win more than they ever had again.

One of the things this party is talking about is, if given the chance to play one more time on the field, we will go out there, and we will do things. We will promote action. We will not be satisfied with simply the psychology of saying, "We will freeze in the dark and accept it and be happy about it." We will produce energy to eliminate the need for the consumption. Because you

see? It is, indeed, an attitude. Our attitude should be that we are not accepting the status quo and that we are not going to be satisfied until we have a new goal in this country, which is to be energy-secure and energy-independent. That has to be our goal and that we are going to do things now to do it.

I hate to say this, but I am one of those who strongly supports American energy production. There was a time, if you actually admitted that in public, it was kind of like you're in favor of drowning kittens, but with gasoline's now costing \$4 a gallon and being likely to rise, people's attitudes have now been changing. Some people used to say, if you were for American energy production, you were merely a shill for Big Oil. Unfortunately, there are still people who are saying that, but that's not the reality.

Who I am fighting for are the people who are being impacted by our energy crisis. I am fighting for the thousands of natural gas users in my home State of Utah who are going to be asked to pay next winter to heat their homes at an increased cost of around 36 percent. It will be the largest increase in their ability to heat their homes in the history of this country.

I am fighting for 1,100 citizens who lost their jobs last week and for the countless others who are going to pay increased ticket prices with the airlines because United Airlines announced it was cutting 1,100 jobs and was removing 100 airplanes from its fleet because it could not contain the spiraling oil fuel prices.

I am fighting for an Ethiopian-born, Washington, D.C. cab driver who for the first time since his kids started school was unable to greet them when they came home from school because, every day, he now has to work 2 hours longer just to make the same daily income he was making before this energy, gas price spiked.

I am fighting for people like Christine of Utah, who is actually selling her plasma now to make ends meet with this high-energy demand.

I am fighting for dozens of citizens in my State who are reportedly selling their jewelry, electronics—even one gold tooth—in order to cover the high cost of gasoline.

I am fighting for a young father in Virginia who was not able to attend his father-and-son outing last month because the cost of the gasoline to go there was too excessive.

I am fighting for the students in Nevada's Clark County School District who are facing a 62 percent budget overrun solely because of the amount of gas it takes to run the school buses in that county's district.

I am fighting for citizens in my home State who choose to risk imprisonment in order to fill up their tanks. One Utah minivan and truck driver, a minivan and truck that belong to the Alpine Medical Equipment Company, had his gas tank drilled, and the sole motive was to steal the gas in his tank.