

remembered at Placer High School as an extraordinary athlete. He did his school so proud on the football field that they retired his helmet when he graduated. He was one of those big, hulking kids who stand up for whoever's being picked on.

I spoke with his wife and with his mother today and they both told me exactly the same thing: that he was first and foremost a family man, willing to do anything for his family and for his friends and for his country.

He joined the Army just 3 years ago. He'd already risen to the rank of sergeant and carried a chest of ribbons, including the Bronze Star. Perhaps the most eloquent testimonies to his service are the remembrances from younger soldiers that he'd taken under his wing to help. In fact, that was his next assignment, to come back to the States and help his returning comrades.

His football coach, Mark Sabins, remembered seeing him back home last year after the first tour of duty in Iraq and tells how excited he was to be marrying a remarkable young lady, Olivia, and how energized he was about his work in the Army and his plans for a family and how he looked forward to a full and promising life ahead.

Instead, Joshua Hardt will return home tomorrow for the last time. His family and friends will come to mourn him and to honor him and to remember him. His community will hold him up as an example of all that is heroic and virtuous. His Nation will record his name onto its most hallowed rolls that he never be forgotten.

Centuries from now, flags will be placed on his grave every year as future generations gather to consider the cost of their freedom. And perhaps in Kamdesh, Afghanistan, they will gather around a monument where Outpost Keating once stood and give thanks for the men who paid everything to purchase for them so celestial an article as freedom.

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

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

SUPPORTING 287(g)

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

Mr. BOOZMAN. Mr. Speaker, I rise today to express my support and the support of Arkansas' Third District residents for the 287(g) program.

Two years ago, Benton and Washington County Sheriff's Departments and the cities of Rogers and Springdale sent 19 northwest Arkansas officers and deputies for training in the identification and possible detainment of illegal immigrant offenders they encoun-

ter during their regular daily law enforcement activities. I thank Rogers' Mayor Steve Womack in being a driving force behind this task force. His leadership has been instrumental in cracking down on illegal immigrants in northwest Arkansas.

Thanks to these law enforcement personnel, more than 1,500 illegal aliens have been arrested and have or are in the process of being deported in northwest Arkansas. 287(g) has a proven track record of success nationwide. According to Immigration and Customs Enforcement Agency, since January of 2007, the program is credited with identifying more than 100,000 potentially removable aliens, mostly at local jails. The numbers tell the story. 287(g) is an effective program, and that is why I'm a champion for it.

This week, I signed a letter to President Obama showing my support for the 287(g) program and asking that the funding be continued. I believe that Federal, State, and local cooperation is key to combating illegal immigration, and continuing the 287(g) program is a commonsense solution.

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

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

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

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

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

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

THE PROGRESSIVE CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the majority leader.

Mr. ELLISON. Mr. Speaker, my name is KEITH ELLISON, and I'm a Congressman from the great State of Minnesota, and I'm honored to claim this Special Order, this 1 hour, for the Progressive Caucus to talk about the values of Progressive ideals, the values associated with a progressive America in which people are included and which we believe in generosity, where we believe in valuing people, where we believe in civil rights, care for the Earth and creation, where we care about liv-

ing in a world in which middle class people, working people, the hard-working people of America and the world can have a prosperous life and where people can do well.

The Progressive Caucus, designed and approved and coming together to signal to the American people that in Congress there is a body of Members of the Congress who are willing to stand up for the values that have made America great, values such as workers' rights, such as the weekend, such as the 5-day week, such as work and safety laws, such as worker's compensation, such as Social Security.

□ 1745

These are all progressive steps forward, such as civil rights, women's rights, gay rights, such as the respect for all religious groups and religious tolerance in our country.

Recently, Mr. Speaker, our focus has been on health care because health care is such an essential component of what it means to be a middle class American trying to put food on the table for your family. Health care, if we can correct health care, the disparities in health care, the cost increases in health care, if we can correct health care 60 years in the making, we can improve the quality of life for all Americans and thereby enact a piece of legislation that is on the order of the 1964 Civil Rights Act, the 1965 Voting Rights Act, the passage of the Medicare bill, which helped millions of seniors all around our country live a life of quality, and ended seniors who lived a life of poverty and of insecurity.

This bill, which is right within our grasp at this time, we are so happy to be able to step forward. And I just want to let you know, Mr. Speaker, that it's an honor to be joined by such a courageous Congressperson as Congresswoman DIANE WATSON from the great State of California, who for years and years has been sticking up for progressive values, never backing down, always there for the American middle class and working class people.

So we are going to talk a little health care tonight. I am going to yield to the gentelady to make a few introductory remarks, and then maybe she and I can have a little colloquy as we move on in the evening.

I yield to the gentelady from California, DIANE WATSON.

Ms. WATSON. I thank you very much, Congressman ELLISON, for yielding to me. You are doing a marvelous job. I watch you every evening as you take the mic on the floor of the House to explain to the general public what a benefit health care reform is to all Americans.

And I want to say that we speak to all Americans and we say to them, we are presenting to you a reform of health care as you have known it in the past. Because in my own State of California, if you have insurance, your fees are going to go up somewhere around \$1,800 for a family of four annually. People are going without coverage because they cannot afford it.

We had an assembly outside of Blessed Sacrament in Hollywood several weeks ago, and there was a man who came up with a heavy Spanish accent. And he said, I am an American, I work four jobs. My 2-year-old daughter got sick. I could not even afford health insurance and she eventually died.

I do hope that our House bill, H.R. 3200, will be recognized as a way to help reform health care because what we want to do is bring to you in your own community accessible health care. We want it to be affordable; we want it to cover preexisting conditions; and we want to say to you, if you get sick and you can't work—and that's happening very frequently with H1N1, people are getting sick, they have no sick leave, and it could really bankrupt most families. And so we say to you, even if you don't have a job, you will be covered.

We are now just dickering around the edges of a reform. We are going to get one now because it's the right thing to do, Mr. ELLISON. And I am so glad that you are bringing information to the people every evening.

I want to say that I know in my own district there are a lot of people who cannot afford health care, but this one family could. And if we don't reform health care, a lot of people will have to endure weeks of illness and eventually death.

I'd like to bring to your attention the death of Marybell Bakewell, who was born on April 10, 1925 and died October 7, 2009 in Los Angeles. Her son is Danny Bakewell, who is now Chair of the Black Publishers Association. Mr. Bakewell, who lives in the southern California area, could pay for health care, but he could not save his own mother, Mrs. Bakewell; and she suffered a massive stroke from which she never recovered.

Marbee, as she was affectionately known by her entire family, was always the life of the family. She preached "family first," and anyone who knew her immediately fell in love with her glowing personality. She was full of life, love and laughter, and was also an activist.

Marybell Bakewell was a native of New Orleans and lived there 79 years of her 84 years of life. She finally left her beloved city after it was completely devastated by Hurricane Katrina. While living in New Orleans, she was a life member of St. Peter Claver Catholic Church as well as a member of the Sisters of the Holy Family.

Mrs. Bakewell belonged to one of four generations of women and family who attended St. Mary's Catholic School. Her grandmother, Mary Winier; her mother, Camille Brazile; Marybell Bakewell and her daughter, Pamela Bakewell, all were graduates of this esteemed institution of higher learning dating back to the turn of the century.

Mrs. Bakewell was a diehard New Orleans Saints fan. She loved to play cards and board games, especially with her main road warrior, Brenda Marsh-Mitchell.

Marybell Bakewell is survived by her two children, Danny J. Bakewell, Sr. and Pamela Bakewell, both prominent in Los Angeles civic affairs; her daughter-in-law, Aline Bakewell; eight grandchildren—Danny J. Bakewell, Jr., Brandi Bakewell, Sabrina Bakewell, deceased, Donny Brooks, Jamie Brooks, Brandon Brooks, Fatima Elswify, Amira Elswify; six great grandchildren—Taelor Bakewell, Danny J. Bakewell, III, Devyn Bakewell, Bryce Bakewell, Donny Brooks, Jr., Adrian "AJ" Brooks; sister-in-law, Delores Brazile; her nephew, Eric Brazile; as well as a host of cousins, family and friends.

This courageous matriarch will be missed by the Los Angeles community, her family and friends, and especially by me, Mr. Speaker. I had a grandmother who was born in New Orleans, grew up in a convent for 13 years, obviously left, but her sister became Sister Philomena. And so I have a great affection for the city and for her.

My point in bringing her obituary here is that, yes, this family could afford health care; but I'm telling you there are thousands of others, not only in my district in the State of California but across this country, something like 38 million, who need the government to help them survive when they have a condition or when they are declared terminal.

So I am hoping that in this Congress we will do the right thing and we will see that before the year ends, we have Medicare reform as a program for all Americans.

I want to thank you, Mr. ELLISON, for your insight, your intelligence, your knowledge. And I want you on this floor every evening. You are bringing to the American people the important facts about what our reform will do.

So thank you very much, Madam Speaker. Thank you very much for the time. Continue to educate Americans.

Mr. ELLISON. While the gentledady yields back, let me thank her as well. The fact is that by bringing this important story about the Bakewell family—well known throughout the country, particularly in Los Angeles, but really all over—it shows that health care reform is something that everybody needs. It is not something that some people have to worry about and some people don't; it's something that all Americans have to focus on because none of us are immune.

If you don't have health care, then you are among those 59 million Americans who are just going to bed every night hoping and praying that you don't get sick; and if you do, you know you're going to be in for a very difficult time.

And you may be among those 250 million Americans who have either employer-based health care or have health care through either Medicare or Medicaid or VA or something like that, a government-run program. In that case, you know that your employer-based health care has seen premiums double

in the last 10 years and are likely to double in the next 10 years. So no matter whether you're among the uninsured who need change or the insured who need change, we all need change. And so it's critically important that we bang the gong and keep it up and don't back down on this important issue.

If I may—and I invite the gentledady to ask me to yield at any time, but I just want to make a quick point before we do.

We have been joined by the gentledady from Maryland, DONNA EDWARDS, who is a clear voice on this issue, who has been creative, who has been consistent. And we just want to let the gentledady from Maryland make some remarks as we begin this hour so that we can sort of get into our colloquy.

Ms. WATSON. Would you yield just a few seconds?

Mr. ELLISON. Certainly.

Ms. WATSON. About 3 weeks ago, I was up in the Hollywood Hills at a reception, and there was a young man who was taking pictures of all of us. When I finished making a presentation about our health care reform, he came up to me and he said, thank you. He said, I am on a medication—now get this—that costs \$74,000 a month. I said repeat that figure. He said \$74,000 a month. He told me that he had a very unique condition, that when he was born, his muscular system, his skeletal system as well as his vital organs started to deteriorate. Each one of the medications he takes monthly costs over \$6,000. He does a copayment of about \$696 a month. He said, I could not afford that without the insurance that I have, and I pay a high price for that insurance. I told you what the copayment was.

So here is a person who makes a good income and pays a great amount of his income on a monthly basis just to stay alive. Why can't we have a program that will keep others alive regardless of their income?

And thank you, Congresswoman, for coming forth with your factual statements. I listen to you also very intently. And as an attorney, you bring the truth and you speak it to power. And I thank you very much.

I yield back.

Ms. EDWARDS of Maryland. Well, I thank the gentledady from California. And to the gentleman from Minnesota, thank you so much for your leadership. It is really important.

We are almost there. I describe this—if we were playing a football game, you know, we would call it "crunch time." We're in crunch time right now when it comes to health care reform for the American people.

I don't know what struck others this week, but what struck me was the release of a so-called "independent report" from the American Health Insurance Plans lobby. It struck me because in that report was so much misinformation. And it was done by PricewaterhouseCoopers. Now, they

thought that they were just evaluating a little bit of the plan and giving some data. They didn't realize that it would be completely misconstrued by the health insurance plans in order to prove a point that's not really a point. And so I wanted to call attention to that.

I think another thing that struck me this week, as we unmask the health insurance industry, as we see them for who they are, they're interested in profits, that's their motive. It's not health care; it's not reform. It's profit. And I decided that I would take a little peruse around the Internet and I looked up the lobbying disclosure reports for America's Health Insurance Plans, the same group that released that bogus report.

□ 1800

Here is what I found: For all of 2008, this group that has so-called been very interested in health care reform spent \$7.54 million lobbying against health care reform, and that was just for 2008. Then we turn just to the first—

Mr. ELLISON. Would the gentlelady yield?

What was that number again?

Ms. EDWARDS of Maryland. \$7.54 million lobbying against health care reform in 2008. That's before we even had a bill.

Now we've gotten our bill here in 2009 with our new President, who really is serious about reforming the health care system. We find that in the first two quarters of 2009—that's this year—America's Health Insurance Plans, according to their lobbying reports, which are available to the public at lobbyingdisclosure@house.gov, and anybody can go and look this up, America's Health Insurance Plans actually spent for the first quarter of 2009 \$2,030,000. That's in the first quarter. That's from January to March.

Then in the second quarter, from April 1 to June 30, they actually spent another \$1.87 million. That's the total for just the first 2 quarters of this year.

This is while people were having their health insurance revoked and while 14,000 people a day were losing their health insurance. While all across this country people are losing jobs, America's Health Insurance Plans decide that it would be a great idea to spend almost \$4 million in the first two quarters of this year lobbying against health care reform. That just proves that the industry is so much more interested in its profits and in protecting its profits than it is in health care or in reform.

Now, I decided that I would keep looking at those lobbying disclosure reports and I would advise people all across this country to go to lobbyingdisclosure@house.gov. They need to look it up for themselves because we're not making this up. It's right there, filed by their own general counsel. I looked. I said, Well, how many lobbyists does it take in one quarter to spend \$1.8 million? How

many lobbyists does it take to spend \$2 million? How many lobbyists does it take to spend \$7 million just in 2008?

I'm going to just tell you: They spent that money. Gary Bacher, he was lobbying for them; Carmella Bocchino; Elizabeth Brooks; Jill Dowell; Paul Eiding; Baron Foster; Lindy Hinman; Karen Ignatti, the woman whom we've seen all across the television screens of the country, talking about how health insurance was going to send premiums and deductibles and copayments skyrocketing; and Alethea Jackson. That's one, two, three, four, five, six, seven, eight, nine lobbyists spending millions of dollars across Capitol Hill—at the House and the Senate—and over at the White House. They're lobbying against health care reform.

So those are the numbers right there, apart from what all of the other industries have spent, which includes the pharmaceutical industry and others in the health insurance industry, to try to defeat reform.

Do you know what really surprises me in all of this? For all of their advertising and their lobbying, they have beaten and beaten and beaten the public health insurance option. Guess what? A majority of the American public actually knows that competition is good for the system. They know that it's important to have a public plan to provide accountability, and they know that we need transparency and that we have to lower costs. So the public is actually not fooled.

You would think, if there were some good marketing people over with the health insurance plans that they actually wouldn't be spending so much money, because they haven't managed to convince a majority of the American public that a public health insurance option is against their interests. So I'm actually grateful for the American public for being so smart, for seeing through the health insurance industry, and now for the industry itself, for actually exposing what they're trying to do to America.

I know people are calling your office, the Congressman from Minnesota, and I know they're calling my office, and they're saying, You know what? I just got a letter in the mail saying my health insurance premium is going up 10 percent. My health insurance premium is going up 12 percent. They haven't even used their health insurance this year, and their insurance premiums are going up.

So we see what the industry is doing. We know that we are inching our way to reform and that we are going to get there and that we will have a bill for the President of the United States to sign into law and that we are closer than we've ever been before. So the insurance industry, true to form, is living out their promise in that bogus report that they released. They're living out their promise by already starting to jack up insurance rates just to beat the clock—to beat the bell—to reform, but they're not going to get away with it.

So I would say to those—what did I count, 9 or 10 lobbyists?

Mr. ELLISON. Nine.

Ms. EDWARDS of Maryland. Those nine lobbyists already this year have spent about \$4 million lobbying against reform and \$7 million in 2008 lobbying against reform. I'll tell you what. If you add that up, by the time they finish this year, I'm guessing that they probably will spend something in the neighborhood—over the course of the last 2 years—about \$15 million lobbying against health care reform.

I would dare say that the American public could take that \$15 million and divide up what it would cost to provide a reasonable premium, say, under Medicare or a public health insurance option, and we would be insuring just dozens and dozens and dozens of families across America for what this industry has spent to fight reform. So we're not going to be fooled, and we're not going to be deterred, and we know, as the public knows, that a robust public health insurance option will be the best option to provide competition, to provide accountability and to make sure that we lower costs for all Americans.

So the insurance industry, just before Halloween, has been completely unmasked. They've revealed themselves, and we want to say to them, You know what? We're on to you. We know what you're about, and we're not going to believe any more of your bogus reports, and we're going to trust the fact that you wouldn't spend this money lobbying against something if you didn't want to defeat it. So we're going to bring that health care reform package to the House of Representatives through the Senate, on to the President and then deliver it to the American people.

With that, I would yield.

Mr. ELLISON. Well, the gentlelady is in rare form tonight. I really appreciate everything you laid out. Excellent.

I just want to add to your observation about the AHIP report, which is an acronym for America's Health Insurance Plans. Here is what the people who really study the stuff had to say about this particular industry report.

AARP had this to say: The report is "fundamentally dishonest" and "not worth the paper it's written on." Those are the words of John Rother of AARP, executive vice president of policy and strategy.

You mentioned PricewaterhouseCoopers, which participated in preparing the report. They're running from the report. They're like, Hey, we didn't know. I don't blame them, because it is deceptive.

Also, PricewaterhouseCoopers said Monday, AHIP, the report that we've been referring to, that industry report, had instructed it to focus on only some features of the bill while not taking into account other major features, such as the effect of subsidies for those

buying insurance. So they didn't even tell their preparer the right information to consider.

Why would they not fully disclose and be transparent about that? The report threatened that if the bill became law it would result in an increase in premiums for an average family of four by about \$4,000 a year. Now, this begs the question: Who would be increasing these premiums? The very people who issued the report saying the premiums are going up.

Furthermore, the report says that the cost of private health insurance would rise by 111 percent over the next decade. Who would be increasing these premiums by 111 percent? The fact is the very people who are saying the prices will increase for buying health care insurance are the ones who are in charge and who are in control of raising these prices.

Reid Cherlin, the White House spokesman, said "this is a distorted and flawed report from the insurance industry and cannot be taken seriously. This so-called analysis appears on the eve of a vote that may eat into some of the insurance industry's profits. It conveniently ignores policies that will lower costs for those who have insurance, expand coverage and provide affordable insurance options to millions of Americans."

I'm not done quite yet.

Nancy-Ann DeParle, director of White House Health Reform, says that she was surprised by the report because she had just met Mrs. Ignatti, the one who has been doing a lot of the selling of this on TV, and she vowed to work together. So that may be regarded as somewhat misleading. It's important to remember that virtually every wild, erroneous claim made regarding health care reform has been debunked as false.

Let's go on back to the summer. I ask the gentlelady to take a walk back to August. You'll recall, Madam Speaker, that we were talking about death panels. This was all the rage—death panels. We were talking "death panels." Yet, when you look at the bill, it's simply Medicare saying we will compensate doctors to talk about end-of-life decisions, which is a good thing and a wise decision. It's about dignity. Everyone wants that for their loved ones when they're in their final days of their lives.

Also, we then heard about illegals. It's going to be all about illegals. We debunked that myth.

Then we heard about a government takeover until somebody said, Wait a minute. Doesn't government already administer Medicare? They're doing pretty good. Ninety-six percent of respondents say they like Medicare, so maybe government knows a little bit about administering health care. Doesn't government already play a significant—not just administering the VA, they actually hire the doctors and provide the care. That is truly a single-payer system. That's government-run health care if there ever was, and you'd

better not try to take health care away from our veterans, because they won't tolerate that. So then they had to move away from that.

Then we heard that it is only about the uninsured. Wait a minute. We find out premiums have been doubling over the last 10 years and are expected to double again. So now the insured, the people who have employer-based health care, say, wait a minute. We need reform, too. We have to have reform, and we cannot tolerate being rejected and excluded for preexisting conditions and tolerate discrimination, which will affect young women the most.

So Americans have been peeling back the onion of falsehood time and time again. As the gentlelady from Maryland pointed out, the public option still is standing stronger than ever. It's almost as if, the more they attack it, the stronger it gets.

I just wanted to point out: Who wants the public option? Well, doctors want a public option. Nurses want a public option. The majority of Congress wants a public option. Faith communities want a public option. President Obama prefers a public option, and the American people do.

If you look at what doctors want, most doctors support the public option. Sixty-three percent of doctors say both the public and private options are what they would prefer. Sixty-three percent reported that they would like both public and private options. That's what the House bill is calling for. You have another 10 percent who said just a public option. That's all we want. So, if you add the 63 and the 10, you end up with a full three-quarters of doctors who say they would like the public option.

So I guess my question to the gentlelady from Maryland is: Why does the public option keep coming up strong despite these relentless attacks—the \$4 million this year and the \$7 million last year? What explains this?

I yield to the gentlelady from Maryland.

Ms. EDWARDS of Maryland. I thank the gentleman for yielding.

It's a pretty simple explanation. The American people are smart. They know it takes competition to bring down cost. They haven't been able to trust their health insurers. Even though they may like their health insurers and may want to keep their insurance, they know that they actually can't trust them to keep down premium costs and deductibles and co-pays. So, like most issues, the American public is way ahead of even Congress, and they are definitely ahead of the health insurance industry.

I go back to these lobbying reports because one of the things that I noticed, if the gentleman would indulge me for just a minute, is that the health insurance industry knows that they've had to cover all facets in order to debunk the need for reform, and so they didn't just stop at lobbying the United States House of Representatives. They

lobbied the United States Senate. They lobbied the executive office of the President. They lobbied the Centers for Medicare and Medicaid, Health and Human Services, the Department of Labor, the Department of the Treasury, the Federal Trade Commission, the Office of Personnel Management, the Agency for Healthcare Research and Quality, and even the Internal Revenue Service. They are leaving no stone unturned in order to defeat health care reform.

So the American people are very smart, and they have said three things: We want quality care. We want competition. We want to lower costs. They know that, in order to achieve those things, there must be a public option component as part of the array of choices. It's like a marketplace, the array of choices that are available to them.

□ 1815

So they want to be able to stack up each one of these plans, private plan X, Y, and Z, and the public option and see which one works for their family and then make that choice. And I think that the American public should actually have that choice. I actually believe in real choice even in health care. And the problem with the system that we have now is that in most States, there is no competition; one or two insurers have a monopoly or duopoly on all of the health care coverage in that State.

And what does that mean? What does that mean for our small businesses? It means, if you're a small business, you can't compete at all. You have no leverage whatsoever. You have no bargaining power, and you are at the mercy of the health insurance industry. And it means that they can charge you whatever they want for you to be able to provide health care for your employees.

And the poor small businesses, they're sitting out there saying, I want to provide health insurance for my employees, but I can't afford it any more. It's too expensive for me. I can't take it when my insurance costs are going up 10 percent one year, 15 percent the next year, sometimes as much as 20 percent in one year just to cover their employees.

So if people really believe in the free market—and I do—if you really believe in the free market, then let it be free and let there be competition. And the way to do that in health care and get quality, affordable, accessible health care for all Americans is to make sure the public has the ability to choose from an array of the private insurers and the public plan. It's like going to a marketplace, stacking up everything you want to choose, and making a selection.

By the way, if the gentleman would yield just a minute more, people are ready to make that choice, and now they're counting on us in the United States Congress to come down to the

hard decisionmaking and to make the choices that we know are right for the American people.

And so what I say is, with the kind of support that you demonstrate among doctors, as much as 73 percent of doctors, two-thirds of doctors saying they want at least a public plan and private options; with 62 to 65 percent of the public saying we want the choice of a public plan and private options; with people all across this country, our small businesses, saying, You know what? We need that in order to be able to provide affordable care for our employees because it's the right thing to do and it's what we want to do, so we want to take the burden off of our businesses. We want to ensure that we have greater competition, competitiveness in the global economy. And the way to do that is to make sure that we reform our health care plan.

Now, I know that the health insurance industry is going to go kicking and screaming to reform. And you know what I say to that, Madam Speaker? I say let them. Let them kick, let them scream, and we're going to go to health care reform anyway.

Mr. ELLISON. I thank the gentlelady for yielding, but the gentlelady should know that when you're hot, we've got to give you the ball, and you were. So thank you.

Just a few points.

I would like to point out that people have contacted us in the Progressive Caucus and different Members individually and let their views be known about how people feel. And I just want to point out that historically—and I think that there was a perception that the Progressive Caucus may have stood up for good values, may have fought the good fight, may have talked about inclusion of everybody, a society based on generosity, the beloved community, middle class prosperity, all of the good things, but when it came down to really sticking to the guns and saying, You know what? We're going to stand up for what we believe in, there was some doubt that that was the case.

And I just want to say that the Progressive Caucus has dug in for the American people. I am proud of what the Progressive Caucus has done. I am proud of the leadership that we've seen from the Progressive Chairs, Ms. WOOLSEY and Mr. GRIJALVA, because this perception that Progressives are going to cave has been dissipating because Progressives have been holding firm. This is the Progressive message. This is a Special Order of the Progressive hour.

And I just want to say that the Progressive Caucus has made it clear, the leadership has made it clear to the White House, made it clear on all fronts, that if you want our votes, you're going to have to do what's right by the American people; and that is to include the public option which doctors want, which the public wants, which everyone wants. It was not simply a simple temper tantrum. It was not say-

ing we want it because we want it. It was because the American people needed a public option. So the Progressive Caucus stuck to it and didn't back down. I think it's important to make this point. Because the Progressive Caucus really is a caucus that's unified not by culture, not by color, not by faith, not by gender, but by values. And these values are really being reflected in the advocacy around the public option, around true health care reform.

I just want to make that point clear to the folks who are tuned in tonight, Madam Speaker, because I think that it's important that folks know that there are people in Congress that are fighting for them. This is not the time for cynicism. This is not the time to say, well, you know, the industry is going to get their way again. No, they're not, because there are people here in the Congress who are hearing the call of the public interest.

I'll yield to the gentlelady on that note.

Ms. EDWARDS of Maryland. Thank you for yielding.

And as the gentleman from Minnesota points out, this isn't about what any individual Member wants or not. It's about what the American people want, and it's about what the right thing is for so many of our communities: people who have health insurance now but who are afraid of losing it or afraid of the costs to their families, and, of course, the millions of people out across America who don't have health insurance.

And this isn't also about fighting the good fight—there are a lot of good fights out there—but we have been able to unify our Progressive Caucus standing up for health care reform that's going to work for all of us, ensuring that we get rid of the practice of excluding people for preexisting conditions; that we get rid of the practice of insurance companies, once you've taken advantage of your insurance, then cutting you off; that we invest in preventative care, because we know that early investment in preventative care really saves dollars in the long run, whether or not we can attach a number to that.

We also are fighting for a public option because it's important that with the health insurance reforms that we also have choice for patients, a choice for our doctors.

And so we are on the right track here. And I have to say that because of the leadership of the Progressive Caucus also working with our leadership in the United States Congress—and my hat's off to our Speaker because our Speaker has been out there in the front, at the forefront actually fighting with us for a strong, robust public health insurance option, and I am glad we're where we are today.

We know that there is still work to be done. We're counting on the American people actually to stand up, you know, to call their Representatives, to call their Senators, to make sure to

put out the plea across this country for health insurance reform that the President of the United States can sign into law that will actually make a difference in people's lives, not just because it feels good, but because it will make a difference in people's lives and the long-term health and competitiveness of this country.

So I am a proud Progressive. I'm not afraid to say that at all. What I do know is that it's important to stand up to the people and not on the side of the lobbyist and the naysayers who want to do anything to stand in the way of reform. And we cannot let that happen. This is too great an opportunity for us to fail at this point.

So I am actually counting on success. And if we were on a football field—and I love football, so I will talk about it. So if we were on the football field, we're inside the 10.

Mr. ELLISON. The red zone.

Ms. EDWARDS of Maryland. We are in the red zone. We are approaching the goal line, and now it's time to make the tough decisions and take the ball across the line.

And I am ready to do that with our leadership in the Progressive Caucus. I am ready to do that with our leadership here in Congress and give the American people—not an individual Member of Congress, not a health insurance company, not an individual hospital or a doctor, but to give the American people the kind of reform that will lower their costs, provide competition, and give them quality care.

And so I think that we're right there. We're ready to go with this, and it's time for us to do justice for the American people and actually to deliver on a promise that all of us made to them in 2008 to deliver health care reform.

So I am going to go out and talk about health care reform some more, and we can spend some time. And I want the American people to actually spend some time doing a little research themselves. Don't just trust us here in Congress. Go find the information for yourself. Go to lobbying disclosure at house.gov so that you can see for yourself what the health insurance industry is spending to defeat reform. And then when you hear their lobbyists, you will know to set that aside and stay on the side of patients, on consumers, doctors, and all of us who want true health care reform.

Mr. ELLISON. If the gentlelady will yield, I just want to say, as the gentlelady is offering her observations, it's reminding me that we are at a propitious moment in history. The fact is we are at a moment of history. We are hearing the call of history.

I wonder if the Speaker knows—do you know that it was Roosevelt, President Roosevelt, Franklin Delano Roosevelt who first said we need universal health care? It was Truman who repeated the call. It was Nixon, even, who talked about health care reform; although, he did some things to undermine it. And it was, again, President

Clinton who really worked hard to try to get health care reform.

This fight is decades in the making, and we are closer than we have ever been. We have reported out five bills in the Congress, so we're almost there. We're not far away. And so it's important that the American people hang in there, that they continue to be hopeful and expect success and that it's important to understand that success breeds success.

And as we pass health care, we will be able to really implement more policies that help working Americans, help the working class, the middle class Americans, help the environment, help us be a Nation that is at peace with the rest of the world, help us promote civil rights for all Americans and to leave no one out, to exclude no one, to stop policies of fear, of demonization, of exclusion. And this is something that offers very, very great promise for our Nation.

As I begin to wind down, I just want to make a few other observations that I think are very, very important, because I think it's so critical that we keep our focus on where it really should be.

And I am one who, you know, believes that when a group of constituents vote a Member to this auspicious body, that that person has something to offer. But I also want to say that elections have consequences. When you cast a vote and you send one party or the other to represent you, you have the right to expect that that party is going to deliver. And the Democratic Party, led by progressives, is delivering at this time.

I want to also say that new policies clearly underscore that the congressional party opposite is not in touch with the American people around health care reform. A new poll from Quinnipiac just released today further illustrates how Republican leaders of Congress are out of touch with the American people.

Just this morning, a leader in the party opposite said the public option has been resoundingly rejected by the American people, but look at the numbers that are coming out regarding the public option. On the wrong side of history. I recommend the rank and file come join the Democrats in passing health care reform. But as this new poll and others in recent weeks have all shown, Americans support a public insurance option in health insurance and in reform legislation.

This new Quinnipiac poll I mentioned said that 61 percent of Americans support a public option. The Wall Street Journal/NBC says 73 percent of the population supports a public option. The New York Times/CBS says 65 percent of the American public supports a public option. The Kaiser Family Foundation says 58 percent of the American people support a public option.

Other findings of the Quinnipiac poll say that Americans trust President Obama more than Congressional Re-

publicans to handle health care reform, 47–31 percent; 64 percent of those surveyed disapproved of the way congressional Republicans are doing their job, including 42 percent of Republican voters. And it's important for Republican voters to know that they have a choice and that they should vote effectively: the people who are getting it done, not the people who had the White House and the House of Representatives and the Senate from the year 2000 to 2006 and didn't do anything other than veto the State Children's Health Insurance Program, that's what they did; but people who, within a few months, are already within the grasp of true health care reform.

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The fact is, Madam Speaker, that this moment in time is important. It is as important as any other piece of historic legislation that we have seen.

It's clear that the health care industry is in the final throes, final throes, and it is demonstrating a level of desperation by issuing this industry report which clearly is fundamentally flawed and clearly shows that it's dishonest and deceptive. And even the drafters, PricewaterhouseCoopers, don't want to claim it. Experts say that it's wrong.

So we've heard about the death panels. False. We've heard about the school sex clinics. False. We've heard about government-run health care and accusations of socialism. False again. We've heard about immigrants taking over health care. False. And now the truth is really, really standing clear. Truth crashed to the Earth will rise up. That is what has happened.

It's important for Americans to take heart, to take hope, to help support the passage of true health care reform and to understand that if we can pass health care reform, if we can win this 60-plus-year-old battle to get health care reform, then there are other battles to be fought and other mountains to be climbed and greater things that this wonderful people can produce for the American people, that America can live out its progressive value system and can say that we are going to expand opportunity for more Americans. We're not going to demonize and vilify Americans who happen to be of a particular racial group or happen to be not born in the United States or we're not going to turn them into somehow "the other," we're going to continue to embrace more people as this great country has done progressively over its history.

We're going to say that we're going to live in harmony with creation and not just use it as just a fungible commodity to be burned and polluting the air and destroying the seas and acidifying the ocean. Big things await the American people, but it's important that we get over this last piece of true reform to get this momentum moving.

Madam Speaker, I will yield back at this time and close out the progressive message. Thank you very much.

HEALTH CARE

The SPEAKER pro tempore (Mrs. HALVORSON). Under the Speaker's announced policy of January 6, 2009, the gentleman from Louisiana (Mr. CASSIDY) is recognized for 60 minutes as the designee of the minority leader.

Mr. CASSIDY. Madam Speaker, I had several communications today that were just so appropriate for this time of discussing health care. I spoke to a physician in Ville Platte, Louisiana, who spoke just how the only people that can actually control costs in health care is the patient. Because if you think about it, if patients come in and want a test and they don't get the test, and there's going to be a dissatisfaction, sometimes patients will go elsewhere, and they will get the test from another provider.

Secondly, I spoke to a small businessman who said that his premiums are going up by 27 percent. And the third thing, I wrote a letter to a former patient of mine, the widow of a man who had died of cancer, and I was struck that in each of these, a common consideration was the cost of health care. Indeed, as we speak about health care, we can never get away from the fact that cost is a driver of our discussions.

As we approach reform, there are three things we need. We need to have quality health care accessible to all at an affordable cost. When we say "cost," the President acknowledges this, as well, the President has said that he will not sign a health care bill that adds one dime to our Nation's deficit. Now, by that criteria, and he understands that we are, as a Nation, having a problem with the budget deficit, if we create a new entitlement and if that adds to our budget deficit, then we, as a Nation, will be worse off.

I work in a public hospital in Louisiana. And in that public hospital, whenever money is tight in the State, there tends to be a squeeze on the financing of the hospital. I can remember years in which we would wait to order a test until after the new fiscal year. And this happens when cost is an issue.

So as we look at our goals of health care reform, it is accessible, quality health care at an affordable cost. Now, if the President says that he will not sign a bill that adds one dime to our Nation's deficit, we can understand why four of the five bills before us are essentially eliminated. Four of the five bills include the public option, and the public option has been projected to increase our Nation's deficit.

Importantly, they are also projected to increase costs at 8 percent per year. Now, 8 percent per year more than doubles cost over 10 years. So when the President says that we know if we do nothing, we know if we persist with the