and this was recommended from the hearing what we had in Oversight and Investigations. It must be stated again there is an estimated $60 billion to $90 billion in fraud in Medicare every year, and of course, no one over at Health and Human Services knows how much is lost. The Secretary of Health and Human Services could not even come up with a number. And think of that. After 45 years of this program, no one knows how much fraud is in Medicare, and no steps have been taken to really analyze and find out. Yet we have all the baby boomers that are beginning to retire. The cost of Medicare will explode, and the hidden cost of fraud will increase.

My committee will forward the material from the Oversight and Investigation hearing to the Health Subcommittee to start to develop legislation to address these problems with Medicare fraud. We have a $1.5 trillion deficit, and eliminating waste, fraud, and abuse is necessary to balance our budget, and we should start now.

LIVING WELL AT THE END OF LIFE: A NATIONAL CONVERSATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, I had the privilege this morning to participate in a fascinating in-depth discussion sponsored by the National Journal and The Regence Foundation, ''Living Well at the End of Life: A National Conversation.'' It was made possible by the Regents Group, an insurance company headquartered in my hometown, Portland, Oregon, and the deep commitment that its president and CEO, Mark Ganz, has to be able to make sure that families have the information, the tools they have necessary to make sure that they understand their treatment choices and that they are respected.

This is an issue that goes far beyond the so-called ''end of life.'' This is key so that everybody knows their health care choices, they understand their choices, and they make their wishes known, their choice is honored and respected.

It is a mistake as we have these conversations to confuse the high cost of end of life with concerns about health care reform. When people are seriously ill, they have high health care spending, and there is nothing wrong with that. That is a natural consequence of what happens when people need more hospitalization, more intense activity.

But too often, the sickest and most vulnerable have negative experiences in our complex health care system, which creates unnecessary strains on both the patients and the caregivers, and it is a mistake to somehow confuse this with people who are seriously terminally ill. Forty percent of all people who are hospitalized can't make decisions for themselves. This is a real stress on them, on families, and the ones who have been given the responsibility to try and guess what is in their best interests.

I have heard countless stories about how our health care system has failed patients during these medically and emotionally complex episodes. Both colleagues on our Ways and Means Committee—and we're dealing with health care reform—friends, and witnesses have come forward time and time again with how a parent, a spouse, a friend ended up on auto pilot in the health care system, in and out of hospitals, confused by all the specialists, decisions being made around them but not with them.

We can do better. We know how to do better. There are successful models of comprehensive, patient-centered care that leads to better quality and greater patient satisfaction, and it's interesting that the new polling by the National Journal and The Regence Foundation makes this abundantly clear.

□ 1410

These results affirm that health care is deeply personal and that people want to know their options, stay in control of their care, and be in a position to help their loved ones. This poll indicates that 97 percent of Americans polled believe that it is important that patients and their families be educated about palliative care and care options available to them when they're seriously ill.

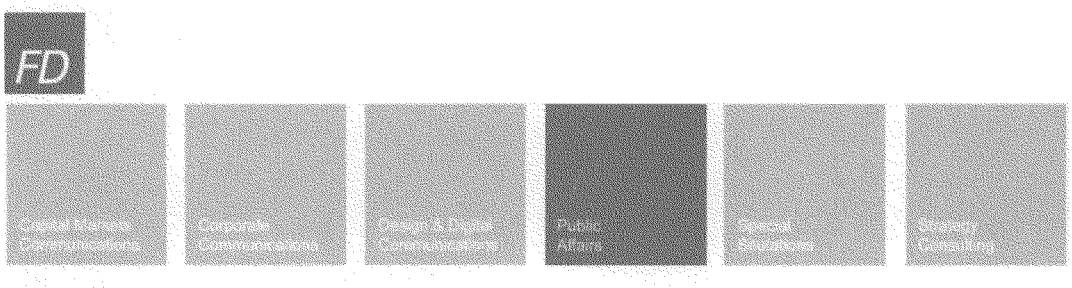
Over 80 percent of Americans polled believe that discussions about palliative care and other treatment options should be fully covered by health insurance, including Medicare. By a more than three to one margin, people identified that it's more important to enhance the quality of life for someone who is seriously ill rather than just simply extend life.

It pointed out that as a result of some of the, I would think, bizarre conversation that has surrounded this issue, including the 2009 PolitiFact's Lie of the Year about death panels, that elected officials and political candidates, according to this survey, are actually the worst source in people's minds for information. The good news is that they trust religious leaders, health care providers and doctors, insurance companies.

And the most trusted are friends and family, which illustrates why we need to work aggressively in educating all Americans about the choices that are available to them and how those choices are respected. It's time to start now.

NationalJournal + The Regence Foundation

Living Well at the End of Life: A National Conversation



Methodology

- This is the first installment of Regence/National Journal Living Well at the End of Life Poll commissioned by National Journal and conducted by FD.

- The survey fielded February 16-17 & 19, 2011 among a nationally representative telephone sample of 1000 adults, aged 18 and older. Margin of error = +/- 3.1%.

Summary

- Americans have significant personal experience with these issues.
- As a result, it is this personal experience – rather than political persuasion – that drives attitudes and opinions.
- Americans want more information and discussion and think they will be well-served the discussion.
- There is opportunity for the discussion to come from institutions closer to the "level of care."

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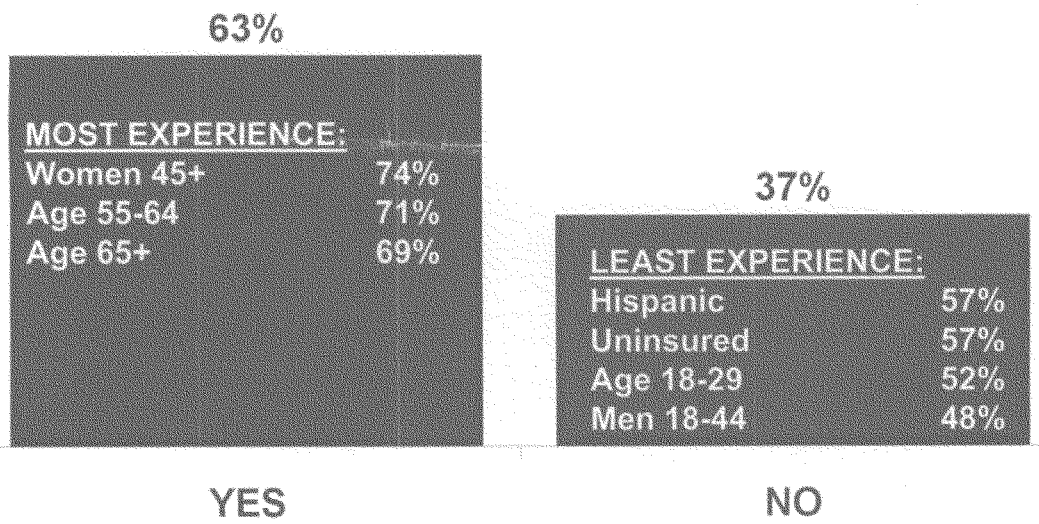
3

Have you, personally, had experience with palliative care, end-of-life care, or hospice care either for yourself or a family member?



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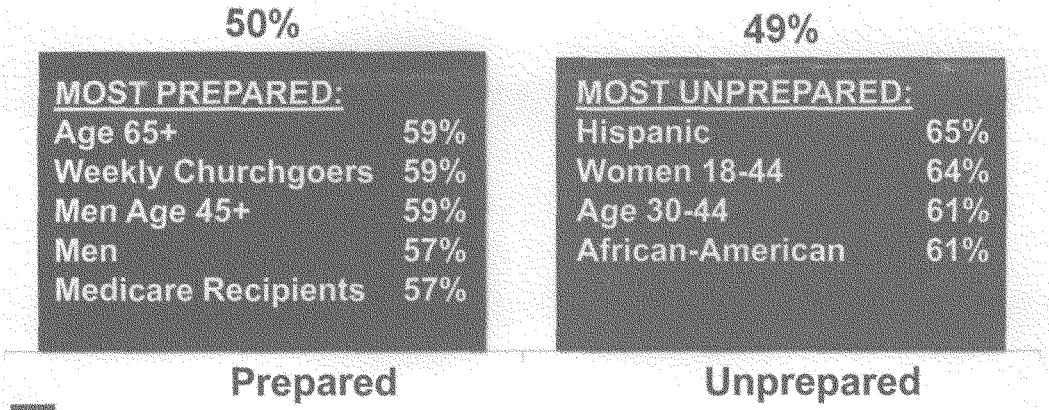
And, thinking back to before your experience with these issues, generally speaking would you say you were prepared or unprepared for that experience?

Among 63% with Personal/Family Experience



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5

By a wide margin, Americans place more importance on enhancing quality rather than extending life through every intervention possible.

Which statement comes closer to your point of view?

71% *It is more important to **ENHANCE the quality of life** for seriously ill patients, **even if it means a shorter life.***

23% *It is more important to **EXTEND the life** of seriously ill patients **through every medical intervention possible.***

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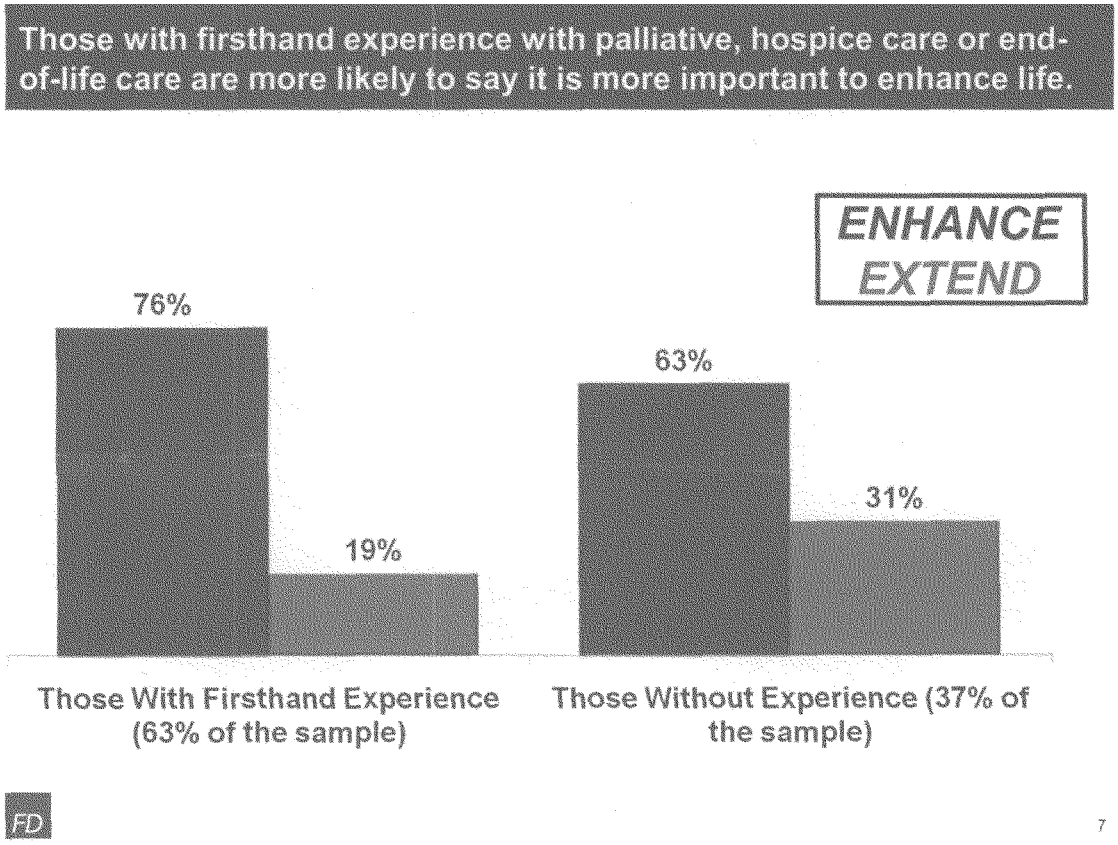
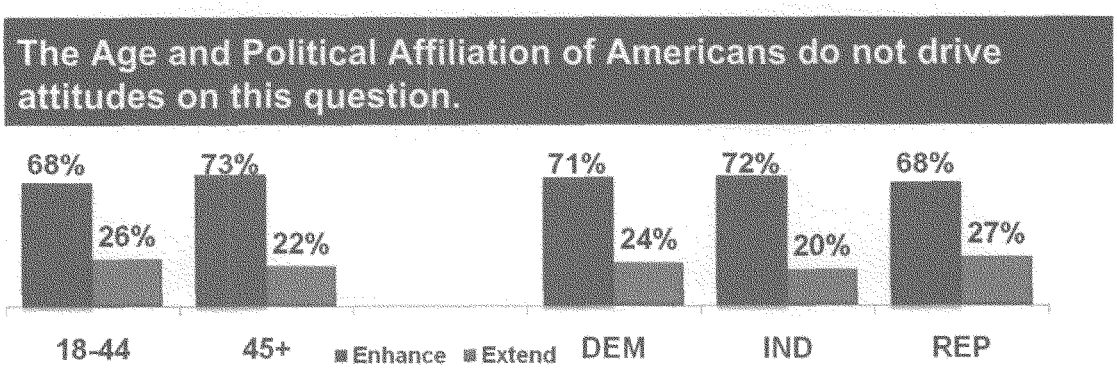
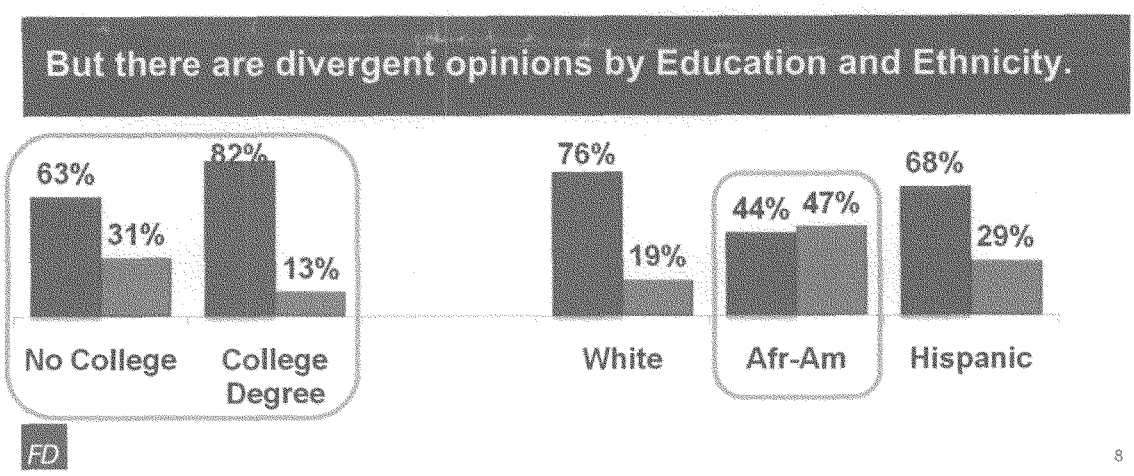
6


Those with firsthand experience with palliative, hospice care or end-of-life care are more likely to say it is more important to enhance life.
ENHANCE
EXTEND
76%
19%
63%
31%
Those With Firsthand Experience (63% of the sample)
Those Without Experience (37% of the sample)
FD
7


The Age and Political Affiliation of Americans do not drive attitudes on this question.
68%
26%
73%
22%
71%
24%
72%
20%
68%
27%
18-44
45+
Enhance
Extend
DEM
IND
REP


But there are divergent opinions by Education and Ethnicity.
63%
31%
82%
13%
76%
19%
44%
47%
68%
29%
No College
College Degree
White
Afr-Am
Hispanic
FD
8

Most Americans see the health care system as having the ability and the responsibility to offer life-extending treatments at any cost.

Which statement comes closer to your point of view?

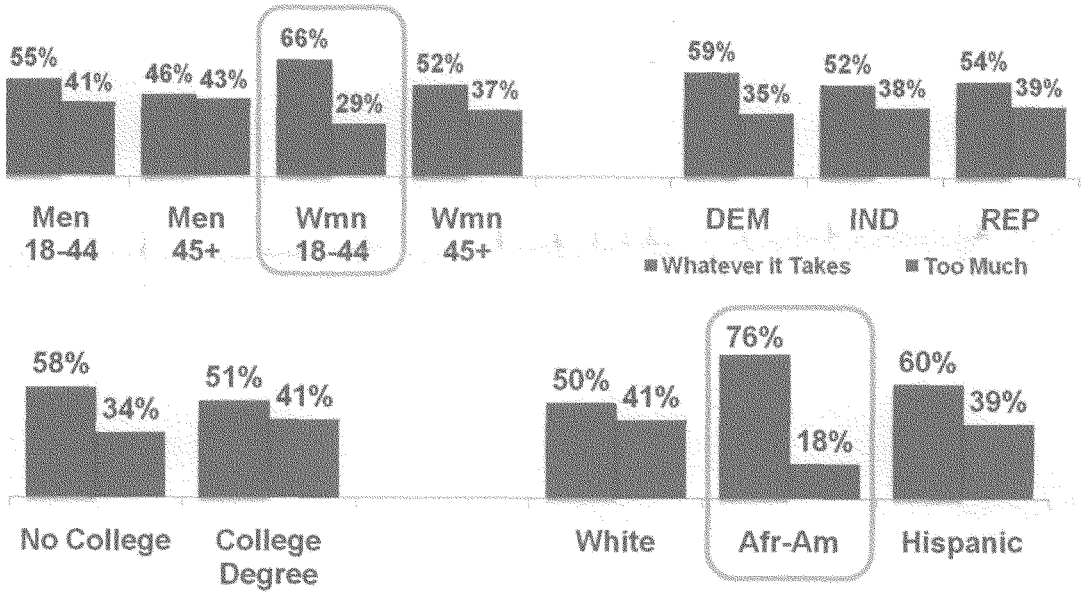
55% *The health care system in this country has the **responsibility, the medical technology, and the expertise** to offer treatments to seriously ill patients and **spend whatever it takes to extend their lives.***

37% *The health care system **spends far too much** trying to extend the lives of seriously ill patients which **diverts resources from other priorities, adds to our country's financial difficulties, and increases the cost of health care for everyone.***

FD

9

Younger women and African-Americans are more likely to agree with this sentiment. And, there is no political dimension at play.



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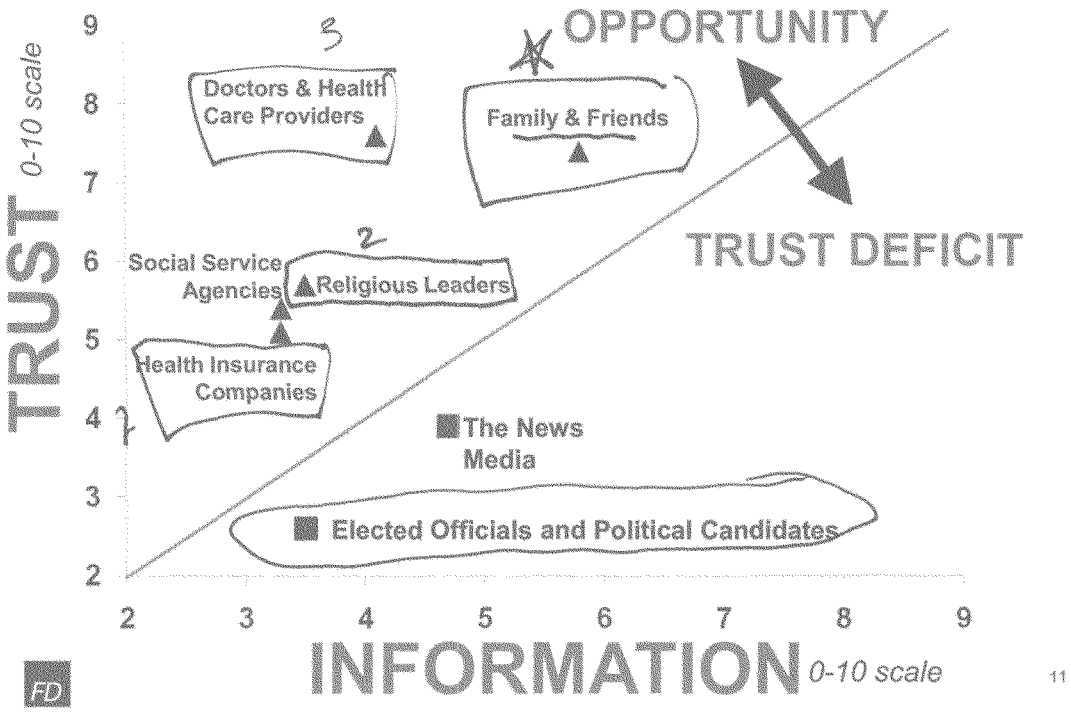
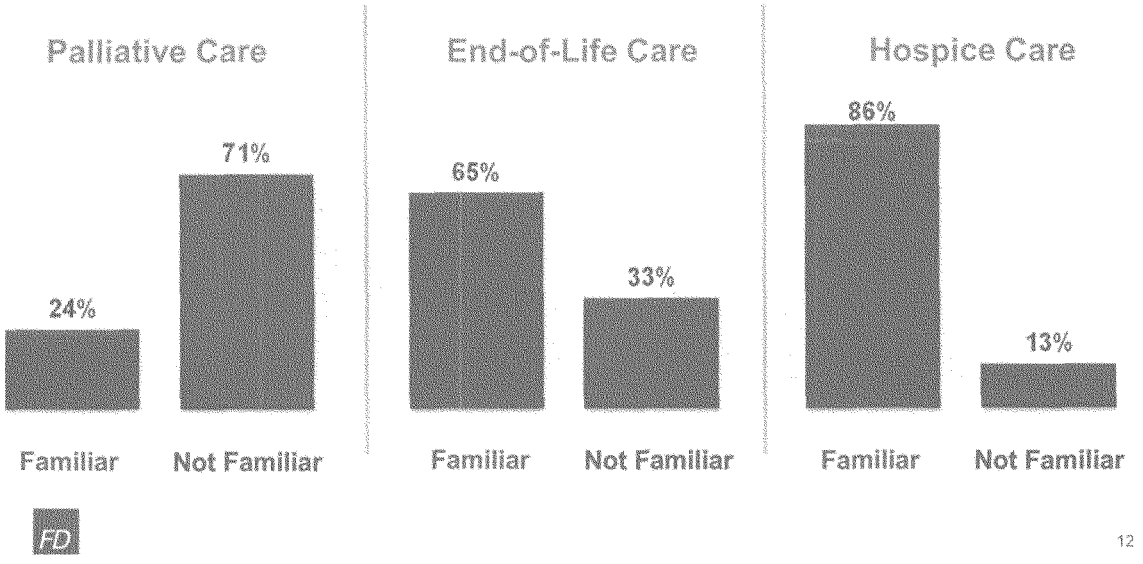


Hospice Care and End-of-Life Care are familiar terms to Americans, while Palliative Care is not.

Now, I'd like to read you a list of some different terms related to health care and, for each one, please tell me how familiar you are with that term.



Survey respondents were read a description of palliative care, end-of-life care, and hospice care.

Now, I'd like to read you some more information about some of the terms I mentioned earlier.

***Palliative care** describes any kind of care or treatment for seriously ill patients which **focuses on reducing the severity of symptoms rather than attempting to reverse progression** of the illness or provide a cure. The goal of palliative care is to **provide physical, emotional, and spiritual support** to patients and also their families. Palliative care can be provided alongside of curative treatment and is commonly provided at home, at a hospital, or at a nursing home.*

*An important part of palliative care is **end-of-life care**, which **focuses specifically on advanced planning for patients approaching death.** This includes discussing their preferred treatment options and reducing their pain and suffering. Palliative care also includes **hospice care** which **focuses on providing comfort, rather than attempting to cure** patients in their final stage of life.*

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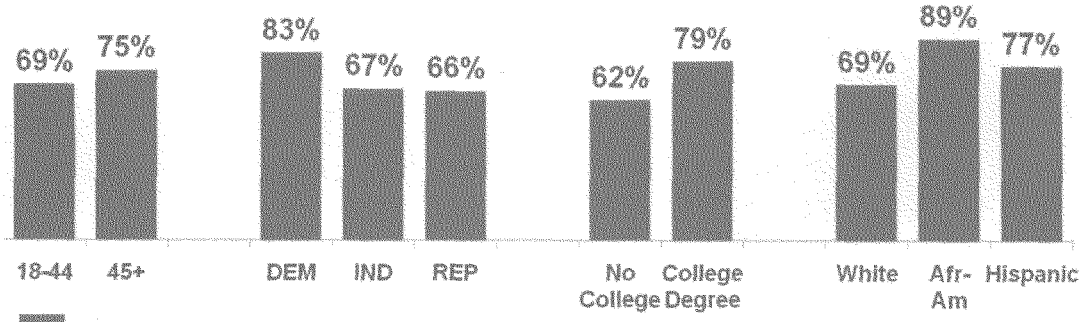
13

Across the demographic board, Americans say it's important for these issues to be a priority for the health care system.

Now that you've heard some more information, how important is it that these health and life issues be a top priority for the health care system in this country?

96% IMPORTANT

72% 'VERY' IMPORTANT



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14

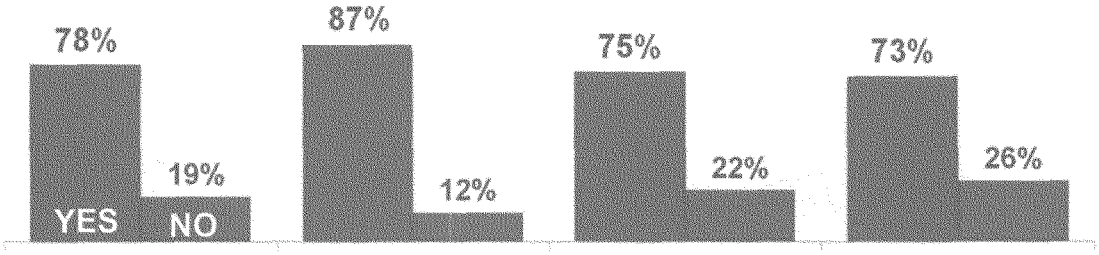
Across partisan lines, the American public wants more of an open discussion about these issues.

Now, still thinking about these health and life issues, including palliative care and end-of-life care…

Given this country's aging population and the increasing amount of public funds spent on health care, there should be more of an open debate *about public policies regarding palliative care and end-of-life care.*

Even though public funds are spent on these issues, ***an open debate about public policies regarding palliative care and end-of-life care could interfere with personal decisions between families and doctors.***

How about you? Do you believe there should be more of an open debate about public policies regarding these health and life issues?



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15

Now, please tell me whether you agree or disagree with the following statements regarding these health and life issues.

It is important that patients and their families be ***educated*** *about palliative care and end-of-life care* ***options available*** *to them* ***along with curative treatment***

97%
AGREE

A ***public dialogue and debate*** *about these health and life issues will* ***help patients*** *and their families by* ***providing them with more information*** *about their treatment options*

86%
AGREE

FD

16

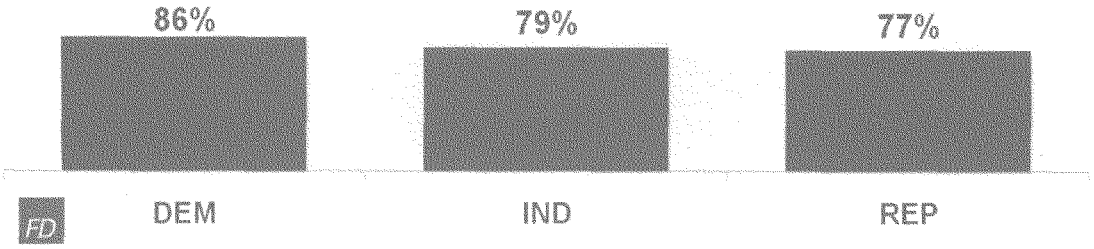
Now, please tell me whether you agree or disagree with the following statements regarding these health and life issues.

Discussions about palliative care and end-of-life care treatment options should be fully covered ***BY HEALTH INSURANCE***

86%
AGREE

Discussions about palliative care and end-of-life care treatment options should be fully covered ***BY MEDICARE***

81%
AGREE



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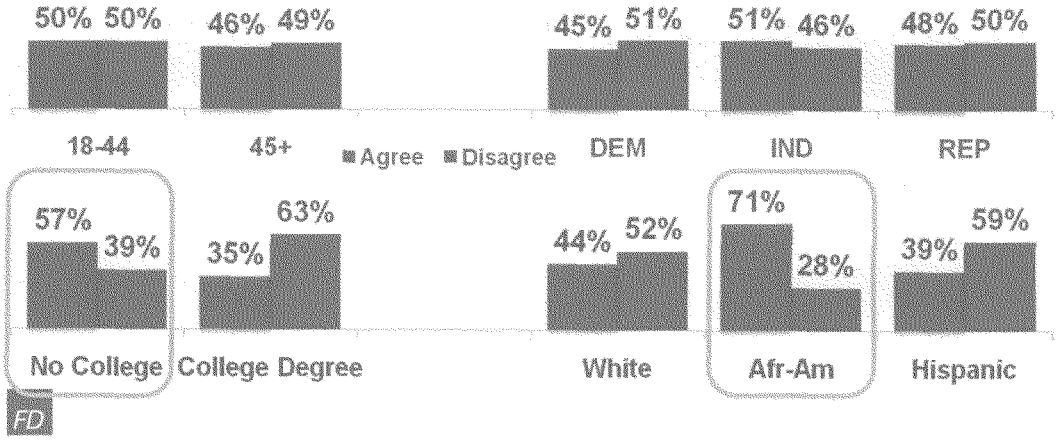
17

Now, please tell me whether you agree or disagree with the following statements regarding these health and life issues.

While palliative care and end-of-life care may be appropriate options for many patients, ***I worry that emphasizing this care could interfere with doing whatever it takes to help patients extend their lives as long as possible.***

47% 49%
AGREE DISAGREE



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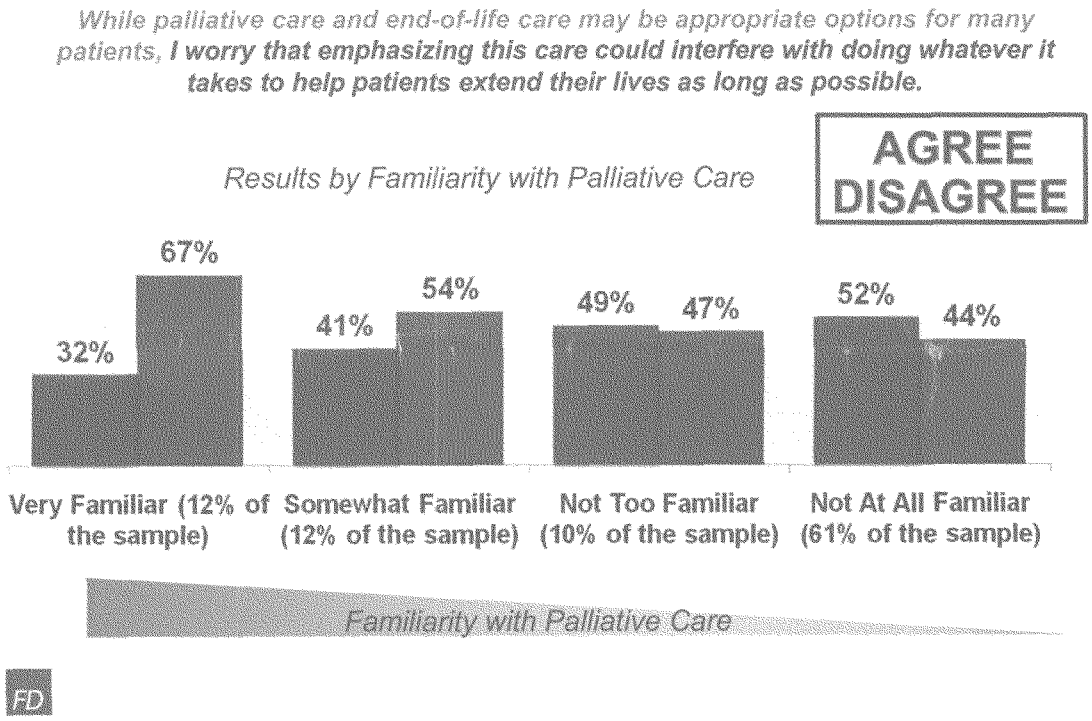
While palliative care and end-of-life care may be appropriate options for many patients, I worry that emphasizing this care could interfere with doing whatever it takes to help patients extend their lives as long as possible.
Results by Familiarity with Palliative Care
AGREE
DISAGREE
32%
67%
41%
54%
49%
47%
52%
44%
Very Familiar (12% of the sample)
Somewhat Familiar (12% of the sample)
Not Too Familiar (10% of the sample)
Not At All Familiar (61% of the sample)
Familiarity with Palliative Care
FD

PIRATES OF THE SEA: DÉJÀ VU OF 1801

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, the pirates are back. These are not the Blackbeard, eye-patched, hook-for-a-hand, peg-legged kind of pirates from the Hollywood movies. The modern-day pirates are skilled, rich, violent, armed with automatic weapons, and are driven by a business that is generating up to $7 billion a year.

My constituents from Texas, Bill Rouse and his wife Judy, have navigated the oceans for years. Recently, they and another group of international navigators and sailors decided that Somalia and the Somalian pirates had made the seas too dangerous to sail in that region, forcing them to transport their ships and boats by barges to safer ports. Bill said that we cannot allow a bunch of thugs to take an entire ocean away from the world. And that is exactly what these pirates are trying do. They have taken control of parts of the ocean and are trying to mock the most powerful nations on Earth, including ours.

Days before the ill-fated American ship *Quest* left for their journey, Bill asked Scott Adam to join them in transporting their boats. Adam, the skipper, said of the *Quest*, the *Quest* was circumnavigating the globe, and it was a lifelong quest. And they continued on their trip, although it turned out to be doomed, in the Indian Ocean. Just a week after Scott Adam and three other Americans were captured, they were executed pirate-style after Somali pirates captured the ship the *Quest*.

Pirates have also hijacked and kidnapped a Danish family. Bill Rouse has also met with these people on this doomed ship. This family, including small children, is now on the Somali mainland, still held hostage. Their captors have arrogantly warned that any military effort to save them will result in their immediate execution.

Bill has told me of other stories about the tight-knit community of people sailing in that region from all over the world. And they have been forced off of the sea because of the pirates. There are not enough resources to respond to these constant threats; and these pirates not only kidnap, murder, and hold for ransom small boat owners, but attack freighters and other commercial vessels as well.

In just 2010, Somali pirates hijacked 53 ships and held a total of 1,100 hostages for ransom; and pirate attacks have increased dramatically in recent months. Here is a drawing of the recent attacks of the pirates in the Indian Ocean. The red represents all of the pirate attacks between March of 2009 up until October of 2010. But the blue, which you see just as much of, represents the attacks by pirates in the Indian Ocean in just the last 4 months.

Piracy is a growing business because nations pay the ransom. Every dollar paid in ransom is helping the pirates of the seas finance their cause, expand their reach, and their thirst is even getting greater for more bounty and loot. Despite an increased international naval presence, the Somalian pirates are getting bolder, and they are getting more violent.

America has been dealing with the threat of pirates since the days of our Founding Fathers, over 200 years ago. During the youngest years of America, the Barbary states would blackmail American ships and the United States by demanding money in return for the safety of U.S. ships that crossed the Mediterranean Sea. For years, the United States and European governments paid the humiliating tribute to protect the ships, but then in 1801 the Barbary pirates felt the wrath of the United States when Thomas Jefferson sent the United States Navy and the United States Marine Corps to take care of business with the Barbary pirates.

This was the most famous action of the marines during this time. And the phrase, ''from the shores of Tripoli,'' has been immortalized in the marine hymn. Jefferson sent a clear message to the Barbary states and their pirates: don't mess with the United States. And they didn't for 200 years. The Somalian pirates should study a little American history. If they would, they'd find out that there will be a day of reckoning that will eventually come to them and their evil ways. Thomas Jefferson destroyed them. We will see what happens now.

Our Constitution gives us the authority in article I, section 8: ''To define and punish piracies and felonies committed on the high seas.'' These ocean lines are essential to American commerce and travel, and we must do everything in our power to stop the pirates off the Somalian coast. These pirates of the seas must find out that if they continue to mess with the United States, they will find themselves in a déjà vu of 1801. And they, like the pirates before them, will disappear in the ash heap of history.

And that's just the way it is.

INTERNATIONAL WOMEN'S DAY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Wisconsin (Ms. MOORE) for 5 minutes.

Ms. MOORE. I rise today as the Democratic cochair of the Women's Caucus to celebrate the 100th anniversary of International Women's Day.

Mr. Speaker, I'm so pleased to join millions in our Nation and around the world in commemorating this International Women's Day. We celebrate courageous women in places like Afghanistan, Iraq, Egypt, Sudan, and elsewhere, who continue to fight the good fight at great risk to their own lives in the face of being ostracized and persecuted by their families and communities, for women's abilities to be included in the societies in which they live.

We celebrate tremendous women here at home in the United States who have done much to advance the ability of women to work, to vote, to go to school, and to run for and hold elective office. As a woman who is able to serve in Congress today, I know that I stand on the shoulders of these women giants who have sacrificed so much in the past.

But we must also recognize that much needs to be done right here in the United States. In our country, women make only 77 percent of the paycheck that a male would make doing the same job. We know that even after 100 years it is too soon to declare: Mission accomplished.

Recent news reports in Afghanistan show efforts in Afghanistan to pass legislation that would shut down domestic violence shelters. Turning our attention closer to home, in Haiti, we find that after the devastating earthquake, UNICEF has found that the rapes in Haiti are at an all time high. But we've also been fixated in recent weeks by the protests and push for democracy sweeping the Middle East. And women have been leading the charge.

We must also acknowledge the shameful plight of hundreds of thousands of mothers-to-be around the globe who die because of pregnancy or child-related complications. It's shameful that the simple act of childbirth remains a death sentence for hundreds of thousands of women and girls around the world.

□ 1420

We must recommit ourselves to the Millennium Development Goal to reduce dying from pregnancy or childbirth.

Last, I had the honor of attending the State Department's Women of Courage ceremony to honor 10 women.

They were:

Maria Bashir, a prosecutor general in Afghanistan. She handles cases on behalf of women victims of domestic abuse.

Nasta Palazhanka, who at age 20 has led peaceful protests and called attention to the plight of families of political prisoners.

Henriette Ekwe Ebongo from Cameroon, a political activist and publisher of Bebela, she spent a lifetime advancing press freedom, human rights, good governance, and gender equality.

From China, Guo Jianmei, a lawyer. Founder of the Women's Law Center at Peking University, she helped to create a corps of lawyers to defend public interest cases, especially affecting women and other vulnerable groups.

From Cuba, Yoani Sanchez. She has an international following for her blog to provide insight into life in Cuba and to expand information flow and free expression throughout Cuba.

Agnes Osztolykan, elected to the Hungarian Parliament in 2010, the only female Roma Member of Parliament in Hungary.

From Jordan, Eva Abu Halaweh has dedicated her career to advocating for