Monday—we have a lot to do in that 2¾ week session. Therefore, we will have to be pushing hard on Tuesday, Wednesday, Thursday, and Friday of that week.

## DARFUR

Mr. FRIST. Mr. President, I mentioned last night the importance of this African Growth and Opportunity Act which we passed last night. In my comments, I also mentioned a restatement of my earlier comments in the day, a restatement of what has been said again and again on the floor. That is that we as a country and we as a world community need to focus attention on the Darfur region of Africa, of the Sudan in Africa.

Africa is a huge continent and a lot of people do not realize how big Sudan is. It is huge. When we say Darfur region, the Darfur region is the western part of the Sudan. If you look at the continent, it is almost in the middle of the continent of Africa. The Darfur region is huge. It is about the size of Texas.

Over the last year and a half, because it started as a civil war, militias fighting, government supporting the militias there, we have 2 million people in this region of Darfur, the size of Texas, who have been affected, 1.2 million people displaced, driven away from their homes, driven away from the land they might farm or, if they are herders, that they might herd animals on, families destroyed. A lot of people are fleeing west to, Chad, 30 or 40 kilometers away, to refugee camps. There are about a million displaced inside the Darfur region but away from their homes, away, many times, from their families and any chance of livelihood.

The rainy season has begun there. It began a few weeks ago and will continue. As the rainy season continues, conditions get worse and worse. Roads at that point cannot be traversed so we cannot get enough food going in. There is very little in the way of health supplies going in. We need to bring attention to that part of the world. The world needs to shine a spotlight on it.

I was delighted Secretary Powell announced yesterday he will be going to that part of the world. I understand Secretary General Kofi Annan also will be going to that part of the world, to bring increased attention on behalf of the Congress, with 200,000 people dead from what is happening there. They are dying.

Statistically, they are dying from disease: respiratory disease, water-borne disease, diarrheal disease, malaria, and a little bit of measles. Now, with the fighting, it may well be that the No. 1 cause of death there is the actual fighting.

Right now we are not able to get in sufficient aid. Aid and support is being restricted by the government in Khartoum. There is plenty of aid. The world community is ready to go in there, but right now there is a restriction by the government.

I am going to keep mentioning this issue on the floor at every opportunity because we have a chance to reverse this travesty. We are going to do that. Every opportunity we have as public officials, in interacting with the international community, we need to continue to put pressure on the government of Khartoum to recognize the travesty, the devastation that is going on in that country.

Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Democratic leader is recognized.

## ARE AMERICANS BETTER OFF WITH REGARD TO HEALTH CARE?

Mr. DASCHLE. Mr. President, on a recent visit to South Dakota, I met a couple that impressed me a great deal. Their names are Lowell and Pauline Larson.

Throughout their life together, Lowell and Pauline farmed 160 acres just outside of Chester, SD. After a lifetime of hard work, they were looking forward to a well-earned retirement together.

But 2 years ago, Pauline suffered a stroke. Before the Larsons knew it, they had incurred \$40,000 in medical bills. Even though they had insurance, it only covered \$75 a day of Pauline's hospital costs. So Lowell did the only thing he could. He sold all his farm equipment and his cattle to pay the bills.

All they are left with is the deed to their farm, and if Pauline suffers another stroke, or if the MS she has been battling for the past 15 years gets worse, the Larsons know they may have to sell their farm.

I wish I could say that the Larsons' story came as a surprise to me, but it did not

For the past 4 years, stories like the Larsons' have become commonplace. I've heard from businesses that have been forced to cut back on benefits or lay off workers in order to pay for escalating insurance premiums.

I have heard from retirees who have seen their life savings evaporate due to the skyrocketing cost of prescription

I have heard from families forced to sell the businesses or farms that have sustained their families for generations, because a child got sick and insurance just wouldn't pay for it.

I have heard from veterans who have been forced off the rolls of the VA and have nowhere else to turn for care.

I have heard from Native Americans forced to undergo a literal "life or limb" test to receive care at Indian Health Service facilities. I have heard from National Guard members who face losing their health coverage once their Iraq deployment ends. And I have heard from citizens from all walks of life who can't afford the high cost of insurance, and who live in constant fear that an illness or an injury could throw them and their families into bankruptcy.

It's no mystery what is happening. Americans are being caught in the undertow of historic increases in the cost of health care.

Millions have lost their insurance. Tens of millions more know that they are just one layoff, or one illness, away from a life of poverty and poor health.

In this election year, as with every election year, Americans are asking themselves, "Am I better off than I was 4 years ago?"

With the cost of doctors' visits, prescription drugs, and monthly insurance premiums moving farther out of reach, the answer for most of us is clearly no.

America is enduring a health care crisis that is deepening with each passing month. And after four years of inattention from the White House, it is clear that when it comes to health care, as a nation, we are significantly worse off than we were just four years ago.

The scope of this crisis is staggering. Since 2001, the amount workers are paying for their family coverage has increased by 50 percent, and the average premium for family health care is now above \$9,000 per year. Prescription drug costs rose at four times the rate of inflation last year alone.

Both businesses and workers are feeling the squeeze. And, as a result, we have seen unprecedented increases in the number of uninsured.

Each month since January 2001, an average of 100,000 Americans have lost their health insurance. Today, 44 million Americans have no health insurance whatsoever. The problem is even worse among minority communities. One in six Asian and Pacific Americans lacks insurance. For African Americans, it is one in five. For Latino Americans, it is one in three.

As startling as these numbers are, they do not include the tens of millions more who shuttle on and off the insurance rolls depending on unpredictable work schedules.

Nearly 82 million people lacked insurance at some point in the last 2 years.

The impact of losing health insurance can be catastrophic—for uninsured individuals, for families, and for our Nation as a whole. According to the National Institute of Medicine, children and adults without health insurance are less likely to receive preventive care and early diagnosis of illnesses. They live sicker and die younger than those with insurance.

Eighteen thousand Americans die prematurely each year because they lack health insurance.

Families suffer emotionally and financially when even one member is uninsured. Communities suffer as the cost of uncompensated care is shifted onto doctors, hospitals, and taxpayers.

And our Nation pays a steep economic cost. The Institute of Medicine estimates that lack of health insurance costs America between \$65 billion and \$130 billion a year in lost productivity and other costs.

Making the high cost and growing inequities even more troubling is that on the whole, we seem to be getting less for our health care dollar than we should be.

The World Health Organization recently reported that Americans pay twice as much per capita for health as the average industrialized nation. We pay a third more than the next-highest country. But despite the high costs, we are not getting any bang for our buck.

Among industrialized nations, Americans' life expectancy is only 24th, and we have one of the highest infant mortality rates in the world.

We may pay twice as much, but we don't even get in the top 20 when it comes to mortality or life expectancy.

The results of the past few years beg the question, "How can we be paying the highest costs and getting so meager a return." In short, where is all the money going? Who is better off today?

A recent article in the Economist offered one answer.

Noting that profit margins for health insurers are as high as they have ever been, the article notes:

Since [2000], the prices of many [health insurers' stocks] have quadrupled. And if shareholders have done well, executives have been more than amply rewarded. . . .

One CEO earned \$30 million in pay in 2003 and exercised \$84 million in stock options from earlier years. This left him with options worth \$840 million at the company's current share price. His second-in-command earned \$13.7 million in compensation and holds options worth \$350 million. Another CEO of a leading insurer earned \$16 million; yet another, \$51 million; and still another, \$27 million.

While insurers and their executives are reaping billions, and Americans are fearing that their benefits will be the next to be sacrificed for the sake of even higher profits, the administration has done nothing to rein in the cost of health care. In fact, in the recently enacted Medicare bill, the administration included tens of billions of dollars in giveaways to HMOs, not to mention the windfall created for prescription drug companies.

The proposals the administration has offered would extend coverage only to a small fraction of Americans who lack insurance today. Often, their solutions extend meager coverage to a small number of vulnerable Americans at the expense of a larger group.

For instance, according to the Congressional Budget Office, the President's plan to create "association health plans" would decrease the number of uninsured Americans by only about 600,000 people. Six hundred thousand out of nearly 44 million. But it

would increase premiums for 80 percent of employees of small businesses. The administration's band-aid approach to our health care crisis won't work. It is the wrong treatment, and its cost would preclude us from affording the right one.

The results of the administration's so-called solutions can be seen each month as more Americans lose their insurance or feel themselves pushed closer to the point where the cost of coverage is too large a burden to bear.

As a nation, we are not better off than we were four years ago. We are losing ground. We can do better. But to do so will demand a change in direction. We need to reject the notion that we are helpless to control health care costs.

We need to reject the notion that with a little tinkering around the edges, our health care system can offer the kind of care every American deserves. Most of all, we need to reject the notion that the primary purpose of our health care system is to provide profits for health care companies and the drug industry.

That is wrong. That is the thinking that brought us to the point where families such as the Larsons are forced to turn over the proceeds of their life's work, just to pay the bill for treating a single illness.

There are better answers, and working together we can find them. We can find ways to ensure that every American is able to see a doctor when he or she is sick. We do not have to be the only major industrialized nation in the world that fails to guarantee health care for all its citizens.

We can do better, and none of us should rest until we do.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BROWNBACK. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

## MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Kansas is recognized.

## THE REAGAN CULTURAL DOCTRINE

Mr. BROWNBACK. Mr. President, I rise today to speak on a topic called the Reagan Cultural Doctrine.

Presidents are noted for foreign policy doctrines which they articulate and put forward. President Reagan had his

own noteworthy and very successful foreign policy doctrine, the Reagan Doctrine, involving the confrontation with communism that led to its ultimate demise. President Reagan is to be credited and given great praise for it.

But President Reagan had another doctrine I want to speak about today, the Reagan Cultural Doctrine, which I think it would be fitting for us to acknowledge and press forward to its successful completion.

President Reagan respected each and every human life at whatever stage of that life and wherever it was located. This was a unifying theme that lay behind some of his most significant policy choices and movements. It led him to insist that the Soviet empire was evil and to demand of the new Soviet leaders that they "tear down this wall."

It was what led him to note that "until and unless someone can establish the unborn child is not a living human being, then that child is already protected by the Constitution which guarantees life, liberty, and the pursuit of happiness to all of us."

That is a direct Reagan quote.

Toward the end of his Presidency on January 14, 1988, President Reagan took the opportunity to clearly articulate the Reagan cultural doctrine, a very simple yet profound Presidential Declaration. President Reagan proclaimed and declared "the inalienable personhood of every American from the moment of conception until natural death."

I ask unanimous consent that a copy of President Reagan's January 14, 1988 Presidential declaration on the inalienable personhood of the unborn be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

PROCLAMATION 5761 OF JANUARY 14, 1988
NATIONAL SANCTITY OF HUMAN LIFE DAY, 1988
(By the President of the United States of America)

America has given a great gift to the world, a gift that drew upon the accumulated wisdom derived from centuries of experiments in self-government, a gift that has irrevocably changed humanity's future. Our gift is twofold: the declaration, as a cardinal principle of all just law, of the God-given, unalienable rights possessed by every human being; and the example of our determination to secure those rights and to defend them against every challenge through the generations. Our declaration and defense of our rights have made us and kept us free and have sent a tide of hope and inspiration around the globe.

One of those unalienable rights, as the Declaration of Independence affirms so eloquently, is the right to life. In the 15 years since the Supreme Court's decision in Roe v. Wade, however, America's unborn have been denied their right to life. Among the tragic and unspeakable results in the past decade and a half have been the loss of life of 22 million infants before birth; the pressure and anguish of countless women and girls who are driven to abortion; and a cheapening of our respect for the human person and the sanctity of human life

We are told that we may not interfere with abortion. We are told that we may not "impose our morality" on those who wish to