

As John F. Kennedy said during his inaugural address, “The trumpet summons us again to bear the burden of a long twilight struggle.” He spoke of foreign enemies who posed a threat to our Nation’s freedoms, but this case shows that this threat has become a reality here at home.

#### THE MAJORITY MAKERS: WHAT WE DID ON OUR SUMMER VACATIONS

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

Mr. YARMUTH. Mr. Speaker, it’s a great honor to be here tonight to join with at least one of my colleagues from the class of 2006, the Majority Makers, to discuss the theme: What we did on our summer vacations.

As everyone knows, it has been a very fascinating few months, as we in Congress and people throughout the country have talked about how we can solve one of the great problems that this country has been trying to deal with for generations, and that is a health care system that serves every one of its citizens.

I, like all of my colleagues in the House, have spent the greater part of August talking with my constituents. We have had town hall meetings, we have had telephone town hall meetings, we’ve met with groups, we’ve met with providers, we’ve met with individual citizens to talk about the problems facing Americans—the challenge of finding quality, affordable health care for every citizen.

I think what was most revealing to me as I spent all of this time talking about health care with my constituents is how receptive they were and are to comprehensive health care reform once they understand, first of all, the need for reform; secondly, the direct benefit to them and their families of the reform that we’re proposing in the House; and, third, the relevance of health care to our economic future.

□ 1845

President Obama, in this Chamber last Wednesday night, discussed those very themes, and he did it in a very compelling way. I think anyone who watched that speech would have to have left it feeling, one, we can wait no longer to make major reforms in our health care system, that the trajectory that we’re on now is an unsustainable one, that we are facing extraordinarily high costs for insurance, we are facing extraordinarily high deficits in Medicare, and that we have to act now in order to mitigate the disaster that we face if we don’t act.

Secondly, the absolute challenge—and I think the national shame—that we have that 18,000 Americans die every year because they don’t have health insurance or access to care, the

absolute shame in this country that almost 1 million people are forced to file bankruptcy every year because they either have no health insurance and are facing enormous medical bills or they have inadequate health insurance, that even though they had it, it was not sufficient to pay for the cost of their care.

I mean, this is not what should happen in the wealthiest country in the world, a country that has met every challenge it has faced in its 220-year history. I think the President clearly defined that challenge for us last Wednesday night.

And then there is the question of how this all relates to our economic challenges, the fact that employers who are now insuring, at least partially, 160 million of our citizens are going to be facing such high costs—they face them now, and even higher costs in the future—that their ability to compete in the global economy is severely impeded because of these high insurance costs. We have enormous challenges in this area. And again, once I met with citizens and was able to discuss with them their situations and their challenges and how what we’re proposing to do in the House would address them, they change their opinions almost instantaneously.

And I just have to relate one story which was extremely meaningful to me. I was at what’s called a “district dialogue” one of our metro council members in Louisville put on. And there were 35 or 40 citizens there to address issues with him. I was invited as a guest. And when I walked in the room, I would say that the body language that I saw was, to put it lightly, very cold. And they were very skeptical because they knew I was going to talk about health care.

Well, I spent 1 hour and 15 minutes there explaining the need for reform, the cost of doing nothing, the benefits to citizens with and without insurance, and answering all their questions about our legislation in the House and many of the myths that had developed around it. And I will never forget one couple sitting down to my left. At the beginning of the meeting, the husband asked me a very challenging question—wasn’t quite hostile, but it was very challenging, and you could tell that he was extremely skeptical about what we were trying to do here. And I answered the question very respectfully and factually.

About 10 minutes later his wife said, Congressman, let me tell you about our situation. We’re 55. Eight months ago, my husband lost his job and we lost our insurance. We finally got insurance; it cost us \$750 a month. So they’re paying \$8,000 a year, after-tax income, unemployed, \$8,000 a year. She said our deductibles, our copays are very high. And 2 weeks ago, my husband had to go to the emergency room, I had to take him. Our bill was several hundred dollars and our insurance policy wouldn’t pay for it.

And I said, Ma’am, you are exactly why we’re doing this reform measure.

You are one of the case studies about what’s important about what we’re doing, because there are so many people in your category, middle-aged individuals who lost their jobs who really can’t afford the insurance that’s available to them, if it’s available at all, in the individual private market. And while you’re paying \$8,000 now, under our proposal you would probably pay something like \$2,000 a year. You could never be denied coverage because of a preexisting condition. If, heaven forbid, you got a serious illness, the insurance company couldn’t take your benefits away.

And I went through the list of all these ways in which our plan would help this couple. And she looked at me and said, Wow, that sounds pretty good. And that’s what I found throughout our community when I talked about health care.

And it was very gratifying as we went through all of these meetings and we encountered hostility, we encountered passion, we encountered a lot of people who are frustrated at a lot of the things that are going on in the world. But when it boiled right down to it, when you talked about what this plan that we’re considering in the House would mean to them, their objections seemed to melt away. And I think they began to believe, for the first time probably, that we were truly working to help them and not to in any way harm them or take away what they have.

So I thought my summer vacation was terrific in that regard because I know I was reassured that we are on the right path, that the American people are receptive to the type of reform we’re trying to provide. And I’m energized and look forward to the next few months when we actually refine our legislation and bring a package to the floor and hopefully deliver one to the President that will accomplish what we’ve been trying to accomplish—again, for generations—and that is to provide security and stability in the health insurance lives of every American.

With that, I take great pleasure in introducing my colleague from the class of 2006 from Colorado, the great State of Colorado (Mr. PERLMUTTER).

Mr. PERLMUTTER. I thank my friend, Mr. YARMUTH.

And I want to follow up on that. The last few months, in Colorado as well as every place else in the Nation and other places in the world, we’ve been talking about how do we finance health care? How do we finance it in Colorado, in Kentucky, wherever it might be? But that subject really leads to so many other conversations because the health care system touches every life in America, 300 million plus people.

And I can tell you from the Perlmutter family, from my family, the passion really has been evident because there are some things in the system that are broken and we have to fix them. There are some things in the

system that are working, but they can be better. And we need to do this in a way that's affordable to all Americans.

Let's start with what's broken, because that's something that affects my family and I know thousands and thousands and thousands of families across the country, and that is the discrimination that is suffered by people with prior illnesses. One of my kids has epilepsy. And if she doesn't have a job where there is group health insurance she is going to be denied coverage or be placed in a situation where the cost of her health care is going to be way beyond her means. Thank goodness she has a job where there is group health insurance, but if she were ever to leave that job or lose that job, she would be in trouble.

And she's like so many other people around the country who face this discrimination—and from my point of view, that discrimination is just wrong, and it's probably unconstitutional under the 14th Amendment to the Constitution, which guarantees all of us equal protection of the laws of this great country.

So there's a place where we really have a problem in the health care system where people who have prior illnesses, prior conditions, can't get coverage or they can only get coverage at prices that are out of sight.

Now, I don't fault the insurance companies on that; they're insurance companies, and they want to insure individuals and people who aren't sick. I don't blame them, that's how insurance works. If you insure somebody who is sick and you know it's going to cost you, then that doesn't help the shareholders and that doesn't help the company as a whole. But that is what's wrong with this, and that's why we've got to change it.

I compliment the President and the Members of this House who have had the guts to step up and deal with this issue because it is a major issue and a major change to policy that we have here in the United States, which is to cover people with prior illnesses. That's number one. And I can tell you, in my district in Colorado, almost everybody thinks that that needs to be changed. So we're dealing with something that is fundamentally wrong within the system, and it's something that almost every family can understand and relate to because they either have somebody within the family or they have a close neighbor or friend who has some kind of illness, number one.

Number two, we've got to fix something that every small business and individuals are seeing, and that is the increase in premiums year after year, and deductibles increasing so that the cost of your health insurance just keeps going up without any end in sight. And so we're trying, as part of this legislation, to put some restraints on this so that we slow these increases down so that businesses and individuals can afford insurance.

This is part of the menu, the choices that we want to bring as part of the legislation so that there is competition and choice and availability to small businesses and to individuals so that they can acquire insurance so that, God forbid, something bad happens medically or within the health of their family or their employees, that there's coverage.

So we're trying to deal with two very fundamental problems with our health care system today: One, denying people or discriminating against people with prior illnesses; and two, trying to put some lid or restraint on the ever-increasing premiums that we see to small businesses and to individuals so that they have a place they can turn to get insurance that isn't going to break them in half.

Now, we can improve things that are working. And one of those places where we really do have some great success stories and we can build on those is in the research that the country and our medical universities are conducting throughout the Nation. We are on the cusp of some tremendous breakthroughs when it comes to heart disease and cancer, two of the things that are so expensive to both individuals and businesses and the Nation. So if we can continue to really develop this research and continue to provide resources for research, there is hope and promise on some very difficult diseases that ultimately we can overcome.

And so it's with these kinds of things in mind—righting a wrong that comes about with discriminating against people with prior illnesses, helping small businesses and individuals find affordable insurance where there is competition and choice, and three, advancing the research that is ongoing in the Nation today where we really are going to have some tremendous breakthroughs that will be good for people's quality of life, but also for their personal pocketbooks and for the national pocketbook. There is real opportunity here.

We have to change this health care system. We can't continue to say, "No, we can't." We have to say, "Yes, we can." And that's what I want to see as we move forward with this health care debate.

With that, I would yield back to my friend from Kentucky.

Mr. YARMUTH. I thank the gentleman. And I want to pick up on his conversation about small businesses because this is one of the very interesting reactions I got when I was home during the month of August. And of course I have some experience in that regard as well. I ran a small business for a number of years. We struggled very, very hard to provide health coverage for all of our employees. We had somewhere between 20 and 23 employees the entire life of my involvement in that business, and they were generally young, very healthy men and women. Unfortunately, we had a middle-aged woman who had cancer, and because we had that one unfortunate situation

among our employees, everyone suffered financially because of her misfortune.

□ 1900

Every year, we faced premium increases of 20, 25, 30 percent. We'd have to shop around as best we could. We'd have to increase co-pays and deductibles, things we had to do to be able to afford to provide coverage for everyone. Yet it wasn't just the business that was struggling; it was all of the individuals, again, all of whom had to pay dearly because of the misfortune of one person.

Under our health care reform, that would never happen. Everybody—every small business, every individual, regardless of their health histories or their health situations—would be guaranteed the lowest rates that anybody else could find. This is the way that America should function. The misfortune of one person should not adversely affect other people. In this particular case, the misfortune, through no fault of this woman's, should not put her in the situation of being discriminated against. So the gentleman is absolutely right.

We had a session back in Louisville during the break, and we invited about 20 to 25 small business people because we wanted to take the opportunity to talk with them and to get their questions because, again, a lot of the discussion surrounding this bill has been, oh, there's going to be a huge employer mandate and we're going to impose this huge tax on small businesses. A lot of people, when they hear those types of headlines, understandably get very concerned.

So we met. We spent 2 hours with this group of small business people, and what we found was exactly the situation that I described with my prior experience with small businesses. Every one of them was facing annual increases of double digits, sometimes approaching 30 percent.

Just today, for instance, I had a small business in the office. They're paying now \$7,200 per person for every one of their employees. They have about 35 employees. The quote for their policy that's up for renewal is a 30 percent increase. So they're spending now about \$2.5 million a year. The increase alone would add \$750,000 to their expense to keep the same level of coverage for their employees. I don't know many businesses that can experience a 30 percent increase in any aspect of their cost structure and survive for very long, and that's what all of these small business people were facing.

One of the things that we talked about was—they said, Well, you have an incentive in this bill that we're covered, which most small businesses aren't because we exempt 95 percent of the small businesses from the employer mandates. But if I'm over there, why wouldn't I just drop my coverage and put my employees into the public market, the exchange, where they would

again have these choices, but they would give up their coverage with me?

I said, Well, you know what? You might very well have that financial incentive to do that. On strictly a dollars-and-cents basis, it might make sense for you to do it, but you know what? Your employees may be better off because, under our plan, they'll have far more choices than they will under your plan. They don't have a choice under your plan. It's whatever you can negotiate for your group, and they're stuck with that. It may not be the provider network they want. It may not have the terms that they want. They're stuck with it.

Under our plan, if you decided to drop your coverage, they could shop in the exchange. They could pick the provider network, the plan that fits them best; and because of the subsidies that we provide, they're probably going to be out of pocket less money overall than they are with you. So it's not necessarily a bad thing that you would drop your coverage.

They said, Oh, well, that's interesting.

I said, Furthermore, under our plan, if you get someone who has a high cost of insurance—somebody who has a cancer or a condition that puts someone at a disadvantage—he's not necessarily locked in. I mean, he's not job-locked at all. If you were to drop your coverage under today's terms, he'd probably have to go to work for a big company to make up for it.

Mr. PERLMUTTER. Will the gentleman yield?

Mr. YARMUTH. I'll yield.

Mr. PERLMUTTER. One of the stories that I came across when I was home a couple of weeks ago—and this occurred at my neighborhood filling station where I'm pumping gas because I've got to go to a couple of events on a Saturday morning. One neighbor came up, and he was on the other side of the pump right across from me.

He says, This health care thing, ED, you know, I really want you to go slow and make sure that this thing is financially sound.

As he was saying that, the neighbor who was pumping gas at the island just behind me came over and said, ED, you guys aren't doing enough, and you're not going fast enough.

So the two of them, as I started pumping gas, started having this conversation. It was a great conversation. Both of them have very, very legitimate points; and we need, as we go through this, to make sure this is financially sound and that we try to predict as much as we can on an ongoing basis. We do know that there are problems with the system. We do know that we pay, as a nation, a lot more than almost any other industrialized country around; and, competitively, that puts us at a disadvantage. So we know we have to do something.

The gentleman who said we're not going fast enough was, you know, a young father—I think probably 35

years old. He works for a roofing company. He'd like to start his own roofing company, but he can't because his wife has Crohn's disease; and because she has Crohn's disease, if he were to go out and set off on his own, be a real entrepreneur and really try to make a go of it, which is what we all want to do in this country—and it's the opportunity that this country provides so many people—he can't because of his wife's medical condition, and the probability is that he won't be able to get anything to cover her if he sets out on his own.

So these two gentlemen, both of whom are neighbors of mine, had this great conversation—both of them with legitimate points—but there is an urgency here, and there is a restriction on people really going out and doing things the American way by setting out on their own to see what they can do for themselves, for their families and, ultimately, for their communities and this Nation.

So I clearly had an event, or a conversation, where the system today prevents entrepreneurship of young men and women who really want to, you know, try some new opportunities for themselves and for their families.

So, with that, I would yield back to my friend.

Mr. YARMUTH. I had another case just like that.

I was at an actual event that was saluting many of the benefits of the summer jobs program that we provided as part of the Recovery Act. It was called YouthBuild where they build homes. They get teenagers who are at risk; they're from the at-risk population. They give them jobs; they give them training, and they have them spend a summer productively.

I walked out to this construction site, and here was a young man, probably about the same age as yours, probably mid-30s. He said, May I talk to you a minute about my situation?

I said, Absolutely.

He said, My wife and I pay for the two of us, plus our one child, a \$900-a-month premium. So that's almost \$11,000 a year.

I asked, And your employer pays part as well?

He said, Oh, yeah. The \$900 a month is my part. My employer pays more.

So I don't know what the whole policy cost, but it was a lot of money.

He said, I've got a preexisting condition. I've got a very bad allergy situation. I've had it all my life, and I can't get insurance in the private sector. I would love to go out and start my own construction company, but I'm locked into this job because of health care, because I would be stuck without it if I had to leave it.

Interestingly enough, he was not supportive of what we're doing.

At the outset, he said, I really wish you wouldn't do this. You know, I don't like the Federal Government's getting involved in coverage—all of the standard arguments that we hear sometimes.

Again, he was someone whose problems with health care would have been solved, whose ambition to form his own company would have been restored, and yet he was still kind of blinded by a lot of rhetoric that's out there. I think I comforted him some in the conversation, but these stories are found throughout the country. We know that there are so many thousands and thousands of people who are in this situation, and this is the type of situation which has, I think, motivated all of us to work so hard to create reform that will be meaningful for the American people.

Just quickly back to the small business issue: so we spent 2 hours in this meeting with the 20 or 25-or-so small business people answering all their questions. At the end of the meeting, about half of them said, Go get it. Go get it. Go for it. We're with you. There were still two or three holdouts who just didn't think that the Federal Government should get involved in any way. When they're eligible for Medicare, we'll have to ask them if they still feel that way. These small business owners, for the most part, understood finally that this was something that would free them from a problem that they have been trying to work out.

So when you work it through, whether it's with senior citizens, with small businesses or with young families who have a situation where one of them might have a preexisting condition, this is exactly what we are trying to do—to create the opportunity for every American, regardless of their conditions or their situations, to have access to affordable health care.

You did make reference to kind of the global situation. My colleague, Mr. PERLMUTTER, talked about the fact that we are the only industrialized Nation in the world that does not provide a certain level of benefits, that is, guaranteed health care benefits for its population, and that we spend twice as much per person as any other country and a much larger percentage of our gross domestic product than any other country does. Right now, we spend about 17 or 18 percent of our GDP on health care. I think the next highest level in the world is about 11 percent.

While we do have some of the best health care anywhere available, it's just not available to enough people; and because of that and because of the fact that many people have virtually no health care and have no insurance and get very little care, we have poorer outcomes in this country even though we spend so much more. The World Health Organization ranks us 37th in the world. In their entire picture of health care outcomes, which includes infant mortality, life expectancy and survivability with certain diseases, we're 37th in the world overall.

That's something that should be a challenge and a motivation for all of us to do better because, again, America has always been the problem-solving

Nation. Whenever we put our minds to it and our collective will, we have been able to solve any problem that has confronted us.

People say, Well, we don't want to be Canada. We don't want to be Great Britain. We don't want to be Japan, or whatever it is.

I say that we don't have to be any of those countries. We're not those countries. We can do better than those countries; and we can create a health care system that is uniquely American, one that, again, provides security and stability to every American citizen, because that's what we're all about.

Before I yield back to my friend, it's interesting—as we talk about the world situation—and we have to confront issues like the myth that illegal immigrants are going to be covered under our bill. Now, we know there are people who are out there who will say anything to undermine this effort; but to me, the discussion about the illegal immigrants is intriguing because on the one hand it's very clear in section 246 that no undocumented aliens will receive Federal payments under this plan; but the opponents say, Well, but they'll still have access to care in the emergency rooms.

Yes, because President Reagan pushed for a law that requires hospitals and emergency rooms to treat anybody who goes there without regard to insurance or citizenship.

What's intriguing to me is that people don't necessarily take the next step, which is to ask, for instance: Do you really want people, doctors and nurses in the emergency rooms, to be worried first about checking somebody's citizenship when somebody is lying on a gurney or when your child or a child, any child or any adult, is mortally injured or has a very serious disease or is having a coronary? Do you want the doctor or nurse to say, Oh, wait a minute. I've got to go check your citizenship before I can treat you?

People don't think about the fact that it's not just that they would check Hispanic citizens or Hispanic people who would go to the emergency rooms or Asian people or whoever it is. They would have to check everybody. They would have to check everybody who would come in, and they would have to check senior citizens who would come in with grave illnesses. So we don't necessarily think through that.

The opponents would also say, Well, they can still buy insurance if they pay for it.

The answer of course is yes. Why is that a problem? Wouldn't you want people to have insurance rather than to go to the emergency rooms where all of us would subsidize their care? If they're illegal immigrants and can afford insurance, wouldn't you rather they have it so their kids, if they're in school next year, are not spreading a contagious disease? Wouldn't you rather they get the health care they need?

□ 1915

I mean, some of the arguments really just don't hold water once you think through them and understand that health care is a very specific category in society and humanity. And I am always amused when we say, well, illegal immigrants can still get care. Yes, I think we want them to still get care, but there is nothing in the legislation that we are proposing or that's being proposed on the Senate side, nothing in that law which would add a benefit, a Federal benefit, to illegal immigrants, and that is clearly spelled out.

So it takes a lot to work through these arguments, as my good friend knows, but it's worth working through them, because once you do, again, people feel much more comfortable and supportive with what we are doing.

Mr. PERLMUTTER. My friend, Mr. YARMUTH, mentioned Medicare, and one thing where there has been another myth is that there were going to be cuts in Medicare or things like that. In fact, it's just the opposite.

There are additional benefits, and one of the benefits that is very important, I know, to my district, and certainly when I was out talking to people, was getting rid of the doughnut hole in prescription drug costs. So that if you get to a certain level, all of a sudden, instead of the Medicare benefit paying for it, now you have got to pay for it out of your pocket.

And many people run into this, and it is financially just difficult and, in some cases, devastating to them because of this doughnut hole. And this bill, part of it is to eliminate this doughnut hole so that the benefits cover prescription medicines.

I think the bottom line for me here is that the status quo is not an option, that there has to be real change to the way this system operates, for individuals who are discriminated against because of their physical health and conditions to small businesses who see the costs going through the roof, and to the Nation that sees its costs going through the roof.

We can't stand idly by. We can't allow failure to reign. We must act. And it's a difficult subject. It's a very complicated system, and it touches 300 million people across this country, so everybody has a perspective on it.

But looking at it in the whole and trying to deal with it as a whole, we must make changes. And that's what I hope will occur over the next few months here in this House of Representatives and in the Senate and ultimately signed by the President so that we can get on with this and start making the changes that are so desperately needed before the system continues to get worse, premiums continue to go higher, people who shouldn't be discriminated against are.

We need change, and I am ready for it now.

Mr. YARMUTH. It's important to re-emphasize the point that Mr. PERLMUTTER just made was that this is

an incredibly complicated endeavor. And that's one of the problems we have in terms of a communications effort, that there are so many things that need to be explained. And as I have described it before, this is the biggest Rubik's Cube that anyone has ever tried to solve because there are so many moving parts.

And one of the things that I have heard from a number of people in my district is they say, well, why don't you do it piece by piece? Why don't you do it incrementally? And the answer is, of course, that because of the system we have in this country, you can't really approach this problem piecemeal, because you could say, for instance, we are going to address the problems in Medicare. You could do that, or you could say we are going to address the private insurance system. The problem is that they use the same provider networks. The same doctors service the private system and the public system, Medicare, Medicaid. The same hospitals service them, the same home health care companies, the same skilled nursing facilities service both.

So there is so much cost shifting going on, so that because Medicare pays less to providers, they charge private insurance companies more, which drives rates up. And they are always trying to balance their overall business to provider networks with the compensation they get, a reimbursement from both sides. So unless you deal with it holistically, you are going to basically push the finger in one side of the balloon and push it out the other end. We know that game.

And so incrementalism, while it might be desirable, it might be easier to achieve a comfort level in the country because people might be able to digest what we are proposing to do a little bit better, the fact is that reform that doesn't touch all of these areas is not going to be effective, and we will just distort the system even more and probably have more and more people fall through the cracks.

So nobody said this was going to be easy. I think it was Teddy Roosevelt 100 years ago who talked about providing universal health care, and we are still struggling with a way to bring health care to all our citizens. But we can do it. It's important work. I don't think there is anything we will ever do in this body at least domestically that will be as important as this effort.

And as I look around the world and see what other countries have done, see both the positive aspects of many other systems, some of the negatives, again, I don't think there is anywhere else in the world where I would say we can take that system and plop it down in the United States and it would be the perfect system for us.

There are elements of everybody's system around the world that could be useful in, again, creating that uniquely American solution.

There is a new book out called "The Healing of America" by a Washington

Post journalist named T.R. Reid, and he traveled around the world examining the health care systems, and he said there are three universal laws about health care reform or health care around the world. One is that no matter how good the system is for so many people, for as many people as possible, some people always complain about it. Secondly, doctors and hospitals will always complain that they are not being paid enough. And the final point was, the last reform always failed.

So we are in an imperfect arena, and we know that whatever we do here in this Congress, hopefully this year, will be far from perfect. We know that we will be working on this for as long as we are all alive, because there will be thousands of unintended consequences and unpredictable consequences of what we do.

But as my friend said, we have to start somewhere, and this is the time because we are looking at a very, very bleak picture moving forward, with tens of trillions of dollars of added debt in Medicare, with insurance premiums that are projected to increase by \$1,800 a year for the next 10 years for a family policy, which would take it in the range of \$30,000 by the end of the next decade.

And we know that the American economy, certainly not American businesses, and definitely not American families can afford that type of cost. So this is the biggest challenge, but also the biggest opportunity we have ever faced in this country.

And I am so glad, not just to be in Congress being able to work on this incredible endeavor, but also that the American people are so engaged in the process, because when the American people pay attention, the American people will respond, and they are responding with their input, with their reactions, and I think, ultimately, they will respond with their wholehearted support with the reform effort that we are engaged in.

So I would just offer the floor to my colleague, if he has any closing remarks, and then we will surrender our time.

Mr. PERLMUTTER. I thank my friend, I thank him for hosting this hour. I think for me the status quo is not an option. We have to act because there are things in this system, the health care system and the way we finance it. We need insurance reform, because there are things that are broken. We need to fix what's broken. We need to improve what's working, and we need to have a system that is affordable and accessible to all Americans. And now is the time to act. We can't fade into the woodwork and hope this all makes itself better. Sometimes you have to tackle tough subjects, and people aren't going to be always right in line with you.

Now is the time for us to tackle a very tough subject, to bring the change that's needed for generations to come, to save money and provide care for in-

dividuals, for businesses and this Nation.

Mr. YARMUTH. I thank the gentleman and thank him for his participation tonight. As I said a moment ago, we are involved in an incredible historic endeavor here, and I am very appreciative of the fact that we in the class of 2006, the Majority Makers, most of whom campaigned on a platform that included affordable quality health care for all, are able to participate here with the cooperation of the American people.

CORRECTION TO THE CONGRESSIONAL RECORD OF MONDAY, SEPTEMBER 14, 2009, AT PAGE H9457

RECOGNIZING THE PERSISTENTLY HIGH RATES OF DROWNING FATALITIES AMONG CHILDREN

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 57) expressing the importance of swimming lessons and recognizing the danger of drowning in the United States, especially among minority children, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 57

Whereas the success of the United States Olympic swim team, including the record-breaking eight gold medals won by Michael Phelps, has brought great attention to swimming;

Whereas a New York Times article entitled "Despite Olympic Gold, Swimming Statistics Are Grim", highlighted the irony of the United States Olympic glory in light of a shocking number of drownings in the United States;

Whereas the New York Times has also highlighted the discrepancies in swimming education between African-American children and White children in the article "Everyone Into the Water";

Whereas according to the Centers for Disease Control and Prevention (CDC), there were 3,582 unintentional and fatal drownings in the United States in 2005 representing an average of 10 drowning deaths each day;

Whereas for every child who fatally drowns in the United States, there are four near-drowning incidents that require emergency care and can lead to brain damage resulting in permanent disabilities ranging from loss of memory to the loss of all basic functions;

Whereas children are the most susceptible to fatal drowning incidents with one out of four victims being 14 years old or younger;

Whereas drowning is the second most common unintentional cause of death among children ages 1 to 14;

Whereas minority drowning rates greatly exceed the rates of White children;

Whereas according to the CDC, the fatal drowning rate for African-American children between the ages of 5 and 14 is over three times higher than the rate for White children, and the rate for American Indian and Alaska Native children is over two times higher;

Whereas according to a study by the University of Memphis, almost 60 percent of African-American and Latino children do not know how to swim as compared to roughly 30 percent of White children;

Whereas long-existing stigmas regarding minorities and swimming have contributed to the lack of swimming education in minority communities, and nonswimming minority families are far less likely than nonswimming White families to enroll in swimming lessons;

Whereas according to the United States Census Bureau, in 2007, 33.7 percent of African-Americans, 28.6 percent of Latinos, and 12.5 percent of Asian-Americans lived below the poverty line as compared to 10.1 percent of Whites, and swimming lessons can cost hundreds of dollars per course;

Whereas the Virginia Graeme Baker Pool and Spa Safety Act was signed into law in December 2007 addressing the pressing need for increased pool and spa safety requirements and education to prevent accidental deaths by drowning;

Whereas effective drowning prevention strategies require several approaches such as supervision, fully gated pools, CPR training, and swimming skills;

Whereas the ability to swim is an important and essential skill, and according to Safe Kids USA, in order to help prevent drowning, children should be enrolled in swimming lessons as early as age 4 to learn how to float, tread water, and enter and exit the pool; and

Whereas nonprofit initiatives, like the USA Swimming Foundation's program "Make A Splash", are working hard to meet the need for swimming lessons by partnering with local communities to offer all children access to swimming education: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) expresses the importance of access to swimming lessons for all communities in the United States as an integral part of drowning prevention;

(2) recognizes the danger of fatal unintentional drowning in the United States;

(3) condemns the persistently high rates of fatal drowning among all children, and the particularly high rates of fatal drowning among minority children;

(4) celebrates the passage of the Virginia Graeme Baker Pool and Spa Safety Act;

(5) celebrates the work of initiatives like USA Swimming Foundation's "Make A Splash" and Safe Kids USA to educate parents and caregivers on water safety and drowning prevention messages; and

(6) encourages public and private funding to support current and future initiatives that provide all children access to swimming education.

CORRECTION TO THE CONGRESSIONAL RECORD OF MONDAY, SEPTEMBER 14, 2009, AT PAGE H9459

RECOGNIZING 15TH ANNIVERSARY OF THE VIOLENCE AGAINST WOMEN ACT

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 738) recognizing the 15th anniversary of the enactment of the Violence Against Women Act of 1994.

The Clerk read the title of the resolution.

The text of the resolution is as follows: