

He is one of the experts on communications policy.

TV Marti's quest to overcome the laws of physics has been a flop. Aero Marti, the airborne platform for TV Marti, has no audience currently in Cuba, and it is a complete and total waste of \$6 million a year in taxpayer dollars.

The \$6 million is just for the airplane. They spend much more than that on TV Marti.

It is a total and complete waste of \$6 million a year in taxpayer dollars. The audience of TV Marti, particularly the Aero Marti platform, is probably zero.

We have been doing this for 10 years and more. Since I raised this issue, we have spent  $\frac{3}{4}$  billion broadcasting television signals into a country that cannot see them.

Let me continue:

TV Marti's response to this succession of failures over a two-decade period has been to resort to ever more expensive technological gimmicks, all richly funded by Congress, and none of those gimmicks, such as the airplane, have worked or probably can work without the compliance of the Cuban Government. It is just the law of physics.

In short, TV Marti is a highly wasteful and ineffective operation.

I put in an amendment that cut \$15 million out of this program. I know it is radical to say you should not broadcast to people who cannot see them. I suspect this must be considered some sort of jobs program. That would be the only excuse for continuing funding.

I had an amendment that shut down TV Marti. If ever—ever, ever—there were an opportunity to cut government waste, this is it. This is just a program that accomplishes nothing and has no intrinsic value at all. But in the middle of a very significant economic downturn, when deficits have spiked up, up, way up, I apparently cannot even get this done. I got it done in the Senate, but it did not get through the conference. I guess for the next year or so—Fat Albert is retired—the airplane will still fly. And here is a television set in Cuba sees of TV Marti snow, static. We will continue to spend \$15 million or so so the Cubans can look at static on their television sets. It is not much of a bargain for the American taxpayer, I would say.

I only point this out because I lost on this issue. Those who feel strongly that we ought to continue to do this won. I hope that one day, perhaps we could agree that when we spend money, let's spend it on things that work, spend it on things that are effective, spend it on things that advance our interest and our values. This certainly does not.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Pennsylvania.

#### HEALTH CARE REFORM

Mr. CASEY. Mr. President, I rise this morning to speak about health care and our children and the health care reform, the Patient Protection and Affordable Care Act, as relates to our children.

The chart on my left makes a couple of fundamental points.

For children, health care reform must follow one simple principle, and I also say it is only four words: No child worse off. When I say "no child," of course I am speaking of children who do not often have a voice. Obviously, if they are children from a family that is very wealthy, I think they will be just fine no matter what happens here. But children who are poor and children who experience and have to live with special needs are the ones I am talking about when I say "no child worse off."

I filed many weeks ago—actually, months ago now—a joint resolution, No. 170. I was joined in that resolution by Senator DODD, Senator ROCKEFELLER, Senator BROWN, Senator WHITEHOUSE, and Senator SANDERS. We filed that resolution just to make this point with a couple more words than "no child worse off," but that was the fundamental point to guide us through this process because sometimes in a debate on something that is this significant, and parts of it are complicated to be enacted into law—it is a challenge to pass health care reform. I think we will. I think we must. But we do need guiding principles, and I believe one of these should be "no child worse off" for special needs children.

A lot of the child advocates across America have told us, for many years, something so simple but something very meaningful in terms of providing further guidance for this debate. Children are not small adults. That does not sound so profound, but it really matters when it comes to health care. We can't just say: If you have a health care plan for adults, it will work for kids, do not worry about it. Unfortunately, that is not the case.

If we do not do the right thing, we could lose our way on that basic principle. We have to get it right, and we have to give poor and special needs children a voice in this debate. I do not think there is any question that Senators on this side of the aisle are guided by that basic principle.

I want to next turn to the bill, the Patient Protection and Affordable Care Act, and walk through some of the provisions. There are many good provisions in the bill for children, but I want to walk through a couple.

How does it help children? That is a fundamental question. You cannot escape the basic implications of that. First, the bill eliminates preexisting condition exclusions. That is in the first couple pages of the bill. Obviously, it has an enormously positive impact for adults. We have heard story after story of literally millions of Americans denied coverage year after year because of the problem of preexisting conditions. It has special meaning when it comes to children.

No. 2, the bill ensures that benefits packages include oral and vision care. We know what that means for children, and in particular we are thinking about the horrific, tragic, and prevent-

able death recently of Deamonte Driver of Maryland, a young boy who lost his life because his family did not have the coverage for an infected tooth—an infected tooth, not something that is complicated to deal with. His family couldn't afford the care. A child in America died from an infected tooth that would have cost \$80 to treat.

So when we talk about insuring benefit packages that include oral and vision care, that doesn't say it too well until you connect it to the life and the death—the tragic death—of a young child not too far from Washington, DC.

Thirdly, the Patient Protection and Affordable Care Act will mandate prevention and screenings for children. This is so important. We know our poorest children, who have the benefit of being covered by Medicaid, get these kinds of services so we can prevent a child from getting sicker or prevent a disease or a condition or a problem from becoming that much worse for that child.

As I said before, children are not small adults, so we have to make sure we have strategies and procedures in place that deal with the special needs and the special challenges that children face in our health care system.

Finally, the act has increasing access to immunizations. I don't think I have to explain to any American how important immunizations are. The Centers for Disease Control will provide grants to improve immunizations for children, adolescents, and adults.

Let me move to the third chart. The third chart outlines some other provisions for children. Here are three more ways the Patient Protection and Affordable Care Act helps children, among many others. It creates pediatric medical homes. People may say: What is a medical home? What does that mean? Well, I need simplicity just like anyone does. This is my best summary of a medical home.

A medical home obviously isn't a place. It is treating people in the way they ought to be treated in our health care system. The ideal—and I think this bill gets us very close to meeting this goal—is that every American should have a primary care physician and then be surrounded by the expertise of our health care system. Children especially need that kind of help. So we want to make sure every child not only has a primary care physician—in this case a pediatrician—but also has access to all of the expertise that pediatricians and our system can give them access to.

Next, the act strengthens the pediatric workforce. We can't just say we want children to have access to pediatric care. We have to make sure we have the workforce in America to provide that kind of care.

Thirdly, the act expands drug discounts to children's hospitals. Before this act, before the act that we are debating, children's hospitals did not have access to a program that provides discounts on the drugs they need for

sick children. Now children will benefit from the discounted prices that result from the passage of this act. This is vitally important.

Let me go to one more chart.

Parliamentary inquiry, Mr. President: How much time do I have remaining?

The ACTING PRESIDENT pro tempore. Two minutes.

Mr. CASEY. Two minutes. I will just do one chart and then we will move quickly.

This chart makes a very fundamental point. At a time in our history when over the course of a year the national poverty rate went up by 800,000, and the number of people without insurance is going up—and in the midst of a recession, you would understand and expect that—the one thing we don't focus on is that because of the effectiveness of the Children's Health Insurance Program, there is one number on this chart that is going down—and we hope it keeps going down—and that is the number of uninsured children.

It is interesting that on this chart between 2007–2008, as the child poverty rate went up by 800,000 children, the number of children without insurance is down by that same number—800,000. It shows the Children's Health Insurance Program is working, even in the midst of a recession. So I have an amendment that strengthens the Children's Health Insurance Program in the bill.

I know I am out of time, Mr. President, and I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Illinois.

Mr. DURBIN. Mr. President, it is my understanding that we have gone over the original allocation of time, and Senator MCCAIN is coming to the floor. We will, of course, offer to the minority side whatever extra time we will use so that there will be a like amount available to them, and I will make every effort to shorten my remarks.

The ACTING PRESIDENT pro tempore. The majority has not exceeded its time. There is 12 minutes remaining on the clock.

Mr. DURBIN. Sorry, I was misinformed. But whatever we promised the minority side, they will receive like treatment on whatever time we use.

#### UNANIMOUS CONSENT REQUEST— H.R. 3590

Mr. DURBIN. Mr. President, yesterday, the majority leader propounded a unanimous consent request to have four votes with respect to the health care bill. The Republican leader objected to the consent, since he indicated they had just received a copy of Senator LAUTENBERG's side-by-side amendment to the Dorgan amendment and so they needed time to review the amendment.

Therefore, I now ask unanimous consent that following the period of morning business today, the Senate resume

consideration of H.R. 3590 for the purpose of considering the pending Crapo amendment to commit and the Dorgan amendment, No. 2793, as modified; that Senator BAUCUS be recognized to call up a side-by-side amendment to the Crapo motion; that once that amendment has been reported by number, Senator LAUTENBERG be recognized to call up his side-by-side amendment to the Dorgan amendment, as modified; that prior to each of the votes specified in the agreement, there be 5 minutes of debate equally divided and controlled in the usual form; that upon the use or yielding back of the time, the Senate proceed to a vote in relation to the Lautenberg amendment; that upon disposition of the Lautenberg amendment, the Senate then proceed to vote in relation to the Dorgan amendment; that upon disposition of that amendment, the Senate proceed to vote in relation to the Baucus amendment; and that upon disposition of that amendment, the Senate proceed to vote in relation to the Crapo motion to commit; that no other amendments be in order during the pendency of this agreement, and that the above referenced amendments and motion to commit be subject to an affirmative 60-vote threshold; that if they achieve that threshold, they then be agreed to and the motion to reconsider be laid upon the table; if they do not achieve that threshold, they then be withdrawn.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. ENZI. Mr. President, reserving the right to object, we are going to have three Democratic amendments and one Republican amendment voted on, and the Democrats wrote the bill. The Democrats are doing a side by side to their own amendment.

It looks to me like they ought to get together and get some things figured out. There ought to be a little bit more fairness on the number of amendments. So I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. DURBIN. Mr. President, this is the second time we have offered to call amendments for a vote, and the complaint from the other side is, you are not calling amendments for a vote.

How many times do we have to ask for permission to call amendments for a vote, run into objections from the Republican side, and then hear the speech: Why aren't we voting on amendments?

I am certain that in the vast expansion of time and space, we can work out something fair in terms of the number of amendments on both sides. In fact, maybe the next round will have more Republican amendments than Democratic amendments. I don't know how many Republican amendments or Democratic amendments we have voted on so far. We can get an official tally, but that really seems like a very minor element to stop the debate on health care—because we need to have an equal number of amendments. Can't grown-

ups work things out like this and with an understanding that we will resolve them? If we can't, then for goodness' sake don't subject us to these arguments on the Senate floor that we are not calling amendments for a vote. We have just tried 2 days in a row, and the Republicans once again have stopped us with objections. That is a fact.

I would implore the leadership—not my friend from Wyoming; I know he is doing what he is instructed to do by the leaders—for goodness' sake, let's break this logjam. Let's not, at the end of the day, say, well, we stopped debating this bill when we should have been debating it, when we have offered 2 days in a row in good faith to have actual amendments offered and debated.

I would also say, Mr. President, this is the bill we are considering, H.R. 3590, when we return to it. This is the health care reform bill, and this is a bill which has been the product of a lot of work. A lot of work has gone into it both in the House and in the Senate. In the Senate, two different committees met literally for months writing this bill, and they should take that time because this is the most significant and historic and comprehensive bill I have ever considered in my time in Congress—more than 25 years. This bill affects every person in America—every person in the gallery, everyone watching us on C-SPAN, every person in America. It addresses an issue that every American is concerned about—the future of health care, how we are going to make it affordable.

At a time when fewer businesses offer the protection of health insurance, at a time when individuals find themselves unable to buy health insurance that is good and that they can afford; at a time when health insurance companies are turning down people right and left for virtually any excuse related to pre-existing conditions, we cannot continue along this road. Those who are fighting change, those who are resisting reform, are basically standing by a broken system.

There are many elements in American health care that are the best in the world, but the basic health care system in America is fundamentally flawed. This is the only civilized Nation on Earth where you can die for lack of health insurance—literally die.

Mr. President, 45,000 people a year die because they do not have the health insurance they need to bring them to the doctor they need at a critical moment in life. They do not have the health insurance they need to afford the surgical procedure they need to avoid a deadly disease.

If a person has a \$5,000 deductible on their health insurance, and a doctor tells them—as a man who wrote me from Illinois said—you should have a colonoscopy, sir; there is an indication you could have a problem that could develop into colon cancer and it could be fatal.

The man says: How much is the colonoscopy?