

many lectures from other countries that are busy building nuclear powerplants because they understand that if climate change is the inconvenient problem, nuclear power is the inconvenient but best and most environmentally beneficial solution.

The ACTING PRESIDENT pro tempore. The Senator from Maryland is recognized.

Mr. CARDIN. I ask unanimous consent that I be permitted to speak for up to 10 minutes, followed by Senator DURBIN.

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

WATER INFRASTRUCTURE

Mr. CARDIN. I am happy that when morning business comes to an end we will resume consideration of the fiscal year 2010 Interior Appropriations bill.

I have come to the floor today to support the significant increase in funding for water infrastructure included in that legislation. We in Maryland have witnessed one more dramatic reminder that the water infrastructure of this country is in dire straits and in desperate need of new attention and greater investment.

This past Friday afternoon, water surged for hours from a broken 6-foot-wide water main in Dundalk, MD. The raging water covered streets, pouring water into basements of many homes in Baltimore County, causing significant property damage. The raging water washed out main roads in the area causing significant damage to the infrastructure of the community. Here we see the road being washed out by the water that flowed through this community.

This past Friday I was in Dundalk for the groundbreaking of a new housing development. This is a proud, historic community in Baltimore County. It was devastating, the damage that was done to this community as a result of infrastructure that failed. I would like to say this is an isolated episode but, unfortunately, this is not the first time in the past year we have witnessed instances such as this. Last December, a water main broke sending a 4-foot wall of water down a busy commuter road in Bethesda, MD, just outside of Washington. Here we see the headlines from the paper. Rescue workers were trying to rescue stranded drivers. This was River Road that turned into a river as a result of another water main break in Maryland. The water flowed with such force that Maryland State emergency workers had to rescue some drivers by boat and even by helicopter. Here we see a dramatic rescue. Fortunately, no one was injured, but we could have seen the loss of life.

We need to deal with infrastructure, the pipes of our Nation. While these incidents were perhaps some of the most dramatic, there have been hundreds of water main breaks, large and small, across Maryland over the last year

alone, and we are likely to see more instances such as this in the future. According to the EPA's 2004 clean watershed needs survey, Maryland has nearly \$6 billion in wastewater infrastructure needs alone. But Maryland is not unique in facing a crisis when it comes to water infrastructure. These episodes have been repeated throughout the Nation. Our water infrastructure is reaching a tipping point in many places, having long outlived its 50-year lifespan. The American Society of Civil Engineers rated both wastewater and drinking water systems a D minus, the lowest rating of any infrastructure category.

These problems are compounded by a growing population and more frequent cycles of floods and droughts affecting communities. The Environmental Protection Agency estimates an additional \$6 billion per year will be needed to meet the Nation's wastewater infrastructure needs, and \$5 billion will be needed for drinking water needs.

This is a matter of protecting the safety of people. This is an issue of preventing property damage. Many don't have insurance to cover it because they didn't think they lived in a flood-prone area. They didn't expect a water main to cause a flood in their homes. We need it to save water. We are wasting a lot of water. We need it to save energy because we transport water in an inefficient energy way.

The Interior appropriations bill, which we will be considering today, makes a significant investment in our Nation's water infrastructure. It contains \$2.1 billion for improvements to wastewater infrastructure through the Clean Water State Revolving Fund. This amounts to \$1.4 billion more than Congress appropriated in the last fiscal year. The bill also contains almost \$1.4 billion for the Drinking Water State Revolving Fund. This is almost \$600 million more than Congress appropriated last year. These funding levels come on top of \$6 billion for water infrastructure that is going to States as part of the American Recovery and Reinvestment Act. Much of this new commitment is thanks to a new administration that has recognized the infrastructure crisis and is doing something about it. That commitment is echoed by my colleagues, Senators Feinstein and Alexander, who have included investments in the bill we are considering today. I thank them for their commitment, but new investment alone is not enough. That is why I have introduced, along with Senators Boxer, Inhofe, and Crapo, S. 1005, the Water Infrastructure Financing Act of 2009. This is a bipartisan effort, as it should be, to improve America's infrastructure.

The Water Infrastructure Financing Act of 2009 truly represents a watershed moment in the legislative history of the Clean Water Act and the Safe Drinking Water Act. First and foremost, the bill makes it possible for us to continue considerable investment in

the Nation's aging infrastructure by significantly increasing authorizations for clean water and drinking water. The bill provides \$20 billion for the Clean Water State Revolving Fund and nearly \$15 billion for the Drinking Water State Revolving Fund over the next 5 years.

The bill goes further to develop new tools to address some of our pressing and growing water infrastructure needs. It allows new and important types of projects to qualify for funding, including efforts to secure wastewater and drinking water facilities and green infrastructure that is often more effective and less expensive than traditional infrastructure. The bill provides additional flexibility in the Clean Water State Revolving Fund to help poor communities by providing loan forgiveness and improving financing, an ability that is especially important as budget cuts make critical infrastructure investment beyond the reach of many communities.

The legislation creates nearly \$2 billion in grant programs to make infrastructure upgrades that will reduce the number of combined and sanitary sewer overflows. These overflows are estimated to contribute 850 billion gallons of untreated sewage and storm water to the Nation's waterways every year. There is a new \$60-million-per-year nationwide grant program to provide funding to States and municipalities to reduce lead in drinking water to protect our children. The bill also contains a new \$50 billion nationwide grant program to address water quality issues associated with agriculture. The bill gives new incentives for water utilities to plan for the future so we don't face another crisis of failing infrastructure 20, 50, or 75 years down the road.

This legislation has the support of broad constituencies: utility construction contractors, engineers and manufacturers, labor organizations, environmental groups, the clean water agencies, regulators, academics, and local government.

The bill was reported out of the Environment and Public Works Committee by a voice vote, a strong bipartisan vote. Americans have the right to clean water flowing through their streams, rivers, and bays. We have the right to drinking water that is healthy.

While I proudly support H.R. 2996, the Department of Interior Appropriations Act of 2010, I hope the full Senate will have the opportunity to vote on the Water Infrastructure Financing Act of 2009 this year. If so, we will be keeping faith with the American people by providing the tools necessary to meet their basic human health and environmental needs. We will help provide water systems that can keep water running through the pipes rather than down the streets, as we saw in Dundalk this past weekend.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Illinois.

Mr. DURBIN. Mr. President, I commend the Senator from Maryland. The

issue he has spoken of is one we can address in every single State where aging infrastructure is taking its toll in terms of the public services each family and business expects. It is something we can use to our advantage by channeling the resources of this country into building and rebuilding infrastructure and creating much needed jobs.

I thank the Senator from Maryland. I am more than happy to support his efforts.

HEALTH CARE REFORM

Mr. DURBIN. Mr. President, I come to the floor to speak about an issue that looms over the Senate and the Capitol like no other. In the ebb and flow of the history of the Senate, many issues come and go, but few come before us with the importance of the issue of health care reform.

Earlier this month, the U.S. Census Bureau released data on the income, poverty, and health coverage of Americans. The number of Americans living without health insurance is staggering: 46.3 million people were uninsured last year. The issue of the uninsured is not a question of us versus them. The uninsured are everywhere in America. Most of the people without health insurance today are working or are in a family with someone who works.

Who are these people? They are not the poorest in America; we care for the poorest. We provide them health insurance known as Medicaid. They are not the fortunate ones such as myself or many others who have health insurance. They are folks who get up and go to work every day without the peace of mind of knowing that they have health insurance protection for themselves and their families. These are the people who made your bed and cleaned your hotel room this morning, the ones who fixed your breakfast and cleared the dishes off the table in the restaurant. They are watching your children and your grandchildren even as you go to work. They are taking care of your mom in an assisted living center and changing her bed linens. They include the realtor who helped you find your new home or sell the home. They include many veterans who served our country with pride and now find themselves in an unfortunate circumstance. In fact, 8 in 10 of the nonelderly uninsured live in families where the head of the family goes to work every single day. Not everyone who works for a large employer is lucky enough to have health coverage. Twenty-two percent of people in America working for firms with 500 or more employees are uninsured.

Here is another important part to understand. Many people without health insurance are not among the poorest. One-third of the families without health insurance are making more than \$44,000 a year. Despite making a moderate income, these individuals either work for an employer who doesn't

offer health coverage or they can't find coverage they can afford. For the average U.S. family who has coverage, the worker and employer together paid an extra \$1,017 last year in health care premiums to compensate for the uninsured.

When the uninsured people reach a stage in life where they desperately need health care, they go to an emergency room. Hospitals don't turn them away; they treat them. Their expenses are not paid for. They are passed along to those with health insurance. It means those of us who pay health insurance premiums pay about \$90 a month more to cover uncompensated care for the uninsured. That is a reality.

The lack of insurance is not only about dollars though; it is also about lives. A study released last week by the American Journal of Public Health revealed that nearly 45,000 annual deaths in America are associated with lack of health insurance. In other words, the myth that people without insurance ultimately get the same care as everyone else is not true. The uninsured in America are more likely to die. I will give two examples. Things are getting worse for these families. This figure linking "uninsurance" or lack of insurance with premature death is 2.5 times higher than an estimate from the Institute of Medicine for just 5 years ago. Deaths associated with lack of health insurance now exceed those caused by many common killers. The increase in the number of uninsured and our Nation's eroding medical safety net for the disadvantaged help explain the substantial increase we have seen in the number of deaths associated with the lack of health insurance. The simple fact is that the uninsured are more likely to go without needed care, and that lack of health care coverage takes its toll.

Is this what America has come to? We have too many people who are unable to get health care when they need it. My constituents know the story well. Let me cite a story about a woman from Chicago. To protect her identity, I will call her Monica. Monica came to the State of Illinois after Hurricane Katrina destroyed her home and took her sister's life. Today she has a small tattoo of her sister's name on her arm with a hurricane over it. She came to Chicago, lived in FEMA-funded emergency housing but became homeless when the FEMA funds ran out. She stayed in overnight emergency shelters for 2 years. She found herself in desperate need of help. But when she thought things couldn't get worse, she was stabbed outside one of these overnight shelters and admitted to Sinai Hospital in Chicago. Sinai is one of the great hospitals that serves some of the poorest people in that great city. I commend all of the people who keep that hospital's doors open and work to keep quality services available for even the poorest in the city.

As it turned out, that stabbing saved her life. In the hospital, the medical

team discovered she had hypertension and hepatitis C. The social worker enrolled Monica in a local program for the homeless and uninsured with chronic medical conditions. With help from this program and the hospital's social worker, she learned where to go for medical care and how to find help to rebuild her life. That was last summer. Today Monica has her own apartment and is managing her health. She is one of thousands of people who walk around with life-threatening chronic conditions such as hypertension and hepatitis C, conditions that go undiagnosed and untreated because these people can't seek care without health insurance.

She is trying. Monica is doing her best. She wants to be self-sufficient. She wants to be a contributing member of society, a giver not a taker. But she still lives in fear of being one accident, one illness, one diagnosis away from losing everything she has been able to accumulate in her life.

That is the fear people face when they don't have insurance. Let me tell you of another fear. It is a fear that many families face every day, and Verta Wells' children know this fear.

Verta is a constituent of mine from the downstate area—right near my home in Springfield. She and her sister were adopted by loving parents, and she has grown up in the town I call home since she was 5 years old. Verta is a veteran of the U.S. Army. She raised two sons in Springfield and had a steady job. Health insurance was not a problem, and she was working.

As the parent of two boys, Verta's medical care was covered by Illinois Children's Health Insurance Program. It covers just not the kids but also a single mom such as Verta. She was a young and healthy mother. She worked at the local Steak n' Shake, which in my part of the world is the local restaurant to go for a hamburger and a milkshake. It is a great restaurant. It is clean and the help is always very good.

Working at that restaurant, she enrolled in school part time to become a medical assistant. She wanted to do better in her life. Without a pressing illness, she took the insurance card for granted because she did not need it. As time went on, though, she learned how valuable that insurance card could be.

One night, Verta, doing a self-examination, found a lump in her breast. Her youngest son was then 17 years old, which meant Verta had 1 more year of health insurance under the Children's Health Insurance Program. Thankfully, she was able to go to a doctor for a mammogram. Three days later, the doctors told her the sad news that the lump was malignant.

The All Kids Program—the version of CHIP in our State of Illinois—paid for her treatment, and Verta was happy to come out the other side as a healthy breast cancer survivor. Her son graduated from high school and life looked good. Unfortunately, this is not where the story ended.