

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.

For some time after her initial surgery for breast cancer, Verta experienced a pain in her chest. There was just one difference. With her kids now grown and over the age of 18, Verta did not have any health insurance anymore.

The pain grew worse. Verta knew she had lost her insurance, but she was aware of a program called the Breast and Cervical Cancer Early Detection Program—a program that provides free care to uninsured women in our community.

She enrolled in the program and went in for a mammogram. Despite the pain, the doctor did not find anything. Given her history, the doctor recommended, though, that she go see an oncologist at that point just in case, just to be absolutely sure.

Verta might have gone, but it worried her that the visit was not covered by any health insurance. She was worried about the bills that were starting to pile up. After all, that earlier mammogram was clean, and the program covers women with breast cancer, so she felt somewhat confident she did not have to go any further.

She loved working with her oncologist. The last thing she wanted to do was stick him with an unpaid bill. And she knew she could not pay a large medical bill on her waitress's salary. So she went on as if everything was OK.

But several months later, she felt another lump in her chest. Still thinking her mammogram was fine, still worried about medical care she could not pay for, Verta did not check in with her specialist, her oncologist—until one day when she felt so dizzy she was forced to go to the emergency room. They diagnosed Verta with metastatic cancer. That was just a few months ago. Today, Verta is no longer with us.

Is this what we have come to in America—a hard-working young mother without access to health insurance, afraid to go to the doctor, delaying care, and dying too soon? That is the reality.

So when we talk about health care reform, we talk about several needs here. Earlier on the floor, the Republican leader came and talked about the fact that we are talking about changes—basic changes—in the system, he said, that involved taxes, and certainly we have to be honest about the cost of any reform. But, unfortunately, most on the other side of the aisle have not joined us in this debate. They are not sitting down with us and trying to work out a bipartisan bill. And, sadly, very few, if any, of them have any alternative to the current health care system in this country.

Even if you are happy with your insurance today, most people have this lingering doubt about whether it will be there when they need it. Will that health insurance company turn you down when you absolutely need to have them pay for a serious surgery or important medical work? Are they going

to fight you over how much money they will pay? Will they go through your application for insurance and say: Oh, you didn't disclose a preexisting condition and, therefore, we are not going to cover you? That happens way too often. As it happens, more and more people end up in debt—sometimes crippling debt.

In the last few years, the number of individuals and families in America filing for personal bankruptcy because of medical bills has doubled. It went from 31 percent to 62 percent in just a few years. Of the 62 percent who filed for bankruptcy because they could not pay their medical bills, 78 percent of them had health insurance. It turned out to be health insurance that did not mean much. It was not worth much when they needed it.

That is the reality today. It turns out that many people who go to bed at night rest easy believing they have health insurance but find—because of that accident or that diagnosis—they are in a pitched battle with the health insurance companies, which they often lose. Losing it destroys their life savings and everything they have ever worked for.

That kind of uncertainty, that kind of insecurity is why we are in the midst of this important debate. It is why we should have both sides of the aisle looking for practical, common-sense solutions, focused on keeping people healthy and well in America, and giving them security and stability when it comes to their health insurance. But, instead, there is not enough conversation and dialogue in the Senate. Unfortunately, at many town meetings across America, there was much more shoving and shouting than there was real conversation about how to solve this challenge that faces America.

There are several things we need to do. We need to end insurance company discrimination. Insurance companies must be stopped from denying coverage to Americans with preexisting conditions, such as heart disease, cancer or diabetes. No longer should they be free to raise premiums or drop coverage when it turns out you are sick and need your health insurance.

We also need to lower health care costs and reduce the Federal deficit because if we do not tackle health care, believe me, the cost of Medicaid and Medicare and the overall cost to governments at every level will continue to escalate, and those who are genuinely concerned about the debt facing our country have to acknowledge this could drive America's debt out of control, unless we do something about the cost of health care.

The Congressional Budget Office estimates that one of the bills, being considered today in the Finance Committee, will lower premium costs for Americans purchasing coverage in the individual and small group markets. They say the bill effectively slows the growth of Federal health care spending

over the long term and could save us up to \$49 billion over the next 10 years.

We need to also improve our focus on wellness and prevention. We need to work to change the focus of our health care from sickness to wellness, how we can avoid medical costs, keep people healthy, give them the independence of living at home with the peace of mind to know they are in good hands with a good doctor and good hospital, if they need it, but they are doing important things, making personal decisions to improve their own health. We do this in most of the bills before Congress, focusing on preventive care and wellness.

We need to ensure quality health care coverage for millions of Americans who go without every single day. This is not just a matter of economics; it is a matter of justice. To think that we live in this great and prosperous nation—even struggling with this recession—that we turn and find 46 million Americans without health insurance coverage has to be unacceptable. I know what I am about to say some will disagree with, but I think peace of mind and health care coverage should be a right in America, not a privilege for those lucky enough to work in the right place or have enough money.

We also need to cut down on fraud, waste, and abuse. There is a program called Medicare Advantage. The private health insurance companies came to us several years ago and said: Government, you are not running this government program well. Let us offer Medicare benefits, and we are going to show you something. We could offer more coverage, better care, at a lower cost than the government.

So Congress said: Be our guest. Today, the Medicare Advantage Program, which is supposed to be the private health insurance answer to Medicare, costs 14 percent more than the Medicare Program. We are paying a subsidy to private health insurance companies that set out to prove they could do it more cheaply than Medicare, when, in fact, they are charging us more.

Should we continue to subsidize these private health insurance companies to give them more profit or should we go back to the basic model, Medicare, that provides more cost-efficient care for most Americans who have reached the age of 65 and face disability? There are other examples of fraud and abuse, too, in this system. We can clean it up, and with those savings we can start to do more to help America.

We need to improve choice and competition. The five largest health insurance carriers in America have 82 percent of the business. In some communities, you do not have a choice. There is one dominant or two dominant health insurance companies, and if you do not like the way they do business, you do not have any choice. That is what it comes down to. Those of us in the Federal Employees Health Benefit Program—Members of Congress and 8

million Federal employees and their families—have real choice: open enrollment every year to choose from private insurance companies, to pick the one right for our family and right for our pocketbook. That is what every American should have. That is not a luxury or something over the rainbow.

For 8 million of us, Federal employees and Members of Congress, it is a reality. Why can't we offer that to every American, to say: You can keep the insurance you have if you want to. But if you want to look and shop, you should have some choices—some real choices—because of real competition. So we need reform that creates a competitive and transparent market that allows consumers to compare plans and choose what is best for them.

Finally, we need to modernize our health care system, to bring computers and the electronics of our modern age into hospitals and doctors' offices, so they have a complete record on each patient, so they understand if there is something in your background that should be noted and taken into consideration before they make a diagnosis and order a prescription or a test, to make certain in a hospital you are not given drugs you are allergic to that could take your life, to avoid medical accidents and death that is associated with them.

All these move us in a more efficient situation, a more competitive situation, and one which will bring better care to America and improve patient safety.

Let me conclude by saying health care is too often a luxury. In Cook County, we struggle to provide patients with timely access to care. In the area around Chicago, at the local public hospital, the waiting time for some specialty services can range from 6 months to 1 or 2 years right now—too long to wait for critical services.

Those who criticize this health care reform debate and say it is going to lead to lines and waiting and rationing are not accepting the reality of the current system. There are many waits that are unnecessary and some of them dangerous today. The stories I gave earlier about Monica and Verta demonstrate the need to reform our system. But there are millions more like them.

Too many individuals and families bypass health care because they cannot afford it. The high cost of health care and the lack of insurance for millions of people are more than a financial problem, they are life threatening.

Today, about 11,000 Americans will lose their health insurance. Can you imagine at the end of the day coming home and facing your children or your family saying: I have bad news. Because I lost my job or because my employer no longer can provide it or because we cannot afford it, we don't have health insurance anymore. Keep your fingers crossed, folks, because this family is now living on the edge, just one accident or one diagnosis away

from facing the grim reality of the cost of health care.

Every day in America, families are forced to choose a different doctor when their health care plan is changed because their employer cannot afford to provide health insurance. Every day in America, families see their health plan benefits erode because they cannot keep up with higher premiums, copays, and deductibles. Every day in America, people decide to skip a doctor's visit, medication, and treatment because they cannot afford it.

Families are confronted with losing their health insurance altogether because their employers cannot afford it, and year after year health care costs keep going up and up and up. Are we going to stand by and watch this happen? Are the people who have been elected to this Senate and the House of Representatives going to accept their responsibility to those who sent us here to tackle one of the toughest, most complicated, most controversial issues of our time but one we cannot afford to ignore?

I hope my friends on the other side of the aisle will join us in that effort. It is time to tell our constituents across America: It does not matter where you live, what you do or how much money you make, in the United States of America every American should have the opportunity to access health care they can afford, to give them the peace of mind they deserve.

I yield the floor.

The PRESIDING OFFICER (Mrs. GILLIBRAND). The Senator from Illinois.

Mr. BURRIS. Madam President, I ask unanimous consent to speak for 5 minutes in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BURRIS. Madam President, I thank the Senator from California for the time yielded to me.

In the halls of power and in living rooms across America, on cable news and around the dinner table, everyone seems to be talking about health care reform. From coast to coast—and on both sides of the aisle—there seems to be broad consensus. The American people and their elected leaders see the clear need for reform. But we often disagree about how to meet such a challenge.

As we consider health care reform, and as we try to seek consensus, I believe we can find common ground on the need to address disparities in the health care system. I say we need to address the disparities in the health care system.

In a country founded on the principles of freedom and equality, we currently possess a health care system that is anything but free and equal. This is simply not right. We need to ensure that quality, affordable health care is available to all Americans. We need to cut down on the widening disparity between minority individuals and the wider population so no one is left behind because of their racial or ethnic identity.

People of color make up about a third of the population in the United States, but they represent half the Nation's uninsured. In Illinois alone, more than 21 percent of minorities do not have health insurance compared with 12 percent of Whites. It is time to correct this inequity and move toward a sustainable system that serves every single American regardless of skin color or economic background.

This begins before birth. Only 76 percent of Black mothers and 77 percent of Hispanic mothers have access to prenatal care in the first 3 months of pregnancy. For White mothers, the number stands at more than 88 percent. This is unacceptable. It demonstrates that minority individuals are at a clear disadvantage even before they are born. This places them at a greater risk for problems down the road, problems ranging from higher infant mortality to increased rates of chronic diseases in later life. Combine these risks with a higher poverty rate and lower insurance coverage and we have a recipe for disaster.

For no reason other than the color of their skin, millions of Americans are poor and uninsured. They have reduced access to health care and an elevated risk of illnesses such as high blood pressure and heart disease. This leads to a shortage of preventive care and forces some people to go to emergency rooms when they have nowhere else to turn. No wonder our health care system is strained to the limit. No wonder costs are through the roof, positive health outcomes are down, and we are unable to break this destructive cycle.

We must address these disparities as part of our responsible health care reform package. We must work hard to make sure all Americans can benefit from health care reform. This means eliminating barriers to Federal health programs for American Indian tribes. It means increasing access to quality care for children, pregnant mothers, and every legal resident of this country—I say every legal resident. It means expanding preventive care and screening programs so we can stop diseases before they start. This is especially important for those who live below the poverty line.

As we move forward, it is our responsibility to make sure we include every member of society in our reform proposals. We must not rest until everyone is a part of the solution.

I urge my colleagues to join me in these efforts. If we work together, we can extend the promise of prosperity to every single American, regardless of race or ethnic background. We can make sure this country is more free, more fair, and more equal.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. FEINSTEIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. FEINSTEIN. Madam President, I ask that the Interior bill be reported.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 2996, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 2996) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Feinstein modified amendment No. 2460, to support the participation of the Smithsonian Institution in activities under the Civil Rights History Project Act of 2009.

Carper amendment No. 2456, to require the Administrator of the Environmental Protection Agency to conduct a study on black carbon emissions.

Mrs. FEINSTEIN. Madam President, it is my understanding we are now on the bill and that the time until 12 o'clock noon will be equally divided. At noon, there will be a vote on the Feinstein amendment. So the floor is now open. I hope individuals who have amendments will come to the floor and that we will be able to offer those amendments and debate them as soon as possible.

I yield the floor and note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. FEINSTEIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. FEINSTEIN. Madam President, I ask unanimous consent that the time in a quorum call be equally divided between both sides.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. FEINSTEIN. I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BROWN. Madam President, I ask unanimous consent to speak as in morning business for up to 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE

Mr. BROWN. Madam President, I have come to the Senate floor pretty much every day since the start of the session—for the last couple of months—sharing letters from Ohioans about health care. I just did a big townhall meeting in Cleveland yesterday and I did one in Columbus, Cincinnati, Youngstown, and I have done other meetings in Dayton and Cambridge and other places. But my office gets dozens—hundreds, really, a week—of letters from people who oftentimes were very pleased and satisfied with their health insurance, and then when they got particularly sick, they found out they lost their health insurance coverage.

I just want to read a couple of letters my office has received in the last couple of weeks or so.

James, from Hancock County, in northwest Ohio—in Findlay—writes:

When my kidneys began to fail, I was forced to leave my job as an engineer for an electronics company. I went on dialysis for several years and eventually had a transplant. I currently have health care because of my wife's employment. In trying to find a new job, I've had employers tell me my pre-existing conditions could drive up their health costs and that they could find other workers without health issues. I, and other people with chronic health problems, will never find good paying jobs with benefits. Please, I want to work and contribute to society. I didn't choose to get sick.

Several things are happening with James in this letter. First of all, we are outlining the whole idea of preexisting conditions. As the Presiding Officer from New York State knows, insurance companies will no longer be allowed to deny care for a preexisting condition or discriminate based on gender, disability, or geography. Companies will not be able to put a lifetime or annual cap on coverage.

The second thing is that this legislation will help those small businesses that too often have one employee who is very expensive so that the small business will see its premiums jacked up so high they often have to cancel their insurance and then their other employees lose their insurance coverage. Our legislation will help those small businesses while eliminating these but through insurance company reforms, and then a public option, will help to enforce those rules.

Robert from Columbus writes:

Last year, I lost my job and, as a result, my wife, teenage son, and I needed to pick up private health insurance. After researching various companies, we applied to one insurer. My son and I were accepted, but my wife was rejected. Her sin? A preexisting condition. During a previous job while insured, she was diagnosed with mild and treatable high blood pressure. She had one office visit and one prescription a couple of years ago and she gets turned down today.

How absurd, Madam President, that someone with a very treatable pre-existing health care problem—high blood pressure, but not a problem so

chronic that she missed work or spent time in hospitals and all that, but a very treatable condition—was denied care as a result of this preexisting condition and then couldn't get coverage that her husband and her teenage son could get. Our legislation again, through these insurance company reforms, would make sure that doesn't happen.

Let me share one more letter because I know Senator ALEXANDER and Senator FEINSTEIN are going to call a vote in a minute. Georgene from Cuyahoga County, in the Cleveland area, writes:

My 52 year old sister inherited muscular dystrophy and has been on total disability for a few years. She's also had double knee replacement and hip replacement surgeries. Due to her condition, she's fallen several times and damaged her knees. The doctor recommended she get her leg amputated and fit with a prosthetic. Her husband's insurance covers her and approved the amputation surgery but is now denying her the prosthetic and wheelchair. They had to file for bankruptcy due mainly because of medical bills and now live in a small apartment. I could go on with personal stories from my own life or extended family, but you get the picture.

Madam President, this simply happens too much, where people such as Georgene have not been well served by the system. They have insurance, and they were relatively happy with it, but it has now become inadequate. Insurance isn't real insurance, it is not adequate insurance, if people get so sick or have such high costs that they get excluded from their insurance.

What happens too many times is bankruptcy. The most common cause for bankruptcy in this country is because of huge health care costs. The most common situation among those who declare bankruptcy is because of health care costs, and the most common situation is among people who have insurance but their insurance simply doesn't cover everything. Their expenses are such that their insurance gets canceled and they end up in bankruptcy.

Madam President, I again urge my colleagues to look seriously at this bill as we move forward—the bill that came out of the Health, Education, Labor and Pension Committee, as it merges with the bill coming out of the Finance Committee—in the next week or two to get this bill to the President's desk this fall. In my State alone, 390 people every single day are losing their insurance. And for people around here trying to delay this, it is simply wrong. We need to move, not hurriedly, but at a steady pace to get this bill to the President's desk this fall.

Madam President, I yield the floor, and I thank Senator FEINSTEIN and Senator ALEXANDER.

Mrs. FEINSTEIN. Madam President, I ask unanimous consent that once the Senate reconvenes at 2:15 today, it then stand in recess subject to the call of the Chair.

The PRESIDING OFFICER. Without objection, it is so ordered.