

addition to practicing daily, cadets also garnered the support of teachers, families, friends, and the local community to raise \$12,000 to help cover the cost of equipment and travel expenses. They are the essence of discipline, dedication, and hard work. By working together, the cadets have developed a mutual respect for each other and honed their leadership skills.

Madam Speaker, I ask my esteemed colleagues to join me in congratulating the members of the JROTC and Corporal David Bates on their well-deserved victory. I commend them for their dedication and hard work and I wish them all my very best.

HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

SPEECH OF

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 25, 2010

Mrs. MALONEY. Mr. Speaker, this is a historic vote. With passage of health care reform, 32 million people without insurance will now be covered and 94 percent of Americans will now be guaranteed health care coverage. In New York State, close to 2.5 million people who are currently uninsured will have health care coverage once this bill is passed. The reforms we are considering today will help improve the lives of millions of Americans—starting immediately, and continuing over the course of their implementation in the next ten years.

Starting immediately: No insurance company can deny coverage for pre-existing conditions or gender; Young people can stay on their parents' coverage until age 26; If you're self-employed or a small-business owner you'll be able to buy health coverage on competitive exchanges; If you've taken early retirement over age 55 but before you're eligible for Medicare, you'll be able to continue your employers' coverage until age 65; And if you're over 65 and have Medicare's Part D drug coverage, the "donut hole" has been eliminated.

The reconciliation bill we are voting on vastly improves the Senate bill's impact for states like New York who will not be penalized for having served New Yorkers and having an expansive Medicaid program. This provision will give more federal Medicaid funding support for New York State, which would have suffered a loss under the Senate-passed bill. Instead of costing millions, New York State will now save hundreds of millions in the first full year of implementation.

New York's public hospital system is the leading provider of uncompensated care to the uninsured and underinsured. Though this bill lowers the ten-year reduction in Medicaid and Medicare Disproportionate Share Hospital (DSH) payments by \$3 billion, I remain concerned these cuts will weaken our health care safety net in New York. After all, while significant coverage expansions will be achieved through health care reform, there will still be populations that will remain uncovered or underinsured, and our hospitals will continue to bear the burden and cost of their health care. It seems like the best approach would have been that DSH cuts would be made contingent upon reductions in the uninsured. In-

stead of expansion triggers in the Senate bill, the reconciliation bill is improved with set levels of reductions per year and require the Secretary of Health and Human Service to develop a methodology to reduce states' Medicaid DSH allotments to achieve mandated savings.

More broadly, I support this bill because of the positive impact it will have on women's lives. As Chair of the Joint Economic Committee, I prepared a report that looked at the specific health care challenges facing women and how women would benefit from comprehensive health care reform. More than two million women have lost their health insurance since the recession began due to their own job loss or their spouse's job loss. 1.3 million women lost their health coverage when their spouse lost his job and an additional 800,000 women lost their health care as a result of their own job loss. More than two million women have faced the brutal double-whammy of a lost job and lost health care. While job losses during this recession were much greater for men than women, women have fared worse than men in recent months. And this has had real consequences for women's health care coverage: in the last six months, the number of women losing health insurance benefits due to their own job losses has increased by nearly 50 percent. Over one quarter (28%) of women ages 19–24 have no health insurance at all. Part of that number is likely explained by the economic challenges facing young women. Young women have been hit hard in the recession, facing an unemployment rate of 13.1 percent, significantly higher than the national rate of 9.7 percent, and making it less likely that they will have job-based coverage. Health care reform will help us to overcome inequities at the center of the current system—where women pay more than men for the same coverage, or even, where women who are not smokers pay more for coverage than men who are smokers. My report and the reality is that the health care system is serving women poorly, the recession has made the situation worse, and now more than ever, we need health care reform.

While I am speaking of women's health care, I must mention my opposition to the restrictive language on abortion included in the Senate bill which remains in reconciliation. While not as onerous as the Stupak language that was part of the final House bill, this language will directly impact a woman's right to legal reproductive health services and I oppose it. But the value to women and American families of finally achieving health care reform is far too important to risk losing it.

Mr. Speaker, a great deal of the discussion today focuses on the moral reasons for extending health care coverage. While I agree with the moral imperative, the fiscal necessity is clear. This bill cuts the deficit by \$143 billion in the first ten years and then cuts the deficit by \$1.2 trillion in the second ten years. The bill is fully paid for and will not add a dime to the deficit. While it will cost \$938 billion over a decade, it is critical to note that Americans spend nearly \$2.5 trillion every single year on health care now and nearly two-thirds of the bill is paid for by reducing health care costs.

We must not let this moment pass without recognizing its historic nature. Today, millions of Americans will win basic rights—the right to health care, the right to live without the fear of chronic disease, and the right to never having

to worry about losing insurance coverage because of a pre-existing condition or exceeding a lifetime cap. While not perfect, this bill will hold insurance companies accountable; provide billions of dollars in tax breaks for small businesses to help them insure their employees; and, above all, expand access to quality, secure, affordable health care coverage for millions of Americans.

I'd like to thank and commend the leadership of Speaker PELOSI, Majority Leader HOYER, Chairmen WAXMAN, MILLER and RANGEL and of course, Chairman Emeritus DINGELL who has been working on health care reform since he first came to Congress.

The time is now. Our current system is broken. Costs continue to increase at unsustainable rates and too many families and businesses are feeling the debilitating burdens brought on by these expenses. Too many Americans have inadequate coverage or lack coverage entirely and are suffering or dying as a result.

I am grateful for the opportunity to be a part of this momentous reform. I urge my colleagues to reach beyond the rhetoric and the politics. Instead, recognize that today we will make a lasting difference in people's lives. Today we change the health of our nation for ourselves, for our children, and for our grandchildren.

DEATH OF THE GREAT CIVIL RIGHTS ACTIVIST, DR. BEN- JAMIN L. HOOKS

HON. AL GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 2010

Mr. AL GREEN of Texas. Madam Speaker, today, this nation lost a historic and influential figure in the struggle for civil rights, Dr. Benjamin L. Hooks. Dr. Hooks served this country throughout his life through his unwavering devotion to protecting the rights of minorities and the poor. I express my condolences to his family and all of those who were touched by his many years of service to our community.

Dr. Benjamin L. Hooks was a man of great character and moral conviction. He served as the executive director of the NAACP for over 15 years, restoring the organization's financial soundness and membership base. He created several initiatives to combat discrimination, from projects that provided employment opportunities in Major League Baseball to economic development initiatives in urban communities.

This great civil rights leader not only served as executive director of the NAACP, but also served our great nation as a World War II veteran. His experiences in the war led to his fight against social injustices in the United States. Dr. Hooks also served in the ministry, as a minister at the Greater Middle Baptist Church in Memphis, Tennessee. His work will live on through his contributions to our society as well as the Benjamin L. Hooks Institute at University of Memphis.

Dr. Hooks was a great friend of mine, a thoughtful mentor, but more importantly, he was a stalwart champion of the least, the last and the lost. His philanthropy will be remembered forever and serve as an inspiration and guide for futures to come.

CELEBRATING THE GROUND-
BREAKING OF CARE HOUSE'S
NEW FACILITY AND RECOG-
NIZING OVER 30 YEARS OF SERV-
ICE TO THE YOUTH OF OAKLAND
COUNTY

HON. GARY C. PETERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 2010

Mr. PETERS. Madam Speaker, I rise today to recognize CARE House of Oakland County, Michigan, on the occasion of the groundbreaking for its new facility. As a Member of Congress it is both my honor and privilege to recognize and congratulate CARE House for over 30 years of service to Oakland County's youth as work begins on its new facility, which will assist countless more abused and neglected youth from across the County.

Established in 1977, CARE House began its work as the Child Abuse and Neglect Council for Oakland County, a partnership between Oakland County's law enforcement organizations, the Oakland County Prosecutor's Office, Child Protective Services and the Junior League of Birmingham. The Council was the first organization in Oakland County to take a proactive approach to confronting the issues of child abuse and neglect. After more than a decade of service to the youth of Oakland County, CARE House expanded its services to become a Child Advocacy Center focused on reducing child abuse through advocacy, community outreach, education and prevention programs.

CARE House served over 5000 youth last year at its current facilities and is expected to greatly expand its capacity, serving thousands more once the new facility is built. This expansion allows for CARE House to strengthen its

intervention, therapeutic, advocacy and prevention services, in particular its forensic interviewing, crisis counseling, family support group and court-appointed advocacy programs. Increasing its capacity and strengthening of its programs enhances CARE House's ability to fully employ its vision of ensuring all children are safe and free from abuse and neglect.

Madam Speaker, I ask my colleagues to join me today in celebrating the groundbreaking of CARE House's new facility and to recognize its members for their important work over the past 30 years to protect Oakland County youth from abuse and neglect. The services CARE House provides ensure thousands of Oakland County youth receive the treatment and intervention they need to prevent and reduce trauma they have experienced from abuse and neglect.