

deaths a year, and it is in effect in only 31 of the 50 States.

I could keep going, but the consensus is clear. A new study, hot off the press, in the *Annals of Internal Medicine* put it bluntly: “The case for coverage is strong.” The reasons are actually pretty straightforward. People who don’t have access to high-quality, affordable care—people who work as hard as they can but just don’t have the money—can’t go to the doctor when they need to; can’t get preventive care, such as breast cancer screenings and vaccinations; and can’t fill the prescriptions they need to stay healthy.

When someone doesn’t have coverage, they typically wait to go to the doctor until things get really bad—when the cough turns into a rattle, when the lump gets too scary to ignore or the backache makes it impossible to even to walk. This is the reason why everyone who actually works in healthcare—doctors, nurses, hospitals, patient groups, researchers, experts—is coming out against the Republican bill.

The American Medical Association—the nation’s largest association of doctors—says that the Republican bill violates the most basic principle of medicine: “First, do no harm.”

The National Council for Behavioral Health, whose 2,900 member organizations provide mental healthcare and addiction treatment to 10 million Americans, said the bill would “cost hundreds of thousands of lives.”

National Nurses United, representing 150,000 registered nurses across the country, said the bill would “prove to be deadly for our nation’s seniors.”

The President of a leading coalition of safety-net hospitals said about the Republican bill: “Let’s not mince words. . . . People will die.”

If the Republican bill passes, “people will die.” That is what the healthcare professionals are telling us. The Republican plan is to kick 22 million people off their health insurance. They want to slash tax credits that help people afford their premiums. They want to open the door to insurance companies to offer plans with higher costs and less coverage.

And why? Nothing in this bill—not one thing—improves healthcare for anyone—not one thing. No, the only reason for this bill is to finance \$569 billion in tax cuts for a handful of millionaires and billionaires.

There has been a lot of concern about the discussion of healthcare getting overheated. The facts do not lie. The academic studies don’t mince words. If the Republican healthcare bill passes, tens of thousands of people in this country will die every year.

Republicans can ignore these facts. They can turn away from these studies. They can pretend they don’t know what is going on. But the people who lose their healthcare—the babies, the women, the seniors in nursing homes, the people with disabilities, the workers who get hurt on the job, the people who get hit by heart attacks and

strokes and diabetes—will suffer all the same.

Yes, if the Republicans go forward with their bill, people will die. Those are the facts. We have less than 2 weeks to make sure the Republicans hear from everyone in this country who wants them to abandon this terrible bill once and for all.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to speak for up to 15 minutes in morning business.

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

#### CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I am back for my weekly “Time to Wake Up” speech, which, given the theme of the week in Washington, it is going to focus on the health consequences of what is going on in climate change. It is timely to do so because just recently the National Weather Service issued an excessive heat warning for the Southwestern United States. In California, San Diego County set a record at—hang on—124 degrees.

As a result of this heat, the National Weather Service warned of “a major increase in the potential for heat-related illness and even death.”

In Phoenix, AZ, it got up to around 120 degrees. It got so hot that flights had to be grounded at the Phoenix airport because the hot air was too thin for the jet engines to get enough bite on the air for the planes to fly safely. The emergency rooms saw patients coming in with burns caused by walking barefoot on hot pavement or touching their cars that had gotten so hot in the sun that they were burned. There were several heat-related deaths reported in the Las Vegas area and in California.

This heat wave problem is not going away. “Heat waves like the one we are seeing in the Southwest are becoming much more frequent,” said Robert E. Kopp, director of the Coastal Climate Risk and Resilience Initiative at Rutgers University.

He went on to say: “Looking forward, we expect the amount of extreme heat on the planet to continue increasing even more” with obvious health effects.

It has gotten deadly serious in many places. In the 2003 European heat wave, there were more than 30,000 deaths across the continent, and the 3-day 1995 Chicago heat wave killed more than 700 people.

We need to pay attention. As Mr. Kopp concluded, “that calls for a major rethink of the systems that we rely upon.” This is not normal any longer.

This week also saw the publication in the *Providence Business News* of an article by Nitin Damle called “Climate Change’s Dire Health Consequences.” Nitin Damle is a physician in Rhode Island. He is a leader of our medical pro-

fession in Rhode Island, and he just recently was the President nationwide of the American College of Physicians.

In the *Providence Business News*, he writes:

The medical community is witness to the health effects of climate change now and not in some distant future. There are five categories of health effects that will affect not thousands but millions of people in America and around the world.

First, as we just talked about what we saw in Arizona and in Southern California, he goes on to say:

An increase in global temperature and frequency of heat waves will expose people to a risk of heat exhaustion (dehydration, headaches, weakness, nausea and vomiting) and/or heat stroke (high fever, stroke, confusion and coma). The most vulnerable will include the elderly, with multiple heart, lung and kidney conditions, multiple medications and a poorer ability to regulate their body temperature.

But Dr. Damle went on to say:

Children will be at risk due to their inability to thermo regulate, as will laborers who work outdoors and the homeless. History tells us that there have been 7,400 annual deaths between 1999–2010 in the United States, 15,000 deaths in France in 2009, 70,000 deaths in Europe in 2003 and 15,000 deaths in Russia in 2010 from heat waves.

Respiratory effects are another health consequence that Dr. Damle elucidates here.

Respiratory effects from particulate matter and ozone result in exacerbation of asthma and other chronic lung conditions.

He continues:

Fifty-five percent of the U.S. population tests positive for allergens and 34 million people have asthma. The increased length of the pollen season and growth of allergen-producing weeds, grasses, mold and fungus will lead to more exacerbations of asthma and chronic lung conditions at an annual cost of \$56 billion per year with visits to the emergency room and hospital admissions.

I was at a conference recently and saw a presentation by Dr. Kari Nadeau, who is the director of the Sean N. Parker Center for Allergy & Asthma Research at Stanford University and the Naddisy Foundation Professor of Medicine and Pediatrics.

I am going to borrow a few of her slides that relate to the asthma and allergen concerns. Let me start with this graph, which shows asthma prevalence nationwide and asthma prevalence in Rhode Island.

In Rhode Island, we run a little bit higher for the experience of asthma than nationwide, and this is an issue that is important to us. It comes home to roost. Dr. Nadeau used this slide. This was exposure to extreme heat and precipitation events associated with increased risk of hospitalization for asthma. This was a study that was done in Maryland. As the temperature went up, and there was extreme heat or precipitation, and asthma hospitalizations went up as well.

She showed a graph from another study in New York that of the ED visits, or emergency department visits, related to ozone or related to smog, which is a well-known asthma trigger

and the estimated increase in ozone-related emergency department visits for children in New York from the 1990s to 2020s resulting from climate-change-related increases in ozone concentrations. As the ozone concentrations went up, up went the ozone-related emergency department visits.

The dark blue shows places where the emergency department visits went up 10 percent; the lighter blue, 7.8 to 9 percent; the even lighter blue, 6.6 to 7.7 percent; and in these counties, up 5.2 to 6.5 percent.

Globally, we see that pollen counts go up in conjunction with increasing carbon dioxide. In 1900, there were about 280 parts per million of pollen production, and we hit 370 parts per million in 2000. I take it back. At 280 parts per million of carbon dioxide, there were 5 grams per plant of pollen production. At 370 parts per million of carbon dioxide, pollen production increased to over 10 grams per plant. We are over 400 now. We are headed for 720 parts per million. At that point, we have more than quadrupled the pollen output.

We are seeing this happen not only in terms of the amount of pollen output that can trigger asthma but also the length of the pollen season. The months in which people who have asthma are vulnerable are extending themselves. Here, it is nearly 27 extra days. Here it is 24 extra days, 17 extra days, 19 extra days, 14 extra days, 13 extra days. We went through the middle of the country and saw over and over that the ragweed pollen season is getting long, and it is worse for asthma sufferers.

Another thing we have associated with climate change and with the dry drought spells has been wildfires. Wildfires, for obvious reasons, put a lot of stuff—ash and things—up into the air. In this monitoring map of California, when the wildfires were going on, you could see these spikes in asthma activity.

Here is before the fire. Here is during the fire activity, and here it falls back down afterward. The risks for asthma climbed dramatically during that period. The wildfires present yet another climate-related risk for people who have asthma. And here are the wildfires in California, shown to increase asthma, as determined by the emergency department visits. The emergency department visits climbed based on various risk factors. So when you are seeing folks having to go to the emergency department for asthma, that has gotten pretty serious. There is a lot of support for Dr. Damle's assertion that this is a concern we should pay attention to.

He goes on to list another category of concern: exposure to infectious disease from vectors such as mosquitos and ticks. He says it has and will continue to escalate.

There is a documented increase in cases of dengue, chikungunya, West Nile virus and Zika.

He goes on to say:

We will likely see a resurgence of malaria in certain areas of North America.

Other illnesses come from other consequences of climate change.

He goes on to report:

An increase in heavy downpours and flooding in America and the world will lead to an increase in waterborne diseases such as E. Coli and other bacteria (salmonella, typhoid and cholera), parasites (Giardia) and viruses (Hepatitis A and Norwalk) with an impact on millions of people around the world.

He goes on to cite extreme weather events, which create stress, anxiety, and depression. Hurricane Katrina, he reports, led to 32 percent of people affected by the hurricane suffering from post-traumatic stress.

He continues:

We know that there will need to be a global effort to reduce anthropogenic greenhouse gas emissions and the developed countries need to take a leading role developing/implementing and moderating the success of those mitigating measures.

He concludes:

We need to reenter the Paris agreement and move forward at the local and State levels for the benefit of our patients.

He is a respected doctor in Rhode Island. He is a clinical assistant professor of medicine at the Warren Alpert Medical School of Brown University. Also, he was recently the president of the American College of Physicians.

I know my colleagues don't want to listen to any of this stuff about climate change because the fossil fuel industry controls them so much that they cannot even say the words, in many cases, "climate change" on the floor of the Senate, but for crying out loud, you have the former president of the American College of Physicians talking about the health effects; you have a prominent researcher at Stanford University talking about the health effects; and you have the National Weather Service warning about dangerous health effects from climate-related heat in the Southwest. When are we going to finally get around to having a serious discussion about this?

It is great that we had a little pause on this wretched healthcare bill. I couldn't be happier to be rid of it for a while, and I am hoping we can be rid of it for good, but it is probably going to come back. We will have to hammer a few more stakes into the heart of this zombie before we are rid of it, and then we can move on to a serious bipartisan healthcare bill.

There is good work to be done on healthcare. There is good work to be done on climate change. But we have to take the wretched special interest politics out so we can get to serious business.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

#### HEALTHCARE LEGISLATION

Mr. COONS. Mr. President, I have come to the floor tonight to join my

colleagues in opposing the Senate healthcare reform bill, what I will call the Senate TrumpCare bill. I am also here to thank the thousands of my constituents, the thousands of Delawareans who called and emailed my office to express their opposition to this bill that is about neither health nor care. It is because of your efforts, because of the efforts of thousands of Americans across the country who have made their voices heard, that today the Senate doesn't have enough votes to pass this TrumpCare bill.

I urge everyone watching and listening to remember that this fight is not over. The Senate will be back next month, and Republicans will be doing everything they can to make tweaks or shaves or changes or amendments to the bill to get it past this body. We need the engagement, the persistence, even the resistance of Delawareans and Americans to make sure the Senate TrumpCare bill never becomes law.

This is as urgent now as ever because of how fundamentally heartless this bill is. As many nonpartisan organizations, including the Congressional Budget Office, have pointed out, this bill is essentially a massive tax break for the wealthy paid for on the backs of some of America's most vulnerable citizens.

Many of my colleagues have already discussed the devastating impact this bill would have over time on millions of Americans. This Senate bill would make hundreds of billions of dollars in cuts to Medicaid, it would slash tax credits that help Americans buy health insurance, and it would force 22 million Americans off their health insurance and drive up costs for many millions more.

If that is not bad enough, the Senate TrumpCare bill does all of this slashing and cutting in large part to give another tax break to our wealthiest citizens. If this bill becomes law, the very richest Americans would get an extra \$700 billion in tax breaks over the next decade.

If it only affected the millions of Americans who depend on Medicaid or who purchase insurance on the individual market, it would be unconscionable, but it is even worse. Let me explain.

Many of our constituents don't realize that even Americans who get their health insurance through their employer—the 150 million Americans who get their health insurance through their employer—have benefited from the Affordable Care Act. In fact, I think that in some ways, the consumer protections put in place by the ACA are the most important accomplishment of that bill.

A core requirement of the ACA was that all health insurance plans cover what are known as essential health benefits. These are basic services, such as emergency care, prescription drugs, pediatric services, maternity and newborn care, hospitalization, healthcare for the mentally ill, and substance