

the mothers, when, finally, after months they were reunited and the child wanted nothing to do with them, feeling that they had been abandoned by their parents. America is better than that.

In an investigation by the inspector general of Health and Human Services that I requested with Senator PATTY MURRAY, it now turns out that 1 year ago, even before the announcement of zero tolerance, thousands of kids may have been separated by this same administration, and we still don't know their plight. The Federal judge in San Diego has once again asked for a human accounting of what happened to those kids.

I stand ready to work with my Republican friends on smart, effective, and humane border security, but we need the Trump administration to drop the cruel campaign of targeting families and children and focus on the real threats to America—the lethal narcotics that still flood our communities, 80 to 90 percent which come through ports of entry that we were discussing today.

In the last Congress, Democrats introduced the Central America Reform and Enforcement Act as a comprehensive response to the problem. The bill addresses measures like the root causes of migration from the Northern Triangle countries. If our laws are so bad and so welcoming to people who shouldn't be here, why is it that overwhelmingly these people are coming from three countries? They are not coming from Mexico or other Central American countries. There is something going on in these three countries—Honduras, Guatemala, and El Salvador—that needs to be addressed. We need to crack down on the cartels and the traffickers.

Make no mistake. Our thirst and appetite for narcotics coming into this country has created a cycle of violence and death. As we purchase the narcotics and send drug money back to the cartels in Central America and Mexico, that money fuels their further efforts to export narcotics to the United States, as well the export of firearms. The GAO found that seventy percent of the guns confiscated and traced in Mexico came from the United States, most purchased legally in gun shops and at gun shows. In the name of the Second Amendment and not doing a background check, we are literally arming the drug cartels that are terrorizing people in Central America.

We have to put two and two together. We have to expand third-country resettlement in Mexico and other Central American countries. We have to have in-country processing of refugees, as I mentioned earlier, and we have to eliminate the immigration court backlog.

I will be introducing legislation soon to achieve these goals. I am willing to work with colleagues on both sides of the aisle to address this crisis on our border.

Mr. President, there is no one else on the floor to speak. I ask unanimous consent to address another subject for the record.

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

WOMEN'S HEALTHCARE

Mr. DURBIN. Mr. President, everyone knows that this Sunday is Mother's Day, a day when we honor our moms, step moms, our mothers-in-law, our grandmothers, our wives and all the women who chose to love, sacrifice, and care for a child. It is also a day when we celebrate new moms-to-be. I am happy to report to you that I am just a few days away from having a new granddaughter, which I am really excited about. There is a lot of excitement and happiness in our family, and it will be intensified coming this Sunday on Mother's Day.

My wife and I have three beautiful kids, and we have now five wonderful grandchildren, with a sixth one on the way. There is nothing more exciting than learning of a new addition to your family, and there is nothing more sobering than the state of maternal and infant healthcare in this great Nation. I can think of no better way to celebrate and honor Mother's Day than to immediately commit on a bipartisan basis to enact change that will improve the health outcomes for new moms and babies nationwide. Too often in our country, new moms and infants, especially women and babies of color, are dying from completely preventable health complications.

Listen to this. The United States is 1 of only 13 countries in the world where the maternal mortality rate is worse today than it was 25 years ago. Over the past 30 years, our maternal mortality rate has more than doubled. In the United States of America, with all of our hospitals and doctors and medical knowledge, nationwide more than 700 women die every year as a result of pregnancy. More than 70,000 experience severe, near-fatal complications. In my home State of Illinois, 73 women die every year due to pregnancy-related complications, and 70 percent of these deaths are preventable.

These deaths impact women of color at significantly higher rates. Black women in the United States are three to four times more likely than White women to die as a result of pregnancy. In Illinois, African-American women are six times more likely than White women to die of pregnancy-related complications.

I had a press conference at a University of Chicago hospital on this subject. One of the presenters had done even deeper research than we had in preparation, and she reported to me something that really opened my eyes. This racial distinction bears no relation to poverty or education. An African-American woman, well educated, from a family with resources, is still just as vulnerable as those in a lesser position economically when it comes to this racial disparity. Not only are

we losing moms, we are losing babies. This is incredible.

Currently the United States ranks 32 out of 35 of the wealthiest nations when it comes to infant mortality. Every year more than 23,000 infants die in this country, largely due to factors that, in many cases, can be prevented—birth defects, low birth weight, and maternal complications. Again, the African-American community is impacted more severely. In the United States, babies of color are twice as likely to die as White babies. The racial disparity is greater than it was in the year 1850 in the United States. Something has to be done.

I joined with Congresswoman ROBIN KELLY of Illinois and my colleague Senator TAMMY DUCKWORTH, and we introduced the appropriately named MOMMA Act.

First and foremost, our bill would expand the length of time that a new mom can keep her Medicaid health coverage.

Currently, Medicaid has to cover women for only 2 months postpartum. Our bill expands it to a year. Given that 60 percent of maternal deaths occur in the weeks and months after delivery, it is imperative that new mothers be able to keep their health coverage longer.

Next, the MOMMA's Act would improve access to doulas. Too often, disparities in maternal and infant mortality are rooted in structural racism in healthcare, meaning African-American women often receive poorer quality care than White women simply because of the color of their skin. Black women are not often listened to or taken seriously by healthcare providers. Doulas can help provide education, advocacy, and support for women whose voices are being ignored.

To this point, our bill would also improve implicit bias and cultural competency training among healthcare providers.

Lastly, our bill would provide improved hospital coordination reporting on maternal health outcomes and ensure implementation of services to improve care.

My bill is not the only one on this subject. Senator KAMALA HARRIS has introduced a bill to help train medical providers to avoid racial bias. Senator ELIZABETH WARREN suggests giving hospitals a financial bonus for successful health outcome improvements. Senator CORY has a bill to improve access to primary care providers and doulas. Senator KIRSTEN GILLIBRAND has a bill to provide States and hospitals with needed funding to develop and implement maternal safety best practices. There is no shortage of legislative ideas that would help improve maternal and infant health outcomes. Yet, unfortunately, we are not considering them.

We even changed the rules in the Senate a few weeks ago, and the Republican leader came to the floor and said we need more time for legislation.

There has not been much legislation going on in this Senate in the last few weeks.

Would it not be nice if we had a good, bipartisan bill that addresses this issue of maternal and infant mortality in time for Mother's Day? There is still time tomorrow for the leader, Senator McCANNELL, to call this measure to the floor, and I hope he will.

We have to make sure as well—and I will close by saying this—that the Affordable Care Act continues to be a strong opportunity for people to have access to affordable, quality healthcare and to make certain that the lawsuit that emanated from the State of Texas and is now working its way through the Federal courts does not take protection away from Americans with pre-existing conditions. That continues to be a threat we have to take seriously.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Wyoming.

HEALTHCARE

MR. BARRASSO. Mr. President, it is rare to find Washington Post, Wall Street Journal, and USA TODAY editors all in agreement, but they are all on the same page when it comes to Senator SANDERS' radical scheme for a complete takeover of healthcare in America. All three papers say that the Democrats' single-payer plan—a one-size-fits-all plan for America—is a bad idea. Remember, it is not just Senator SANDERS' plan; nearly every Senate Democrat who is running for President has supported this extreme proposal, as have 180 Members of the House of Representatives.

Post, Journal, and USA TODAY editors are citing last week's report by the Congressional Budget Office as raising a number of alarm bells. USA TODAY calls it a pipe dream. The Post charges Senator SANDERS with deeply misrepresenting how difficult it would be to adopt single-payer healthcare for America. They called it costly. They called it complicated and expensive. The CBO projects in its report on a single-payer plan that government spending on healthcare would increase substantially. They go on to say that to cover the massive cost of government-run care—the Journal says that income taxes of American families would have to at least double.

Added to the expense is the shock of banning virtually all private insurance in this country. There are 180 million working Americans who receive their health insurance through work. Outlawing private health plans would cause a serious disruption, forcing 180 million Americans—working families—from their employer-sponsored health insurance coverage.

The Washington Post notes that these employer-provided plans cover most Americans under the age of 65. The Journal says that any savings would have to come from where the money is, which is cutting payments to doctors and restricting care—restricting care. That restricts treatment as

well as new technologies. Lower reimbursement rates could drive many doctors from practice and shutter many small hospitals in my rural communities and in your rural State, Mr. President. We are talking about problems in our rural communities all across America. The result would be longer wait times and lower quality of care.

To quote the Post, "No matter what Senator SANDERS says, there is no Medicare for all without tradeoffs." Mark my words—Medicare for all would soon become Medicare for none. Democrats' one-size-fits-all healthcare plan—a one-size-fits-all healthcare plan would mean that you would pay more to wait longer for worse care. You would pay more to wait longer for worse care. That is what one-size-fits-all healthcare looks like for Americans, for people all across the country.

This single-payer plan means major tax hikes to cover massive costs. It means much longer lines for lower quality care. It means the elimination of private health insurance for Americans. It also means the end of the Medicare Program that seniors rely upon and so many depend on, on a daily basis. That is where I want to focus some of my remarks today—our seniors' healthcare needs and why it is so important to protect their Medicare benefits that they have paid into over their entire working lives.

For seniors today, there are 60 million of them who rely on the Medicare Program. Medicare is nothing less than a medical lifeline. Yet, if the Democrats impose socialized medicine on the entire country, seniors will quickly find Medicare replaced by a massive, new, government-run, one-size-fits-all program—a system that lowers the quality of care for them and makes it harder to get the care they need.

These older Americans worked hard their entire lives, put in the effort, and each month or each week had money deducted from their paychecks that went into paying for Medicare. They have paid into this Medicare system for decades. The average for a couple in America—they have paid in about \$160,000 in terms of withdrawals from their paychecks over the course of their working lives. They deserve nothing less than what they paid for, that they paid into.

For more than 50 years, Medicare has helped countless seniors live healthier, more productive lives. Does Medicare face challenges? Absolutely. There is no question about that. But ending Medicare as we know it would not solve our healthcare problems; it would simply make them much worse—certainly for the 60 million Americans currently on Medicare.

I have seen Medicare's value as a doctor. While practicing medicine in Wyoming for decades, I saw firsthand how effective Medicare is in helping patients receive the care they need.

Now, as a Senator, I talk with seniors back home in Wyoming all of the time

and listen to their healthcare concerns. The week before last, I was at two different health fairs in Wyoming, where people can go for low-cost blood screenings and learn more about diabetes, stroke, heart disease, and proper diet. I visited with people in Rawlins, WY, and Mountain View, WY. Hundreds of people came out. There were 1,500 people at the Rawlins health fair.

People in Wyoming actually know me as a doctor first and as a Senator second, and above all, they count on me to protect their Medicare. That is my concern with this one-size-fits-all approach the Democrats have been proposing. People in Wyoming want to make sure that I keep Medicare strong, keep fighting for them, because the current system allows them to get to the doctor they need.

In Wyoming, where people live far away and the hospitals are few and far between, we know that with a program like this—and certainly from the CBO report last week—small hospitals will very likely close.

Almost 90 percent of Medicare patients say that they like the program and that it works well for them. There is nearly 90 percent approval. Members of the Senate would be astonished and happy with those sorts of approval numbers for themselves. It is a program that is working for them, and now what is being proposed by the Democrats is going to absolutely have devastating effects on Medicare and our patients on Medicare.

We need to do more to lower the cost of care for all Americans, but we need to protect Medicare. To put all of these new people on a Medicare Program is going to make it that much harder for our seniors who are currently on Medicare.

Medicare partners with private health insurers to provide seniors with better, more affordable care. It is a program called Medicare Advantage. There are 22 million American seniors who are on this Medicare Advantage Program. Nobody forces them to sign up; they choose it simply because, as the name implies, there are advantages to participating in Medicare Advantage in terms of preventive care and in terms of coordinating care. Our seniors look at these plans and say: You know, that is right for me. It provides value for my money. I enjoy what I get.

So it is no surprise that since 2010—things came along, and ObamaCare was passed—the number of seniors in Medicare Advantage has more than doubled, because it is a good program for them. Nevertheless, all 22 million people currently on Medicare Advantage would lose Medicare Advantage if the Democrats' one-size-fits-all approach to healthcare—which 180 Members of the House have cosponsored and which the Senate Democrat candidates for President are cosponsoring—were to pass. But that is what the Democrats are proposing—taking Medicare Advantage away from 22 million Americans.

In January, I joined a bipartisan group of Senators in sending a letter to