

Brook Property, adjacent to the Great Swamp National Wildlife Refuge, which provides critical habitat for numerous rare species.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2010

SPEECH OF

**HON. LYNN C. WOOLSEY**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 24, 2009*

The House in Committee of the Whole House on the State of the Union had under consideration of the bill (H.R. 2647) to authorize appropriations for fiscal year 2010 for military activities of the Department of Defense, to prescribe military personnel strengths for fiscal year 2010, and for other purposes:

Ms. WOOLSEY. Mr. Chair, while I cannot support H.R. 2647, this legislation does contain important provisions regarding family and medical leave for military families.

Last session, Congress passed—also in a Defense Authorization bill—legislation to provide military families with up to 26 weeks of leave under the Family and Medical Leave Act (FMLA) to care for injured servicemembers. I had introduced this bill in the House, and its provisions implement one of the recommendations of the President's Commission on Care for America's Returning Wounded Warriors, chaired by Secretary Donna Shalala and Senator Bob Dole.

Also included in the final legislation was an amendment introduced by Representative ALTMIRE (with then Representative UDALL) to provide up to 12 weeks of leave for military families who need this leave to deal with qualifying exigencies arising out of the deployment of a servicemember to Iraq or Afghanistan.

Once this legislation became law, and the Bush Department of Labor issued regulations, we realized that corrections needed to be made to these FMLA provisions to truly effectuate their purpose to assist military families when these families need time off from work. Section 585 of H.R. 2647 does just that; and clarifies:

That family members of certain seriously ill and injured veterans are entitled to the 26 weeks of leave; and

That the family members of regular active servicemembers (and not just reservists and members of the national guard) are entitled to 12 weeks of leave for "exigencies" when they are deployed away from home.

Finally, Section 585 provides that exigency leave will be available when a servicemember is to be deployed anywhere overseas and not just overseas in support of a contingency operation (e.g. Iraq or Afghanistan).

The FMLA is intended to help individuals balance their family and work obligations. Millions of working people are now eligible for unpaid job protected leave. When the Act was passed in 1993, it was a giant step and is of great importance to working families.

Since a majority of military spouses work, they too must balance work and family. They work to put food on the table and support their families. But they face additional challenges because their lives are disrupted by multiple deployments, involving not only reservists and members in the National Guard, but those servicemembers in regular active duty as well.

The conflicts in Iraq and Afghanistan have resulted in over 34,000 casualties with many servicemembers being seriously wounded. These injured warriors need substantial support and care from their families, often for long periods of time, and some permanently. In addition, a recent Pentagon study found that 11 percent of Iraq veterans and 20 percent of Afghanistan veterans suffer from post-traumatic stress syndrome, an often disabling condition.

The expansion of the FMLA to include leave for military families was much needed. The provisions of Section 585 in H.R. 2647 help clarify the original intent of the law.

SUPPORTING HEALTH REFORM

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 25, 2009*

Mr. STARK. Madam Speaker, this past Sunday my colleague from Pennsylvania, ALLYSON SCHWARTZ, addressed the issue of health reform in a guest editorial for the Philadelphia Inquirer. In her piece she laid out an indisputable case for why the current healthcare system has become unacceptable for Americans and what we must do to fix it. I encourage all of my colleagues to read the article and to work in the coming months to ensure that we enact affordable, quality health care for all.

[From the Philadelphia Inquirer June 21, 2009]

OP-ED HEADLINE: FIXING HEALTH CARE

Health-care reform is the number-one issue my constituents raise with me, and a leading concern of business owners. For Democrats in Congress, health-care reform is a moral and an economic imperative.

American families are facing inadequate health coverage, mounting bills, and lack of access to care. They like their doctors and appreciate the quality of care provided by their hospitals. But, they have deep worries that their current coverage may change suddenly and limit access to their doctor or to needed benefits.

Business owners are struggling to pay for health benefits for their workers, forcing them to pass greater costs to employees or drop coverage.

Increasing costs for the federal government are neither sustainable, nor producing the health outcomes they should. Taxpayers pay 46 percent of our nation's \$2.5 trillion health-care costs. And, just as in the private market, costs are skyrocketing. The share of our GDP devoted to health-care spending has doubled in the last 20 years, threatening our budget stability.

The status quo is unacceptable and unsustainable. We must do a better job to contain costs for families, businesses, and the government, and to ensure meaningful, affordable coverage for all Americans.

Can we? I believe we can by keeping what works, fixing what doesn't, and demanding quality care and greater value for our dollar.

In the first three months of this new administration, we did more to strengthen health care than in the prior decade. We expanded affordable health coverage to 11 million American children, took major steps to modernize medicine through health-information technology, invested significantly in lifesaving medical research, and ensured that U.S. workers and their families hurt hardest by this recession continue to have access to health coverage when they lose a job.

Building on these achievements, we can find a uniquely American solution to cost, coverage, and quality. This is essential if our businesses are to be economically competitive, our people healthier, and our federal budget balanced.

Here's what we should do:

First and foremost, we start with the acknowledgment that health care is a shared responsibility. Every American will be expected to get health coverage and employers will have to provide coverage or help pay to cover the cost of the uninsured.

As President Obama has said, if you have coverage, and you like it, you can keep it. This means work-based coverage for most Americans, Medicare for seniors, Medicaid for our poorest and sickest, and continued benefits for veterans.

For the nearly 50 million uninsured Americans, many of whom are working families, we will help you buy either private or public coverage. While everyone will have to pay part of their premiums, partial subsidies on a sliding scale will be established and can be used to buy either private or public insurance.

To ensure affordable, meaningful coverage, we will change the ground rules in the insurance market. Denying coverage or charging more for preexisting conditions, health status, or sex is going to stop. Insurers will have to simplify terms and procedures. And, we expect insurers to pass those savings along to their consumers.

Next, we know that in order to control costs and improve health-care outcomes, delivery of health services must be more efficient, more accountable, and better coordinated. Changes in Medicare and the new public-insurance option will create choices for patients to find primary-care providers and will mean better continuity of care for those with chronic diseases. We will gather, analyze, and disseminate information on best practices to doctors, nurses, and health providers, and then expect them to use it. And, we must have a renewed focus on primary care, encouraging future health-care providers to enter the field and working to ensure their excellence.

Third, we have to strengthen our commitment to innovation and technology. Americans have always been scientists and innovators, and we must keep investing in the next generation of medicines, technologies, devices, and cures.

Finally, without increased personal responsibility, Americans will not be healthier. We must take greater responsibility in the way we get health care and the way we take care of ourselves. If we don't, we all pay the consequences—from lost productivity, to the cost of expensive care, to personal pain and suffering.

Setting our nation toward a healthier, more economically competitive future will take fair and responsible financial investment. We are committed to covering the cost of health reform. To do so, we will consider means that are appropriate, fair, shared, and the least disruptive to economic growth and financial security for our families. The president has asked that those making under \$250,000 not be burdened by higher taxes. These are the parameters; the decisions will be difficult, but ones that you have entrusted to us.

Much of the cost of health-care reform will come from savings within the system. Reducing hospitalizations, duplicative testing, and medical errors, ending the current overpayments to private insurance companies that contract with Medicare, and insisting on better prices for prescription drugs for seniors will result in hundreds of billions of dollars of savings.

Besides the significant dollars that will come from savings and new premiums paid