

With that, I conclude my remarks.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Ms. LANDRIEU. Madam President, I understand we have up to 10 minutes each?

The ACTING PRESIDENT pro tempore. That is correct.

(The remarks of Ms. LANDRIEU pertaining to the introduction of S. 1458 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

FOREIGN ADOPTED CHILDREN EQUALITY ACT

Ms. LANDRIEU. Madam President, I wish to speak for a moment about another bill Senator INHOFE and I introduced earlier: the Foreign Adopted Children Equality Act. This would make a small but important change in the way orphans are identified or classified when they are adopted overseas so that they can become automatic citizens.

I was very proud to work with Senator KENNEDY on this issue, with Senator Don Nickles from Oklahoma when he served in the body. We worked very hard to find a way, when families go overseas to adopt, once that adoption is final—we believe the active adoption itself puts that child in automatic custody of that parent. That parent, being an American citizen, should automatically be able to transfer that citizenship to that adopted child just as if you are born in the United States to an American citizen or you are born in the United States, you are an automatic American citizen; and most certainly if you are born overseas, but if your parents are citizens, you are an automatic citizen of the United States. You don't need any extra paperwork done on your behalf because we believe the act of adoption should be treated the same way as the act of birth. We believe this right should be transferred to orphan children adopted overseas.

Right now, there is a little bit of a glitch in the law that is not allowing this. This act would correct that.

I will finally end with one of my most wonderful memories of my time in the Senate, which was in Faneuil Hall in Boston with Senator KENNEDY and with Congressman DELAHUNT, when we, on one special day, were able to swear in as citizens of the United States thousands of children who had been waiting to become citizens, having been adopted by American families. That was a very proud moment of mine and something many of us worked on. But this bill will take that to a new level. When families travel overseas to

adopt, as my sister and many relatives and friends of Members of Congress took the opportunity to do, at the time the adoption is official in that country, the child becomes an automatic citizen of the United States, which is a great benefit.

As I grow older in my life, I realize what an extraordinary privilege it is to be a citizen of the United States of America. So as our families adopt, that citizenship will be automatically transferred to their adopted children.

So I thank you. Again, it is the Foreign Adopted Children Equality Act I am speaking about this morning and introducing for consideration of the body the Families for Orphans Act.

Thank you, Madam President. I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. CASEY. Madam President, I ask unanimous consent that I be recognized for 20 minutes in morning business.

The ACTING PRESIDENT pro tempore. Is there objection?

Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. CASEY. Madam President, I rise to speak of two topics. The first is health care.

We had a significant development yesterday in the Health, Education, Labor, and Pensions Committee, of which I am a member, where we actually voted the bill out of the committee. It is the first time in many years that a major piece of health care legislation, other than major initiatives such as children's health insurance, has been voted out of the Senate committee.

We have a long way to go. We have the Senate Finance Committee working on this, the House is working on this, and President Obama has made this a major priority of his administration and I believe part of his economic recovery short-term and especially long-term. I commend two people for their work: Chairman DODD, working in place of our chairman, Senator KENNEDY. Between the two of them, they did a great job of leading this effort, not just in the course of some 60 hours of hearings and probably another 20 or more hours prior to the hearings—prior to the markup when we were offering amendments—but many months and weeks and, in the case of both of these Senators, years working on health care. I also commend the staffs, and my staff, especially Morna Murray, who did great work.

I say all that because it was a significant development. We know it is just

one chapter in a long book. We have a long way to go. I think it is significant that a bill is out of a committee and moving through the Senate.

I wish to focus in particular on a couple of aspects of the bill and then move to some reactions on the question of health care that we get from across Pennsylvania.

The bill itself has as its foundation this principle: The status quo is not only unacceptable, it is, in fact, unsustainable. We cannot continue to ignore the issue of health care. We have to act on it this year—not next year or the year after but this year, 2009—at long last tackling a problem the American people have been debating for decades now across the country. Now we have a President who is leading, with the opportunity to finally make progress.

The bill does a lot. First, as part of its foundation, it covers 97 percent of the American people. It is critical that we make that part of the final bill. Secondly, in terms of the overall impact of the bill, it will reduce costs, it will preserve choices, and it will, in fact, enhance quality. All of the issues we have talked about for years are now going to be part of this bill.

People have been frustrated by the unfairness of the failure of insurance companies to cover preexisting conditions. It is right there in the bill. Preexisting conditions, in the bill, will no longer be a bar to treatment and to the curing of disease and the treatment of individuals.

It also has as a foundation to it the question of what to do to preserve choice? The American people have a right to not only keep the health care they like, but also they should have a choice—if they don't like what they have or if they have no insurance at all, they ought to be given a choice. I believe part of that choice isn't just within the framework of private insurance, the insurance companies, but, in fact, a public option, preserving not just choice for the American people but also enhancing competition and bringing down costs. That is essential. Even as we are concerned about the almost 50 million Americans, including 5 million children, who don't have coverage, we have to make sure we are preserving that choice.

So reducing costs, preserving choice, and enhancing quality are very much a part of the bill that does change the status quo. At some point, people in Washington are going to have to join one team or the other—the status quo team, the "can't do it now, satisfied with the current system" team, or the side of changing the status quo, the side of reform, the team that is working with President Obama to at long last address the question of quality, the question of access, and the question of bringing down the cost of care for our families and our businesses. So they have to choose their team. In my judgment, there are two teams: the status quo team and the reform change team with President Obama.

I wish to highlight just two excerpts of letters I have received from constituents in Pennsylvania. I will read a sentence from each. Before I do that, I want to cite an element of one recent report. This is a recent report from Families USA. I will read one line to make this point:

... 44,230 more people are losing health care coverage each week.

That is 44,230 people, every single week, who are losing their health insurance. With that data staring us in the face—and you can point to other data in Pennsylvania and across the country—can anyone really make the argument that we should slow down and maybe not get this done this year, wait a little longer, a year, another 2 years? In fact, if you do that, you are talking about waiting 10 or 20 years. We cannot do that. We have to act with a sense of urgency and a sense of common purpose.

I will read two lines from two letters. One is from a gentleman in Pennsylvania and, secondly, a letter from another constituent of mine. They put this into sharp focus. This letter says, in part:

I, for one, find it impossible to understand how the Nation that sent men to the moon, invented atomic energy, and won the largest conflict in history [a reference to World War II] cannot provide the basic right to medical care to all, and most importantly, its neediest citizens.

That is a pretty wise summation of why we have to get this done this year.

Here is a brief line from another letter I received from a constituent in Pennsylvania. She speaks of the economic pressure she and so many families feel with the status quo, the current health care system:

I am only trying to keep my family from becoming another statistic.

Another statistic like 44,230 families losing their health care coverage every single week, a statistic like the number of families going into bankruptcy every week and every month because of one issue principally for many families—not all but many—the issue of health care.

I think we have to remember the wisdom and also the real-life experiences of the people who write to me, representing Pennsylvania, or any other State.

I have two more points.

The question is of premiums. There was a recent report that indicates that if we don't take action on the issue of health care reform, if we don't act now and finally, at long last deal with quality, cost, access, and preserving choice—this is a report by the New America Foundation, issued at the end of last year. It said:

In Pennsylvania, family health insurance with a price tag of \$26,879 in 2016 would consume 51.7 percent of the projected Pennsylvania median family income.

The national number is very similar to that. So if you look at it over a 10-year period or an 8-year period, what we are looking at here, if we don't

tackle this issue, is families in Pennsylvania and across the country will be paying half or more than half of their income for health care. That is the reality. That is why there is a sense of urgency and purpose and a resolute focus on this issue this year. We cannot sustain this. Our economy cannot continue to go in this direction. We have to begin to tackle it this year.

Finally, before I move to my second topic, is the issue of children. I have made, along with Senator DODD and so many others—this a central priority when we are doing health care reform. We are very happy this bill is moving forward, that health care is in sharp focus. One of the things we have to make sure of as we move through the process is that no children, especially poor children and those with special needs, come out of this worse off than they have been. One of my themes is “No child worse off.” Just four words: “No child worse off.” I add as a corollary: especially poor and special needs children.

Unfortunately, we have some ideas in Washington floating around that run contrary to that. I urge those who are ignoring the question of children, who are forgetting about the impact of this bill on children—and it is a very positive impact—to remember that line from Scripture where it says that “a faithful friend is a sturdy shelter.” We have a lot of people in Washington who do a lot of talking about being a friend of children, being advocates for children, and standing up for children. It is wonderful that they say that. But if we are going to prove ourselves to be a faithful friend to children by being that sturdy shelter that protects them, not only from the ravages of a bad economy, not only from the other horrors so many children face, but even protecting them from unintended consequences of health care legislation, if that is what we say we are going to do, we should prove it through the work we do in the bill.

I have a couple of points about that. One of the things I worked very hard on in the bill, working with Senator DODD, was to make sure that enrollment in care, either through the so-called gateway, which is part of the health care bill, or through Medicaid or CHIP, is done in a way that we are actively assisting—actively assisting—families to get them enrolled and not just saying: You are on your own and try to figure it out—actively seeking to help families, especially poor families, get enrolled.

I have worked with Senator DODD on a requirement that pediatric preventive care be included in the list of mandatory preventive services that insurance plans offer, with minimum cost-sharing requirements for families.

I have also worked with Senator DODD on ensuring that medical homes—which, as we know, is not a place but an approach to care, patient- and family-centered care that is comprehensive and coordinated; that is

what I mean by “medical home”—that there is a medical home as well for children. Pediatric medical homes for children are part of the bill.

Finally, we ensure the establishment of an oral health care prevention education campaign at the Centers for Disease Control focusing on preventive measures targeted toward children and pregnant women.

For all these reasons and more, we have to continue to focus on getting health care legislation passed at long last.

I was honored to be with the Presiding Officer yesterday at a discussion about preventive health care. That is a central part of this bill. I commend her work in this area. It is a central feature of this health care bill.

GLOBAL FOOD SECURITY

Mr. CASEY. Madam President, let me move to a second topic in the remaining time I have, in addition to health care, and that is actually a related issue, the issue of hunger and food security, but on the scale of the world, the international stage. I wish to speak briefly on the subject of a significant achievement from last week's G8 summit held in Italy.

The G8 leaders agreed to commit \$20 billion over the next 3 years to international agricultural development, of which the United States will pledge a minimum of \$3.5 billion over this period.

As the President, the White House, noted, that comprises more than doubling of current U.S. levels of agricultural development assistance and represents a dramatic shift in the way our government conceives of global food security.

For too long, the United States has relied on the traditional emergency aid model, a testament, of course, to the charity and generosity of the American people, but also an inefficient and often delayed response to hunger overseas.

A real investment in international agricultural development can help the developing world grow self-sufficient in agriculture and provide a livelihood for the significant share of the population that are small farmers across the world.

Everyone is familiar with the old saying: Give a man a fish and you feed him for today. Teach a man to fish, and you have fed him for a lifetime. We should bear that in mind when we think about this policy of global food security. That is exactly what the international community, led by the G8 and President Obama, is seeking to do, with an emphasis on several key principles, at least three: strategic coordination of assistance to ensure that aid is provided in a fashion that maximizes effectiveness and efficiency; investment in country-owned plans to provide genuine domestic ownership and inclusion of benchmarks and other standards of accountability; and a sustained commitment with follow-through at future summits to ensure

that the leading States are carrying through on their pledges.

This G8 initiative is a complement to the Global Food Security Act, introduced earlier this year by the ranking member of the Senate Foreign Relations Committee, Senator LUGAR, and myself. As of today, eight other Members have cosponsored the Global Food Security Act, and I was pleased that Secretary of State Clinton recently offered her general endorsement of this legislation.

This bill would achieve three major objectives. No. 1, enhance coordination within the U.S. Government so that USAID, the Agriculture Department, and other entities are not working at cross-purposes. We do that by establishing a new position, a special coordinator for food security, in the White House who would report directly to the President and would forge a comprehensive U.S. food security strategy.

No. 2, the bill expands U.S. investment in the agricultural productivity of developing nations so that nations facing escalating food prices can rely on emergency food assistance and instead take steps to expand their own crop production. A leading agricultural expert recently estimated that every dollar invested in agricultural R&D generates \$9 worth of food in the developing world.

I am grateful to Senator LUGAR for his bold proposal by the acronym HECTARE to establish a network of universities around the world to cooperate on agricultural research.

No. 3, the bill would modernize our system of emergency food assistance so that it is more flexible and can provide aid on short notice. We do this by authorizing a new \$500 million fund for U.S. emergency food assistance.

This bill has been worked on and marked up in the Foreign Relations Committee and reported out. I am working with Senator LUGAR to bring this legislation to the floor so the full Senate can take it up and pass it.

We should not wait—as I said about health care earlier—we should not wait for another massive food crisis such as the one that hit the world last summer, before taking action on this legislation. Global food security is not only a humanitarian issue, of course—and that is of immense proportions—but it is also a national and international security issue. Hunger breeds instability, and instability can set the stage for failed states.

Madam President, I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. DURBIN. Madam President, I ask to speak in morning business.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

ENGAGING THE ISSUES

Mr. DURBIN. Madam President, there are many things going on in the Capitol today. As a member of the Senate Judiciary Committee, I left the confirmation hearing of Judge Sonia Sotomayor, President Obama's nominee to the Supreme Court. I believe this is her fourth day of hearings before the committee. It appears we will be able to wrap up today or perhaps tomorrow.

I think she has done an extraordinarily good job. She comes to this nomination with a remarkable life story: rising from public housing in the Bronx, NY, losing her father when she was 9 years old, being raised by a determined and capable mother, a brother who became a doctor. She went on to law school after academic success in an Ivy League institution, and now has served for 17 years on the Federal bench.

We have many good witnesses before the Judiciary Committee, but I think she has set a high standard in terms of answering questions with a clear understanding of the law and a clear understanding of her responsibility if she is given this awesome assignment of serving on the highest Court in the land.

I cannot help but watch at these hearings as her family sits through hour after weary hour of Senators' questions. They are clearly in her corner and cheering her on; her mother, nodding in agreement when her daughter tells of their life story; others there in testimony to her wonderful life, her professional life as an attorney and judge.

I hope the Senate will bring her nomination before us in a timely fashion so that if she is approved—and I believe she will be approved by the Senate—she can cross the street to the U.S. Supreme Court and be there in September to make certain that the Court has a full complement of Justices to consider important cases.

At the same time on the floor, we have the Defense authorization bill, an annual exercise to authorize important expenditures for our national defense. There is a pending amendment relative to hate crimes, as to whether there will be a Federal cause of action against those who are guilty of physically assaulting and hurting people because of their sexual orientation, their gender, their race, their ethnic origin.

And, of course, there is another major debate underway about the future of health care in America. I have said that I think this debate over health care may be the biggest domestic undertaking of Congress in its history. In sheer numbers, the impact of this legislation will touch every single American immediately.

We have considered big issues in the past, issues such as Social Security,

but that was a program, when it was conceived and passed, that would affect senior citizens at a later date and only a few people initially. It was passed at a time when few people lived to be age 65, the qualifying age for Social Security. So it was an insurance policy for a small group of Americans. There was a payroll tax imposed on most workers in the country to pay for it.

Some 60 years later, President Lyndon Johnson considered the Medicare Program, another far-reaching program which today provides health insurance for 45 million Americans. It, too, is paid for primarily by a payroll tax, but it reached retirees. This debate on health care goes far beyond retirees. It affects all of us, every single one of us.

There have been so many things said about this debate. Some of the things that have been said at the outset are plain wrong. I was sent an e-mail by my brother who lives in California. I don't know the source of this e-mail, but it is one with wide subscription. It was loaded with mistakes and errors, suggesting that Members of Congress have some elite health care policies that pay for things ordinary Americans could never consider.

For the record, speaking for myself and most Members of Congress, we are under exactly the same health care plan as 8 million Federal employees and their families. But make no mistake, it is a good one. Because we have such a good bargaining pool, for over 40 years, private insurance companies have been anxious to get in and offer health insurance to not only Members of Congress but virtually every other Federal employee. It is a plan that engages us with private health insurance companies. My wife and I can choose from nine different private health insurance companies that offer coverage to residents of Illinois who are Federal employees. We can pick a plan that has limited coverage or one that has more coverage. My payroll deduction depends on the type of plan I choose.

The good news is once a year there is open enrollment. If I don't like the way I have been treated in the plan, I can move to a different company that might give me different benefits or better coverage. Every American should be so lucky as every Federal employee and Members of Congress. But we don't have an elite plan.

Other things that have been said are plain wrong. Members of Congress do not pay into Social Security. I can tell you when I was elected in 1982, in the House of Representatives, that was a fact. That was quickly changed within a year so that Members of Congress do pay into Social Security, as most Americans do today. These are all things that need to be set aside, and we need to get to the heart of the issue.

I listened as Republican Senators have come to the floor and talked about this health care debate. I cannot for the life of me understand how most of these Senators feel about the issue of health care.