The Senate met at 10 a.m. and was called to order by the President pro tempore [Mrs. THURMOND].

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Dear God, it is with reverence and commitment that we address You as Sovereign of our lives and of our Nation. You are absolute Lord of all, the one to whom we are accountable and the only one we must please. Our forefathers and foremothers called You Sovereign, with awe and wonder as they established this land and trusted You for guidance and courage. Our founders really believed that they derived their power through You and governed with divinely delegated authority.

In our secularized society, Lord, recall the Senators to their commitment to Your sovereignty over all that is said and done. May this day be a reaffirmation that You are in control and that their central task is to seek and to do Your will. Thank You that this is the desire of the Senators. So speak, Lord; they are listening. Guide, strengthen, and encourage faithfulness to You. In Your holy, all-powerful name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable CHUCK HAGEL, a Senator from the State of Nebraska, led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE ACTING MAJORITY LEADER

The PRESIDENT pro tempore. The acting majority leader is recognized.

Mr. HAGEL. I thank the Chair.

SCHEDULE

Mr. HAGEL. Mr. President, on behalf of the leader, this morning the Senate will consider numerous legislative items that have been cleared for action. Following consideration of those bills, the Senate will resume debate on the final appropriations conference report. cloture was filed on the conference report yesterday, and it is still hoped that those Senators objecting to an agreement to change the time of the cloture vote to occur at a reasonable hour during today's session will reconsider. However, if no agreement is made, the cloture vote will occur at 1:01 a.m., Saturday morning. Senators may also expect a vote on final passage to occur a few hours after the cloture vote. In addition, the Senate could consider the work incentives conference report prior to adjournment.

Mr. President, I thank you.

I suggest the absence of a quorum.

Mr. REID addressed the Chair.

Mr. HAGEL. Mr. President, I would ask the acting minority leader be recognized.

The PRESIDENT pro tempore. The Senator from Nevada.

BANKRUPTCY REFORM

Mr. REID. Mr. President, I hope in the final hours of the session in the final day we will not forget the progress that has been made on the bankruptcy bill. I spoke to the manager of the bill, the subcommittee chair, late yesterday evening, and he indicated that there was some thought by the Republican majority leadership they would accept the unanimous-consent agreement that I suggested yesterday morning. As I indicated at that time, we have gone from some 320 amendments down to 14, 7 of which have either been accepted or they will be resolved in some manner. We only have seven contested amendments.

I hope we do not lose the initiative that has taken place to this point in the next few hours, or the next few minutes, really, that we could enter into that unanimous-consent agreement so that at such time as we return to the bankruptcy bill, we have a finite number of amendments and can proceed to wrapping that up. I repeat that it is not the minority but, rather, the majority that is holding up this most important bill.

Mr. HAGEL. Mr. President, I note the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

(Mr. HAGEL assumed the chair.)

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

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

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business.

The Senator from Illinois.

A CHALLENGING SESSION OF THE SENATE

Mr. DURBIN. Mr. President, the Senate, we hope today or perhaps tomorrow, will be bringing this session to a close. It has been a session which has involved some historic decisions by the Senate. Of course, it began with an impeachment trial of the President of the United States, which ended in a bipartisan decision of the Senate not to convict the President. Then, shortly thereafter, we faced a rather historic challenge in terms of our role in Kosovo. So we went from one extreme in the Constitution, involving an impeachment against the President, to the other extreme, where this Senate had to contemplate the possibility, the very real possibility, of war. That is how our session began, at such a high level with such great challenges.

There were so many other challenges that were presented to the Senate during the course of the year. I am sad to report that we addressed very few of them. Things that American families really care about we did not spend enough time on, we did not bring to a conclusion. So, as we return to our homes, States, and communities after this session is completed and we are confronted by those who are concerned about their daily lives and they ask us, What did you achieve during the course of this session? I am afraid there is very little to which to point.

This morning, I received some letters from my home State of Illinois from senior citizens concerned about the cost of prescription drugs, as well they should be, because not only are these costs skyrocketing, but we find gross disparities between the charges for prescription drugs in the United States and the cost of the very same drugs made by the same companies if they are sold in Canada or in Europe.

In fact, in the northern part of the United States, it is not uncommon for many senior citizens to get on a bus and go over the border to Canada to buy their prescription drugs at a deep discount from what they would pay in the United States. That is difficult for seniors to understand as to why that same prescription drug should be so cheap if purchased overseas and so expensive for American citizens in a country where those pharmaceutical companies reside and do business.
The senior citizens have asked us, as well as their families who are concerned about the costs they bear, to do something. Yet this session comes to an end and nothing has been done—nothing has been done—either to address the spiraling cost of prescription drugs or to amend the Medicare program and to make prescription drugs part of the benefits.

Think about it. In the 1960s, under President Lyndon Johnson when Medicare was created, we did not include any provision for paying for prescription drugs. We considered it from a Federal point of view as if prescription drugs were something similar to cosmetic surgery, just an option that one might need or might not need, but certainly something that was not life-threatening.

Today, we know we were wrong. In many instances, because of the wide array of prescription drugs and the valuable things they can do for seniors, we find a lot of our senior citizens dependent on them to avoid hospitalizations and surgeries and to keep their lives at the highest possible quality level.

Last week, I went to East St. Louis, IL, the town where I was born, and St. Mary’s Hospital and visited a clinic. I walked around and met groups of senior citizens and asked them how much they were paying for prescription drugs. The first couple took the prize: $1,000 a month came in from their Social Security; $750 a month went out for prescription drugs. Three-fourths of all the money they were bringing in from Social Security went right out the window to the pharmacy.

There was another lady with about $900 a month in Social Security; $400 a month paid in prescription drugs.

And there was about $500 a month in Social Security; $300 a month in prescription drugs.

The last person we met, though, told another story. He was retired from a union job he worked at for many years, a tough job, a manual labor job, and he, too, had expensive prescription drugs. He, too, had expensive prescription drugs.

As we return home to face parents who say, what have you done to make America safer, to make communities, neighborhoods, and schools safer, the honest answer is nothing, nothing.

Take a look at campaign finance reform. Senator PINKOGL in Wisconsin is on the floor. He has been a leader on this issue with Senator MCCAIN of Arizona. They had a bipartisan effort to clean up this mess of campaign funding in America. Yet when it came to a vote, we could muster 55 votes out of 100 favoring reform, which most people would say: You have a majority; why didn’t you win?

Under Senate rules, it takes more than a majority. It takes 60 votes. We were five votes short. All of the Democrats supported campaign finance reform, and 10 stalwarts on the Republican side came forward. Yet when it was all said and done, nothing was done. We will end this session never having addressed campaign finance reform, something so basic to the future of our democracy.

On a Patients’ Bill of Rights, there is a term which a few years ago American families might not have been able to define. I think they understand it now. It was an effort on the floor of the Senate to say that families across America and individuals and businesses would get a fair shake from their health insurance companies; that life-and-death decisions would be made by doctors and not by insurance companies. It is that basic. Mr. President, you know as well as I, time and again, a good doctor making a diagnosis, who wants to go forward with a procedure, first has to get on the phone and ask for permission.

I can recall a time several years ago in a hospital in downtown Illinois where I accompanied a doctor on rounds for a day. I invite my colleagues to do that. It is an eye-opener to see what the life of a doctor is like, but also to understand how it has been changed because health insurance companies now rule the roost when it comes to making decisions about health care.

This poor doctor was trying to take care of his patients and do the right thing from a medical point of view, and he spent most of his time while I was with him on the phone with insurance companies. He would be at the nurses’ station to know a floor of St. John’s Hospital in Springfield, IL, begging these insurance companies to allow him to keep a patient in the hospital over a weekend, a patient he was afraid might have some dangerous consequences if she went home before her surgery—her brain surgery—on Monday. Finally, the insurance company just flat out said: No, send her home.

He said: I cannot do that. In good conscience, she has to stay in the hospital, and I will accept the consequences.

That is what doctors face. Patients who go to these doctors expecting to get the straight answers about their medical condition and medical care find they are involved in a game involving health insurance companies and clerks with manuals and computers who decide their fate.

When we tried to debate that issue on the floor of the Senate, we lost. American families lost. The winners were the insurance companies. They came together and said: We are going to make sure that when we won the day. They had a majority of 100 Members of the Senate on their side, and American families lost.

Thank goodness that bill went to the other side of the Rotunda. The House of Representatives was the other side of the story. Sixty-eight Republicans broke from the insurance lobby and voted with the Democrats for the Patients’ Bill of Rights so that families across America would have a chance. But nothing came of it. That was the end of it. The debate in the House was the last thing said; no conference committee, no bill, no relief, no protection for families across America.

I will return to Illinois, and my colleagues to their States, unable to point to anything specific we have done to help families deal with this vexing problem.

The minimum wage debate is another one. Senator KENNEDY, who sits to my left, has been a leader in trying to raise the minimum wage 50 cents a year for the next 2 years to a level of $6.15. He has been trying to do this for years. He has been stopped for years.

We are literally talking about millions of Americans, primarily women, who go to work in minimum-wage jobs and try to survive. Many of them are the sole bread winners of their families. We will leave this session of the Congress—the Senate and the House will go home—and those men and women will get up and go to work on Monday morning still facing $5.15 an hour.

In a Congress which could come up with $792 billion for tax breaks for the wealthiest people in America, we cannot find 50 cents for the hardest working men and women, who get up every single day and go to work, as people who watch our children in day-care centers, as those who care for our parents and grandparents in nursing homes, as those people who make our beds when we stay in hotels, service our tables when we go to restaurants. They get up and go to work every single day. This Senate did not go to work to help those people. We could find tax
breaks for wealthy people, but when it came to helping those who are largely voiceless in this political process, we did nothing. We will return home and face the reality of that decision.

If there is any positive thing that came of this session, it emerged in the last few days. Finally, after an impasse over the budget that went on for months, the Republican leadership sat down at the table with the President. The President insisted on priorities, and you have to say, by any measure, he prevailed. And thank goodness he did.

Let me tell you some of the things that are achieved in the budget we will vote for. It has its shortcomings—and I will point out a few of them—but it has several highlights.

The President’s 100,000 COPS Program across America has had a dramatic impact in reducing violent crime and making America a safer place to live. There was opposition from Republican leaders to continue this program. But, finally, the President prevailed, and we will move forward to send more police and community policemen into our neighborhoods and schools across America to make them safer.

In education, the President’s initiatives, but Head Start, is one that is very important to all of us. Disadvantaged students—there is $8.7 billion for title I, which is the lowest priority of the Appropriations Committee. When we wait until the last minute to consider the education bill in the Senate. What is the highest priority for American families? It was in the 1997 budget agreement contains $38 billion in advance appropriations. The money, the excess and surplus that this budget will provide more for education, we will vote on next year.

You might assume, then, we are going to have this huge surplus of money from which we continue to borrow. It is anybody’s guess. We pass a bill, we appropriate the money, but we cannot account for its sources.

Let me tell you about Head Start. It is a good story. Head Start is a program created by President Lyndon Johnson in the Great Society. There were some critics of the President’s initiatives, but Head Start has survived because it is a great idea. We take kids from lower income and disadvantaged families, and bring them into a learning environment at a very early age, put them in something similar to a classroom, and give them a chance to start learning. And we involve their parents. That is the critical element in Head Start.

This budget is going to provide $5.3 billion—the amount requested by the President—to serve an additional 44,000 kids across America, and to stay on track to serve 1 million children by the year 2002.

Class size reduction, which I have mentioned to you, is one that is very important to all of us. Disadvantaged students—there is $8.7 billion for title I compensatory education programs. That is an increase of $274 million, but it is still short of what the President requested.

In special education there is good news. This budget will provide $6 billion, $912 million—or 18 percent—more than the fiscal year 1999 appropriations for special ed. In my home State of Illinois, school districts will receive $227 million, a 62-percent increase since last year.

Keep in mind these school districts, because of a court decision and Federal legislation, now bring disabled children and kids with real problems into a learning atmosphere to give them a chance. But it is very labor intensive and very expensive. I am glad to see that this budget will provide more money to those school districts to help pay for those costs.

Afterschool programs: We provide $453 million, an increase of $253 million, to serve an additional 375,000 students in afterschool programs. How important are afterschool programs? Ask your local police department. Ask the police, anyone would be. And the people in the police department will tell you, after school lets out, we often run into problems. So afterschool programs give kids something constructive to do after school. I am glad the Federal Government is taking some leadership in providing this.

In student aid, the agreement increases maximum Pell grant awards to college students by $175, from $3,125 to $3,300. Since President Clinton has taken office, we have seen the Pell grants increase by 43 percent.

This is an illustration of things that can be done when Congress works together. But we literally waited until the last minute to consider the education bill in the Senate. What is the highest priority for American families? It was the student aid. The education programs will be well funded.

Let me tell you of a bipartisan success story: The National Institutes of Health. That is one of the best parts of the bill that we are going to vote on. It receives a 15-percent increase over last year’s funding level. The National Institutes of Health conducts medical research. Those of us who are in the Senate, those serving in the House, are visited every single year by parents with children who suffer from autism, juvenile diabetes, by people representing those who have Alzheimer’s disease, cancer, heart disease, AIDS. And all of those come with a single, unified message: Please, focus more resources, more money, on that money on the National Institutes of Health. We increase it this year some 15 percent.

Fortunately, one of the budget gimmicks which would have delayed giving the money to the National Institutes of Health until the last 48 hours of the fiscal year was changed dramatically. Because of that change, we do not believe
Let me point to one thing I am particularly proud of in this bill. It is an initiative on asthma. I was shocked to learn that asthma affects 17 million people in America today. I was stunned when I learned it is the No. 1 diagnosis of children who were admitted to emergency rooms across America. Asthma is the No. 1 reason for school absenteeism in America. When I asked my staff to research what we are doing to deal with asthma, I found that we did precious little. I started asking my colleagues in the Senate about their concerns over asthma and was surprised to find so many of them who either had asthma themselves or had a member of their family with asthma.

They joined in trying to find a new approach, a new initiative that would deal with this problem. Leading that effort was my colleague from the State of Ohio, Senator Mike DeWine. He and I put in an amendment, which was funded in this bill, to provide $10 million in funding to the Centers for Disease Control for childhood asthma programs.

What is asthma like? I have never suffered from it, thank God. But imagine this illustration: For the next 15 minutes, imagine breathing through a tiny straw the size of a coffee stir, never getting enough air. Now imagine suffering this three to six times a day. That is asthma.

There have been some innovative things that have been done. In Southern California, Dr. Jones, with the University of Southern California, has started a "breathmobile" moving around the areas and neighborhoods of highest incidence of asthma, identifying kids with the problem, making sure they receive the right treatment and that their parents and teachers know that they have to encourage. The $10 million Senator DeWine and I have put in this bill for this type of outreach program for asthma can have dramatic positive results.

There is one other thing I will mention. That is a program in which I became interested in 1992. I went to Detroit, MI, and saw an effort that was underway to provide residential treatment to addicted pregnant women. I thought it was such a good program, I asked the director, Where do you get your Federal funds? They said: We don't qualify for Federal funds. I went back to Washington and put a demonstration project in place so that we could take addicted mothers across America out of their drug-infested neighborhoods, put them in a safe environment, and really try to make certain that the babies they would bear would be free from drug addiction.

It was a demonstration project, and it cost $1 million. The Clinton Administration in 1994 in America were born drug free because of this program which we started in 1992. We were about to lose it this year. Imagine, we know a drug-addicted baby is extremely expensive, let alone, perhaps, a waste of great potential in human life. I was able to work with Senators Specter and Harkin to put $5 million in the bill to expand our current efforts.

I say, in closing, there is one area of this bill I find particularly troubling. That is something which not only affects many people, in a world where we see the need for family planning and population control to avoid serious poverty, to avoid environmental disaster, and to avoid wars, the leadership in the House of Representatives has turned a blind eye to international family planning. I cannot understand how this Republican Party—not all of them but many of them—can be so insensitive to the need for international family planning. Every year it is a battle. We have to understand that when population growth is out of control in underdeveloped countries, it is a threat to the stability not only of that country, of that region, but of the world and the United States.

We have to follow the lead of President Clinton and many in Congress who have said U.S. involvement in international family planning is absolutely essential. We hear arguments and see amendments offered because there are some who want to make this an abortion issue. The sad reality is that if a woman in a faraway land does not have the wherewithal to plan the size of her family, every unintended pregnancy, it increases the likelihood of abortion. So family planning, when properly used, will reduce the likelihood of these unintended pregnancies. That is as night follows day, those who care to even take a look at this policy issue.

I am sorry to report that although we are going to finally pay a major part of our U.N. dues, which has been an embarrassment to many of us for so many years while the Republican Congresses have refused to pay those dues, it was at the price of threatening international family planning programs. The Republican leadership in the House of Representatives insisted, if we are going to pay our U.N. dues, it has to be at the expense of international family planning programs. I think that is extremely shortsighted. I hope the next Congress will have a little more vision when it comes to family planning, when it comes to enacting a treaty, for example, a nuclear test ban treaty. The Senator from Nebraska, who is now presiding over the Senate, is working with Senator Lieberman from Connecticut in an effort to revive that effort as well.

I hope the next session of Congress will be more productive in that area and many others.

I yield the floor.

Mr. WELLSSTONE. Mr. President, will the Senator from Nevada yield?
Mr. REID. Of course.

Mr. WELLSTONE. I ask unanimous consent I be allowed to follow the Senator from Nevada.

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

Mr. REID. Mr. President, before my friend from Illinois leaves the floor, I want to ask him some questions about this bill. I appreciate very much the outline of this congressional session made by my friend from Illinois. The Senator from Illinois and I came to the Senate from the House of Representatives. I feel a great affinity for my friend, not only for the great work he does but because we came as part of the same class. I made a number of notations as he gave his speech.

Isn't it about time we updated, revised, modernized Medicare? I say that because 40 years ago, 35, 36 years ago, that Medicare passed. Almost 40 years ago, 4 decades ago, we didn't have prescription drugs; we didn't have drug therapies that extended lives or made life more comfortable for an individual.

I say to my friend from Illinois, isn't it about time Medicare became modern? Isn't it about time senior citizens have a program where they can get an affordable prescription drug program to keep them alive, to keep them healthy?

Mr. DURBIN. I agree with the Senator from Nevada. Isn't it ironic that if you bought a hospitalization policy now, as an employee of a company, you would expect some sort of prescription drug benefit as part of it, that goes along with most policies?

Medicare does not include that. Seniors find themselves at a distinct disadvantage. Many of the seniors I talked to in the middle of your speech today in East St. Louis, IL, had heart problems. Back 35 years ago, we didn't have the wide array of potential prescription drugs to deal with blood pressure problems, for example. Now we do. The fact that these prescription drugs are available means longer and better lives for seniors.

Mr. REID. Also, while we are talking about prescription drugs, I offered an amendment in the Senate, which passed, that said for Federal employees—I tried to broaden it to cover all—unintended pregnancies in the United States and almost 50 percent of those wind up in abortion.

Mr. DURBIN. That is right. The Senator has said it all there. Not everybody lives in metropolitan areas. Some people can go to two or three different pharmacies within a matter of a few blocks. In some places, there is only one pharmacy.

I also say to my friend it seems unusual—while we are talking about health care—and the Senator did an excellent job in talking about the Patients' Bill of Rights. We passed a patients' non-bill of rights. We passed a bill here that is a bill in name only. If you read the Patients' Bill of Rights, the Senator knows it is not a Patients' Bill of Rights.

It is unusual in this country—and the Senator and I are both lawyers, and I know sometimes the legal profession doesn't have the greatest name, unless you need a lawyer. But in our great society, this country that we admire—and we salute the flag every day—it is interesting that the only two groups of people you can't sue in America are foreign diplomats and HMOs.

Mr. DURBIN. I agree completely with the Senator from Nevada. If we did nothing else but change that to say these health insurance companies could be held liable in a court of law before a jury of Americans for their decision, that health insurance company would have a dramatic overnight impact on their decisions also. They would think twice about denying a doctor's recommendation for a surgical procedure or a hospitalization. They would think twice about delaying these decisions.

I have noticed, and I am sure the Senator from Nevada has noticed as well, many times, poor families I represent in Illinois will get into a struggle with an insurance company to try to get help, for example, for a child with a serious illness or disease, and the struggle goes on for months; ultimately, the family prevails; but during that period of time, the poor child is suffering and the family is suffering. I think that giving those families across America the right to sue health insurance companies and saying to the health insurance companies that, like every other business in America, you will be held accountable for any wrong they do is the simplest justice. Nothing other than to say we are going to create some special, privileged class of companies and that, literally, the health insurance companies are above the law. That is not America.

Mr. REID. My friend also knows that with part of the public relations mechanisms these giant HMOs have, they are going around saying, well, what these people in Washington want to do—the Congressmen—is allow suits against your employer. Now, the Senator knows that is fallacious. Any litigation that would be directed against the wrongful acts of the entity that disallows the treatment has nothing to do with the employer. Does the Senator understand that?

Mr. DURBIN. That is right. The Senator probably saw the survey that there are people against giving families the right to hold health insurance companies accountable in court, and they say, well, if you work for an employer who provides health insurance, those families may turn around and sue the employer, as opposed to the health insurance company. So we looked at that and did a survey; we investigated. We found out that only in a very rare situation has that occurred. Here is an example.

In one circumstance, the employer collected the health insurance premiums from the employee and then didn't pay the health insurance company. So when the family tried to get coverage for medical care, the next thing that occurred was they found out the premiums had not been paid by the employer. That was the only example we could find. But if the employer picked the health insurance, would you and they make a decision, we could not find a single case where the employer was held liable because of the health insurance company's bad medical decision.
So that, I think, is a red herring, one that really does a disservice to American families who deserve this right.

Mr. REID. The Senator also gave an example of one of his constituents in Illinois whose child has Pompe’s disease, who, as we speak, is not receiving treatment for that.

Mr. DURBIN. The child has passed away.

Mr. REID. He wanted to participate in what is called a clinical trial. Is the Senator aware that HMOs almost universally deny the ability of their enrollees to participate in clinical trials?

Mr. DURBIN. Yes. Frankly, during the course of the debate here, the Senator can remember that when they referred to reputable medical leaders in the United States, such as Sloan Kettering—which is a great institution when it comes to cancer treatment and research and is respected around the world—they said, after their survey, that clinical trials really open the door for new treatments and therapies that, frankly, save us money. They found better and more efficient ways to keep people healthy. Meanwhile, the health insurance companies won’t pay for them, and we are literally stopped in our tracks from moving forward with this kind of medical research and clinical trials.

In this case, with this little boy, Eric, who passed away from this disease, he was closed out of a clinical trial. Would he have survived with it? I am not sure, but because of the health insurance company, he never got a chance.

Mr. REID. On the floor today, right next to the Senator, is the Senator from Minnesota, who has been a leader in Congress fighting for the rights of those with mental disease, who had mental disease, who had emotional problems. Is the Senator aware of that?

Mr. DURBIN. I am aware of it. I salute the Senator from Minnesota, my friend, Senator PAUL WELLSTONE, and our colleague, Senator DOMENICI from New Mexico, for their leadership on this issue. It is a classic illustration of another problem facing American families which this Congress has refused to address. The problem is very straightforward.

An internist from Springfield, IL, came to see me and said, “Senator, I am literally afraid to put in a patient’s record that I am giving them medication for depression because the insurance company will then label them as ‘victims of chronic depression,’ a mental illness against them when it comes to future health insurance coverage.” That is outrageous. Mental illness is an illness, it is not a moral shortcoming. These people can and deserve to receive the very best care. Unless and until the Senator from Minnesota and others of like mind prevail in the Senate and in the House of Representatives, we will continue to discriminate against the victims of mental illness. That is something this Congress can do something about. We will leave here today or tomorrow, again, with that unfinished item on the agenda.

Mr. REID. I also say to my friend that we were here last year wrapping up the Senate. Is the Senator aware that since that time we have had 1 1/2 million new people in America added to the uninsured rolls?

Mr. DURBIN. The list grows. The Senator from Nevada knows as well as I do that unless we truly face the reality that every American citizen and every American family deserves the peace of mind of health insurance coverage, you will continue to see employers deciding not to offer health insurance, and working, lower income people in America will be without the protection of either Medicaid or health insurance at work. These people get sick as other people do. When they present themselves to hospitals, they receive charity treatment which is paid for by everyone, instead of receiving quality health care from the start. Preventive care can avoid serious illness.

Again, it is an issue that this Congress has refused to address.

Mr. REID. As the Senator says this—the Senator has said it, but I want to underline it and make it more graphic. The Senator who is on the floor is the leader of the Democrats. I am the whip for the Democrats. We spend a lot of time on this floor. Have we missed something? Has the Senator heard any debate dealing with the uninsured in this country?

Mr. DURBIN. No. We haven’t missed it, as the Senator from Nevada knows very well. This is the third rail for a lot of politicians around here because you have to start to talk about things that cost a lot of money. Doing nothing costs a lot more money. People get sick, they have to go to the doctor, and to the hospital. When they need to have serious treatment, or hospitalization, that is very expensive, too.

It strikes me that those of us who sought this office to serve in the Senate or the House of Representatives did not do that to check and accumulate years toward a pension but to do something to help families across this country. This is the No. 1 concern of families across the country.

If you have a child reaching the age of 23, and all of a sudden it dawns on you: Where is my daughter going to get health insurance? I can’t bring her under my policy. You start thinking. I am sure the Senator from Nevada has. I have. As a parent, every day I call my daughter in Chicago, who is an art student, and an artist, and say, “Jennifer, are you insured this month?” No, “No, dad.” But I have to ask the question because health insurance is not automatic.

This Congress has done little, if anything, to help families across America who struggle with this every single day—not to mention those with pre-existing conditions. If you have a pre-existing condition and it is a serious one, and you have to change insurers, good luck. Most people find themselves being discriminated against.

I agree with the Senator from Nevada. We have been here in and day out, and I have heard literally nothing suggested by the Republican leadership to deal with this.

Mr. REID. At the beginning of our August break, I traveled back to Nevada with my wife. As we flew home, my wife became very sick. We got off the airplane and went immediately to the Sunrise Hospital emergency room. As we walked in that room—she was wheeled into the room—there were lots of people. It was very crowded. We were probably among the 10 percent of the fortunate ones in that room; we had insurance to cover my wife’s illness. She was there for 18 days. Ninety percent of the people there had no health insurance of any kind. They were there because they had no place else to go.

Those uninsured people get care. The most expensive kind of care you can get anywhere is in an emergency room. Who pays for that? You and I pay for it. Everybody in America pays for it in the form of higher taxes for indigent care, higher insurance premiums, higher insurance policies, and higher hospital and doctor bills. We all pay for it anyway.

But we don’t have the direction from the majority here to have a debate on what we are going to do with the rapidly rising number of people with no health insurance.

Next year, we are going to probably have 2 million more. It is going up every year. We have 45 million people—actually 44 million people now—who have no health insurance. Next year, it will be close to 46 million people. Will the Senator agree with me that it is somewhat embarrassing for this great, rich country, the only superpower in the world, that 44 million people will have no health insurance?

Mr. DURBIN. It is an embarrassment, and it is sad. We have spent more time this morning on the floor of the Senate talking about providing health insurance to the uninsured than we have
spent in the entire session this year de-
bating any proposals to deal with the
problem. I would say to my friends on the Re-
publican side of the aisle that if you have an idea, or a concept, or a piece of
legislation, come forward with it. Let
us put our best proposal on the table.
That is what the Senate is supposed to be about. It is supposed to be a contest of
debates, and the hope that when it is
all said and done, the American people
will prosper because we will come out
with something that improves the
quality of their lives. This year we
have not.

Mr. REID. I want the Senator, also,
to react to this. If we passed all of the
programs the Republicans have talked
about, the majority has talked about,
on rare occasions—medical savings ac-
counts, if you are not already covered.
Insurance—does the Senator realize
that would cover less than 5 million of
the 45 million people?

Mr. DURBIN. The Senator from Ne-
braska is right. We overlook the num-
bers. The numbers are important. It is
good to do something symbolic, but it
doesn't solve the problem. We know the
problem grows, as the Senator from Nevada has indicated, by 1 or 2 million a
year—more people without health in-
surance coverage, more people who are
vulnerable, and a Congress which has a
tin ear when it comes to this issue.

We look at the Time magazine polls
where it talks about the concern of the
American people about health care. It
doesn't get through to the leadership
in Congress, and we will leave this year
having done nothing to make it better.

Mr. REID. The Senator made an out-
standing statement relating to guns,
juvenile justice, kids getting killed, and
people getting killed. So that those
people within the sound of our voice
understand what we are talking about,
we are talking about people who pur-
chase a gun shouldn't be crazies or a
criminal. Isn't that what we are say-
ing?

Mr. DURBIN. It is very basic. That is
it.

Mr. REID. We are saying that we be-
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best that can be done, you professionals in the business, we would just as soon stay home and watch professionals. As a result, the educational system is under attack from all directions. In_the news media, in the political campaigns, in the congressional hearings, and in the courts. The Senate is aware of this and is ready to act.

Mr. REID. I appreciate hearing from the Senator. The Senator mentioned Social Security. One of the things that puts a smile on my face is when I hear the majority leader acknowledge that we have a problem with Social Security. If that doesn't put a smile on your face, nothing would because the Senator will recall a few years ago here in the Congress we were debating something called the constitutional amendment to balance the budget. As the Senator will recall, I offered the first amendment to say, fine, we want a constitutional amendment to balance the budget; let's exclude the Social Security trust fund from the balancing.

The Senator is aware they defeated that because they wanted to have their calculations applying the vast surplus that we have had the last several years with our Social Security fund, they wanted to apply that to balance the budget.

Is the Senator aware of that?

Mr. DURBIN. I remember that debate. Frankly, I think that was really the critical debate, when it came to the future of that amendment and when the Republican majority rejected attempts to protect the Social Security trust fund in the balanced budget amendment debate. That was the end of the debate. As I recall, that amendment lost by one or two votes at the most. I voted against it. I think the Senator from Nevada did as well. If it was not going to protect Social Security, then we should not go forward with it.

As I reflect on it, it is a little over 2½ years ago that the battle cry on Capitol Hill was: The deficits, the balanced budget amendment, let the courts step in and have Congress stop spending; that was our only hope. Now we are in the era of surpluses. We have changed so dramatically without that constitutional amendment.

The Senator from Nevada recalls accurately the Social Security trust fund was a viable issue at that point.

Mr. REID. The Senator was also part of this Congress when, in 1993, without a single Republican vote, we passed the budget to address the deficit. It passed. We had to have the Vice President come down and break the tie. The Senator recalls at that time clearly, we had deficits of about $300 billion a year. Since then, we now have surpluses. We have done very well with low inflation, low unemployment—40-year employment highs in that regard. We have created about 20 million new jobs. We have about 350,000 fewer Federal employees than we had then. We have a Federal Government about the same size as when President Kennedy was President.

We could go on with other things that happened as a result of the hard work cast, without a single vote from the Republicans. Does the Senator remember that?

Mr. DURBIN. I was in the House of Representatives and cast a vote in
favor of the President’s program. I can
tell you, literally, there were Demo-
crats in both the House and Repub-
clicans who lost in the next elec-
tion, in 1994, because of that vote they
cast. It was a really courageous effort
on their part. It was exploited by those
who said they were going to somehow
destroy the economy and raise taxes
cross America. Yet look at what has
happened. From 1993 to the current
day, we have seen the Dow Jones index
go from 3,500 to over 11,000, and all the
things the Senator from Nevada has al-
luded to.

So that decision by President Clin-
ton, supported exclusively by Demo-
crats on Capitol Hill, had a very posi-
tive impact on America and its future.
We have gone through one of the long-
est and strongest economic growth pe-
riods in our history. I think it relates
back directly to that 1993 vote.

I can recall a number of my col-
leagues—Congresswoman Mezvinsky, a
new Congresswoman from Pennsyl-
vania who only served one term be-
causenow she has the courage to cast that
vote. If she had not, America might
have gone on a different course than we
have seen recently.

Mr. REID. I apologize to my friend
from Minnesota. I want to end by ask-
ing one final group of questions to the
Senator from Illinois.

We are here in kind of a celebratory
fashion. We are going to complete this
case tonight, unless certain Members
of the Senate keep our staff in all night
long. Otherwise, we will finish it very
quickly.

Does the Senator understand getting
to this point has been really difficult
and we, the minority, have had to hang
very tough?

Remember, in an effort to get where
we are, there have been a number of
ways the majority has attempted to
get to this point. You remember the
Wall Street Journal article where they
talked about the two sets of books the
Republicans were keeping? They would,
for certain things, go with the Office of
Management and Budget and for cer-
tain things go with the Congressional
Budget Office. Does the Senator re-
member that?

Mr. DURBIN. Yes. Mr. WELLSTONE.
Mr. DURBIN. Yes. Mr. WELLSTONE.
Mr. REID. Does the Senator also re-
member they came up with this in-
genious idea that they would add a
month to the calendar? Does the Sen-
ator remember that?

Mr. DURBIN. That is right.
Mr. REID. That was something also
where we said, no, we are not going to
do it. That didn’t work.

Does the Senator also recall when
they decided, with the earned-income
tax credit, the program that President
Reagan said was the best welfare pro-
gram in the history of the country,
where you would give the working poor
more tax incentives to keep working—does
the Senator recall they wanted to
withhold parts of those moneys because the
poor in an effort to balance the budget?

Mr. DURBIN. Yes. Mr. WELLSTONE.
Mr. DURBIN. That is right, 13
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Mr. REID. I remember the Senator
from Illinois saying that is a great idea
because we can just keep adding
months to the year and we will never
have a Y2K problem.

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