

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. GREGG. Mr. President, as in executive session, I ask unanimous consent that at 2:15 p.m. today the Senate proceed to executive session for consideration of Calendar No. 128, Cecilia Altonaga be United States District Judge for the Southern District of Florida. I further ask consent that there be 15 minutes equally divided between the chairman and ranking member or their designee; provided further that following that debate time the Senate proceed to a vote on confirmation of the nomination with no intervening action or debate. I finally ask unanimous consent that following that vote, the President be immediately notified of the Senate's action and the Senate then resume legislative session.

Mr. REID. Reserving the right to object, and I will not object, we are happy to cooperate. I think this will be the 122nd judge we will have approved during this administration. We also hope today by voice vote to be able to maybe approve the 123rd judge.

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

Mr. GREGG. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DASCHLE. Mr. President, during our spring recess, I had the opportunity to travel throughout my home State and visit with South Dakotans.

These are proud days for South Dakota. Citizens are eager to welcome home hundreds of their sons and daughters, husbands and wives, who served so magnificently in Iraq.

South Dakota boasts one of the highest proportions of service men and women in the country. We are proud of the job South Dakotans are doing to bring freedom to Iraq and security and stability to the Persian Gulf.

But these are anxious days for South Dakota, as well. Jobs are hard to come by. The State's budget is under pressure.

Meanwhile, the planting season has begun and farmers and the communities depending upon the land are hoping for some relief to the 5-year drought that continues to cause devastation.

But amid all the concerns on the minds of South Dakota families, the most common and deeply felt, is the financial strain of skyrocketing health care costs and the fear that they may one day lose their health coverage altogether.

Day after day, people know that they are one layoff, one bad crop, one accident, or one illness away from being totally unprotected.

I met with veterans who are picking up a greater share of their health care

costs, because cuts to their health benefits are causing longer waits and worse care.

I met with self-employed people, small business owners and farmers, who buy their own insurance and as a result face premium costs as high as \$20,000.

I met with the families of National Guard members who just a few weeks ago were afraid that their loved ones might get hurt in the line of duty in Iraq. Today, they are worried that their husbands or wives will lose their health coverage when they return home.

This is not a new problem. Health care costs were soaring during our last recession 10 years ago. But new financing structures and a good economy helped bring costs under control. People were working, business was booming, and employers were adding new and better benefits as they competed for the best workers.

Today, the economy continues to struggle, jobs are scarce, and profits even scarcer. Businesses are trimming back benefits for their employees and pensioners. And each month brings a fresh round of layoffs, and with them, thousands more Americans without dependable health insurance.

We have about 75,000 South Dakotans who are uninsured today. Of the uninsured South Dakotans, 60 percent have been uninsured for 2 years. Twenty-seven percent have been uninsured for 10 years or more.

Some work for businesses that don't offer benefits. Some are self-employed family farmers who can't afford health insurance premiums even though they work in one of the most physically demanding and dangerous jobs there is.

Health care is the most private of issues. But individuals' lack of coverage has broad and several public consequences.

Because the uninsured are less likely to get preventative coverage, they are more likely to fall victim to more serious and more costly illnesses down the road. Communities lose good neighbors and productive workers. Sometime, the cost of care drives families into bankruptcy. And the cost of their coverage then gets passed on to the rest of us.

This crisis is driving millions of Americans into poverty and poor health. And ever-higher numbers of uninsured people are driving the health care costs of every American higher and higher. This is a vicious cycle, destined to put good health care out of reach of everyone but the wealthy, and we need to stop it.

I recently heard from Eugene and Karen Berg, who farm 500 acres of corn and soybeans in Emery, SD.

Even though the Bergs pay more than \$7,000 per year for health insurance, that only buys them catastrophic coverage—nothing for ordinary health expenses. They have a \$10,000 deductible and they are responsible for one-fifth of all costs above that. Their insurance doesn't cover prescription

drugs, and so the Bergs pay another \$5,000 per year to cover the cost of medicine. They don't have dental insurance, and they cannot afford to visit the dentist.

Eugene's doctor just told Eugene that an operation could fix his hearing. But because he cannot afford the cost and his insurance won't help him, he's resigned to living with only half his hearing.

The Bergs decided to look for better, less expensive health coverage. They found a plan that looked promising, but when they applied, Eugene was rejected because he has diabetes and high blood pressure.

The insurance company said it would accept his wife, but it wouldn't provide any coverage for her thyroid problem. Insurance companies, they learned, don't make money by covering the sick.

Eugene is trying to appeal the insurance company's decision, but he is not hopeful. One way or the other, Eugene is thinking about dropping his current coverage because he can no longer afford the premiums.

I recently heard from another family, Roger and Carrie Fischer, who are musicians living in Custer, SD.

Their insurance company recently raised their premiums from \$6,000 to \$9,000 per year. They let their insurance lapse because they couldn't afford it.

They, too, tried to find a different plan, but because Carrie had her leg amputated, no company would even give them a quote.

Carrie's amputation requires a prosthesis to be fitted to her leg so she can walk, but she was told that a new one would cost \$30,000. So she is making do with her old one as long as she can.

Roger recently wrote me a letter. He said:

If we were able, we'd surely like to be insured, but it's a choice between having light and heat and being insured. . . . Let's change things now. I cannot afford to wait any longer.

Millions of Americans face the same challenges. They work hard, they take care of themselves, and they contribute to their communities. They try to put money aside for bad times. But they can't control when illness strikes. Nor can they control the finances of the insurers, who too often pass on the cost of their own financial mistakes to their customers.

Last year, health insurance premiums increased by an average of 13 percent, three times faster than wages. The year before, premiums increased by 11 percent.

Businesses trying to keep afloat during tough economic times are forcing their employees to shoulder more of the costs. But at this pace, the costs will double every 7 years.

As the price of insurance increases, and as people lose their jobs in the current economy, more and more families are thrown onto the rolls of the insured. Over the past two years, 75 million Americans, nearly one in three,

spent at least some time without insurance. Forty-one million lacked coverage for the entire year. Among them are 8.5 million children who are indeed being left behind.

We can do better.

This is a national problem and it demands national leadership to fix it. Medical research is producing miracles. And yet, Washington's neglect has allowed a crisis to emerge.

Doctors and nurses are dedicating their lives to the care of their patients. And yet Washington cannot seem to dedicate any of its attention or its resources to helping Americans who are suffering.

This is a critical moment in our Nation's history. As our attention turns back toward the troubles of our economy and the Americans who are struggling to work and raise families, I intend to do everything I can to keep the Senate's attention focused on the crisis in health care.

Our citizens are asking for our leadership, and we have an obligation to answer their call.

I yield the floor.

Mr. REID. Mr. President, before the Democratic leader leaves the floor—if I could just engage in a colloquy with him—the leader is so on point. We need to do something about health care. In my office today was a 13-year-old girl from Reno, NV. Her best friend's mother has lupus. This little girl didn't know what to do. As you know, we are way behind the ball on trying to determine what causes lupus and how to cure it. It is a very serious disease, and mostly a disease of women. This little girl on her own painted little lady bugs and sold them for \$2 each and made \$2,000 for research into lupus. She got a national award.

With all that has been going on—Iraq and Afghanistan are terribly important issues—and as we focus on this tax cut, which is a very important issue, I hope this Congress can devote some time to the 44 or 45 million Americans who have no health insurance and the millions of others who are underinsured. The State of Nevada, I am not proud to say, leads the Nation in uninsured. It has created tremendous problems for the State of Nevada because those people who are uninsured drive up health care costs for everybody. Indigent care and hospital and doctor bills have increased. And, of course, insurance costs more for those people who are fortunate to have it.

I hope the country has heard the message delivered by the Democratic leader—that we need to do something about health care.

This little girl is so desperate in helping her best friend's mother that she painted lady bugs. Her heart is bigger than her body, I am sure. But we need to make sure the National Institutes of Health has all the money they need to do all they can.

In addition, people should have basic health insurance. All the research in the world is important, but it is not

the answer for people to have the ability to go to the doctor when they need it.

Mr. DASCHLE. Mr. President, I thank the assistant Democratic leader for his excellent comments. He is absolutely right. Of all the priorities our country faces—as we look to the well-being of our youth, and as we look to the extraordinary challenges we face to remain competitive—our country cannot remain competitive if our youth do not have good health and access to health care in rural areas as well as in the inner cities. We can't stay competitive with businesses that have to expand costs by double or triple every 2 or 3 years. We have a financial crisis in health care today. It is a crisis that is being felt by thousands and thousands of people who were not affected the last time we addressed this issue. They had health insurance. But we can no longer afford to ignore it. We can no longer afford to postpone it. We can no longer afford to minimize the extraordinary impact this problem is having on society and our economy today.

I appreciate very much the Senator's comments. I know he feels as deeply as I do and as our caucus does about the importance of putting this high on the priority list as we consider the legislative agenda for the remainder of this Congress.

I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. SESSIONS). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. In my capacity as a Senator from the State of Texas, I ask unanimous consent that the order for the quorum call be dispensed with.

Without objection, it is so ordered.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate will stand in recess until 2:15 p.m.

Thereupon, at 12:30 p.m., the Senate recessed until 2:16 p.m. and reassembled when called to order by the Presiding Officer (Mr. VOINOVICH).

EXECUTIVE SESSION

NOMINATION OF CECILIA M. ALTONAGA, OF FLORIDA, TO BE UNITED STATES DISTRICT JUDGE FOR THE SOUTHERN DISTRICT OF FLORIDA

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination of Cecilia M. Altonaga, of Florida, to be United States District Court Judge, which the clerk will report.

The assistant legislative clerk read the nomination of Cecilia M. Altonaga, of Florida, to be United States District Judge for the Southern District of Florida.

The PRESIDING OFFICER. Under the previous order, there will now be 15 minutes evenly divided for debate on the nomination.

Mr. HATCH. Mr. President, I rise in support of the nomination of Cecilia Altonaga to the U.S. District Court for the Southern District of Florida. Judge Altonaga has enjoyed a stellar legal career on both sides of the bench.

Upon graduating from Yale Law School, Judge Altonaga clerked for the Honorable Edward B. Davis of the United States District Court for the Southern District of Florida—the very court she will join upon her confirmation.

Judge Altonaga then spent 10 years as an assistance county attorney for the Miami-Dade County Attorney's Office. During her tenure, she specialized in construction litigation, reviewing and drafting construction contracts, and advising the County Commission in the awarding of government contracts, including bid disputes handled in administrative quasi-judicial hearings. She also handled tort suits, defending the County ordinances and actions taken by County Commissioners in State and Federal courts.

From 1996 to 1999, Judge Altonaga served as a County Court Judge of the Eleventh Judicial Circuit of the State of Florida. While on the County Court, Judge Altonaga served in the Domestic Violence, Civil, and Criminal Divisions. Since 1999, she has served as a Judge for the Circuit Court of the Eleventh Judicial Circuit of the State of Florida, where she has been assigned to the Court's Juvenile, Criminal, and Appellate Divisions.

Notably, Judge Altonaga will be the first Cuban-American woman to serve as a Federal judge. I have every confidence that she will serve with distinction, and I am pleased to join with my colleagues from Florida in supporting her nomination.

Mr. LOTT. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. LEAHY. Mr. President, we will soon be voting on the nomination of Judge Cecilia Altonaga to be United States District Judge for the Southern District of Florida. I believe that Judge Altonaga will be the first Cuban-American woman to sit on the Federal bench.

Judge Altonaga comes to us with bipartisan support after being unanimously approved by Florida's bipartisan Judicial Advisory Committee. I commend Senators GRAHAM and NELSON for insisting that a bipartisan selection commission be implemented in Florida. This shows how well it works.

We are moving down judicial vacancies. As we can see, starting in 1994, judicial vacancies increased actually