

older, and 87 percent of that time it is the family members who are the primary caregivers.

The emotional stress of care giving is so high, and about one-third of caregivers develop symptoms of depression. Care giving also takes a financial toll, with many individuals having to quit work, reduce their work hours, or take time off because of their responsibilities.

Madam Speaker, we must continue the fight against this devastating disease before it claims more lives, more lives of our mothers, our fathers, our sisters, our brothers and our spouses. I again encourage all in our community to show solidarity in the fight we must win against Alzheimer's.

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The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. MASSA) is recognized for 5 minutes.

(Mr. MASSA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. ING-LIS) is recognized for 5 minutes.

Mr. INGLIS. Madam Speaker, the report by the chief actuary of Medicare is in and, as we thought, it shows real problems with the idea of expanding Medicare coverage to lower age groups. This summer, I had an opportunity to do a bunch of town hall meetings, and in those meetings we discussed the fact that what we're talking about really, in the public option, is adding more people to something like the SS Medicare which is already sinking in the harbor. But now over in the other body, there is specifically a proposal to literally add more people to the sinking SS Medicare in the harbor.

And so in the last several days, the chief actuary has provided a report that really should stop us in our tracks and cause us to realize that that's no solution, to add people to a program that is already unsustainable.

What that chief actuary of Medicare reports—and there are several items in his report, obviously, but one of them is the report cautions that savings needed to extend the trust fund cannot simultaneously be used to extend other health insurance coverage. In other words, if you're going to save money, you can't simultaneously expand coverage under the program. It seems fairly obvious to the folks I was talking to in town hall meetings. Unfortunately here in Washington, it seems not to be comprehended. We seem to think that here in Washington we can continue to add people to a program even though the people that are currently on the program have it on a trajectory that can't be sustained.

The actuary also points out that actually the Senate bill would increase

the cost of health care; would not decrease the cost of health care. In fact, total spending on health care would increase by \$234 billion between 2010 and 2019. Also, total Federal expenditures on health care would increase \$365.8 billion during that period. The bill would extend coverage to 33 million Americans by 2019 but would still leave 24 million people uninsured, 5 million of which may be illegal immigrants. And the number of people with employer-sponsored health care would drop by 5 million by 2019.

What the chief actuary is telling us is that the solution that's being proposed is not a solution. In order to solve the challenge of Medicare, you have to figure out some way to change the underlying behavior. You have to figure out a way to get the patient invested in their care and caring how much it costs. That's what we've got to do for Medicare, Medicaid and for private insurance.

There are some very creative things going on in the private sector that are toward this end, to have this objective of changing the underlying behavior. What we're discussing here in the Congress under the majority here in the House and the apparent majority over in the Senate is not something that will change behavior. What it will do is simply add more people to a program that is already unsustainable. So rather than saving money, as the President suggests it will, actually what will happen, as the chief actuary says, is the costs rise; not everybody gets covered. It's clearly not a solution.

So what we have to do is scrap the current plans and go back to something that might actually work: by getting a change in behavior, by figuring out how to get people covered, by figuring out how to do medical malpractice reform and by getting 50-State competition among private insurance companies. Those, Madam Speaker, are the solutions we want to see in this country. We must stop this false solution that's being offered now.

#### THE CONGRESSIONAL BLACK CAUCUS HOUR

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Ohio (Ms. FUDGE) is recognized for 60 minutes as the designee of the majority leader.

Ms. FUDGE. Madam Speaker, it is my pleasure again to be the anchor for the Congressional Black Caucus Special Order Hour. I want to thank our chairwoman, BARBARA LEE, for talking with us the last week or two about jobs and how important jobs is going to be for this nation.

I would at this time like to welcome and ask our Chair, the Honorable BARBARA LEE from California, to please now join me. She has directed us in so many different ways over this year, I am just especially pleased to be a part of this caucus.

Ms. LEE. Thank you very much.

Let me take a moment to thank Congresswoman FUDGE for really consistently raising the alarm and setting forth what the agenda is every Monday night of the Congressional Black Caucus, which is an agenda that speaks not only to the issues in communities of color in the Congressional Black Caucus but issues which really will allow for the American Dream to be real for all.

So thank you, Congresswoman FUDGE, and I know you come from a State where the unemployment rate is critical. People are suffering, housing foreclosure rates are off the scale, and especially in the African American community. Communities of color have been hardest hit, I know, in Ohio. So thank you so much for your leadership.

Let me just talk for a few minutes about our economy. We all know that the economic security of all Americans is extremely fragile. Communities of color, especially the African American community and Latino communities, have been disproportionately hit by this recession. Last week, we released a letter which we forwarded to President Obama, Speaker PELOSI and Chairman MILLER which outlined our priorities as members of the Congressional Black Caucus. We are continuing to work with House leaders and the administration to ensure that our priorities for job creation and economic growth are included in a jobs package which should be finalized hopefully before Congress adjourns this year.

After the release of our letter, it was interesting to read some of the bloggers, some of the pundits. They actually argued that targeted relief was unneeded. And what we propose is not based on race. I just want to be clear on that. It's based on need. We want to ensure that our resources are targeted to areas of greatest hardship.

For example, here are some of the facts regarding the African American community that are indisputable:

The unemployment rate for African Americans is nearly twice that of whites. 49.4 percent of African Americans 16 to 19 years of age were unemployed in November.

Nearly 28 percent of African Americans received food aid compared to 15 percent of Latinos and 8 percent of whites.

Recent African American college graduates are unemployed at higher rates than their white counterparts and African American workers remain unemployed an average of 5 weeks longer than the rest of Americans.

More than 24 percent of African Americans are living below the poverty line and African Americans are 55 percent more likely to be unemployed than white Americans.

African Americans have 2.3 times the infant mortality rate as non-Hispanic whites. They are four times as likely to die as infants due to complications related to low birthweight as compared to non-Hispanic white infants.