

# HEALTH CARE REFORM

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(House of Representatives - March 22, 2010)

Mr. DAVIS of Illinois. Thank you very much, Donna, and I want to thank you for the tremendous leadership that you have shown the whole time that we have been together in Congress. As a matter of fact, we came in at the same time, and you've been engaged in health activity before getting here and you have been a leader ever since.

As I listened to Representative Butterfield, I was reminded of the fact that the Bible says that where there is no vision, the people perish. And I think we have been very fortunate to have a bold, courageous, and visionary President as the leader of this country. As a matter of fact, he was bold enough, brave enough, and visionary enough to say that we are going to reform health care delivery. And many people thought that that was a far stretch, that it was a far reach because people had been trying to do it, had been talking about it, but had not been able to accomplish it. And I guess as the boys on the street would say, And then along came Barack. Along came President Obama.

I know that there are thousands and thousands of people who have been engaged in the struggle to push health care forward. And, Donna, I can imagine that you have been in thousands of hours of discussions over the years with the National Medical Association, with the American Public Health Association, with the Black Nurses Association, with the National Dental Association, with the National Association of Social Workers, all of these groups.

I was thinking of my own experiences in terms of having worked in health care prior to running for public office having sat on the boards of hospitals, having worked in neighborhood clinics, having been president, as a matter of fact, of the National Association of Community Health Centers; and so that goes back at least 30 years. Individuals have been opened.

And although the 1-hour that we're doing tonight was taken out under the auspices of the Congressional Black Caucus and your leadership, the last person who called my office just before I came over was not black. It was not an African American. As a matter of fact, he was a non-African American gentleman who called the office, and I happened to answer the phone. And he says, Is this the office of Congressman Danny Davis? And I said, Well, yes, it is. He says, Well, I just want to leave a message for the Congressman. And I want you to tell him that I actually cried when this bill was passed, when that vote was taken. And I just want him to know that people in my community and my family and my neighborhood have been waiting for this day. And I said, Well, I want to thank you for calling. He said are you the Congressman. I said, Well, yes, I am.

And I represent a district--I call it the most interesting piece of geography in North America. There is nothing quite like it. It includes the Gold Coast in Chicago, all of downtown Chicago, the Magnificent Mile, downtown Chinatown, Greektown, Old Town, New Town, Brushfield. But it also includes pockets of poverty. It includes suburban districts. It has 21 hospitals in it, four medical schools, 92 community health center sites, of course, research institutes. So you can imagine what a bill like this means to the people of my district.

For example, it will improve coverage for 334,000 of my residents. Not 3,000. Not 4,000. But 334,000. It will provide tax credits for up to 158,000 families, 14,000 small businesses.

The doughnut hole, it will remove the doughnut hole ultimately for 76,000 beneficiaries who right now have those experiences. It's going to extend coverage to 52,500 uninsured individuals who currently go to the county hospital when they have to get the health care who experience episodic care and living in a county where the taxpayers are always crying, of course, about the heavy burden of having to pay for health care for these individuals. And so the coverage is so impactful.

My congressional district also trains an awful lot of medical personnel. As a matter of fact, at the University of Illinois of Chicago, we train more African American physicians than anybody else in the country other than Meharry and Howard. We train nurses, we train inhalation therapists, we train medical personnel that go all over the world because we have the largest medical center district in the country.

And so health care is a big piece, a big part not only of the service but a big part of the economy. And people who have never, ever before in their lifetimes had any health insurance at all now can feel safe, comfortable, and secure in having the coverage that they need.

This legislation, in my mind, is the most impactful health legislation that we have seen since Medicare and Medicaid. And someone was asking me the other day, they said, Well, you know, the Medicare, the money that we spend--I said, Well, you know, there is no point in talking to me about Medicare. I am confident that both my mother and my father would have died sooner had there not been Medicare. As a matter of fact, my mother went 150 miles sometimes to get to the hospital so that she could receive dialysis for an ailment that she had.

There are people that live all over rural America who've had no access to health care at all. There are people in inner-city America who live close to the medical center district where we have all of these resources; we have resources but they have no money. Therefore, they cannot access the resources, and they have to pass by all of these hospitals. They have to pass by all of these resources and know that they cannot access them.

I agree with my colleagues who have suggested that that has been a magical piece of work. African Americans often wonder where are people placed. Well, it just happens that there were African Americans

on all of the committees of Judicial--all of the committees. Three members of Energy and Commerce--of course you, Donna, Representative Butterfield, Congressman Bobby Rush, all on Emergency and Commerce; five members of the Congressional Black Caucus on Ways and Means. Much of the time that we were discussing and debating this bill, Charles Rangel was in fact the chairman and had a great deal to do.

I will just mention that in addition to the health components of this legislation are the tremendous increases in education for minority-serving institutions like Historically Black Colleges and Universities, Hispanic serving institutions, Native American institutions, institutions for Pacific Islanders. So comprehensively it does education, it does health, and it is just great. And I'm so delighted.