

Finally, we need to elevate global issues of moral consequence.

This is becoming increasingly apparent in the past week. During the last 9 days, we have all been deeply saddened by the unfolding tragedy in Southern Asia. Estimates now put the death toll at more than 150,000, more than a third of which are children. And the statistics don't capture the sorrow, the sadness, that sense of loss, the psychological impact that will leave long-standing scars.

When we resume our business later this month and the President requests our assistance, we will set aside what we are working on to provide funding quickly and cleanly.

Later tonight I will be leaving with several of our colleagues to travel to the devastated areas. We will report back about what America can do to aid relief and recovery efforts.

America is the most generous Nation in the world. We will step up with all the resources, all the compassion, all the hope that we can muster in these next few weeks and beyond. We have done so as a nation. We have done so as a people many times before.

Last Congress we stepped up in the fight against global HIV/AIDS. We stepped up with an unprecedented \$15 billion commitment. We will keep that commitment strong. We need to work hard to bring peace, stability, and humanitarian support to war-torn nations such as Sudan.

Americans are a compassionate people. We, as Senators, can help capture that and channel it for the good of the world. It is our responsibility. We will do just that.

In his most recent news conference, President Bush said this about his second-term agenda:

All of these goals require the energy and dedication of members of both political parties. Working in a spirit of bipartisanship, we will build the foundation of a stronger, more prosperous country.

The President is exactly right. The challenges before this Congress are so vital to the future of our country. We must work together to address them. Through our history, America has been served best by leaders who treat each other and their offices with respect and civility and decency.

I think of George Washington who, at the age of just 16, copied out by hand a list of 110 Rules of Civility and Decent Behavior in Company and Conversation. This act shaped the early character of Washington and in turn the indelible character of our Nation.

In recent history, Ronald Reagan and Tip O'Neill come to mind. Although they stood on opposite sides of the ideological spectrum, they enjoyed a wonderful relationship, a fruitful friendship. On the Speaker's 70th birthday, President Reagan invited him to the White House for a celebratory lunch. At the end of the meal, the President raised a glass of champagne and toasted the Speaker:

Tip, if I had a ticket to heaven and you didn't have one, too, I'd sell mine and go to hell with you.

Many have enjoyed friendships just like that in the Senate. I know I do, and so do many of our spouses. The Senate, as I have often said and referred to in my remarks earlier today, is a family. The sense of family does not come across on the television screen and certainly doesn't come across in the newspapers. What the American people too often see and what I don't believe they like is an extreme partisanship, a partisan bickering and a lack of cooperation. Some of that is just the nature of the news. Conflict, as we all know, sells advertising and catches people's attention, but it is also the nature of Washington today with all of the competing special interests.

There is still something else at work. Somehow, we have become more defined by the forces that divide us than the common cause that unites us. The civility that once was the hallmark of this body has eroded over time. I recognize, we all recognize, it will take time to regain it. But we must begin. We must begin now and we will begin.

I applaud the orientation for new Members that Senators CARPER and ALEXANDER and others helped organize just this November. Our nine newly elected Senators worked with veterans of this body to learn, as my colleague from Tennessee said, what it takes for the Senate to function as an institution and fulfill its constitutional role. We need more efforts just like this, such as in Senate policy forums, bipartisan leadership meetings, all of which would be a good start.

These are issues I have discussed with the Democratic leader. I ask our colleagues to come to Senator REID and me with other suggestions they may have over the next several weeks. Leaders on both sides of the aisle need to set an example, but the whole body needs to share in this effort. We all need to commit to restoring civility in the Senate. If we do, with time, I believe, the Senate again can become what it was in the so-called golden age, what the great statesman and Senator, Daniel Webster, called in his last major address:

... A body not yet moved from its propriety, not lost to a just sense of its own dignity and own responsibilities, and a body to which the country looks, with confidence, for wise, moderate, patriotic and healing counsels.

I close by expressing a concept that is by no means new but is essential to our deliberations and, in the end, to the future for America. It is the concept that this body, the Senate, act as one.

During my decade of service in this body, I have seen extraordinary acts of courage. I have seen men and women endure overwhelming currents of political pressure. Sometimes they have done this standing alone and independent; sometimes they have crossed the aisle and cast a deciding vote with the opposing party. Every time, however, it has been for one simple reason:

to do what their hearts told them was right for the people they represent and for the Nation.

Where leaders perform such acts of courage, they subjugate their own political interests to the higher purpose of the whole. Although they may pay a political price, they are rewarded with honor and with pride and with respect.

In the end, those rewards are priceless. Those rewards last—not only in the hearts of public servants but in the hearts of the people they represent.

The Senate's longest serving majority leader, the late Mike Mansfield, said of this body:

In the end, it is not the Senators as individuals who are a fundamental importance. In the end, it is the institution of this Senate. It is the Senate itself as one of the foundations of the Constitution. It is the Senate as one of the rocks of the Republic.

Let us do the duty of U.S. Senators, our constitutional duty and our duty to our people and our Nation. Let us do so with respect and civility and decency for this body and for each other. As we do, let us secure for every American a freer, safer, and healthier future.

I yield the floor.

The PRESIDING OFFICER (Mr. MARTINEZ). The Senator from Oregon.

HEALTH CARE

Mr. WYDEN. Mr. President, before he leaves the Chamber, I commend the majority leader for his interest in health care, in particular. I have always thought it is far away the most important issue at home. I have come to the Senate to talk about some of the opportunities in this session to work in a bipartisan way on these critical issues. In fact, I was going to mention that the Senator and I have pursued legislation to tackle the problem of child obesity. I appreciate the majority leader's interest in health care and look forward to working with him in this session.

Mr. President, colleagues, I have believed health care is the most important issue at home since my days as director of the Oregon Gray Panthers. I have thought health care was the most important issue because, in a sense, if our folks do not have their health, it is not possible to work, to learn, to raise children, or do much of anything the American people value.

For me, this is the big priority at home. When we look at what is happening today with medical costs gobbling up everything in sight, the demographic revolution with so many more older people, the tremendous lifesaving technologies we have today which, of course, carry a big price tag, all of these forces come together to present an issue that just cannot be ducked any longer. To put it in perspective, David Walker, the Comptroller General of the Government Accountability Office, put it pretty well, saying that the Medicare problem is about seven times greater than the Social Security problem and it has gotten much worse. It is

much bigger. It is more immediate. It is going to be much more difficult to effectively address.

That is the view of the Comptroller General. He is talking about Medicare. But in my view, the concerns that David Walker talks about with respect to Medicare extend to the health care system as a whole.

This afternoon for a few minutes I will chart a course as it relates to health care: first, a number of steps that could be taken right now that would significantly help the American people as we deal with this health care challenge. Then I will discuss, for the longer term, another bipartisan effort I have had a chance to team up with Senator HATCH on that will be implemented over the next few weeks.

But if I might, I would like to start with Medicare. I think Senator FRIST is right; these Medicare costs are soaring. For the prescription drug legislation alone, it is clear now the price tag will be in the vicinity of \$100 billion more than Congress originally calculated. That is the current estimate. Many have said it will be much greater. I think it is critically important that steps be taken to contain costs, particularly as relates to this fast-growing area that we will be faced with, that is prescription drugs.

We all hear about it from our constituents. Every time we are home, folks tell us about how skyrocketing prescription drug costs are such a hardship on them. They want to know what Congress is going to do to respond to it.

One of the things I think has been so exacerbating about this issue of cost containment as it relates to prescription drugs is that the Medicare program is not even employing the kind of cost containment tools you see in the private sector. If you are talking, for example, about a big timber company, the Presiding Officer (the Senator from Idaho) and I know big timber firms and other natural resources firms use their bargaining power in order to try to hold down the cost of medicine and other essentials. The Medicare program is not doing that. The Medicare program is not using the kind of bargaining power that exists in the private sector today.

In fact, if you are an older person, and you go off and purchase your medicine, either now or even in the future, under many of the plans that will be offered under the new program, you have no bargaining power, and in effect you are subsidizing those big private-sector buyers, whether they are steel firms, timber firms, auto companies, or various other kinds of concerns. I do not think that is right.

(Mr. TALENT assumed the chair.)

Mr. WYDEN. I am very pleased I have had a chance over the last few years to team up with Senator SNOWE of Maine on a bipartisan effort to contain those prescription drug costs, using essentially the model of more bargaining power the way private sector firms have.

Part of the Medicare prescription drug bill that I think is very unfortunate is a statutory ban on Medicare using its bargaining power to hold down the cost of medicine the way big private-sector buyers would use their bargaining power. So Senator SNOWE and I would like to change that. We would like to lift that bargaining power restriction so Medicare would be in a position to use marketplace forces to hold down the cost of prescription drugs.

A few weeks ago, we got a big boost for our bipartisan legislation when the outgoing Secretary of Health and Human Services, Secretary Tommy Thompson, said he wished he had had the power the bipartisan Snowe-Wyden legislation would provide. Secretary Thompson gave a press conference, I believe on the day he announced his resignation, and specifically said he wished he had had the tools that the bipartisan legislation the Senator from Maine and I have authored would provide at the time of his service because he could have made those scarce Medicare dollars stretch further.

So I think Secretary Thompson gave a pretty ringing bipartisan endorsement for the legislation Senator SNOWE and I will be reintroducing very shortly. It seems to me to make sure that seniors get the best value in the marketplace, that taxpayers get their money's worth under the Medicare program, a program that is, of course, soaring in costs, we ought to make sure we use the kinds of tools the private sector uses.

In the bipartisan legislation I have written with Senator SNOWE—it is called the MEND bill, the Medicare Enhancement for Needed Drugs legislation—we would have a chance, in my view, to significantly rein in these costs using the power of the marketplace. But I bring this up first by way of saying this is just the beginning of what I think we could do in this session of Congress.

I want to move now to the issue of catastrophic illness. The Senator from Missouri and I represent a lot of small businesses. We enjoyed our service on the Small Business Committee when we were in the House. I think we and our colleagues all understand if you have a small business, say a hardware store with six people, and one or two of them get particularly sick, that essentially blows the whole health care system for that small hardware store or furniture shop or what have you. In effect, if one or two of the people get sick at the small business, the premiums go through the roof for everybody, and they essentially can go so high that it is not possible for the firm to offer coverage at all.

I was struck in the campaign by Senator KERRY's proposal because I thought it was a very innovative way to help those small businesses rein in their costs. In effect, he was going to use the concept of reinsurance for very large bills that would be faced by a

small business. If you have the Government picking up the very large bills for the one or two people at the hardware store in Missouri who have these illnesses, that can stabilize the rate system for everybody.

I thought the Kerry proposal was a good idea. I come to the floor to bring it up because I think if you compare the Kerry proposal to some of the ideas offered by the distinguished majority leader, Senator FRIST, who was just on the floor, his Healthy Mae proposal, while different than the Kerry proposal, certainly in a number of respects both of them are looking at the same core concept, which is to use this idea of reinsurance to pick up the very large bills that would be faced by some of our small businesses.

I think when you look at the Kerry proposal, when you look at the Frist proposal, there is a lot of common ground there to tackle a health care issue of enormous concern to millions of families. All across this country we have citizens who face the prospect of going to bed at night knowing that if the medical bills soar through the roof, they could lose everything. They could lose their home, the capacity to educate their kids. They could lose virtually everything.

So I think it is important we enact a catastrophic illness program. This idea, by the way, has percolated around for decades. Democratic Presidents have talked about it. Republican Presidents have talked about it. Senator KERRY has authored an innovative proposal. Senator FRIST has come up with ideas that I happen to think are attractive. What we ought to be doing as a body is looking for common ground and the opportunity to work together. As Senator SNOWE and I have done with prescription drug cost containment, I would hope the Senate could come together for a bipartisan catastrophic illness proposal that I think would make a very meaningful dent in these huge expenses we so often face for catastrophic illness.

There are other areas that lend themselves to immediate action as well. In this regard, I particularly commend the distinguished senior Senator from New Mexico, Mr. DOMENICI, and the senior Senator from Massachusetts, Mr. KENNEDY, for their outstanding work on mental health. We have been working for some time to try to ensure that there would be mental health parity. Having had my late brother, Jeff, suffer from schizophrenia, I have watched these families jostled around in the health care system for years. I know colleagues of both political parties have as well. There is no reason why we cannot get a bipartisan mental health parity effort, a Domenici-Kennedy bill, working with the other body, get that enacted into law, and get it sent to the President—again, a chance for immediate action.

Finally, I mentioned briefly the issue of childhood obesity. It is obvious that

we now have literally an epidemic of childhood obesity problems occurring early on in life that produce other deadly and costly illnesses such as diabetes and heart disease. Senator FRIST and I, working with a group of health advocates for children and independent scientists, have put together a bipartisan bill. I hope we can use that legislation as an opportunity for the Senate to come together.

Our proposal essentially involves a modest Government role, particularly at the outset of the program. Then we use a foundation approach to generate additional funds in the private sector. But at the end of the day, under that legislation, we would have a grassroots juggernaut all across the country focused on our schools, on our families, tackling this issue of childhood obesity. Again, there is no reason why we could not act immediately.

On these kinds of issues—and I have outlined four of them now—I believe Congress is on the cusp of success. Bipartisan efforts are underway. Certainly they need some tweaking and some changes, going through the committee process and the negotiations that are essential to pass legislation, but for all practical purposes, in each of these areas—prescription drug cost containment, a program to deal with catastrophic illness, mental health parity, and fighting childhood obesity—we have legislation that is camera-ready to tackle these very serious health care concerns. We ought to have it.

As the Congress moves on these initiatives, we have to also move to address the health care system of tomorrow. In this regard, Senator HATCH and I have worked for several years on the Health Care That Works for All Americans Act. We got it funded finally last year as part of the appropriations legislation. Now the Government Accountability Office is moving to set in place the first stage of the legislation, which would involve naming the 14 individuals who would be part of the Citizens' Health Care Working Group.

The bipartisan effort Senator HATCH and I have pursued for several years is built on the proposition that it is time for the country and the Congress to try something different and to look at this in a dramatically altered way. This may be of some interest to the Presiding Officer because essentially Harry Truman, in the 81st Congress in 1945, tried on the health care issue what Bill Clinton tried back in 1993 and 1994, and essentially all Presidents have tried in between the 1940s and the 1990s. That was to write legislation in Washington, DC. The American people would find these big Federal health reform bills incomprehensible. The various powerful interest groups would attack each other. And essentially nothing would happen. It was essentially driven in the confines of the beltway in Washington. Literally for more than five decades in the debate about creating a health care system that works for everybody, we would essentially have paralysis.

What Senator HATCH and I have sought to do is to try something different; that is, to essentially start this debate outside the beltway, to try to involve the American people in the most important questions, not the various arcane issues about what every single payroll tax level ought to be, but the big kinds of questions—I will outline a couple of those in a moment—and then use that kind of effort, where citizens could be involved in community meetings, citizens could weigh in online, citizens could participate in a variety of ways, to try to build a consensus for the kinds of reforms that would be needed to create a health care system that works for everyone.

Under our legislation, after the Citizens' Working Group is named by Mr. Walker, the head of the Government Accountability Office, what happens next is the working group essentially would put out for the American people, in simple, straightforward English, information—it could be available online, in booklets, senior centers, other places where folks gather—about where the health care dollar goes today. This year we are going to spend in the vicinity of about \$1.8 trillion on health care. That is what we are spending on health care, yet it is clear that as far as the country is concerned, there really is no sense where that \$1.8 trillion goes now and what the alternatives are for perhaps spending it in a different fashion.

That would be the first task of the Citizens' Working Group, to put out online, in booklets available throughout our communities, information about where the health care dollar goes today and what the various options are for where it might be targeted as an alternative so Americans would have a chance to say: Look, what I am interested in is this kind of approach. Let's say a health savings account or the Associated Health Plan concept, the health plan concept the Senator from Missouri has advocated.

Other citizens might say: I am interested in a single payer kind of system, perhaps in a small community. They think that is the approach that makes sense for them. The point is, until you tell the American people where the health care dollar is going now, it is hard to have a debate with respect to changes that might be necessary so the Congress, on a bipartisan basis, could in effect move forward with legislation that would create a system that works for everybody.

When Senator HATCH and I began this effort, we made a systematic effort to make it as inclusive as we possibly could. The legislation early on won the support of the Chamber of Commerce, the AFL-CIO, and the American Association of Retired Persons—certainly a coalition that doesn't agree all the time on health care or other kinds of issues. We have had many groups endorse the effort since. The reason they have is they believe it is critical that something new be tried.

What happens under our legislation, after the Citizens' Working Group has

made it possible for folks to see where the \$1.8 trillion we are spending on health care goes now, is that our citizens will have a chance to participate in open community meetings, online, and other kinds of sessions so that they would have a chance to be heard on the second stage of this very different approach with respect to health care reform.

After our citizens have had a chance to be heard, then the Citizens' Working Group in effect takes that kind of sentiment they have heard from all corners of the Nation and tries to synthesize it into a set of recommendations to the Congress. And under our legislation, within 60 days after the Citizens' Working Group has provided the recommendations to the Congress with respect to what the American people have said, each committee of jurisdiction has to begin hearings on what has come from the Citizens' Working Group in terms of the recommendations of the American people.

I want to close by giving a few examples of the kind of areas where I think we have to have the input of the American people where they have never been asked. For example, the issue of end-of-life care is absolutely essential in terms of a new focus for health care reform. We know that many of our health care dollars are spent in the last few months of an individual's life. We are told by many medical experts—doctors, hospitals, and others—that in many of those instances there is nothing they can do that is medically effective, and there is nothing they can do to enhance the quality of life for the individual. So the question for the country and for courageous political leadership is: What should we do with respect to end-of-life care?

If we are being told by our best doctors and hospitals that they cannot do anything that is medically effective, cannot do anything to promote a better quality of life for individuals, do we want to refocus the health care dollars to make sure, for example, that there are better hospice programs and better end-of-life care programs for individuals facing those kinds of health challenges? I personally think that is where the American people are going to end up. Let's ask them, for the first time, how they want to deal with these very difficult social and ethical issues with respect to American health care. I submit that financial issues with respect to health care are very difficult, no question about that. I think the social and ethical issues, with respect to end-of-life care, where much of the health care dollar gets spent today, are even more challenging, but we have to act. That is the kind of question that would be posed by the Citizens' Working Group. I think other issues are important.

I am particularly interested in the issue of personal responsibility. I think that has been part of what has been driving the debate with respect to health savings accounts and other such

approaches. I have been discussing with my constituents in town hall meetings the idea that if we are to have a system that works for everybody in terms of affordable quality health care, I am prepared to say that an individual should, every time they use a medical service, if they are not destitute, have to make a payment on the spot so as to ensure that there is a clear requirement of personal responsibility. Certainly, that will be controversial, but that is the kind of issue that has to be discussed with respect to health reform.

Finally, I think the question of addressing health care—and particularly Senator HATCH and I have tried to do it in a bipartisan way—means you have to get beyond the blame game. Sometimes when you have a discussion about health care, the topic comes up that Republicans say it is the trial lawyers' fault; nail the trial lawyers and everything is going to be fine. Then you go meet with Democrats and Democrats say, yes, we have to have health reform. Go nail the insurance companies; do that and everything will be fine. I think—and Senator HATCH and I have talked about this—if we are going to have a health care program that works for all Americans, we are going to have to get beyond the blame game. You bet changes need to be made in the insurance sector, because they do skim the cream and take the healthy people, and they do send sick people to Government programs that are sicker than they are. There do need to be changes in those insurance practices. I think we also understand that there are frivolous cases and abuses in the legal sector, and changes would be necessary there if we are to have meaningful reform and a health care program that works for all Americans.

It seems to me this is an issue that we cannot duck because come 2010, 2011, 2012, medical costs will clearly consume just about everything in sight. I submit that the problems we are seeing today in terms of small business premium hikes, folks falling between the cracks—they are not old enough for Medicare or not poor enough for Medicaid; our Medicare providers are understandably frustrated by the reimbursement system—if we keep nibbling at the Medicare health care system, the problems we are seeing today are going to seem like small potatoes compared to what happens in 2010, 2011, and 2012. On New Year's Day in 2008, this demographic influx, in effect, of 7 million-plus retirees we will see over the next few years is going to start to retire. That happens New Year's Day 2008. So the reason I have come to the floor this afternoon is I wanted to outline a number of steps—four, specifically—that I thought Congress could tackle in a bipartisan way that would make a meaningful difference right now: the legislation Senator SNOWE and I have authored in terms of prescription drug cost containment, using marketplace forces to

hold down prescription drug costs; catastrophic illness, and looking particularly at ideas that Senators KERRY and FRIST have talked about; the question of mental health parity; childhood obesity. Again, we can build where there is a bipartisan foundation for congressional action. These are steps we ought to take now. Then we ought to use the next couple of years—as Senator HATCH and I have tried to do in a bipartisan kind of way—to build a health care system that works for all Americans. Our legislation is moving ahead.

The Government Accountability Office is appointing the Citizens' Health Care Working Group right now. The \$3 million appropriated for the legislation—and I am grateful to Senators SPECTER and HARKIN for that particular work—is going to allow us, in our Health Care That Works For All Americans Act, to take a very different approach to break this spiral which dates back to 1945, tried by Harry Truman in the 81st Congress, and continued literally up through the time of President Clinton. Making sure the public has the facts is the first task of the Citizens' Health Care Working Group established in the legislation I have authored with Senator HATCH. Second is to make sure the public gets a chance to weigh in. Finally, to ensure public accountability, the Congress is under a requirement to move forward with hearings after the Citizens' Working Group has reported.

So I think it is appropriate on this first day of the new session to zero in on the health care issue. I have been very closely following the discussions colleagues on both sides of the aisle have made with respect to the tragedy that has taken place overseas. I am very pleased to hear that Majority Leader FRIST is leading a trip to the area and will come back with ideas for bipartisan action on that terrible tragedy. I wanted to talk about what I think is the most pressing issue at home, the health care challenge, and particularly to outline bipartisan steps that could be taken now. I also look forward to working with my colleagues as the legislation I have authored with Senator HATCH is implemented in the weeks ahead.

I yield the floor.

The PRESIDING OFFICER (Mr. CHAFEE). The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent that I be recognized for up to 45 minutes as in morning business.

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

Mr. INHOFE. Mr. President, first let me say to my friend, Senator WYDEN, he has always been a champion of that cause. A lot of us with different political philosophies rely on his judgment, his experience, his background, and those things he has accomplished in the field of health care. I look forward to working with him in this coming year.

GLOBAL WARMING DEBATE

Mr. INHOFE. Mr. President, as I said on the Senate floor on July 28, 2003, much of the debate over global warming is predicated on fear rather than science. I am the chairman of the Environment and Public Works Committee. In addition to its normal expected jurisdictions, the committee also has a lot to do with the Energy bill. We have probably as many provisions in the Energy bill as the Energy Committee does. It is one with which we have great concern.

We recognize we have an energy crisis in America. The House passed a very good Energy bill last year. We should have passed it in the Senate. We did not. I hope we will pass it this time. In the meantime, we need to do what I committed to do when I became chairman of the Environment and Public Works Committee 2 years ago. We are going to encourage decisions that are made in Government to be made on sound science.

Many times that is not the case, and such a case is the hoax referred to as "global warming." I called the threat of catastrophic global warming the greatest hoax ever perpetrated on the American people in a statement, to put it mildly, that was not viewed very kindly by the environmental extremists and their elitist organizations.

I also pointed out in a lengthy committee report that those same environmental extremists exploit the issue for fundraising purposes, raking in millions of dollars, even using Federal taxpayers' dollars to finance the campaigns.

For these groups, the issue of catastrophic global warming is not just a favored fundraising tool. In truth, it is more fundamental than that. Put simply, man-induced global warming is an article of religious faith to the radical far left alarmists. Therefore, contending that its central tenets are flawed to them is heresy and of the most despicable kind. Furthermore, scientists who challenge its tenets are attacked sometimes personally for blindly ignoring the so-called scientific consensus. That is not all. Because of their skeptical views, they are contemptuous, dismissed for being "out of the mainstream."

This seems to me highly ironic. Aren't scientists to be nonconforming and question consensus? Nevertheless, it is not hard to read between the lines. "Skeptic" and "out of mainstream" are their thinly veiled code phrases meaning anyone who doubts the alarmists' orthodoxy is, in short, a quack.

I have insisted all along that the climate change debate should be based on fundamental principles and science, not religion. Ultimately, I hope it will be decided by hard facts and data and by serious scientists committed to the principles of sound science instead of censoring skeptical viewpoints, as my alarmist friends favor.

These scientists must be heard, and I will do my part to make sure they are