

that we could do to jeopardize Social Security's future solvency and to necessitate the kind of drastic across-the-board cuts in future retirement benefits that are in the President's proposal is to continue the current fiscal policy of deficits and more deficits, to continue the proposal of making the tax cuts for the rich permanent, abolishing the estate tax, cutting capital gains, eliminating or reducing the tax on dividends, as if the rich are not rich enough already in this country and the superrich are not superrich enough. And, if the truth be known, most of them already pay far less than their fair share in taxes and many pay no U.S. taxes at all.

To continue the tax giveaway frenzies and the fiscal follies of the last 4 years is to doom Social Security's future and this country's economic future. To borrow more and more money from the rest of the world and spend the Social Security surpluses so the rich don't have to pay their share of taxes is, as the Concord Coalition said, "reckless fiscal policy." It is also destructive social policy, and it is the wrong public policy—wrong for the future of Social Security and wrong for the future of America.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Hawaii.

Mr. AKAKA. Mr. President, I ask unanimous consent to speak for 10 minutes on the Veterans' Administration.

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

VA HEALTH CARE

Mr. AKAKA. Mr. President, over the past 10 years, VA has made tremendous strides in its delivery of health care. In fact, VA's quality of care currently surpasses that of the private sector, according to several notable studies.

Though VA has been able to provide high-quality care despite less than generous budgets, we cannot count on that holding true. Indeed, if the administration's proposed cuts for VA care come to fruition, VA will no doubt begin to lose its footing. The President's budget offers a very modest increase for VA care—one that does not even cover medical inflation.

Veterans groups are united in saying that the proposed budget is not sufficient. The Disabled American Veterans has called the Administration's budget, "one of the most tight-fisted, miserly budgets in recent memory." The Paralyzed Veterans of America says that this budget shortchanges America's "sick and disabled veterans."

The President's budget calls on VA to save some \$600 million by squeezing efficiencies out of the system. I have been to VA hospitals and clinics, and I can tell my colleagues that \$600 million worth of efficiencies are not possible without cutting staff and services, the very services that have made VA care excellent.

As many of my colleagues know, VA already obtains some of the best prices

on pharmaceuticals. VA's costs are far below retail prices—in some cases 55 percent of average prices. It is unfortunate that the administration does not believe that Medicare's costs would be lowered if the Government could negotiate with drugmakers. VA has proven that it works. My point is that there really are not any more efficiencies to be gleaned from VA drug purchasing.

I will be working to increase the VA health care budget—to move from the realm of miserly to what is truly needed to care for all veterans. In the meantime, we should focus now on the tremendous advances VA has made and do our best to maintain VA care at the highest levels.

One of these studies, done by RAND Corporation, found that VA outpaces private health care systems in delivering care to patients. Among its findings, RAND found that VA patients were more likely to receive recommended health services than those in a national sample of patients using a private provider. It also concluded that VA patients received consistently better care across the board, including screening, diagnosis, treatment, and follow-up.

Additionally, an article—which I highly commend to my colleagues—in Washington Monthly titled "The Best Care Anywhere" explained at length how, in just 10 years, VA hospitals went from less than excellent care to the pinnacle of quality health care. Fostering the change is the focus on new technology to reduce medical errors. Such computer systems allow clinicians to electronically pull up all medical records for any patient. Doctors are able to enter their orders into a computer system that immediately checks that order against the patient's records. If the software then detects a dangerous combination of medicines or a patient's allergy to the newly prescribed drug, a red flag goes up on screen. The technology also reminds doctors to prescribe appropriate care for veterans after they have been discharged from the hospital, and it keeps track of which patients are due for follow-up services.

VA has made several other important strides in recent years, steps that have been crucial to VA's ascent to the top of the medical care field. Until the mid-1990s, VA was considered by most to be in crisis. Starting in 1996, however, Congress forced VA to focus on primary care and outpatient services. This change, known as eligibility reform, led to improvement in care at VA. I am proud that we made those changes. Veterans are coming to VA like never before. Rather than closing the doors—as the President is proposing—let us welcome all veterans into the system.

As ranking member of the Committee on Veterans' Affairs, I will work to ensure that VA continues to be a leader in health care by fighting for additional funding. We must all work to guarantee that all of our Nation's vet-

erans get the care they so greatly deserve.

I ask unanimous consent that the RAND study be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

IMPROVING QUALITY OF CARE—HOW THE VA OUTPACES OTHER SYSTEMS IN DELIVERING PATIENT CARE

In its 2001 report *Crossing the Quality Chasm*, the Institute of Medicine called for systematic reform to address shortfalls in U.S. health care quality. Recommended reforms included developing medical informatics infrastructure, a performance tracking system, and methods to ensure provider and manager accountability. The Department of Veterans Affairs (VA), the country's largest health care provider, has been recognized as a leader in improving the quality of health care. Beginning in the early 1990s, the VA established system-wide quality improvement initiatives, many of which model the changes the Institute of Medicine would later recommend.

How does the VA measure up against other U.S. health care providers? To address this question, RAND researchers compared the medical records of VA patients with a national sample and evaluated how effectively health care is delivered to each group. Their findings:

VA patients received about two-thirds of the care recommended by national standards, compared with about half in the national sample.

Among chronic care patients, VA patients received about 70 percent of recommended care, compared with about 60 percent in the national sample.

For preventive care, the difference was greater: VA patients received about 65 percent of recommended care, while patients in the national sample received 20 percent less.

VA patients received consistently better care across the board, including screening, diagnosis, treatment, and follow-up.

Quality of care for acute conditions—a performance area the VA did not measure—was similar for the two populations.

The greatest differences between the VA and the national sample were for indicators where the VA was actively measuring performance and for indicators related to those on which performance was measured.

VA DELIVERS HIGHER QUALITY OF CARE

Using indicators from RAND's Quality Assessment Tools system, RAND researchers analyzed the medical records of 596 VA patients and 992 non-VA patients from across the country. The patients were randomly selected males aged 35 and older. Based on 294 health indicators in 15 categories of care, they found that overall, VA patients were more likely than patients in the national sample to receive recommended care. In particular, the VA patients received significantly better care for depression, diabetes, hyperlipidemia, and hypertension. The VA also performed consistently better across the spectrum of care, including screening, diagnosis, treatment, and follow-up. The only exception to the pattern of better care in VA facilities was care for acute conditions, for which the two samples were similar.

VA CHANGES HELPED IMPROVE PERFORMANCE

The VA has been making significant strides in implementing technologies and systems to improve care. Its sophisticated electronic medical record system allows instant communication among providers across the country and reminds providers of patients' clinical needs. VA leadership has also established a quality measurement program that holds regional managers accountable for essential processes in preventive

care and in the management of common chronic conditions.

PERFORMANCE MEASUREMENT PLAYS AN IMPORTANT ROLE

How does performance measurement affect actual performance in health care delivery? To answer this question, the researchers conducted another analysis focused solely on the health indicators that matched the performance measures used by the VA. They found that VA patients had a substantially greater chance of receiving the indicated care for these health conditions than did patients in the national sample. They also observed that performance measurement has a "spillover effect" that influences care: VA patients were more likely than patients in the national sample to receive recommended care for conditions related to those on which performance is measured. For example, VA outperformed the national sample on administering influenza vaccinations, a process on which the system tracks performance. However, it also outpaced the national sample on other, related immunization and preventive care processes that are not measured. This provides strong evidence that, if one tracks quality, it will improve not only in the area tracked but overall as well.

THESE RESULTS HAVE IMPORTANT IMPLICATIONS

The implications of this study go far beyond differences in quality of care between the VA and other health care systems. The research shows that it is possible to improve quality of care and that specific improvement initiatives play an important role. First, health care leaders must embrace and implement information technology systems that support coordinated health care. Second, they should adopt monitoring systems that measure performance and hold managers accountable for providing recommended care. If other health care providers followed the VA's lead, it would be a major step toward improving the quality of care across the U.S. health care system.

THE VA OUTPERFORMS THE NATIONAL SAMPLE ON NEARLY EVERY MEASURE

Health indicator	VA score	National sample score	Difference
Overall	67	51	16
Chronic care	72	59	13
Chronic obstructive pulmonary disease	69	59	10
Coronary artery disease	73	70	3
Depression	80	62	18
Diabetes	70	57	13
Hypertension	74	53	21
Hypertension	68	65	13
Osteoarthritis	65	57	8
Preventive care	64	44	20
Acute care	53	55	-2
Screening	68	46	22
Diagnosis	73	61	12
Treatment	56	41	15
Follow-up	72	58	14
VA-targeted performance measures	67	43	24
VA-target-related performance measures	70	58	12
Measures unrelated to VA targets	55	50	5

Mr. AKAKA. Mr. President, I yield the floor and 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. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be dispensed with.

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

EXTENSION OF MORNING BUSINESS

Mr. DURBIN. Mr. President, I ask unanimous consent that morning business be extended until 3 p.m. with Senators permitted to speak for up to 10 minutes each.

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

Mr. DURBIN. Mr. President, I am sometimes asked back in Illinois how the Senate can have morning business in the afternoon. I still can't answer that question, but we will continue to have it this afternoon.

SOCIAL SECURITY

Mr. DURBIN. Mr. President, I rise to speak in morning business and address the issue which has become central to our debate about the domestic agenda for America. There is a lot of time being spent by the President and Members of Congress talking about the privatization of Social Security. Social Security is a very important program for millions of Americans. It brought dignity to senior citizens and gave them a chance in their retirement years to live with enough money to get by.

Before Social Security, if a person were fortunate enough to save enough money during their lifetime, they were OK. If they happened to have a generous family, the family would bring their mother and father to live with them in their later years. That was one of the outcomes. But if things went poorly, a lot of senior citizens before Social Security ended up in county poorhouses. They are still sitting around out there. They are not used for that purpose anymore, but you can find them across America. That is where you went when there was no place else to go, no money to take care of yourself, and no children to take care of you.

Along came Franklin Roosevelt back in the 1930s, who said: I think we have learned a lesson here. We need to create a program that gives everybody a chance during their lifetime to pay into Social Security with the guarantee that when you retire, there will always be some money there to help you. Nobody is going to get rich on Social Security. I don't think they ever could. But the idea was there would be this thing they could count on, kind of a bedrock savings plan for Americans—more of an insurance policy than a savings plan. It worked.

For the 60 years or more we have had Social Security, it has made every single payment with cost-of-living adjustments, and seniors in America, many of them, lead comfortable lives because Social Security helps. You cannot live on it alone—I guess you could, but you would barely scrape by—but with Social Security you have something to count on.

You do not care if the corporation you worked for for 30 or 40 years goes

bankrupt and takes away your retirement benefits. You do not care in this respect: You know Social Security will still pay you. If you get bad news about that pension plan you invested in for a long time taking a bad turn and not having enough money to pay you what you expected, at least there is Social Security.

Over time, things change in America. We live longer. Thanks to good health habits, good medicine, people are living longer lives. A Social Security Program anticipated to pay out for a few years pays for many years, so we have adjusted for many years. The amount of money paid into it, the benefits paid out, and the eligibility age for retirement have all changed, but Social Security is still there. It keeps on ticking because we count on it so much.

Along comes President Bush who says we have a problem with Social Security. We have to do something. Some call it a crisis. Some call it a challenge. Some call it a problem. But the argument is, we have to do something. You just cannot leave it alone.

What would happen if we left Social Security alone? What if Congress said: We are not going to do a thing to Social Security this year, nothing. We are not going to change one word in the law, not going to change any of the benefits, any of the contributions, what would happen to Social Security? It would make every single promised payment to every single retiree in America every single month of every single year with a cost-of-living adjustment until at least 2042, 37 years from now. The program is strong, and we have to talk about making it stronger.

The President proposes privatizing Social Security, changing the concept of Social Security. Instead of paying payroll tax and receiving your Social Security benefits, the President suggests taking part of that payroll tax and investing it. If you are fortunate, you will do better. Your investment has risk, but the President believes by and large most people will do better.

There is nothing wrong with savings and investment. Everyone should take that seriously for their own lives and for their families. We do in my household. For my wife and me, that is working, saving for retirement, for ourselves, for our family. It is a smart thing to do. But what we do is over and above what we pay into Social Security. Social Security is still there. Members of Congress pay it, incidentally. Despite some of the talk radio comments otherwise, Members of Congress pay Social Security, as my wife does on her job. And we have some savings accounts. It is a smart thing to do. We have done pretty well. We are not getting rich, but we will be comfortable.

Now comes the President and says take the money out of Social Security, put it in the stock market. The obvious question is, if you take the money out of Social Security and out of the trust fund, how will it make its payments?