

Energy, and to provide support for mathematics and science education at all levels through the resources available through the Department of Energy, including at the National Laboratories.

S. 2198

At the request of Mr. DOMENICI, the name of the Senator from West Virginia (Mr. ROCKEFELLER) was added as a cosponsor of S. 2198, a bill to ensure the United States successfully competes in the 21st century global economy.

S. 2199

At the request of Mr. DOMENICI, the name of the Senator from West Virginia (Mr. ROCKEFELLER) was added as a cosponsor of S. 2199, a bill to amend the Internal Revenue Code of 1986 to provide tax incentives to promote research and development, innovation, and continuing education.

S. 2201

At the request of Mr. OBAMA, the names of the Senator from Hawaii (Mr. AKAKA), the Senator from Washington (Ms. CANTWELL), the Senator from Massachusetts (Mr. KENNEDY) and the Senator from North Dakota (Mr. DORGAN) were added as cosponsors of S. 2201, a bill to amend title 49, United States Code, to modify the mediation and implementation requirements of section 40122 regarding changes in the Federal Aviation Administration personnel management system, and for other purposes.

S. RES. 354

At the request of Ms. LANDRIEU, her name was added as a cosponsor of S. Res. 354, a resolution honoring the valuable contributions of Catholic schools in the United States.

S. RES. 355

At the request of Mr. NELSON of Nebraska, the names of the Senator from Vermont (Mr. LEAHY), the Senator from New York (Mr. SCHUMER) and the Senator from Florida (Mr. MARTINEZ) were added as cosponsors of S. Res. 355, a resolution honoring the service of the National Guard and requesting consultation by the Department of Defense with Congress and the chief executive officers of the States prior to offering proposals to change the National Guard force structure.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KENNEDY:

S. 2229. A bill to provide quality, affordable health care for all Americans; to the Committee on Finance.

Mr. KENNEDY. Mr. President, in this century of the life sciences, medical miracles have the potential to improve the health and extend the lives of millions of Americans and millions more across the world.

But for too many of our citizens, quality affordable health care is a distant dream, and the promise of the century of the life sciences rings hollow.

Forty-six million Americans have no health insurance. Under the current

Administration, the number has climbed every year of this Administration, from 40 million in 2000 to 46 million today. That's equivalent to the population of 24 States and the District of Columbia—combined.

That's 46 million Americans who wonder whether a cough or fever will turn into a serious illness that brings financial ruin, and 46 million Americans who have to make the impossible choice between paying for a visit to the doctor or paying the rent to keep a roof over their heads.

Even these figures understate the problem. Over a two year period, 82 million Americans, one out of every three Americans under 65, will be uninsured for a period of at least two months.

The burden of lack of health insurance falls most heavily on minority populations. Less than 13 percent of white Americans are uninsured, but over 20 percent of African Americans lack health insurance. For Hispanic Americans, the figure is even more appalling—over a third of Hispanic Americans lack coverage.

Over 80 percent of the uninsured are members of working families. They work 40 hours a week, fifty-two weeks a year—but all their hard work can't buy them the health insurance they need to protect themselves and their families—because they can't afford it and their employers don't provide it.

In any given year, one third of the uninsured go without needed medical care. Eight million uninsured Americans fail to take the drugs their doctors prescribe—because they can't afford to fill the prescription. 270,000 children suffering from asthma never see a doctor. 27,000 uninsured women are diagnosed with breast cancer each year. They are twice as likely as insured women not to receive medical treatment until their cancer has spread. As a result, they are 50 percent more likely to die of the disease.

The list of grim examples goes on and on.

Some argue that despite the lack of health care coverage, the uninsured get the care they need. But that's a myth. The facts prove otherwise.

Thirty five percent of the uninsured—over 15 million Americans—skip recommended treatment because of cost. Over a third of the uninsured need care but do not get it, and nearly half postpone care because of its cost. Millions of Americans are at risk of ignoring serious illnesses, because they can't afford to see a doctor for a needed test.

Whether the disease is AIDS or mental illness or cancer or heart disease or diabetes, the uninsured are left out and left behind. In hospital and out, young or old, black or white, they receive less care, suffer more, and are 25 percent more likely to die than those who are insured.

But the large and growing number of the uninsured is only part of the health care crisis. Costs are rising out of con-

trol, making health care coverage less affordable for businesses and individuals, and undercutting American industry in the global marketplace.

There is no doubt that America has the finest health care professionals, the best hospitals and the most creative medical researchers in the world. But having the best components is no guarantee of success for the health care system as a whole.

In the amount of money spent on health care per person, America is first in the world by a large margin. By that standard, we spend 49 percent more than the Swiss, 88 percent more than the Germans, 150 percent more than the British, and 160 more than the Japanese. Despite this enormous expenditure, America's health care system fails all too often to deliver quality health care. Among the world's leading industrialized countries, the United States ranks only 22nd in average life expectancy and 25th in infant mortality.

The most significant difference between the American health care system and those of our economic competitors is that these other nations regard health as a right, not a privilege. They make certain that their citizens have access to good health care. By establishing a national system of care, they have been able to hold down costs and keep quality high.

In the United States, we have refused to commit to quality health care for all Americans.

As a result, those who can afford the best care receive it, but millions of other Americans are left by the wayside.

Because of our fractured system of care, America's health care system is the most economically inefficient in the industrial world. The administrative costs alone of our system are nearly double those of Canada. Reducing our administrative costs to the low level of the Canadian system would save about \$250 billion every year.

The difference between the way health care is financed in Canada and the U.S. saves the Canadian auto industry \$4.00 an hour in worker compensation compared to the U.S. The Canadian branches of the big three automakers have released a joint letter with the Canadian Auto Workers Union stating that the Canadian system is a "strategic advantage for Canada" and "has been an important ingredient" in the success of Canada's "most important export industry."

Wise investments have helped contain health care costs here at home too. Since 1996, costs per patient in the Veterans medical system have actually decreased 7 percent, while private sector costs per patient have increased by 62 percent. The VA system did not achieve these savings by stinting on patient care or denying needed services. The VA has been widely praised for improving its quality of care through investments in information technology and a strong commitment to quality for all.

As a result of America's failure to focus on comprehensive care and cost reduction, costs are soaring out of control. Health care premiums have gone up over 70 percent in the last five years—over 5 times the overall rate of inflation in the economy. More and more small businesses can't afford to offer health care to their employees.

Health care costs mean that working Americans who have health coverage through their job are increasingly worried that their employer will eliminate the coverage on which they rely. Those who obtain coverage on the individual market must often pay huge premiums and accept large gaps in their coverage if they have any history of illness, no matter how slight. Many cannot obtain coverage at any price.

Even those who have health insurance have little security. Millions of Americans have seen health care costs eat away their savings and cut into their paychecks more and more every year.

Since the year 2000, the average cost of a family health insurance policy has increased by over \$4,500, so that it now costs the average family nearly \$11,000 for a health care policy. Family earnings have not kept pace. According to the Kaiser Family Foundation, health insurance premiums climbed by 73 percent over the last five years—but earnings increased only 15 percent.

The costs keep climbing higher and higher. Almost one in five working families have seen their premiums go up over 15 percent—and one in ten have faced increases over 20 percent.

These out-of-control costs are devastating for both individuals and businesses. Working families often face the agonizing choice between paying for health insurance and paying rent or buying groceries. Or they compromise by buying a meager insurance policy that provides little refuge when big danger strikes.

It's no wonder that unpaid medical bills cause nearly half the bankruptcies in America.

It's no wonder that practically every business leader in America cites rising health care costs as a top concern. When General Motors has to spend more on health care than it does on steel, it's time for a change. When ten percent of the total cost of a ton of steel manufactured in the United States is consumed by retiree health benefits alone, it's time for a change. When Starbucks spends more on health care than it does on coffee, it's time for a change.

In world markets, American businesses have to compete with foreign firms whose health costs are heavily subsidized by the government. American workers are the best in the world, but we give other nations an unfair advantage, because we refuse to enact long overdue policies to reduce health costs and ease the heavy burden of health care for American employees.

To say that this Administration and its Republican allies in Congress have

stood idly by as this crisis has worsened would be untrue. To say they have taken no action as 3,000 more Americans have become uninsured during every single day of the Bush Administration would be inaccurate. They have taken action—by making the health care crisis worse.

Tomorrow, the House of Representatives will vote on a budget bill that will make the health care crisis worse for the 50 million Americans for whom Medicaid is literally the difference between life or death. The Republican bill makes them pay more and more for the health care on which their lives depend. I urge the House to reject these distorted priorities.

Currently, communities across the nation are struggling to cope with the disaster caused by the Republican Medicare drug "plan". Millions of seniors have faced a baffling array of choices, instead of the certainty of Medicare in getting the medications they need. Millions of persons with disabilities, or those facing the challenge of HIV/AIDS or living with mental illnesses have been denied the prescriptions they require, or have been told to pay exorbitant fees by the insurance companies that Republicans put in charge of the drug benefit. Try telling those who have been denied their medicines that they are in charge of their health care.

Tonight, the President will try to make the American people believe that the solution to rising health costs is to shift more and more of those costs to patients, or to deny care to those in need. That's the wrong prescription for health care.

The President's proposal will let the wealthiest Americans rack up billions of dollars in tax giveaways, while shifting the costs of health care to working families and those least able to pay.

Our people deserve true health care reform—not gimmicks and giveaways that worsen the crisis. They deserve a guarantee that when they get sick, they'll be able to obtain decent health care at a price they can afford.

Medicare has meant quality health care for millions of senior citizens for forty years. The time has come to make Medicare available to every American who wants to enroll in it. It's the best way to bring the enormous promise of this new century of the life sciences to every American.

America's failure to guarantee the basic right to health care for all its citizens was one of the great public policy failures of the 20th century, and we must not allow that failure to continue in this new century.

There is a better way. Our goal should be an America where no citizen of any age fears the cost of health care, and no employer stops creating jobs because of the high cost of providing health insurance.

We should build on the tried and true and trusted model of Medicare. Administrative costs are low, patient satisfaction is high, and patients have the

right to choose any doctor and hospital they think is best—not the one an insurance company thinks is best for them.

Today I am introducing legislation to extend Medicare to all Americans, from birth to the end of life. Those who prefer private insurance can choose any of the plans offered to members of Congress and the President. I call this approach Medicare for All, because it will free all Americans from the fear of medical expenses and enable them to seek the best possible care when illness strikes. Nothing is more cynical than a Member of Congress who gives a speech denouncing health care for all, then goes off to see his doctor for a visit paid for by the Federal Employees Health Benefit Plan.

To ease the transition, Medicare for All will be phased in by age group, starting with those 55–65 years old and children up to the age of 20.

The plan contains a number of provisions to reduce costs and improve quality, including more effective use of health information technology. It also puts new emphasis on preventive care, because preventing illness before it occurs is always better and less expensive than treating patients after they become ill.

My proposal will be entirely voluntary. Any American who wishes to stay in their current employer-sponsored plan can do so, and employers can tailor their health plans to provide additional services to their employees that wrap around Medicare coverage.

As we implement this reform, financing must be a shared responsibility. All will benefit, and all should contribute. Payroll taxes should be part of the financing, but so should general revenues, to make the financing as progressive as possible.

We can offset a large part of the expense by a single giant step—bringing health care into the modern age of information technology. By moving to electronic medical records for all Americans when they go to the hospital or their doctor, we can save hundreds of billions of dollars a year in administrative costs while improving the quality of care. Equally important, we should pay for health care based on value and results, not just the number of procedures performed or days in a hospital bed.

We all know that Medicare is one of the most successful social programs ever enacted. It makes no sense to make it available only to senior citizens. I have no doubt that if we were enacting Medicare today, we would not limit its benefits to seniors. The need for good health coverage is as urgent today for all Americans as it was for senior citizens 40 years ago, when Medicare was first enacted.

The battle to achieve Medicare for All will not be easy. Powerful interests will strongly oppose it, because they profit immensely from the status quo. But no battle worth fighting is easy—and the struggle to fulfill the promise

of this century of the life sciences for all our citizens is as worthy as any in American history.

I urge my colleagues to make good on the promise of America, and see that all our citizens receive the quality health care that should be their birthright. I urge the Senate to support Medicare for All.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 359—CONCERNING THE GOVERNMENT OF ROMANIA'S BAN ON INTERCOUNTRY ADOPTIONS AND THE WELFARE OF ORPHANED OR ABANDONED CHILDREN IN ROMANIA

Ms. LANDRIEU submitted the following resolution; which was referred to the Committee on Foreign Relations.

S. RES. 359

Whereas following the execution of Romanian President Nicolae Ceausescu in 1989, it was discovered that more than 100,000 underfed, neglected children throughout Romania were living in hundreds of squalid and inhumane institutions;

Whereas citizens of the United States responded to the dire situation of these children with an outpouring of compassion and assistance to improve conditions in those institutions and to provide for the needs of abandoned children in Romania;

Whereas, between 1990 and 2004, citizens of the United States adopted more than 8,200 Romanian children, with a similar response from the citizens of Western Europe;

Whereas the United Nations Children's Fund (UNICEF) reported in March 2005 that more than 9,000 children a year are abandoned in Romania's maternity wards or pediatric hospitals and that child abandonment in Romania in "2003 and 2004 was no different from that occurring 10, 20, or 30 years ago";

Whereas there are approximately 37,000 orphaned or abandoned children in Romania today living in state institutions, an additional 49,000 living in temporary arrangements, such as foster care, and an unknown number of children living on the streets and in maternity and pediatric hospitals;

Whereas, on December 28, 1994, Romania ratified the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption which recognizes that "intercountry adoption may offer the advantage of a permanent family to a child for whom a suitable family cannot be found in his or her State of origin";

Whereas intercountry adoption offers the hope of a permanent family for children who are orphaned or abandoned by their biological parents;

Whereas UNICEF's official position on intercountry adoption, in pertinent part, states: "For children who cannot be raised by their own families, an appropriate alternative family environment should be sought in preference to institutional care, which should be used only as a last resort and as a temporary measure. Intercountry adoption is one of a range of care options which may be open to children, and for individual children who cannot be placed in a permanent family setting in their countries of origin, it may indeed be the best solution. In each case, the best interests of the individual child must be the guiding principal in making a decision regarding adoption.";

Whereas unsubstantiated allegations have been made about the fate of children adopted from Romania and the qualifications and motives of those who adopt internationally;

Whereas in June 2001, the Romanian Adoption Committee imposed a moratorium on intercountry adoption, but continued to accept new intercountry adoption applications and allowed many such applications to be processed under an exception for extraordinary circumstances;

Whereas on June 21, 2004, the Parliament of Romania enacted Law 272/2004 on "the protection and promotion of the rights of the child", which creates new requirements for declaring a child legally available for adoption;

Whereas on June 21, 2004, the Parliament of Romania enacted Law 273/2004 on adoption, which prohibits intercountry adoption except by a child's biological grandparent or grandparents;

Whereas there is no European Union law or regulation restricting intercountry adoptions to biological grandparents or requiring that restrictive laws be passed as a prerequisite for accession to the European Union;

Whereas the number of Romanian children adopted domestically is far less than the number abandoned and has declined further since enactment of Law 272/2004 and 273/2004 due to new, overly burdensome requirements for adoption;

Whereas prior to enactment of Law 273/2004, 211 intercountry adoption cases were pending with the Government of Romania in which children had been matched with adoptive parents in the United States, and approximately 1,500 cases were pending in which children had been matched with prospective parents in Western Europe; and

Whereas the children of Romania, and all children, deserve to be raised in permanent families: Now, therefore, be it

Resolved, That the Senate—

(1) supports the desire of the Government of Romania to improve the standard of care and well-being of children in Romania;

(2) urges the Government of Romania to complete the processing of the intercountry adoption cases which were pending when Law 273/2004 was enacted;

(3) urges the Government of Romania to amend its child welfare and adoption laws to decrease barriers to adoption, both domestic and intercountry, including by allowing intercountry adoption by persons other than biological grandparents;

(4) urges the Secretary of State and the Administrator of the United States Agency for International Development to work collaboratively with the Government of Romania to achieve these ends; and

(5) requests that the European Union and its member states not impede the Government of Romania's efforts to place orphaned or abandoned children in permanent homes in a manner that is consistent with Romania's obligations under the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption.

SENATE RESOLUTION 360—DESIGNATING THE WEEK OF FEBRUARY 6 THROUGH FEBRUARY 10, 2006, AS "NATIONAL SCHOOL COUNSELING WEEK"

Mrs. MURRAY submitted the following resolution; which was considered and agreed to:

S. RES. 360

Whereas the American School Counselor Association has declared the week of Feb-

ruary 6 through February 10, 2006, as "National School Counseling Week";

Whereas the Senate has recognized the importance of school counseling through the inclusion of elementary and secondary school counseling programs in the reauthorization of the Elementary and Secondary Education Act of 1965;

Whereas school counselors have long advocated that the education system of the United States must leave no child behind and must provide opportunities for every student;

Whereas personal and social growth results in increased academic achievement;

Whereas school counselors help develop well-rounded students by guiding them through their academic, personal, social, and career development;

Whereas school counselors have been instrumental in helping students, teachers, and parents deal with the trauma that was inflicted upon them by hurricanes Katrina, Rita, and Wilma;

Whereas students face myriad challenges every day, including peer pressure, depression, and school violence;

Whereas school counselors are usually the only professionals in a school building who are trained in both education and mental health matters;

Whereas the roles and responsibilities of school counselors are often misunderstood, and the school counselor position is often among the first to be eliminated in order to meet budgetary constraints;

Whereas the national average ratio of students to school counselors of 478-to-1 is more than double the 250-to-1 ratio recommended by the American School Counselor Association, the American Counseling Association, the American Medical Association, the American Psychological Association, and other organizations; and

Whereas the celebration of National School Counseling Week would increase awareness of the important and necessary role school counselors play in the lives of students in the United States:

Resolved, That the Senate—

(1) designates the week of February 6 through February 10, 2006, as "National School Counseling Week"; and

(2) encourages the people of the United States to observe the week with appropriate ceremonies and activities that promote awareness of the role school counselors perform in the school and the community at large in preparing students for fulfilling lives as contributing members of society.

SENATE RESOLUTION 361—HONORING PROFESSIONAL SURVEYORS AND RECOGNIZING THEIR CONTRIBUTIONS TO SOCIETY

Mr. ALLEN (for himself and Mr. STEVENS) submitted the following resolution; which was considered and agreed to:

S. RES. 361

Whereas there are over 45,000 professional surveyors in the United States;

Whereas 2006 marks the 200th anniversary of the end of the Lewis and Clark landmark expedition through the upper reaches of the Louisiana Territory and the American West;

Whereas this journey is one of the most important surveying expeditions in the history of the United States because of the wealth of geographical and scientific information it provided about the new Nation;

Whereas the nature of surveying has changed dramatically since 1785, as it is no