

Mr. ALLARD. I suggest the absence of a quorum and ask unanimous consent that time under the quorum call be charged equally to both sides.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE

Mr. DURBIN. Mr. President, if one travels across the States of Maryland or Illinois and stops at any business, large or small, and has a conversation about how the business is going, it won't take long for the conversation to move to the issue of health care. Virtually every business I have visited in Illinois in the last 10 or 20 years—or labor union, for that matter—wants to talk about health care. There is a growing concern that the cost of health insurance keeps going up and coverage keeps going down. It is affecting our competitive edge in America. It compromises the security many families want to feel when it comes to medical care necessary for their loved ones.

Yesterday, I was visited by a spokesman for the Business Roundtable. They are infrequent visitors in the offices of Democratic Senators, but it was a good, positive meeting. We talked about a number of issues and started with their concern and our growing concern about the limited availability of health care and its cost.

We now have some 47 million uninsured Americans and many who are underinsured and more and more who are vulnerable each year. There was a disturbing story in this morning's Washington Post about a young mother who lost her son because she had no way to pay for the extraction of a tooth. The child's tooth became decayed, abscessed, and led to a terrible condition which ultimately cost him his life. So for an \$80 tooth extraction, this little boy gave up his life. It is unthinkable, in a great country such as America, that such could occur. It is one small example of a life that has been lost because of a lack of concern we have about extending health care coverage.

It has been a long time since we have had a real conversation about this issue. One has to go back to the previous administration, when President Clinton came forward with a plan. It was complicated. It was controversial. I joined in the debate on the plan because I thought it was long overdue. After some months, the forces in the health care industry, which is very profitable today, came together and killed the idea. So for 10 years nothing has happened except the situation has disintegrated and we are now facing a real crisis.

Recently, President Bush put forward a health coverage proposal that claims to make health coverage more affordable, make the tax treatment of health benefits more equitable, and create incentives for people to enroll in lower cost health plans. I welcome the President's proposal as a sign that he, too, believes the status quo of health care in America is unacceptable and we need to begin the hard work to reform it. But when you take a close look at the President's proposals, some questions arise, and some concerns.

The heart of the plan is a proposal to equalize the tax treatment of health benefits, whether you obtain health coverage through an employer or purchase it yourself in the individual insurance market. On the surface, it sounds very appealing. After all, some people simply do not have access to employer-sponsored coverage. But such a change would not provide people with two equally good options for obtaining health insurance.

Employer-sponsored health coverage is far superior to the individual insurance market for the vast majority of people, even if they have access to a tax deduction. Unless you are in perfect health, individual-market insurance is often unaffordable or unavailable. To a much greater extent than employer coverage, insurers in the individual market can deny you coverage if you have a preexisting medical condition or can refuse to cover you at all. Insurers in the individual market also can charge much higher premiums if you are older or sicker. In short, if you are not in perfect health, you do not want to be in the individual market. Recognizing this, the President's proposal to equalize tax treatment is really not as appealing as it sounds unless you happen to be one of those very young, very healthy people who can go to an individual market and find a competitive rate.

The President's plan has an even more alarming implication. The way he has constructed it, equalizing the tax treatment of benefits could weaken employer-sponsored coverage, which is the bedrock of our current health coverage system. He could do it in two ways.

First, offering the same tax deduction, for either employer-provided coverage or individual coverage, could create an incentive for some employers to drop coverage. They can just basically say: Now you are on your own. We are finished providing health coverage. Use the tax deduction to buy your own plan. Given the current state of the individual insurance market, this could be terrible news for everyone but the youngest and healthiest workers. Most people losing employer coverage would likely end up with insurance that costs more and covers less—if they are lucky to find a policy at all.

The second adverse effect is that even if an employer maintains health coverage, young and healthy employees would have an incentive to leave their

employer plan for individual coverage. You know what that means: When the younger and healthier workers leave the pool, there is more risk and higher premiums for those who remain.

Another major element of the President's plan is a proposal to cap the tax deduction for health benefits at \$15,000 for families and \$7,500 for individuals. Those with health benefits above this cap would face a new tax on the health benefits exceeding this threshold. The President says capping the tax deduction would dissuade people from enrolling in "gold-plated" or "Cadillac" health plans, which the administration has fixated on as a major cause of rising health care costs. Some have gone so far as to characterize this part of the President's plan as a way to tax the rich and their expensive health benefits in order to help lower income people.

What a curious juxtaposition, that for 6 years this administration has argued for tax breaks for people at the highest income categories, saying they must be rewarded, even at the expense of middle-income and lower income families and now, when it comes to health insurance, the tables are turned and the administration is arguing that we should not be rewarding expensive health benefits, we should be, in fact, trying to help lower income people, though his approach does not achieve that.

A closer look at his plan raises even more serious questions. It rests on a shaky premise that large numbers of Americans have an overabundance of health insurance. The President believes Americans are overinsured when it comes to health care protection. There may be some people out there who fit in that category, but most of the people I talk to do not. They are very anxious about their coverage. They are anxious about the cost of their premiums, their deductibles, and their copayments. We find a lot of important health services are not covered.

We know what is happening in bankruptcy courts. Those who can make it through the new maze that has been created by this Congress and this administration usually are there primarily for medical bills. The real problem is not the overinsured but the 16 million Americans who are underinsured. Their health coverage is not adequate to protect them if they have a serious problem. Forty-seven million Americans have no coverage at all. The President's focus on the overinsured seems misplaced, to put it mildly.

Part of the problem stems from this notion of "Cadillac" health plans. The phrase suggests that buying health coverage is like buying a car: You can buy the basic model, which allows you to get to work, pick up the kids, and go to the store, or, if you have some extra money, you can buy the high-end model with lots of extras—leather seats, more horsepower, some electronics, and a fancy stereo. Health coverage just does not work that way. The

cost of health coverage typically has more to do with the characteristics of who is being covered: How old are you? Do you have a medical problem? Where do you live? These are some of the factors which are taken into consideration when people assess the cost of a health care plan.

I am concerned that the new health tax the President proposes would hit many people who are older, with chronic conditions, medical problems, those who live in high-cost coverage areas. If this is the case, the tax is highly unfair. It raises the taxes on the people who can afford to pay them the least.

It also is going to hit people who have sacrificed wage increases in the past for comprehensive health care coverage. I cannot tell you how many labor unions I visit where they say their members have to make a hard call: take-home pay or better health care protection. If they chose better health care protection, the President's approach is going to penalize them. That is not fair.

To make matters worse, the \$15,000 cap the President proposes could increase only at the rate of general inflation, even though the cost of health benefits usually rises much faster than inflation. For example, since 2000, premiums for family coverage for health insurance have increased five times faster than general inflation—a 73-percent increase in premiums for family coverage for health insurance in the last 6 years; and the overall inflation rate, up 14 percent—73 percent to 14 percent. So when the President says he is going to index the \$15,000 in health coverage, it is not going to keep up with the actual increase in health care costs.

The administration estimates that 20 percent of people would be subject to this new tax. But that number could grow considerably over time. Before long, people with below-average coverage would start to pay the tax. That approach only makes sense if the goal of the administration is actually to reduce health care coverage in America—hardly a worthy goal of this Nation.

The President's plan also misses another critical point. A tax deduction really does not help people with low or moderate incomes. The value of a tax deduction increases with income. Someone with a high income receives a large deduction under the President's plan. Someone with a lower income, even people with moderate incomes, has little to look forward to. The President should have proposed a tax credit.

The last piece of the President's health plan—called the Affordable Choices Initiative—is the part about which we know the least. Under this initiative, funds that now go to help hospitals care for low-income and uninsured patients would be taken away and used instead for the purchase of basic private insurance. The plan would snip away the existing safety net without guaranteeing health insurance for everyone. Even by the administra-

tion's own estimates, only a fraction of the uninsured would gain coverage. Already hard-pressed safety net providers would still be responsible for caring for the uninsured and underinsured, yet they would have fewer funds to do so.

It appears those who would gain private health insurance would be enrolled in health plans that may not meet their needs. The President's proposal makes reference to changing State benefit requirements and premium-setting rules, which could make health insurance more expensive or provide less coverage for those who need it.

I appreciate the President has put forward a plan. My vision of health reform differs from his. We should have a health system that covers everyone regardless of income or health status. We should make sure everyone has the health benefits they need to prevent illness and to obtain care when they get sick. We should conduct the research that tells us which medical interventions work best and create incentives for physicians to provide recommended care, and we need to do a better job of managing chronic disease.

On the insurance front, the starting point should be legislation I have introduced with Senator BLANCHE LAMBERT LINCOLN of Arkansas. Here is a radical concept: What if we established a standard across America that small businesses would be able to offer the same type of health insurance that is available to Members of Congress? How about that for a revolutionary statement?

It turns out that Members of Congress are part of the Federal Employees Health Benefits Program. In other words, we are in the same pool with 8 million Federal employees and their families all across America. Of course, that employee pool includes younger workers, older workers, workers who are healthy and those who are not, and people who live all across our Nation in large cities and small, in rural areas and urban areas. It is a plan that has worked for 40 years. For 40 years, we have pooled together Federal employees and we have asked private insurance companies to bid for their business, and they do.

We have the best deal as Federal employees. Every year, there is an open enrollment period. Think about this in your own family situation. Let's assume you are unhappy with the health insurance you have at work or what you had to buy in the individual market. Sometimes you are stuck with it, you have no choice in changing it. A Federal employee has a decision each and every year at the end of the calendar year: Did you like the way you were treated last year by your health insurance company? If you did not, chose another one.

In my State of Illinois, my wife and I have nine choices. We can choose from nine different health care plans that could protect us. Well, of course, we take a look at what the cost might

be, what the coverage might be, and pick the one best for our circumstances. If we pick a plan with more coverage, they take more out of my paycheck; lower coverage, less out of my paycheck—just as it should be.

These are private insurance companies bidding for the business of Federal employees. The Federal Government administers this plan with an overhead cost of less than 2 percent. It is widely popular. It is successful. It has worked for 40 years. Why couldn't we take the same model—that is what Senator LINCOLN and I believe—and apply it to small businesses across America and say no matter where you are, you can join a pool of small businesses, and you as a small business employer and your employees would be sought after by the same private insurance companies?

We sat down with some of the major health insurance companies and said: We don't want to write the bill like legislators. We want to write the bill like insurance companies. We want to make sure, when it is all said and done, there is some potential business for you here. Well, they helped us write the bill.

We do provide some tax incentives in the bill which I think are entirely appropriate. If you have a small business, low-income employees, you still want to have health insurance for the owners of the business and the people who work for you, and you want to offer this and provide a little toward paying those costs, I think we ought to reward you. I think the Tax Code ought to create incentives for that to happen.

Now, we have had a debate within the last year on the floor. Senator MIKE ENZI of Wyoming is my colleague and friend. He sees this issue the same as I do in terms of needing a solution. Our approaches have been different. We have sat down to speak since then about how we might merge our two approaches. I hope we can.

It would be good for us around here once in a while to cooperate, to compromise, and to come up with a bipartisan approach that says to families across America: We are just not coming to the floor to score political points; we are just not coming here to disagree; we are going to try to find areas of agreement and try to move forward so that at the end of the day we can point to a positive accomplishment.

I think this bill Senator LINCOLN and I have introduced is a good starting point. I believe if a President of the United States said to the American people: We are going to eliminate Americans being uninsured in America in just a certain number of years—4 or 5 or 10 years—that would be a positive step forward. We could set a goal, and then it would be up to us in Congress to work with the President each year to reduce the 47 million uninsured even more. I think we can do it. I think we have to do it. We cannot be competitive as a nation, we cannot have a compassionate policy when it comes to

health protection for our fellow citizens unless we show initiative and leadership in the area of health care.

Our vision differs from the President's that I described earlier, but the goal is important and affects every American. I welcome the President's interest in health care. Let's begin the debate.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Washington is recognized.

VETERANS HEALTH CARE

Mrs. MURRAY. Mr. President, since this body recessed 10 days ago, I have been outraged to see report after report after report detailing this administration's complete failure to care for our troops and for our veterans. What is worse, since we returned on Monday, I have heard several of our Republican colleagues attempt to question our patriotism and our support for those troops. So I felt compelled this morning to come to the floor to speak up.

For more than 4 years, this administration has failed to plan for the true cost of the war in Iraq and Afghanistan. They have demanded blind loyalty from Congress, asking us for rubberstamps for their emergency budgets, avoiding oversight, and pursuing their own strategy in the face of criticism from Members of Congress, from generals, and the American public. Yesterday Senator MARTINEZ, I thought, encapsulated the White House position better than I ever could. He said:

At a time of war, the Congress should do only one thing, which is to support our President, to try to unite behind our troops and unite behind our effort.

I couldn't disagree more. As elected Members of Congress, and even as mere citizens of this country, we can and we must question the policies implemented by our Government. That is our job. It is our responsibility. At no time is that more important than in a time of war when the lives of our bravest men and women are on the line.

But my colleagues don't have to take my word for it. General Pace, the chairman of the Joint Chiefs of Staff, told a congressional hearing recently:

Our troops understand the need for debate back home and are sophisticated enough to know that debate does not equate to lack of support.

But that important debate, that important discussion, and all oversight were stifled for years. Unfortunately for everyone, for the first years of this war Congress was under Republican control and that led to a stunning lack of oversight, an outrageous number of rubberstamps, and an impotence from this Congress that should shame us all.

Well, those days are over.

I don't have the time this morning to outline each and every failure I have seen by the administration. I don't have the time to detail the many ways the administration has failed our

troops, our men and women who are serving us. I don't have time to detail how many ways the administration has failed the men and women who serve us when they come home and go into the VA system.

So instead I want my colleagues to know I am going to be here on this floor speaking frequently and loudly, because I think it is so important to get this administration once and for all to pay the troops and our veterans the attention they deserve 4 years into this war in Iraq. My Democratic colleagues and I are committed to supporting our troops from the battlefield all the way back to their local VA and everywhere in between. We have worked very hard to ensure they get the care they deserve, the care they have earned.

My real worry is that this administration continues to be slow to react to these problems and rarely, if ever, takes proactive measures to stop the many problems before they even begin. From sending our troops to war without the critical armor they need to protect themselves, to housing them in squalor at Walter Reed as we heard about a week ago, to leaving them to fend for themselves when they need mental health care, this administration is utterly failing our servicemembers, our veterans, and all of their families.

Nowhere is that failure more apparent than in the handling of what will one day, I believe, become known as the signature wound of this war, and that is traumatic brain injury. Right now it is estimated that 10 percent of our Iraq and Afghanistan veterans have suffered from these traumatic brain injuries because of their service. One of the big problems with traumatic brain injury, or TBI, is it is an unseen wound and too often it is misdiagnosed. Many times, unless a servicemember is involved directly in an IED incident and is bleeding, he or she won't be documented as having been involved in that explosion. Even if they are two or three tanks behind where the IED exploded, they can get the impact and be a victim of TBI and not know it. As a result, I believe the actual number of Iraq and Afghanistan veterans with TBI will be even higher than the statistics we are now seeing.

We owe it to these men and women in uniform to come on this floor and say: We are going to do everything we can to help you. We should say: We will screen for TBI, we will document TBI, and we will not fail to treat veterans suffering from the signature wound of this war. It is clear our system today is not catching all of the TBI patients this war is producing.

I hope every one of my colleagues saw the special broadcast last evening. ABC News anchor Bob Woodruff detailed his own experience with a traumatic brain injury. I was personally moved by Bob Woodruff's struggle with his injury, by his family's unrelenting hope for recovery, and their ongoing work toward triumph over this horrible situation.

While Bob Woodruff has seen a tremendous recovery from his horrendous injury, I fear the care he received has not been duplicated for thousands of other troops when they return home. He detailed several cases of soldiers who were suffering from injuries not unlike his own, and the lack of care they received was clear when they left our flagship care centers for some of the smaller local hospitals. While so many of us know this injury has become the signature wound of this war, I fear last night's program once again showed us that this administration and the VA in particular has not stepped to the plate to handle the crush of troops with brain injuries who are returning from war each and every day.

What is worse, I am very concerned that we do not even know today the real number of troops who are suffering from traumatic brain injury. The Defense and Veterans Brain Injury Center, the place that gathers all of this information on these injuries, has so far refused—refused—to release it publicly. That information is collected at taxpayer expense, and that information, I hope, could provide us with a baseline of how many of our troops have suffered from a traumatic brain injury. That is a critical and important starting point for dealing with these terrible injuries.

What we do know is that while the Department of Defense claims that less than 30,000 troops have been injured during this war, 205,000 troops have enrolled for care at the VA. Let me say that again. The Department of Defense claims that only 30,000 troops—only? That is a big number, 30,000 troops—have been injured, but 205,000 troops have enrolled for care at the VA. To me, those numbers don't add up. So yesterday I asked Defense Secretary Robert Gates to provide us with the data that has been compiled by the Defense and Veterans Brain Injury Center on the actual number of TBI victims. We don't have this information yet, but I see no reason why it shouldn't be shared with Congress and the American people.

In addition, I was heartened to hear, I have to say, yesterday that the Department of Veterans Affairs, in a long overdue step forward, finally announced they will begin screening every recent combat veteran for TBI. But we have to do a lot more. We can't simply take the Department of Veterans Affairs at their word. Their record of care and openness has left a lot to be desired. As every Member of the Senate knows, we went through that debate several years ago where they denied time and time again they were short-funded and then came and told us: Yes, they were indeed billions of dollars short, and we had to provide additional dollars in the supplemental to make sure our veterans were getting the most basic care. The lines are still long. Veterans are not getting care. We are now dealing with a high number of TBI victims of this war and we are not dealing with it realistically.