

who used to be president of a bank in Las Vegas and is now chairman of a board of trustees of an organization that is building a performing arts center in Las Vegas. One foundation gave as a start \$150 million to the organization. They have raised \$420 million. They need \$50 million more for this organization. I said to him: \$420 million is how much we spend in Iraq in 1 day—1 day. That is what this beautiful performing arts center in Las Vegas costs.

Madam President, \$400 million a day, 7 days a week. There are not weekends off. These are taxpayers' dollars we are borrowing. There are no holidays. New Year's, Christmas, Easter—it doesn't matter, we work right through, and another \$400 million of taxpayers' money is borrowed. And the number is going up, not down. The world should understand that America has done its share.

I personally dispute the wisdom of going into Iraq. I said, and I have said many times, the worst foreign policy blunder in the history of this country is the invasion of Iraq. But we are there. When is enough going to be enough? How many more days spending \$400 million are we going to need in Iraq? When is enough enough? Is 4,000 soldiers enough killed? Is 30,000 wounded? How many blind soldiers do we need?

No one disputes the heroic efforts of our troops, but as I indicated yesterday, my friend—I named my son after him, and he named his son after me. He used to be a model. He joined the military. He is a helicopter pilot. He served a tour of duty in Afghanistan, and he sent me e-mails about what he was doing over there. He came home, and I had dinner with him in Las Vegas. He was being shipped to Iraq. I don't get e-mails from him anymore. I asked his dad why. He said he wants to come home. All of them should come home is what he said. So he is not sending me e-mails anymore. He thinks I might be disappointed in him. I am not disappointed in him. He is a valiant soldier.

How much more do we need to do? When is enough enough? Five years of war, I guess, according to the Republicans, is not enough. We are going to start in a few days the sixth year of this war. When is enough enough?

Back here a number of years ago—it has been 5 years ago now—I met the Iraqi Governing Council. I can remember that meeting as well as if it was yesterday. We were in Senator Frist's office. The head of the delegation from Iraq said: I know people think we have the second largest supply of oil in the world, but that is wrong. We have the largest supply of oil. We have more oil than Saudi Arabia.

Iraq is a wealthy Nation. When is there enough American blood and treasure for Iraq? Can't this wealthy nation take care of itself?

The matter on which we are going to be voting in just a few minutes is not very complicated. This bill is to require a report setting forth the global

strategy of the United States to combat and defeat al-Qaida and its affiliates.

Section 1. Report on United States Global Strategy to Combat al-Qaeda and Its Affiliates.

(a) Report Required—Not later than 60 days after the date of the enactment of this Act, the Secretary of Defense, the Secretary of State, and the Secretary of Homeland Security, in coordination with the Chairman of the Joint Chiefs of Staff and the Director of National Intelligence, shall join and submit to Congress a report setting forth the global strategy of the United States to combat and defeat al Qaeda its affiliates.

That is pretty simple and direct. That is what we are voting on. That is what the legislation is all about. Why would anybody be opposed to this legislation? It is straightforward legislation.

It is clear that my colleagues on the other side of the aisle are not serious about any of this Iraq legislation. They had an opportunity to talk on it. As I said earlier today, it has been a good debate. They believe there still is not enough of American blood and treasure in Iraq. I do. The American people do. Twenty-five percent of Republicans believe we should be coming home from Iraq. This is not some Democratic idea; it is an idea of the American people.

How can they object to this matter on which we are going to vote in a few minutes? How can they not vote overwhelmingly for this legislation? If they had an honest reason to disagree with a report on the fight against terrorism, that would be one thing. That is not what is going on here. This is a stall that has been going on so that we will not have the opportunity to start the debate on a stimulus package dealing with housing.

Of course, we brought up these matters, and if they were allowing us to go forward with these pieces of legislation dealing with Iraq and have amendments like, of course, what has happened—but, no, motions to proceed, 30 hours. We broke the record last year in 1 year of a 2-year filibuster plan. They broke all records, and they are at it again.

Keith Olbermann, an MSNBC anchor, says at the end of every one of his telecasts:

This is the 1,764th day since President Bush declared "mission accomplished" aboard an aircraft carrier. We all know the mission has not been accomplished. We all know we're not safer today than we were when we began this misguided war now five years ago. It's time to turn the page and begin to rebuild a moral authority to address the growing challenges we face throughout the world.

The PRESIDING OFFICER. The majority whip.

Mr. DURBIN. Madam President, I thank my majority leader, Senator REID, not only for his statement but also for bringing this matter to the floor. I especially thank Senator FEINGOLD. I have been happy to cosponsor this measure.

I believe, as do many of us today, that the decision to invade Iraq was, in

fact, the worst foreign policy decision of our time, maybe beyond that. We will pay a heavy price for it, but we will not pay a price as a nation as great as the price paid by the families who have lost in combat a son or daughter or husband or wife they dearly loved. Those men and women are true heroes.

The PRESIDING OFFICER. The majority's time has expired.

Mr. REID. I thought the vote was at 6:30 p.m.

The PRESIDING OFFICER. The remaining time is under the control of the minority.

Mr. MCCONNELL. Madam President, I yield back the remaining time on this side.

The PRESIDING OFFICER. All time is yielded back. Under the previous order, the motion to proceed to S. 2633 is withdrawn.

REQUIRING A REPORT SETTING FORTH THE GLOBAL STRATEGY OF THE UNITED STATES TO COMBAT AND DEFEAT AL QAEDA AND ITS AFFILIATES—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will report.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to proceed to Calendar No. 576, S. 2634, global strategy report.

Russell D. Feingold, Edward M. Kennedy, Patrick J. Leahy, Robert Menendez, Ron Wyden, Sherrod Brown, Richard Durbin, Bernard Sanders, Patty Murray, Joseph R. Biden, Jr., Frank R. Lautenberg, Christopher J. Dodd, John D. Rockefeller, Amy Klobuchar, Charles E. Schumer, Tom Harkin, Barbara Boxer.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call is waived.

The question is, Is it the sense of the Senate that the debate on the motion to proceed to S. 2634, a bill to require a report setting forth the global strategy of the United States to combat and defeat al-Qaida and its affiliates, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from New York (Mrs. CLINTON), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Missouri (Mr. BOND), the Senator from

Minnesota (Mr. COLEMAN), the Senator from Texas (Mr. CORNYN), and the Senator from Arizona (Mr. MCCAIN).

Further, if present and voting, the Senator from Minnesota (Mr. COLEMAN) and the Senator from Texas (Mr. CORNYN) would have voted: "yea."

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 89, nays 3, as follows:

[Rollcall Vote No. 34 Leg.]

YEAS—89

Akaka	Durbin	Murkowski
Alexander	Ensign	Murray
Allard	Feingold	Nelson (FL)
Baucus	Feinstein	Nelson (NE)
Bayh	Graham	Pryor
Bennett	Grassley	Reed
Biden	Gregg	Reid
Bingaman	Harkin	Roberts
Boxer	Hatch	Rockefeller
Brown	Hutchison	Salazar
Brownback	Inhofe	Sanders
Bunning	Inouye	Schumer
Burr	Isakson	Sessions
Cantwell	Johnson	Shelby
Cardin	Kerry	Smith
Carper	Klobuchar	Snowe
Casey	Kohl	Specter
Chambliss	Kyl	Stabenow
Coburn	Landrieu	Stevens
Cochran	Lautenberg	Sununu
Collins	Leahy	Tester
Conrad	Levin	Thune
Corker	Lieberman	Vitter
Craig	Lincoln	Voinovich
Crapo	Lugar	Warner
DeMint	Martinez	Webb
Dodd	McCaskey	Whitehouse
Dole	McConnell	Wicker
Domestic	Menendez	Wyden
Dorgan	Mikulski	

NAYS—3

Barrasso	Enzi	Hagel
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NOT VOTING—8

Bond	Coleman	McCain
Byrd	Cornyn	Obama
Clinton	Kennedy	

The PRESIDING OFFICER. On this vote, the yeas are 89, the nays are 3. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. ALLARD. Mr. President, I was scheduled to speak at 6:30. We had a vote at 6:30. It is my understanding that I now have the floor to speak on the bill on which we just voted.

The PRESIDING OFFICER (Mr. CASEY). The Senator is recognized.

Mr. ALLARD. I rise to discuss the war in Iraq and specifically the legislation at hand which directs the President to transition the mission of U.S. forces in Iraq.

The Senate has voted on this same issue on four separate occasions in this session alone. Not one of those times did the measure receive even one-third of the Senate's support. Nonetheless, here we are again debating the policies of the war.

Let me be clear. There is certainly nothing wrong with openly debating those policies. It is our responsibility as Members of this body to discuss thoroughly what is arguably the most important and defining issue of our day. In fact, I find it highly curious

there was an attempt to castigate those who voted for this debate and who wanted the full 30 hours to talk about this vital issue. Some in this body seem to have perhaps been a little too clever and tried to summon as much outrage against debating this matter as they were prepared to use in support of debate.

I do question exactly what those in support of this bill hoped to realistically accomplish with this debate and this legislation before us given the gains that have been made through the surge strategy. Last May when the surge was being implemented, only 29 Senators voted for similar legislation. Undoubtedly, much has changed for the better since that point. Violence in Iraq is down 60 percent since the start of the surge and 80 percent in and around Iraq. There has been a 30-percent increase since June in insurgent weapon caches discovered. Economic improvements continue. Oil production is constantly increasing, up 50 percent from this time last year. And oil revenues are nearly double what they were last year. In Baghdad alone, 21 new health clinics opened this year, 1,885 new schools have been built, and another 1,604 have been refurbished throughout Iraq.

Because of reconstruction and rebuilding, electricity demand is up 25 percent. A year ago, it would have been laughable to suggest that Anbar Province be transferred to Iraqi control. But that will happen in May. When this occurs, Anbar will be 10 out of 18 provinces under full Iraqi control.

The city of Ramadi in Anbar was once one of the most dangerous cities in Iraq. It is now one of its safest following the surge. The number of U.S. combat battalions operating in Ramadi has decreased from five to two in less than a year.

An Army combat brigade that has been stationed in Ramadi for over a year is scheduled to leave the area in March and is not scheduled to be replaced. The United States is on pace to transfer control of all Iraqi provinces by the end of the year.

The surge strategy is brilliant in its simplicity: Exert our military forces to quell insurgent violence in order to create an environment suitable for fostering and sustaining a legitimate government capable of governing its citizens. Real political progress will only be reached when Iraqis feel secure, and the results of the surge are proving this to be exactly the case.

Thus far the surge is producing its intended results by eliminating terrorists, interrupting communications between insurgents in many areas in Iraq, and ensuring safety for the people which, in turn, allows far broader, far greater cooperation and association with the United States.

Only with these security improvements do Iraqis have a reasonable chance of finding a political solution. This strategy is convincing many Iraqis to abandon terrorist methods

and turn against groups such as al-Qaida.

Our efforts are reuniting torn communities and enabling political process. Obviously, this Nation would have been better served had the surge strategy been implemented earlier. But the ability to criticize strategy is not the same as the ability to strategize.

So I applaud those who did finally implement the surge strategy and congratulate them on their vision. As we know, Iraq must stand up before we can stand down. Again, David Petraeus has stated there cannot be solely a military solution to violence without political action. And he is absolutely correct in his assertion.

In recent weeks, Iraqis have made tremendous political strides under what are still difficult and onerous conditions and as a result increased security in their nation. February 13 saw the Council of Representatives pass three key pieces of legislation: amnesty for Sunni security detainees, a provincial powers law, and a budget.

Debaathification reform was enacted last month as well.

Let's talk about those political accomplishments. The general amnesty law passed by the Shiite-majority Parliament sets the guidelines in providing amnesty for thousands of detainees held in Iraq detention facilities. This helps to remove one of the greatest stumbling blocks to reconciliation between Sunnis and Shiites.

The Iraqi Parliament has also passed the provincial powers law which outlines the balance of authorities between the central and local governments while also specifying that provincial elections be held on October 1 of this year. The Iraqi Parliament approved a \$48 billion budget, representing a step toward Iraq using its own resources to provide for security and infrastructure reconstruction. This Sunni-Shia compromise budget allows the Kurds a larger share of the budget, which is 17 percent. Iraqi oil revenues have soared with the rise of global prices, and Iraqi production has increased due to gains in security. The money is now going to the provinces on a regular basis where it will fund urgently needed reconstruction and humanitarian relief. The Iraqi Government is now providing the kind of services that give the Iraqi people a stake in their own success.

Finally, the President's council approved the law of accountability and justice on February 3, 2008. This law could allow thousands of former Ba'ath party officials to return to Government jobs and receive pensions, helping the reconciliation process and stimulating the economy. In addition, even more groundbreaking legislation is slated for consideration in the very near future. These initiatives include a hydrocarbons law to determine the level of control allocated to the central Government as well as an election law that is being drafted currently by the Prime Minister's office. While the job is far

from over and much work is still required, these recent accomplishments on the political and economic fronts continue to gather momentum and show important signs of progress and create reasons for optimism. There is much criticism of flaws in the Iraqi Government's processes and outcomes, but any Member of this body who considers throwing stones in that direction should first glance at any newspaper, news show, citizen rally, or public opinion poll, and reflect on who among us is producing perfect and flawless legislation.

Even the media, which has often been one-sided on the war, has for several months now been forced to report that the surge and coalition efforts have been succeeding. Let's look at some of the headlines:

The Washington Post, February 23, 2007, "Sadr Extends Truce in Iraq"; the Los Angeles Times, February 22, 2008, "U.S. Micro-Loan Effort Yields Big Results in Iraqi Province"; the Colorado Springs Gazette, February 18, 2008, "Baghdad Neighborhood is a Model of Progress"; Reuters, February 16 of this year, "Attacks in Baghdad Fall 80 Percent"; Reuters, a February 13 article, "Iraq Lawmakers Pass Key Budget and Amnesty Laws"; Reuters on January 17 of 2008, "Iraqi Forces Could Control All Provinces This Year"; even the New York Times, February 14, 2008, "Making (Some) Progress in Iraq"; the Washington Post on February 10, 2008, "Diary of an Insurgent in Retreat: Al-Qaeda in Iraq Figure Lists Woes"; the AP, February 2, 2008, "Lynch: US Surge Tipped Scales in Iraq"; an AP article on January 21, 2008, "U.N. Envoy Applauds Cut in Iraqi Violence"; the Winston-Salem Journal, February 12, 2008, "Iraq is Much Changed Since Surge Started One Year Ago"; Tacoma News Tribune, February 14, 2008, "Iraq Reaches Benchmark for Healing."

Coalition success is being seen all over Iraq. It is being reported. The only people who seem to refuse to see it or admit we are winning in Iraq are my colleagues on the other side of the aisle who continue time and again to bring this issue to the floor claiming that the surge has not worked and urging immediate troop withdrawal. Certain Members of Congress continue to deny that any progress has been made. Earlier this month the Speaker of the House described the surge as a failure. Opponents long criticized the administration for not sending more troops to Iraq. But when this strategy was installed, it was also attacked as opponents declared that this effort was essentially too little, too late. When the surge began to show great military success, it faded from the floor of this body.

That is why we welcome the chance to spend 30 hours on this topic. It is a shame that now, when both military and political success is being realized, we are only debating whether to retreat. If that is the ground the majority wishes to stand on, so be it.

For a moment let's consider the severity of the issue at hand. We are debating whether to deploy our forces which would essentially concede the country to whatever group eventually gains control that would likely plunge the country into further unrest and chaos. It seems we are acting under the assumption that if we get all of our forces out, we can slam the door behind us and all will be fine. This policy fails to lend any consideration to what would certainly be dire consequences that would ensue as a result of our Nation abandoning Iraq at this critical juncture. To do this would simply be irresponsible and shortsighted. Iraq is the pivotal front in our global war on terror. To intentionally abandon our progress and lose the battle would surely cause irrevocable harm to our efforts to secure our Nation. Osama bin Laden had referred to Iraq as the central front in the war against America and the West. Al-Qaida in Iraq shares this view of the situation. Leaving prematurely would only strengthen al-Qaida and enable terrorists to set up training camps in Iraq and plot further attacks on the United States.

The National Intelligence Council stated:

If such a rapid withdrawal were to take place, we judge that al Qaeda in Iraq would attempt to use parts of the country—particularly al-Anbar province—to plan increased attacks in and outside Iraq.

By passing this legislation, we would be running away from a war from the floor of the Senate. When has it ever been sound policy for legislators to micromanage a war from Washington? I don't ever recall in our history this tactic being successful in achieving our strategic goals. In fact, let me remind our colleagues, we have seen terrible results from political motives being placed above military necessity. Installing an artificial deadline is not what we need. It is not what is good for the Nation. It is not good for the future of Iraq and the long-term stability of that region. We have heard from our military intelligence professionals who have warned about the possible consequences of hasty withdrawal and the potentially catastrophic results that may ensue. We should also listen to our folks on the ground. I have heard time and time again from our service men and women from all branches of the military who have returned from Iraq that progress is being made, and they are proud of the contributions they are making to this Nation and to the long-term stability of Iraq and the Middle East.

In my lifetime I have witnessed few events that compare to the joy and jubilation that accompany the homecoming of a military unit. When I have seen a brigade return home to Fort Carson or a wing to Peterson Air Force base, there are no words to describe the sheer emotion of seeing families returned to loved ones and friends. However, redeploying our forces at this point is not the proper course of action

and not in the best interests of our Nation. Our military does not exist just to come marching home, and our military understands this. They exist to fight our enemies and secure our vital national interests. Removing Saddam Hussein from power was in our national interest. Stability in the Middle East is in our national interest. Securing Iraq from terrorist control is in our national interest. Pandering speeches about bringing the troops home that strive for mere political points and fail to acknowledge strategic realities are not in our national interest.

We still have a job that needs to be completed. We still have work to do. When the time is right, we will redeploy responsibly. The Iraqi Government is making progress. We are beginning to be able to stand down to a greater extent than we have in the past. General Petraeus and Ambassador Crocker will return to Washington and report on the progress in Iraq in April. We owe to it our men and women in harm's way to listen to the experts and make our decisions off of their findings.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. Mr. President, I am pleased the Senate has voted overwhelmingly to allow some debate of the Feingold-Reid al-Qaida bill, but it is pretty clear to everyone that this body still doesn't fully understand and is not ready to address head on the threat posed by al-Qaida. As was made clear during debate on the Iraq redeployment legislation, too many Members confuse the war in Iraq with the fight against al-Qaida. That is true of the administration too. While it is focused on Iraq, al-Qaida has reconstituted itself along the Afghanistan-Pakistan border. Don't take my word for it. Listen to our intelligence community.

Early this month, the Director of National Intelligence testified before Congress that the central leadership based in the border area of Pakistan is al-Qaida's most dangerous component. A few months ago, the DNI again repeated the intelligence community's assessment that over the last few years "Al Qaeda's central leadership has been able to regenerate the core operational capabilities needed to conduct attacks in the Homeland"—our homeland, Mr. President, the United States of America.

The DNI also testified that al-Qaida "is improving the last key aspect of its ability to attack the U.S.: the identification, training, and positioning of operatives for an attack in the Homeland."

Meanwhile, the Federally Administered Tribal Areas in Pakistan is serving as a staging ground for al-Qaida in support of the Taliban and providing it with a base similar to the one it used to have across the border in Afghanistan. The Chairman of the Joint Chiefs of Staff, ADM Mike Mullen, testified

recently that “the most likely near term attack on the United States will come from Al Qaeda via” its safe havens in Pakistan—not in Iraq, in Pakistan. Over the past year, we have seen an unprecedented rise in suicide bombings in Pakistan. The Taliban is gaining ground in Afghanistan. While we may be sending an additional 3,200 marines to Afghanistan in the near future, we have been fighting for far too long there with too few soldiers and too few reconstruction funds.

With the Joint Chiefs of Staff saying in “Iraq we do what we must and in Afghanistan we do what we can,” it is no wonder that Afghanistan is teetering on the edge. Let me remind my colleagues that it was from Afghanistan—Afghanistan, not Iraq—that the 9/11 attacks were planned. And it was under the Taliban regime, which is once again gaining ground, that al-Qaida was able to flourish so freely.

Al-Qaida affiliates from Africa to Southeast Asia pose a significant terrorist threat. While we have been so myopically fixated on Iraq, the threat from an al-Qaida affiliate in north Africa has grown and now, according to the DNI’s testimony, “represents a significant threat to the United States and European interests in the region.” Since its merger with al-Qaida in September 2006, it has expanded its targets to include the United States, the United Nations, and other interests. And it likely got a further boost when al-Qaida leadership announced last November that the Libyan Islamic Fighting Group united with al-Qaida under AQIM’s leadership. Its possible reach covers Tunisia, Morocco, Nigeria, Mauritania, Libya, and other countries. Meanwhile, it is using deadly tactics that suggest it is acquiring knowledge from the war in Iraq. That is right. The war in Iraq may be being used as a training ground by forces that wish to do us harm. Another way of saying it is, our troops are being used as a way to train people to give them the skills to launch attacks in other places.

Al-Qaida has affiliates around the world—in Saudi Arabia, the United Arab Emirates, Yemen, Lebanon, where al-Qaida poses a growing threat, the Horn of Africa, and Southeast Asia. We cannot ignore the rest of the world to focus solely on Iraq. Al-Qaida is and will continue to be a global terrorist organization with dangerous affiliates around the world. We are watching al-Qaida strengthen and develop its affiliates around the world while we remain bogged down in Iraq.

We need a robust military presence and an effective reconstruction program in Afghanistan. We need to build strong partnerships where al-Qaida and its affiliates are operating—across north Africa, in Southeast Asia, and along the border between Afghanistan and Pakistan, and we need to address the root causes of the terrorist threat, not just rely on military power to get the job done.

We can start doing that by passing S. 2634. This bill requires the administra-

tion to provide Congress with a report outlining a comprehensive global strategy to defeat al-Qaida and its affiliates. The strategy must ensure U.S. resources and assets are targeted appropriately to meet the regional and country-specific threats we face, and that troop deployments do not overstretch our military.

Who could oppose a commonsense bill such as this? Well, as I noted earlier, the administration actually issued a veto threat for this bill. That threat makes the baffling argument that preparing a report on the threat of al-Qaida may somehow “inhibit the President’s constitutional authority as Commander in Chief.” That is not all. The administration also argues that preparing a plan that prioritizes operations against al-Qaida would tie the hands of commanders.

This is just plain double-talk. We are trying to help our commanders and the rest of our Government to properly dedicate their resources to our most pressing national security concern. This bill does not tell our commanders how to carry out any operations; it merely requires a report. The Congress has a constitutional responsibility, in collaboration with the President, to determine what are our national security priorities. That is what we should be doing. That is what this bill would do. Unless the President has completely abandoned the idea of civilian control of the military, and of the shared responsibilities between the legislative and executive branches, then he should have no objection to my bill.

The administration does say that it “supports the bill’s goals and intent, with regard to updating and informing Congress and the American people on the strategy to combat terrorism.” I guess that is good news. But then it cites two documents it has already prepared on this topic. One is the September 2006 National Strategy for Combating Terrorism, which sets broad goals but does not include the detail called for in our bill about how limited resources will be allocated to achieve this strategic vision. That 2006 document also does not prioritize the geographic—country and region-specific—threats we face from AQ and its affiliates, which is essential because how else—how else, Mr. President—will we know where to focus our resources?

The other document cited by the administration is the National Implementation Plan. I am a member of both the Senate Intelligence and Foreign Relations Committees, and I am not even allowed to see that document. The administration will not even share it with the full Intelligence Committee. So the idea this document is an acceptable substitute for what is called for in the Feingold-Reid bill is absurd.

The administration suggests our bill limits the President’s authority to withhold information. Now, I agree we need to protect classified information, and there is nothing in my bill—nothing—that would prevent the addition of

a classified annex. Much of our strategic planning, however, is not classified, consistent with our country’s belief in open government and accountability.

The American people deserve to be told, to the extent possible without divulging classified information, what their government is doing to protect them. The President’s veto threat is further evidence of his unwillingness to be straight with the American people about the fact that the war in Iraq is actually undermining our national security. The President’s current strategy is to prioritize operations in Iraq, even to the detriment of operations in Afghanistan against those who attacked us on 9/11.

Now, that does not make sense. It has to change, and we have to change it today by passing this Feingold-Reid bill, refocusing our attention and resources on al-Qaida.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

HEALTH CARE REFORM

Mr. BURR. Mr. President, one of the most pressing issues in America today is: What will Congress do to address health care? The American people deserve a 21st century health care system—not just a delivery system of doctors and hospitals but a system that is integrated, one that recognizes society has changed.

This body, several years ago, extended a new benefit to Medicare, where we covered prescription drugs in a health care delivery system that was created in the 1960s, when drugs were not a common treatment for disease. It took us until the 21st century to recognize that if we would enhance the benefit so we could match the disease with some of the breakthroughs, that the outcome was different, that Americans actually got better, that the cost actually went down because we eliminated the number of incidents.

America’s health is at risk. When I say America’s health is at risk, I am talking about the physical health and the economic health of this country. It is impossible to believe that unless you transform health care so it works for everybody in this country that American business can be competitive in a global marketplace that is not coming, that we are part of today.

Now, Republicans want to propose to this body and to America one main goal. That goal is that we are committed—Republicans are committed—to providing every American with genuine access to quality, affordable health care that protects the sacred doctor-patient relationship. This is what everybody thinks of when they think of a health care plan: health care coverage that recognizes them as an individual and coverage they need to provide security for their family.

Let me restate it. We are committed to providing every American with genuine access to quality, affordable health care that protects the sacred

doctor-patient relationship. Nothing else should get between that. It should not be determined based upon an arbitrary third-party reimbursor or the Federal Government. The reality is, when we provide every American with this opportunity, we have a system that functions like the marketplace is designed.

How do we get there? No. 1: access and choice. All Americans have a right to choose their doctor, to choose their hospital, and, I believe, to choose the health care plan they want, and, more importantly, they deserve. No Washington, DC, bureaucrat should deny that right.

Americans like choice. We know that. Americans do not like to have one choice. They like multiple choices. As a matter of fact, when you have one, you really do not have a choice. Some politicians want to give America one choice. It is the debate potentially of this next election cycle.

Let me teach America a new word. It is called "universal control." Universal control: when one entity is in charge of the only choice, and now they control how they provide that; they control what it looks like; they control where you get it; they control what the cost is. All of a sudden, this innovative, creative health care system we have had in America—that has not worked for everybody because our target has not been to make sure every American is covered—all of a sudden it totally breaks down.

Well, one health care package, one set of doctors, one set of treatments, one set of prescriptions is not what America is looking for. America is looking for choice. North Carolinians do not want one choice, and they certainly do not want bureaucrats in Washington, DC, defining what their choices are going to be.

A majority of Americans are willing to pay a little bit more to have more choices. I strongly believe doctors and patients—not lawyers and bureaucrats—should have the power to make health care decisions.

The challenge is that Americans believe that is the most important thing. Clearly, access to health care is directly dependent upon cost. Americans must have access and choice, but they also have to have affordable coverage. Republicans believe the best health care in the world is worthless if Americans cannot afford it, and I think we would all agree.

It would drive down costs by giving Americans control over their own health care choices, making sure patients have the information they need to make good decisions, guaranteeing vigorous competition that benefits patients, and holding the entire health care system accountable to the patients' needs.

You see, in many cases we have used Government as the accountability measure. We miss the boat. The accountability measure is making sure patients hold the system, patients hold

the doctors, patients hold the hospitals accountable; more importantly, patients hold the insurers accountable.

This belief that a patient cannot negotiate with an insurer—well, quite frankly, these days are over. We need to drive down costs. We need to give Americans control over their own health care choices. We need to make sure patients have the information they need to make good choices—the right choices for them, for their family, for their age, for their illness or their health conditions, and, more importantly, for their income, guaranteeing vigorous competition that benefits patients. The focus here is on patients, holding the entire health care system accountable to patients' needs.

I would suggest if health care could be more like a television—with a television, you have real competition. You have a choice of over the air, you have a choice of basic, you have a choice of cable, you have a choice of cable with premiums, and you have a choice of DirectTV. In fact, with television, you know exactly what comes with each option. You know exactly how much it costs, and you know you get what you pay for. That can be the only reason that on-demand sports has become so popular. It is because when you want to watch a sporting event, and you see exactly what the cost is, you can make a calculation as an individual as to whether that is worth it to you. Americans should have all the competition, the choice, the control, and the information they need when it comes to health care decisions. So affordable coverage.

Let me tell you a story. My oldest son is now 23. Shortly before he became 22, I was notified by the Office of Personnel Management in Washington that in the Federal Government, regardless of where you were in the Federal Government, your children, when they turned the age of 22, even if they were in school—which mine were—had to be dropped from your health insurance.

Now, forget the fact—I can see the Presiding Officer is struggling with this. That does not save any money. You are exactly right. You are taking the healthiest of America, and you are taking them out of the risk pool that helps hold down the risk for us older guys who are more susceptible to disease. But somewhere the Federal Government got this idea that they are going to save money by dropping people when they become 22 years old—the healthiest of the American population.

So I went through the realization that this is actually going to happen. There is no way you can change it. So I called OPM to say: Surely, you have negotiated coverage for our children. I would like something that resembles the plan I had with Blue Cross Blue Shield. They quoted me the exact same plan: \$5,400 a year. Twenty-two years old, healthy as a bull, still in college, and all of a sudden, as a parent, I was strapped with the decision that for him

to have coverage it was going to cost \$5,400. If it was his decision alone, he would have said: No way. Affordability was not met from the standpoint of what he was getting in coverage for what it was costing.

I did not stop there. I picked up the phone. I called the university he was at and found out a local insurer, insurance agent, had negotiated with Blue Cross Blue Shield coverage for kids who fell into this situation where they did not have insurance. I described to him the plan. He quoted me the exact same plan that as a Member of the Senate I had, which, before, my son was covered under, with the same deductible, the same copay, the same limits—the exact same plan. But this was negotiated by an independent insurance agent in Chapel Hill, NC, against the same Blue Cross Blue Shield that the Federal Government, representing 1.3 million employees, negotiated with; and on behalf of my son, he negotiated a cost of \$1,500 per year—\$1,500 versus \$5,400, a fairly significant savings.

We sit here and wonder: What can the American people do with the right information relative to the decisions they have to make as it relates to health care coverage? If it is that difficult to figure out how to have the coverage you need at the cost you can afford, envision how difficult it is for a patient without information to decide what type of chemotherapy they are going to take, when all of a sudden the doctor walks in and says: You have cancer and you are going to die without treatment. This is a difficult thing without the ability to go out and search for the information.

The third item is quality care and prevention. Here is a unique word in health care, "prevention." It is something that probably for decades we should have incorporated into the coverage each of us has. We believe in strengthening health care by providing consistent, dependable quality and promoting the principles of prevention. What is prevention? Let's change our habits. Let's educate ourselves. Let's do the things that keep us healthy. And let's actually pay annually to let somebody go in and see the doctor and make sure there is not a health condition they have that could be prevented, early, without the incidence of an inpatient stay in the hospital.

We will harness the powerful promise of advanced research and modern technology to create innovative new treatments and breakthrough cures, promote wellness, and empower consumers with accurate, comprehensive information on quality health care that is available for them.

Choice, information: I believe strengthening health care by providing consistent, dependable quality and promoting prevention is absolutely essential.

Creating innovative new treatments and breakthrough cures: Let me ask my colleagues, if innovation didn't take place, what would the diabetics do

today, those who currently have a diabetic pump that is implanted in their side, that automatically reads their blood sugar 24 hours a day, administers the insulin when they need it. No longer do they go through a finger prick. No longer do they get an inconsistent reading. No longer do they inject themselves later than they need to keep a balance. Why is that important? Because for somebody with diabetes who can constantly maintain their blood sugar at the right level, it means none of the horrors we heard about and saw and that many families lived with before when the management was not as precise. The result was, eventually they began to go blind, eventually began to have a toe, two toes, all their toes, a foot, a leg amputated because of the effects of diabetes. Forget the number of times the person might have been admitted to the hospital to get their blood sugar in balance so they could at least delay the deterioration. Now technology allows a diabetic to insert a pump and to keep a constant read and a constant regulation of their blood sugar. The net result is the system saves a tremendous amount of money. The individual saves a tremendous amount of money. The individual's quality of life is that much better.

For a student who had diabetes, the likelihood was that they would never play organized sports because the demands on an athlete mean they have a blood sugar spike that is incredible, and without the ability to regulate that, it was impossible. Now kids are playing soccer at every age and running around with a pump that is automatically reading their blood sugar.

How about for some of us who are a little bit older and we probably are susceptible—because we haven't done everything we should do regarding healthy habits, we are susceptible to high cholesterol. Where would we be without the pharmaceuticals' breakthrough of cholesterol drugs? I will tell my colleagues where we would be. We would be funding \$8,000-plus bypass surgeries at an alarming rate that would bankrupt the system, both public and private. But today we have this little pill we can take. It doesn't take the place of exercise, it doesn't take the place of diet, but it certainly enhances our chances that we are not going to be selected to have bypass surgery, open-heart surgery; that we are not going to have the recovery time, the loss of productivity at work because innovation allowed us now to inject in that quality arena a different outcome based upon innovation.

We want to promote wellness. We want to empower consumers with accurate, comprehensive information. The United States has the best health care system in the world. I will tell my colleagues, North Carolina is a big reason as to why health care is so good. We need to make sure quality stays high while improving the access. Congress needs to foster—not hinder—research

and development of treatments and cures.

I just mentioned prevention and wellness. Those words need to be the first thing Americans think about when they think "health care" or when they think "doctors." Prevention and wellness. Doctors should be paid to help people stay healthy instead of just paying them to treat individuals who are sick.

My final thought for this section: Patients should have as much information prior to using doctors and hospitals as they do prior to buying cars. What a novel idea. The Centers for Medicare and Medicaid Services is starting to provide quality, Web-based information about nursing homes and hospitals. The initiative needs to keep growing so all patients have the ability to research all aspects of health care. That happens in real time at the tips of our fingers. Access and choice, affordable coverage, quality care and prevention.

The fourth piece—and we shouldn't be shocked because this is America—personal ownership and security. But this is something our system has never incorporated. We believe Americans should own and control their health care coverage and should have the freedom and the flexibility to take it with them when they change jobs, just like a 401(k).

Hard-working Americans deserve the peace of mind to know the care they need will be the care they receive and that their financial security will be protected from catastrophic events.

Americans will achieve this security and will receive better care if the health care system is highly personalized and guarantees patient control. What does that mean? With the right information, with the right resources, any American should have the ability to construct a health care plan that meets their age, their health, their income, and have the financial security of knowing they are covered. Some might call this *ala carte*, the ability to construct something that meets—for those of us who are over a certain age, we have probably already been instructed by our spouses that we have had all the children we are going to have. That is a little tough in this body because we have had some Members who had them at quite a late stage in life. But I fall into that category. I can't buy health insurance coverage that doesn't come with maternity coverage. I pay for it knowing I am never going to use it.

Now, maybe I am helping to subsidize somebody else. But while we are here talking about every American being insured, the reason we are here is because that subsidy is going on today. It goes on in every company. It goes on with everybody who pays out of pocket. It is something that happens to each of us who have health insurance, and it is triggered by somebody who receives a service in health care and either won't or can't pay. So to recover

the cost of the delivery of that benefit, hospitals, doctors, every delivery point in health care does what they call cost-shift. They charge that cost of delivering that service over to the people who have coverage or who can pay.

When all of a sudden you have a goal and a commitment that every American is insured, the cost-shift goes away. What is the score on that? It is \$200 billion a year. So that is \$200 billion that today does not go to the delivery of one ounce of care. It is shifted to people who can pay or who are covered. All of a sudden now we know the answer to why health care increases at double-digit rates of inflation on an annual basis. It is because as the pool of uninsured continues to grow, the amount of cost-shift continues to grow, and the cost-shift is directly dumped on those companies that provide coverage for their employees, for us as individuals if we go to the marketplace and we buy coverage or to us who pay out of pocket when we access health care because it is shifted evenly across the system.

Forget the fact that if we adopt this, if we achieve it, that, one, we have a more manageable system—a system, quite honestly, that incorporates access and choice, affordability, quality and prevention and wellness, personal ownership, and the security of knowing you have coverage. We drive the costs down for every American.

The goal is to continue to have the best health care system in the world, to continue to drive innovation and medical breakthroughs, and to do it in a way that brings the overall cost of health care down. If we can begin to see the trend line on inflation and health care begin to go south, it is amazing what type of an incentive it will be to individuals who now engage in the prevention and wellness section and begin to look at ways that they can control the cost of their health care because it is now theirs, they own it, they have constructed it, they can change it as they need to, and—oh, yes, by the way, to accomplish this, we have to have 50 States that have high-risk pools that take those individuals with preexisting conditions, and we collectively buy their cost of insurance down to an equal amount for those of us who are healthy. A lot of States around the country currently do it. Mine just happened to pass it last year. We are late coming to the game. But the reality is that all 50 States should and will and have to do it if we want the system to work.

There is a way to maintain the highest level of care in the world, the highest commitment to innovation and breakthroughs, to look down the road and know we are going to cure things tomorrow, that today there is only one outcome and it is to live. If we don't change and transform our health care system and begin to promote prevention and wellness and to drive the costs down, the first thing that will leave is innovation, the innovation that treats

many of us today in a totally different way, with a multitude of options we never had. If, in fact, we don't begin to change this, the system will reflect one choice, one doctor, one hospital, one delivery port.

I challenge my colleagues today that is universal control, control where one entity—the Federal Government—dictates where we go, who we see, what they are reimbursed for delivering the service, and the outcome will be the lack of innovation, the lack of breakthroughs, and no reason for the American people to make healthy choices and to engage in prevention and wellness.

That is where we are. I hope my colleagues on both sides of the aisle will engage and encourage our leadership to have a healthy debate on health care. I haven't locked in to any prescribed legislation tonight. It is the principles of the Republican Conference that I am here to present and will continue to come back to the Senate floor to present. I encourage my colleagues on both sides of the aisle: let's come to the floor. Bring your legislation. Let's examine it, let's debate it, let's let America see it. Let them be the judge. At the end of the day, it is the American people who will influence where this debate goes, and that is exactly who should influence it. They are the patients of the future health care system.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado is recognized.

MORNING BUSINESS

Mr. SALAZAR. Mr. President, I ask unanimous consent that the Senate proceed to a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each.

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

5TH ANNIVERSARY OF NEVADA STATE COLLEGE

Mr. REID. Mr. President, I rise today to commemorate the 5th anniversary of Nevada State College, the newest institution in the Nevada System of Higher Education.

Nevada State College was born out of a dire need. In recent years, southern Nevada has been growing at a break-neck pace. In 1990, Clark County's population was just over 740,000 people; today, it is over 2 million. With such tremendous growth came considerable growing pains. Enrollment in Nevada's two universities and four community colleges swelled 16 percent from 1994 to 2000. Clark County was facing both teacher and nursing shortages. Nevada needed another place to train the next generation of nurses, teachers, and business professionals. That place is Nevada State College.

In many ways, Nevada State College is representative of our State. In 2002,

Nevada State opened its doors with 177 students; 5 years later, NSC's enrollment has swelled to over 1,900. In true pioneer fashion, Nevada State's students tend to focus on professions that are needed most in the community. NSC's two largest majors, nursing and teaching, are two areas of critical need in Nevada. But Nevada State is more than simply a nursing and teaching college.

Nevada State students also practice civic responsibility. Before they graduate, NSC students are required to take a course called Community Based Learning, CBL, 400. In this course, students work with different organizations to improve their community. For example, Nevada State graduates have worked at their local libraries, volunteered at nonprofits, and tutored public school students in the areas of math, science, and engineering. This service-oriented program has been such a success, it was named to the Presidential Higher Education Community Service Honor Roll for 2007.

Nevada State College has experienced rapid growth in its first 5 years, and I am sure it will continue to grow in both students and stature. Soon, NSC will begin expanding into its 500-acre parcel situated in the beautiful foothills of Henderson. I look forward to the completion of the new campus. Nevada State College is only 5 years old, but it has already made its mark as one of Nevada's shining academic gems.

IN HONOR OF JOHNNIE ALBERTSON

Mr. REID. Mr. President, I rise today to recognize the life and accomplishments of Ms. Johnnie Albertson. Johnnie, a valued employee of the Small Business Administration for 32 years, succumbed to illnesses resulting from pneumonia. A native North Carolinian, Ms. Albertson was able, through her own perseverance, to overcome poverty and the loss of her parents to establish herself as a champion of equal rights.

Ms. Albertson will be remembered for her dedication to her work with the Small Business Administration. Johnnie was a modern pioneer who overcame gender and class restrictions and went on to hold numerous senior positions at the SBA. She served as the first Associate Administrator for the Small Business Development Center Program and was the first woman to achieve the rank of senior executive within the SBA—the highest rank possible without a congressional appointment.

Through the many programs she initiated at the SBA, Johnnie was instrumental in guaranteeing the rights of minority and female small business owners across the country. Thousands of business owners owe their success, in part, to Ms. Albertson's resolve to ensure equal opportunities for all entrepreneurial Americans.

For her achievements, Ms. Albertson was awarded the SBA's Silver Medal for Meritorious Service and the inaugural SBA Lifetime Achievement Award. She was also the first female to sell advertising space for the Washington Post, New York Times, and the New York Tribune. These awards, coupled with her work in the private sector, forged a path for others to follow.

Johnnie Albertson will be remembered by those closest to her for her enthusiasm for reading, her wonderful sense of humor, and her love of jazz music. Those who benefited personally by knowing Ms. Albertson, along with those who profited by her good works, will forever be indebted to her generosity, devotion, and diligence in promoting equal opportunities for all. Mr. President, I extend my deepest sympathies to the friends and family of Ms. Albertson and express my gratitude for the passion with which she served our country.

INDIAN HEALTH CARE IMPROVEMENT ACT

Mr. KERRY. Mr. President, I welcome the Senate passage of the Indian Health Care Improvement Act. The bill is a long overdue response to a health crisis for our country's American Indians and would at last strengthen and expand health services to those who need it most and those to whom promises were made but far too few promises have been kept. The last comprehensive reauthorization of IHCA took place in 1992—and since then, progress has been ground to a halt in the Senate while health disparities for American Indians have dramatically widened.

The situation is dire. Today, American Indians suffer from disproportionately higher rates of diabetes, heart disease, suicide, and several types of cancer than all other groups in the United States: 2.6 times more likely to be diagnosed with diabetes; 630 percent more likely to die from alcoholism; and a life expectancy nearly 6 years shorter than the rest of the U.S. population. The gap between the needs of this community and the resources dedicated to addressing them is stark: fewer mental health professionals available to treat Indians than the rest of the U.S. population; health care expenditures for Indians less than half of what America spends for Federal prisoners.

It goes without saying that we should invest the necessary funds in improving health coverage and care for American Indians, which is why it is so important that the Indian Health Care Improvement Act modernizes Indian health care services and helps ensure at least that money is no longer the biggest impediment to quality health care in Indian Country.

In my home State, the status of Indian health care is particularly daunting: inadequate health facilities, mental health services and assisted living care for the elderly; the percentage