

enemy together. Our enemies need to know they cannot wait us out, that America will be strong.

If we fail to deliver this message and to commit the troops General McChrystal has asked for, the dangers are very real. Let there be no doubt, from everything we have heard, everything we have learned, if we do not send the additional troops, if we try to stand off and use a fire-and-fallback policy—that failed in Iraq until we brought in the counterinsurgency strategy that our NATO allies tried without success in Afghanistan—not only will the Taliban come back in, they will come over the mountains, and Taliban rule will be established in Afghanistan. With Taliban rule comes their sometimes witting, sometimes unwitting allies—al-Qaida—which will use it to establish the same kind of base they had in Afghanistan prior to the 9/11 attacks. Failure will embolden the enemies of freedom who launched the attacks of 9/11 from Afghanistan.

I call on President Obama to end this indecision, commit to his own strategy—which he announced so powerfully last March and which I was proud to support on the floor—and show the American people and our allies the same resolve and determination I heard in his words this past spring. He said:

Our spirit is stronger and cannot be broken; you cannot outlast us, and we will defeat you.

It is time we delivered on that promise.

CZECH AND SLOVAK REPUBLICS

Madam President, I also have a statement in recognition of the tremendous success that has occurred in the Czech Republic and the Slovak Republic since 1989. When the Soviet Union dissolved in 1989, the people of Czechoslovakia joined together to oust communism and adopt democracy.

We have seen tremendous success in the past 20 years. Remarkable changes have taken place, as both the Czech Republic and the Slovak Republic have sought and achieved membership in NATO and moved to the kind of progress and peace we expected for them.

In 1989 the former Soviet Union was in the final throes of a slow demise which concluded in 1991. Many of the former Soviet republics were in a state of uncertainty as the situation deteriorated further.

In the fall and winter of 1989, the people of Czechoslovakia joined many other recently separated republics and chose to oust communism and adopt democracy through the Velvet Revolution. Twenty years ago the country then known as Czechoslovakia freed itself of communist control, instituted democratic elections, and set out to adapt its command economy to the free market.

The remarkable swiftness which ushered out the former government while maintaining relative order and peace was inspiring to the world as we watched apprehensively the events un-

folding. Czechoslovakia's move away from communism and toward greater political independence, led to the eventual separation of the country into the current Czech Republic and Slovak Republic.

During the past 20 years, remarkable change has taken place as both the Czech Republic and Slovak Republic have sought and achieved membership in the North Atlantic Treaty Organization, NATO. The Czech Republic was accepted as a member of NATO in 1999, as was the Slovak Republic in 2004. Both nations are now formal members of both NATO and the United Nations, and their military units now contribute to important missions throughout the globe and continue to play a strategic role in the region.

Furthermore, the Czech Republic has a local tie near to my heart associated with its NATO admission. The documents of admission were signed at the Presidential library of Missouri's own President Truman in Independence, MO. As we work to pursue our mutual interests, I wish both the Czech Republic and the Slovak Republic continued success and prosperity as we work toward mutual goals.

Madam President, I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:39 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. CARPER).

The PRESIDING OFFICER. The Senator from Michigan is recognized.

UNEMPLOYMENT COMPENSATION EXTENSION ACT OF 2009—Continued

Ms. STABENOW. Mr. President, I wish to speak both about the substance of the amendment in front of us that I understand Senator REID and the distinguished chair of the Finance Committee, Senator BAUCUS, have put forward, the substance of it and supporting it, and also on the time it has taken us to get to this point, which is of tremendous concern to me. I know it is also to many other people, certainly people in the great State of Michigan, which I represent.

I believe we are on week 5 of trying to extend unemployment benefits for people who, through no fault of their own, have lost their jobs, are looking for work, trying to hold things together, trying to keep a roof over their families' heads and keep food on the table, and Michigan is getting cold, so the heat is coming on. They are trying to do that while looking for a job.

People want to work. People in Michigan work and they want to work. They are skilled and they are ready to work. We know that for every one job available, there are six people trying to get that job. So we are in an extremely difficult time. That is why we extended

unemployment benefits in the Recovery Act. I thank our President. We had challenges under the previous President in being able to do that. President Obama put that forward, and I am grateful for his continual support and all of our colleagues who supported that.

But now we find that even as things very slowly begin to turn in the economy, every day we still have 70,000 people who are going off of their unemployment insurance benefits and they still cannot find a job. These are middle-class Americans who have played by the rules, and what is happening is not their fault. They are trying to keep things going until they can find a job.

We have now spent weeks and weeks trying to get to this bill. Since we started debating this on the Senate floor, as of today, 186,000 more people have lost their benefits and are trying to figure out what in the world they are going to do for their families. That is the situation we are in.

We have in front of us a very important amendment that has been worked on on a bipartisan basis. I congratulate everyone who worked on this together. I hope we will pass this quickly and move on and send the right message to people in this country that we get it, that we understand what is going on for families.

Let me speak about the amendment, and then I will speak about the process.

The amendment would allow an extension of 14 weeks for anyone who is currently unemployed in their State and qualifies for unemployment insurance and an additional 6 weeks, totaling 20 weeks, for people in my great State who have been hit too hard for too long. So we need to get this passed.

There are other provisions that have been combined with this. One of the other successes—in fact, I am proud, as the original author of cash for clunkers, to have Congress talk about that and the first-time home buyers tax credit. That has helped the economy. We know there is an expiration of the first-time home buyers \$8,000 tax credit, so we extend that. There are other provisions in there as well.

There is another provision I am proud to have helped champion in the Finance Committee and now in this legislation, which is to allow companies that are struggling in this economy to keep themselves going, to keep people employed, to keep their lights on, and to be able to get immediate help with the net operating loss carryback—it is the way they calculate their losses—which will allow capital to immediately flow for small, medium, and large companies that are cash-strapped. That capital will help businesses be able to hire people, purchase equipment, or to turn their businesses around to be able to keep things going and keep their businesses going. That is in this provision as well. It is an important bipartisan effort.

According to a study by the National Bureau of Economic Research, the expansion we are talking about would inject \$34 billion into businesses and our economy immediately.

This is about jobs. This is about supporting our small businesses that are having a very tough time getting capital. The CEO of the Home Builders Association claims that tax credits from the tax provisions would provide midsize and larger homebuilders enough funding to save 30,000 jobs that would have been lost without this change. So we have an important provision that has been worked on in a bipartisan way.

These items were something that we as a majority—our leader had come to the floor to support now for some time, to say let's get on with it; we need to support these provisions for homeowners, businesses, and help those who are currently unemployed. Let's get on with it. We are now at a point to vote on this amendment. What concerns me is the time it has taken us to be able to do that.

Over and over again, we have seen a pattern this year. In fact, we have seen 85 different times that the party of no has objected over and over to bringing up legislation—to even bringing up the unemployment legislation. It is a very simple thing for the leader to come to the floor to ask unanimous consent to go to a bill. But we are seeing objections over and over. Every time there is an objection, we are required to go through our own process. We find we have to file a motion called a cloture motion. You have to wait 2 days, and at the end of that 2 days, you vote. If there are 60 people who vote to proceed, you do that. We are finding over and over that we are getting overwhelming support to proceed.

At different times, we object to things with which we substantively disagree. That is our right as Senators. But we got to this cloture vote, and 87 people voted to go to the unemployment benefits legislation and to this amendment. So there is not an objection. This is about winding out the hours on the clock so we cannot get to health care, we cannot get to other jobs measures. And health care is about jobs, certainly in my State. When you lose your job, you lose your health care. We have seen that over and over.

Now we are in the process of this 30 hours. We voted to bring the debate to closure on this amendment we have, which is bipartisan, dealing with housing and support for businesses and the unemployed. Yet we have to go another 30 hours, which won't end until about midnight tonight, before we can actually vote. Then we will turn around and again there will be something else. The next move the leader tries to make, there will be an objection and we will have to wait 2 more days. We will vote on whether to proceed. Most of the time, everybody votes to proceed. Then we start a 30-hour clock,

and then we vote on it. It goes over and over. Eighty-five different times, we have either had this process or an objection.

Mr. President, I just wanted to raise this for the American people as we move forward now. Everyone knows we have big problems. We can have honest differences about how to address those. That is our job. But we are seeing over and over a party of no, no, no stopping things. Heaven forbid that this President be successful or this Congress be successful. That is of great concern to me, in a State with the highest unemployment in the country, where every day we have people saying: Why in the world can't you act? Why can't you get things done?

The reason we are finding ourselves in this position now is an effort to slow-walk the entire year. It is amazing. We have actually gotten more done in this year than at any other time since FDR and the Great Depression despite all of this. Now we have come to a point where, by the end of the year, we want to have something extremely important accomplished on health care, and that relates to jobs and the economy. We are seeing objection after objection.

I am hopeful there will be a willingness to step up and debate our differences and have a vote. Let's just have a vote and work together to be able to solve problems. The American people are very tired of this. They want us to get something done. We want to get something done. We are committed to it whether it takes 30 hours and days and objections or whether we can just do this and come together. Either way, we are going to get this done. It is important to understand that real people are being impacted every single time there is an objection. Right now in this economy, the American people deserve better than what has been happening.

The PRESIDING OFFICER. The Senator from Idaho is recognized.

Mr. CRAPO. Mr. President, I ask unanimous consent to speak as in morning business.

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

HEALTH CARE REFORM

Mr. CRAPO. Mr. President, I wish to talk this afternoon about health care and specifically the impact of some of the proposals we have on the cost of health care insurance. Before I do so, I think I must respond to some of the comments that were just made by the Senator from Michigan accusing the Republican Party of being the party of no. It seems we are starting to get to a point here where bipartisanship is not being achieved. But it seems the definition of bipartisanship is becoming "either do it our way or you are the party of no."

It seems to me what we need to really do is step back and take a couple of deep breaths and start working together on legislation. I will use the example the Senator from Michigan used, the unemployment insurance com-

penensation legislation. As she correctly indicated, there were 87 votes to move forward with this legislation. This is not an effort to obstruct the legislation. The effort that caused us to slow down a couple of days on this legislation was an effort to improve it. In fact, had we not slowed down a couple days, the bill would have gone through and would have been passed, but it would not have the home buyer tax credit in it for the purchase of homes. It wouldn't have the net operating loss carryback provisions in it. They are both important provisions for creating jobs rather than just providing a safety net for those who lost jobs. The bill has been improved, and I think it will be further improved by the time we have the final vote.

It is that process of give-and-take, trying to work on and improve the legislation, that occasionally causes the Republican side to say: No, we are not going to move forward until we have an opportunity to present some amendments and until we have bipartisan work to help improve the legislation. That is what happened in this case.

In reality, the majority party has 60 votes. If they want to proceed on anything, they can do so. In this case, on the unemployment insurance bill, they did stop and allow us another couple of days to work on it and improve it with the home buyer tax credit and the operating net loss carryback provisions.

Mr. President, I will now address the question of health care. It is interesting. One of the comments the Senator from Michigan also made was that we cannot get to the health care bill because we are spending our time on the unemployment compensation bill. The reality is that we don't even know what the health care bill is yet. The bill was crafted behind closed doors in the Capitol Building, and it is being scored by CBO. We don't know when CBO will have the full bill to score or whether the full bill has even been drafted. We don't know what it contains.

That is in stark contrast to the President's commitment on how this process would proceed. The President stated in the San Francisco Chronicle in January of last year:

These negotiations will be on C-SPAN . . . and the public will be part of the conversation and we will see the choices that are being made.

He indicated that everybody should be in the room and it should be broadcast on C-SPAN. Instead, there is a very small group of people from the White House and the majority leader's office and probably a couple of senior Senators he is working with who know what is in the bill. The rest of us don't know.

Frankly, the reason we are not moving to the bill has nothing to do with procedural maneuvers on the floor. It has to do with the fact that the bill is not drafted yet or prepared and ready to bring forward.

Let me move to the actual bill itself. In this context, I have great concerns

with the legislation that is being brought forward on many different fronts. It expands the Federal Government by about \$1.2 trillion, depending on how you count it; some say up to \$1.8 trillion. It imposes massive new taxes and cuts in Medicare of equal amounts to balance it off and make it appear it is not increasing the deficit. By cutting Medicare, it seriously jeopardizes the quality of health care we provide to our seniors in this Nation and, as I indicated, the massive new taxes that are involved, which fall squarely on the backs of the middle class, violating another one of the promises President Obama made. In doing so, it does not achieve the very objectives our citizens in the United States ask of us in health care reform.

What am I talking about? That is what I want to focus the rest of my remarks on today.

When you ask most Americans, Do we need to reform health care in the United States, they will say yes. What they mean when they say that is they are tired of the double-digit, skyrocketing inflation of the cost of their health insurance and the cost of medical care in the United States, and they think Congress should do something about it, that Congress should "bend the cost curve down"—that is the phrase that has been made popular—and they believe Congress can do something about it and help control these skyrocketing costs of health care.

They also believe we should try to find a way to get access to those who are needy and unable to purchase their own insurance. They know we are providing for the cost of health care for those who do not have insurance and they do get it in a much more expensive way and in a way that does not give them the quality of health care they should get. That is what Americans think of when they are asking for health care reform. But center in the focus of the American people out of what they want out of health care reform is control of the costs of health care and control of the skyrocketing costs of the insurance they pay.

On that issue, the bills before us fail dramatically because not only do they grow the Federal Government, not only do they increase taxes, and not only do they deeply cut Medicare, they will increase the cost of health care insurance and increase the cost of medical services in our country beyond what growth they would have seen without the legislation.

I will go through a couple of examples, focusing on the bill that went through the Senate Finance Committee. It includes, as I have indicated, significant amounts of taxes and different kinds of taxes on different parts of the economy. Both the nonpartisan Congressional Budget Office and the Joint Committee on Taxation have stated that a number of the taxes included in the Senate Finance Committee bill will be passed on to consumers in the form of higher premiums.

During the Finance Committee markup, CBO Director Douglas Elmendorf stated:

Our judgment is that that piece of legislation—

Referring to the provisions increasing taxes in this legislation—would raise insurance premiums by roughly the amount of the money collected.

Meaning in one of the particular cases there is a \$6.7 billion tax imposed on insurance companies. His point is that \$6.7 billion tax is going to raise the cost of insurance.

Another example in the bill, there is a tax on medical devices. Both CBO and JCT have said this tax on medical devices will be passed on to patients, increasing their health insurance premiums and increasing the prices on everything from powered wheelchairs to pacemakers.

Another example is the tax on insurers. I mentioned the tax on insurers is what generated this answer. CBO and Joint Tax have said this tax will be passed through, and some estimates on this passthrough show this tax on insurers could raise premiums for American families by as much as \$500 a year.

The Congressional Budget Office sent a letter to Senator GRASSLEY last week in response to his inquiry about this provision and stated:

While uncertainty exists, we assume that a very large portion of this excise tax on purchased insurance will be borne by consumers in most markets, including in some markets with a high level of concentration among market participants covered by the proposed excise tax.

Still quoting the letter:

While consumers or employers may respond by changing their insurance coverage from more expensive coverage to less expensive plans to offset any potential price increase, this behavior, too, is properly characterized as the consumers bearing the burden of the excise tax by accepting lower quality (for example, a more restricted physician network) for the same price rather than paying a higher price for the quality [that they would have had had there been] no tax.

Again, still quoting from the letter:

Our estimate is that the premiums for purchased health insurance policies, including the tax liability, would be between 1.0 and 1.5 percent greater than they otherwise would be as a consequence of the industry fee for calendar years 2010, 2011, and 2012.

Joint Tax did not estimate the years beyond that and were not able to do a distributional analysis based on income as to where those with higher premiums would most likely fall. But we know, again, it is almost certain it will hit those in the middle class.

Premiums are also going to rise because of the new excise tax on so-called Cadillac health plans. Many believe that companies will respond to this new tax by either passing the costs on to consumers or cutting benefits so the plan can avoid the tax. Inevitably, like the AMT, the alternative minimum tax, the impact of this tax will be passed along to more and more people, not just those with Cadillac plans, either in the form of higher costs or lower benefits.

That is how the tax-and-fee provisions portion of the bill impact health insurance. And there are many more. But what other provisions in the bill impact the cost of insurance? The insurance mandates in the bill will have similar impacts on raising the cost of health care insurance for Americans.

The Finance Committee bill also contains a number of market reforms that will result in these higher premiums. For example, the new federally mandated rating rules will result in a huge premiums increase for younger and healthier individuals.

In my home State of Idaho, studies have shown that a 20-year-old male can go out today and buy a policy in the individual market for \$67.63 a month. A 20-year-old female can buy a policy for \$94.35 a month. If the insurance rating reforms in the Finance Committee bill are enacted, those exact same policies would rise to a level of \$166.75 per month. That is a 147-percent increase for a 20-year-old male and a 77-percent increase for a 20-year-old female.

These figures, frankly, are optimistic for several reasons. They assume that the young and healthy will continue to purchase insurance. If they do not continue to buy insurance, the premiums would likely be even higher than those which were shown in the studies.

In addition, these rate estimates assume a 4-to-1 age rating band. The House bill introduced last week contains a 2-to-1 age rating band mandate, meaning that the rates for the young and healthy, again, would be made significantly worse.

In addition, many of the proposals in Congress contain mandates about what an insurance policy must include. Here is an example of what we can see in that context: An older gentleman wanting to purchase insurance in the new exchange to be created may not be able to save money by enrolling in a more basic plan. Instead, it would not be possible for him to enroll in a policy that does not include maternity care and newborn care, something he may not want or need to purchase.

The actuary firm of Oliver Wyman, in a study commissioned by Blue Cross/Blue Shield, concluded that insurance reforms in the bill and the minimum required benefit levels in the Baucus bill could drive up family premiums for new coverage by as much as \$3,024.

My point is, both the taxes and fees and the insurance mandates will generate higher premiums, not lower premiums, for Americans, exactly the opposite of what Americans are asking for in health care reform.

Similarly, both the House bill and the Baucus bill, and what we expect to see in the Senate bill when it finally comes out, will have a significant expansion of moving those in lower income categories into Medicaid rather than providing a way for them to obtain insurance.

The Baucus bill contains an enormous expansion of Medicaid, up to 133

percent of poverty. That means 14 million more people are going to be enrolled in the Medicaid Program, the largest expansion since it was created in 1965, a program that financially is going to hit the cliff soon. We know we are undercompensating for medical services in Medicaid, which ultimately results in those undercompensated costs of health care being borne by the rest of the insuring population in the United States with higher premiums.

So what are we going to do? We are going to expand a program that drives a lot of its costs off onto the private sector so we can avoid the need to identify the way to move forward and develop a true reform that will enable those who are needy and uninsured to be able to obtain insurance. Instead, we are going to push them onto the Medicaid system and, again, drive up premiums.

Those who are pushing this legislation have responded to some of these arguments by saying: The subsidies we are providing in the bill for those with lower incomes will help to reduce insurance costs. If you focus on those who receive the subsidies, of course, their insurance costs may go down. But this is true for only a very small number of Americans.

The reforms in the Finance bill will raise health care costs for most Americans while lowering them for some through subsidies. But there are several important points to make on the subsidy argument.

First, the credits and subsidies are only available for those who receive insurance through the new exchange. In other words, if you get your insurance through your employer, which most Americans do, you do not qualify for any subsidy support.

CBO has estimated that only 23 million Americans will receive insurance in that fashion. If you do the math, that represents 8 percent of the 282 million nonelderly Americans. Why do we take the nonelderly number? Because elderly Americans are covered by Medicare.

Let's put up a chart. The subsidies are not available for individuals who get insurance through their employer and, instead, those individuals will pay higher premiums for those who receive the subsidies. Here is the way it works out. You have about 185 million Americans who will be paying more taxes and higher health care premiums, and about 18 million Americans who will actually see their health care premiums go down because they will receive a Federal subsidy.

While it is true that the subsidy will help reduce the health care costs of those who receive it, it is not true that the health care costs for every other American are going to go up, again I want to point out, in two significant ways. The 185 million Americans who are not participating in the subsidy will pay more in taxes—and significantly more in taxes—and will pay more in their health care insurance

premiums. That is not the kind of reform, again, that the people of the United States are asking for.

One last point, and that is about this proposal to have the Federal Government step in and create a government health care company. A government-run health care insurance company is promoted by saying we need a competitor for the private sector. I think most Americans see through that. But last week, CBO released their score of the House bill which creates just such a government-run health care company. Their score shows that the new government plan would typically have premiums that are higher than the average premiums for private plans.

What is CBO saying? The CBO letter then states that although the government plan would likely have lower administrative costs than the private plans—which is one of the key arguments that is often made—the government plan would—and I am quoting from CBO—“probably engage in less management of utilization by its enrollees and attract a less healthy pool of enrollees,” resulting in higher premium costs in the government plan.

So now what do we have? We have a government plan into which we are going to push a lot of Americans, unwillingly, which will charge higher premiums than the private sector. We have taxes, penalties, fees, and mandates being imposed on the private sector that are going to drive up their premiums as well. It is all justified by the argument that we need to somehow create a government control of health care so we can reduce the costs. There are other ways to reduce the costs. I don't have time in my remarks today to get into those, but there are a number of proposals we do know about for which we have bipartisan support that will help us address that cost curve.

It is my hope we will reject these proposals that take us down the wrong path and result in the wrong solutions for Americans in health care reform and begin focusing on what I started out with—that cost curve about which most Americans are so concerned. We can drive down that cost curve without raising taxes, and that is where this Congress ought to be spending its attention.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, how much time do I have remaining?

The PRESIDING OFFICER. There is no order on time, so the Senator is free to proceed.

Mr. ALEXANDER. I thank the Presiding Officer.

I noticed the Senator from Michigan was on the floor earlier, and she had a chart which said: “85 Times No.” I think she should have turned it around and faced it toward the Democratic leader. That means that 85 times the Democratic leader has said no to Republicans: No, you can't offer amendments and we are going to cut off de-

bate. We have had this discussion many times. The Senator from West Virginia, Mr. BYRD, is the expert on this. There are two things that make the Senate unique. One is virtually unlimited debate and virtually unlimited amendments. So if you are from a smaller State, such as Tennessee or Delaware or anywhere in this country, your citizens can send you here and, even if you are in the minority, you are allowed to speak. Your voice can be heard and you are allowed to offer amendments.

We have procedures for cutting that off, but we only do it on rare occasions. So what the Senator from Michigan is basically saying is—and I don't believe I would bring this up, if I were she—that 85 times the majority leader has cut us off and said: We are not going to hear from you. So I think that argument is an argument we should have at the appropriate time, but I have a different point I would like to make.

I would like to continue the health care discussion because I think we are making some progress. One of the most eloquent and effective speakers on the Democratic side of the aisle is the assistant Democratic leader, the Senator from Illinois, who is a good friend and a person I admire a great deal. Yesterday, he came to the floor and asked: Where is the Republican alternative on health care and how many pages does it have? He heard me say the other day that the era of the 1,000-page bill is over because we have a 2,000-page bill from the House of Representatives on health care. So he says: Well, where is the Republican health care plan? How many pages in it?

The Senator from Illinois was quite proud of the fact that I couldn't say how many pages were in the Senate Democratic plan, but of course I haven't seen it. Almost no one has seen it. It is being written behind closed doors. This was supposed to be the era of great transparency; that we would all know what was going on. President Obama, to his great credit, said: We will have all this on C-SPAN so you will know if the drug companies or if the insurance companies or if the lobbyists are in there writing the bill. So what do we have? We have the majority leader and two Democratic Senators and some people from the White House behind closed doors writing the health care bill.

Of course, we don't know exactly how many pages it will have because we aren't let in the room. We can't see the bill. We can't count the lobbyists, if they are there; we can't count the companies with which deals might be made, if they are there. We don't know. But here is what we do know. We do know the HELP Committee, on which I serve, passed an 839-page health care bill. We do know the Senate Finance Committee passed a 1,502-page bill, and we know the House of Representatives is working on a 1,990-page bill, not counting the physicians reimbursement fix, which is bound to push it over 2,000 pages.

The pages in these bills are going up faster than the national debt, and it is an issue with the American people. So until the various writers emerge from behind closed doors, we are going to have to go with what we have, which is a 2,000-page congressional Democratic health care bill, of which the Wall Street Journal editorial said yesterday, when fully implemented, would cost \$2 trillion over a 10-year period of time.

Here is what else we know about the 2,000-page bill. It will raise premiums. The Senator from Idaho just spoke to that. It will cut more than \$500 billion in Medicare, and it will cut it from Medicare to spend it on a new entitlement program, even though the Medicare trustees say Medicare is going broke in 2015 to 2017. The Senator from Kansas said it is akin to writing a check on an overdrawn bank account to buy a big, new car. The banker wouldn't let you do it, and the American people shouldn't let us do it.

There will be higher taxes. Everyone understands that the \$1 trillion, fully implemented over 10 years, will mean higher taxes. Who is going to pay those? Not the medical device companies, not the insurance companies. They are going to pass them right on to whom? The American people—the 250 million of us who have health insurance premiums. So our premiums are going to go up.

There will be more debt. Fortunately, on the first vote we had on health care the other day, 13 Democrats, with all 40 Republicans, said: No, we are not going to start off this debate by adding \$¼ trillion to the national debt, even for the worthy purpose of fixing the physicians reimbursement problem, which we all want to fix. We are going to have to find some way to pay for that within the health care bill, within the spending we have.

We now have a government-run plan. I have always thought that was a little like President Obama saying: In order to keep Ford Motor Company honest, I am going to put the government into the car business. Well, we nearly have, but that usually isn't the way we do things in the United States. But we are going to have a government-owned, government-run health care plan. Of course, we already have two—one is Medicare for seniors, and we have a government-run plan that States can “opt out of” called Medicaid.

The Presiding Officer, the former Governor of Delaware, and I both know from our previous experience it is a big problem. Medicaid and Medicare have been going up at the rate of 8 or 9 percent a year for many years. State budgets dealing with Medicaid only go up 2 or 3 percent for schools and roads and universities. So what happens is, when the Governor of Delaware or the Governor of Tennessee or the Governor of California sit and make up the budget, you get to the end of the line and there is no money left for higher edu-

cation because we put it all into Medicaid. That means tuition goes up or services go down.

With a government-run plan—and this is something the American people are just now beginning to realize—millions of people who now get their insurance from their employers are going to lose it. They are going to lose it because their employer is going to look at this big, new bill and say: I can't afford this. I am going to pay the penalty. I am out of the health care business, and you can go into the government plan. So all 177 million people who have employer health care insurance run a risk with a government plan—under this framework we are discussing, that we haven't been able to see yet—that an increasing number of employers will say: I am out of here. We will let the government provide the insurance. Suddenly, you will find yourself in the government-run plan.

What happens in the government-run plan? Some things are good about Medicare—the government-run plan for seniors—and some things are bad about Medicaid, which is the largest government-run plan. One thing bad about it is, 50 percent of doctors will not see new patients because their physician reimbursement is at about 60 percent of what physicians make when they go to a private insurance company. In Medicare, it is not as bad as that. It is about 83 or 84 percent of doctors are paid what they would get paid if they saw a patient with private insurance. So if you lose your insurance and you end up in the government-run plan, you may end up in a plan such as the Medicaid plan, a government-run plan where 50 percent of the doctors will not see new patients.

The Governors of the States are in a state of apoplexy—would be about the only word to describe it—because they are in the worst shape they have been in dozens of years. I know in the State of Tennessee there are \$1 billion in just cuts. Everything has been cut, prices are going up, and people are being laid off, even though we have a very conservative, well-managed State. Yet one of the ways being proposed to pay for this bill is to shift some of the cost—about \$34 billion at least—to States. Governors—both Democratic and Republican—are saying: Please don't do that to us. We can't afford that. We don't have the money for it. We have to balance our budget. If Washington wants to expand Medicaid, Washington should pay for Medicaid.

Higher premiums, Medicare cuts, higher taxes, more debt, government-run plan, millions losing coverage, inevitable rationing, States complaining, some going bankrupt, and a \$2 trillion cost is not health care reform. But the assistant Democratic leader asked a good question. He asked: What is the Republican plan? If our plan has 2,000 pages, how many pages does your plan have? Well, I would say, with all respect for him, that if he is looking for someone with a wheelbarrow to wheel

into the Senate Chamber a competing 2,000-page Republican bill costing \$2 trillion, he is never going to see it. He will be looking in vain because that is not what we propose. We have been saying, over and over again on the Senate Floor and in other places, we are going in the wrong direction; we need to start over; our goal should be to reduce costs—the cost to each of us who pay premiums, the cost to all of us who have to pay the Federal Government debt. We should set a clear goal of reducing costs and move step by step toward that goal of reducing costs to reearn the trust of the American people.

Americans instinctively distrust these comprehensive, change-the-world, never-mind-the-cost, 2,000-page risky schemes, one of which is the health care plan that is coming toward us. We have proven in this Chamber we don't do comprehensive well. We had our best Senators on both sides of the aisle working hard on immigration—Senator Kennedy, Senator MCCAIN, Senator KYL, Senator Martinez—and what happened? It fell of its own weight. We bit off more than we could chew. The economy-wide cap and trade is running into the same problem. So is health care.

With taxes, mandates, surprises, debt, and more Washington takeover, we are scaring the daylight out of the American people with these proposals. Instead of that, we on the Republican side believe we should have health care reform, but its goal should be reducing costs, and we should go step by step toward that goal. Going step by step in the right direction is one good way to get our country where it needs to go.

So instead of a 2,000-page congressional Democrats' health care plan, here is the Republican plan, and I have counted the pages. No. 1, small business health care plans. This leverages the number of small businesses and allows them to pool their resources and offer health care to more Americans. That is 88 pages, proposed by Senator ENZI. No. 2, allow Americans to purchase health care across State lines to encourage competition—30 pages, proposed by Senator DEMINT. No. 3, reduce junk lawsuits. Medical malpractice lawsuits drive up the cost of health care. There is some question how much it drives it up, but there is no question it drives up the cost. That is Senator GREGG's bill on that, and it is 19 pages. No. 4, equal tax treatment for health care. That is Senator BENNETT's bill, which is 21 pages. No. 5, health information technology—a subject we should be able to agree on in a bipartisan way—is 13 pages, by Senators COBURN, BURR, and ENZI. No. 6, health care exchanges, creating more of those for people to look for the lowest cost insurance. That takes eight pages in the bill, proposed by Senators COBURN and BURR. No. 7, Senator LEMIEUX, one of our newest Senators, proposed a bill on the subject of waste, fraud, and abuse. We know that is a scandal, particularly with Medicaid and Medicare.

The Government Accountability Office has said that \$1 out of \$10 in Medicaid is waste, fraud, and abuse, accounting for \$32 billion a year, which is \$320 billion over 10 years.

So there are seven steps in the right direction of reducing cost. Taking just one of those steps—the small business health care plans, S. 2818, leveraging strength in numbers—here is what the Congressional Budget Office says about the small business health care plan: 750,000 more Americans would be covered. These would be people working for small businesses. It would lower the premium costs for three out of four employees. It would reduce Medicaid spending—and that is the program that is causing the States so many problems—by \$1.4 billion.

So why don't we pass that? Why don't we pass it? Why don't we take that one step toward reducing costs and then take a second step and a third step and a fourth step? Gradually, as we reduce costs, as the small business health care plans will do, we can add uninsured people to the rolls. That would reearn the trust of the American people. That would be something we could actually get done. That would be something that would be bipartisan, would create confidence, and help us reach the goal we have set for ourselves.

We have clear choices. We have 2,000-page bills or the bills I just added up—those seven steps proposed by Republicans, many of which have Democratic support as well—that would be 200. So 2,000 pages or 200 pages; reduce premiums or increase premiums; reduce debt or increase the debt; reduce Medicare or make Medicare solvent; higher taxes or no tax increase.

The American people want real health care reform. They want to reduce costs and add coverage, as we can afford it. They are properly skeptical of grand and risky schemes that claim we in the Senate and the House are wise enough to solve everything at once. They know if we try to do that, we are more likely to mess up everything at once. They know about the law of unintended consequences.

To re-earn the trust of the American people, we should set a clear goal. That goal should be reducing the cost of health care; the cost of health care when you pay your premium and the cost to your government, the cost of its debt. We should move step by step in that direction. That is the Republican health care plan.

I yield the floor.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The Senator from Rhode Island is recognized.

Mr. REED. Mr. President, I again rise to urge my colleagues, particularly from the other side, to join us in passing the extension of unemployment insurance, without delaying action through more procedural votes. We are in the midst of a very complicated and important debate on health care and we are being urged to move forward on

that. But something that is pressing, in my view, is the need to extend benefits to the people who are running out of the ability to support their families. By my count we on this side of the aisle have been trying for days to do something that the other body did, with bipartisan cooperation, in a vote of 331 to 83 under Suspension of the Rules.

As the President of the Senate knows, this is the way the House moves noncontroversial legislation forward without any delay. It is not used for major legislation such as this, typically, so that underscores the bipartisan solution the House proposed to us more than 25 days ago.

To compound matters, the other side is now doing more than just delaying unemployment benefits for millions; they are also needlessly delaying tax cuts for small businesses and first-time home buyers. This is a very disturbing precedent. The American people, as my colleague was talking about, want to see some results. They want to see us move on issues that are critically important to them. What could be more critical and more important than extending unemployment benefits to those who have lost their jobs and are in a very difficult economy? What could be more important to our economy, and to so many people, than extending the further benefits of the tax treatment of new home buyers, which has produced an increase in sales and investment? This is the time to move forward and to also help small businesses. The legislation before us includes not only the extension of unemployment benefits and the tax break for home buyers, but also the preferential tax treatment for small businesses in terms of their ability to access losses in the past.

With the winter and the holidays approaching, this legislation cannot come soon enough for millions of Americans who are feeling the effects, not of the last 8 months but of the last 8 years, of the Bush economy. This legislation will help people literally put food on the table. It will give them a sense of support and substance as they go forward. It will also help continue the expansion of the economy we have seen. Last quarter for the first time in a year we saw growth in the American economy—3.5 percent GDP. To sustain that we have to keep incentivizing our economy in many different ways. Two of the provisions included—again with bipartisan support—provide those incentives. Small business will get relief in terms of net operating losses. Individual purchasers in the real estate market will get the stimulus of the addition and extension of the tax treatment of purchase of homes.

But we could anticipate another cloture vote this week, another procedural burden to do something that everybody says we should have done weeks ago. My colleagues on this side have suggested amendments that are not germane—some that we have re-

peatedly taken up already, indeed have passed. But this should be something more than about messaging. This should be about helping the American people. We have legislation before us which incorporates, as mentioned, not just unemployment extension but two other benefits, for small businesses and for new home buyers. This compromise before us should not face these delaying tactics. The reality is that 4,000 people in my State need this help right away. They need the unemployment benefit extension. There are thousands more Rhode Islanders who will exhaust their benefits in the next several weeks. Indeed, 3,000 Rhode Islanders are receiving extended benefits, which is the final tranche of unemployment benefits for most. They will be without any real support if we do not move this week, if we do not move promptly, in a timely fashion.

The latest compromise provides 14 weeks of unemployment insurance for jobless Americans in all States, and 20 weeks in those States that have the highest unemployment rates, above 8.5 percent. As I mentioned before, it also provides help to the home market and help to the small business community.

These are amendments that are important. They are important to all of us. We can look back with some sense of progress on our recent GDP numbers. But you cannot feed your family on GDP. When you are unemployed, looking for work, not finding it, you need unemployment compensation benefits. You cannot keep this recovery in the housing market going, as robust as it has been, without some further assistance. You have to create further benefits for small business so they can begin once again to hire Americans. The key to our economic crisis is not growing GDP, it is growing employment. These latter efforts will be pointed in that direction as we help people who are without jobs today.

This crisis is nationwide. It is not a red State, blue State problem. It is our problem. Too many Americans will exhaust their benefits by the end of the year. Hundreds of thousands have already exhausted benefits. So this delay has real consequences in the lives of all of our constituents in every part of this country. It has already been over a month since the House passed their legislation. We could have passed this promptly. In fact, if you look at the record, the number of cloture votes and everything else, we passed yesterday a cloture vote on a substitute amendment by 85 to 2. Typically when we have 85 votes we do not go through further procedural amendments. We, by unanimous consent, take up the measure and pass it routinely. What is lacking here is not the 60 votes for cloture, it is unanimous consent; i.e., the consent of our Republican colleagues to move forward.

They are not denying us, they are denying the American people. We should take this measure up immediately. With 85-to-2 cloture votes, 85 people

will come down, perhaps even all 100, and vote for this bill. But it will be a month after we should have accomplished this task.

While we wait, our economy suffers and thousands of Americans do. So I urge passage as quickly as possible. I hope Leader REID would propose that we move to the measure as quickly as possible, that we could avoid another cloture vote, another 85-to-2 vote confirming what we all know, that eventually when we are allowed to vote on final passage, this measure will pass overwhelmingly.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada is recognized.

Mr. ENSIGN, I thank the Chair.

(The remarks of Mr. ENSIGN pertaining to the introduction of S. 2724 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions".)

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Mr. BEGICH. Mr. President, I ask unanimous consent to speak as in morning business for 15 minutes.

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

ALASKA NATIVE PEOPLE

Mr. BEGICH. Mr. President, I rise today to honor thousands of our fellow citizens who do not receive adequate recognition for their enormous contributions to our nation, Alaska Natives and Native Americans.

President Obama has declared this month Native American Heritage Month. He also hosts an important summit Thursday with our Nation's tribal leaders.

I salute the President's initiative, which is designed to strengthen the special relationship between the Federal and tribal governments.

This week, many Alaska Native leaders have traveled long distances to participate in this summit because they recognize the great significance of the Obama administration's historic initiative.

These events are especially important to Alaska because we proudly claim the highest per person number of Native Americans in the Nation.

Nearly 20 percent of Alaska's population, about 120,000 Alaskans, are Alaska Natives.

From time immemorial, Alaska's Native people have developed a rich cultural heritage and sustained themselves by living close to the land in some of the most challenging geography and climate on Earth.

Today, the diversity in Alaska's Native community is broad.

In scores of tiny villages in some of the most remote regions of our Nation, Alaska Native people feed their families with subsistence hunting, fishing and gathering. This is a way of life practiced by their ancestors for generations.

At the same time in downtown Anchorage, prosperous Alaska Native corporations help fuel our State's econ-

omy and employ thousands of Alaskans and other Americans from gleaming modern office buildings.

This is thanks, at least in part, to actions taken by Congress to help lay a foundation for success by America's first people and to provide the opportunity for self-determination.

The story of Alaska's Native people is one of great success against enormous odds.

For me, this story is also personal because I was born in Anchorage barely 3 years after Alaska became a State in 1959.

In that era, the status of Alaska Natives was bleak. Fewer than 20 percent had a high school diploma; less than 1 percent a college degree.

Half lived below the poverty line. Fifty percent of Alaska Natives lived without indoor plumbing, collecting their waste in what we call a "honey bucket."

And nearly two-thirds lacked what we define today as a job. Most hunted, fished and lived off Alaska's land and waters to feed their families.

Today, the lives and achievements of Alaska Native people have improved dramatically. The 1971 Alaska Native Claims Settlement Act was a completely different model than the reservation system of the lower 48.

It established 13 regional for-profit Native corporations, hundreds of village non-profit corporations and empowered Alaska's Native people to take their destiny into their own hands.

Subsequent amendments to the act, such as those permitting Alaska Native corporations to participate in the SBA's minority business 8(a) program, helped even more.

I am proud to note that the Settlement Act was among my dad's proudest accomplishments during his single term in the House of Representatives.

Now, educational attainment is growing, with about half of Alaska Natives earning high school diplomas and nearly one-third with at least some college.

Less than 25 percent now live below the poverty line. Three-quarters live in homes with the basic clean water and sewer facilities we all take for granted.

What is most impressive to me is the success of Alaska Native corporations and tribes. They were formed to help fulfill the Federal Government's obligation to Alaska's indigenous people.

After struggling in their early years, all 12 of Alaska's in-state regional profit corporations are profitable, generating about \$4 billion in revenues for their Native shareholders.

ANCSA corporations are among our State's top employers, providing jobs for more than 30,000 people. And I submit that these companies are among the most socially conscious in the world.

Alaska's Native non-profits and tribal organizations partner to enrich our State and their members in many ways.

They provide the resources that help schools, families and individuals pre-

serve 10,000-year-old languages, values and ways of life.

They help address the health needs of Alaska Natives through local clinics and hospitals, research centers and by building coalitions with local, State and Federal partners.

They empower self-sufficiency with short-term financial assistance when it is needed, helping low-income families afford heating fuel and electricity, nutrition services for elders and even burial assistance so that family members are treated with dignity and respect.

Through increased self-governance, Native tribal organizations in Alaska can provide even more essential services, from law enforcement to tackling crippling social problems.

One of my most rewarding moments so far as a member of this body was making sure that two dozen brave members of the Alaska Territorial Guard all distinguished Alaska Native elders, finally got the recognition they earned for their courageous service to this Nation more than a half century ago.

Long before Alaska was a State and our country was engaged in World War II, men like Wendell Booth of Noatak, Paul Kiunya, Sr. of Kipnuk, and Victor George of Nulato answered their Nation's call on America's most remote front lines.

Last month, the Senate approved an amendment to the National Defense Authorization Act of 2010 I sponsored with my colleague, Senator LISA MURKOWSKI.

With President Obama signing that bill into law last week, these 25 surviving Territorial Guardsmen finally will receive the retirement pay and recognition they earned so many years ago.

Great progress has been made over the years in helping establish the means for rural and Native Alaskans to succeed. Yet much work remains to be done.

At the top of my Senate agenda are three specific areas of focus to ensure Alaska's Native people continue to flourish.

First, we must make energy affordable for rural Alaskans.

Some residents of my State pay the highest energy prices in the Nation. Electricity in some Alaska villages exceeds \$1 a kilowatt hour, compared to just a dime here in Washington.

When east coast residents complain about high gas prices, consider that a gallon costs \$11 in Noatak, one of Alaska's villages.

This is a bitter irony when you consider that Alaska has long prided itself as America's energy storehouse, providing the lower 48 States up to a quarter of their domestic oil production.

We are working to address these problems here in Washington.

My off-shore oil development legislation is unique by providing that local governments and tribes get a share of any revenues from Federal Outer Continental Shelf Development. Also try-

ing to kick-start the Alaska natural gas pipeline with Federal loan guarantees and other provisions in the Senate energy bill.

Fortunately, local Alaska leaders are not waiting around for Washington to act.

Regional leaders like Ralph Anderson of Bristol Bay Native Association, Tim Towarak through his position with the Bering Straits Native Corporation, and Michelle Anderson of Ahtna Development Corporation, already are developing comprehensive, regional tribal energy plans.

A second major issue facing Alaska's Native people is subsistence, the time-honored practice of harvesting Alaska's rich fish and wildlife resources to put food on the table.

For the last 10,000-plus years, Alaska's Native people implemented a subsistence model that worked to create abundance for subsistence users. That system is now in disarray.

The Obama administration announced plans just last month to revamp that system and I welcome their initiative.

We must preserve the rural subsistence priority in Alaska at all costs.

Finally, a continuing major issue in rural Alaska is the lack of basic infrastructure. This includes water and sewer systems, so Alaskans don't have to live in Third World conditions.

It includes expanded broadband technology, so all Alaska children have equal access to the educational wonders of the Internet.

We are working to address these needs in Congress. One model for economic development in rural Alaska is the Denali Commission.

For more than a decade, this innovative agency has been addressing vital needs from health facilities and energy to roads and water and sewer systems.

I will be seeking the continued support of my colleagues for the Denali Commission.

Mr. President, the largest annual gathering of Alaska Native people convened in Anchorage just last month as the Alaska Federation of Natives convention.

Thousands of Alaska Natives from across our State met in Anchorage's new Denali Civic and Convention Center, named in honor of the first people of that region.

Their theme spoke to the historic journey of Alaska's Native peoples. A journey of overcoming enormous obstacles; a journey full of accomplishment and pride.

I am honored to join my fellow Alaskans on that journey, and to salute the enormous contributions of Alaska's Native people on this, the first week of Native American and Alaska Native Heritage Month.

The PRESIDING OFFICER. The Republican whip is recognized.

Mr. KYL. Mr. President, I want to speak briefly to the issue of the unemployment extension, the benefits that would be provided to those who find

themselves unemployed today. I note that as we speak, the rate now stands at 9.8 percent and climbing toward 10 percent or double digits.

Those are the latest numbers we have in September, and it is pretty clear there have been more people laid off since the end of September. There were about 15.1 million unemployed persons in September, and that number has risen by 7.6 million since the start of the recession.

In Arizona, my own State, 77,300 jobs have been lost just since the so-called stimulus package was passed. Overall about 2.7 million jobs have been lost in the United States since the stimulus bill. Yet Dr. Christina Romer, the Chair of the President's Council on Economic Advisers, predicted with the stimulus bill unemployment would never exceed 8.1 percent; and, further, that without the stimulus bill unemployment would reach a peak high of 9.1 percent in the first quarter of 2010.

Obviously, unfortunately, both predictions were far too rosy. As Robert Samuelson wrote in the Washington Post:

The rap on stimulus one is that it hasn't yet, as promised, reduced unemployment.

I found it interesting that President Clinton's Labor Secretary, Robert Reich, recently wrote:

Obama's focus on health care, when the economy is still so fragile and unemployment is moving toward double digits, could make it appear that the administration has its priorities confused.

That is precisely what public opinion surveys show, as the majority of Americans wish that we would address the problem of joblessness and the economy first and worry about doing something about health care after that is fixed.

It is interesting that one of the President's economic advisers, Jared Bernstein, was asked recently on "The Early Show" on CBS by Harry Smith:

When does this country start to create jobs on its own?

Here is what he replied:

As far as the overall economy is concerned, private sector forecasters tell us that by the second half of next year, net job growth should be positive. Unemployment should be coming down.

I hope this is "expectations management" because the beginning of the second half of next year is still 8 months away. So this is one of the reasons I support the extension of unemployment benefits. We are going to continue to see unemployment increase, as I said, undoubtedly to get above the single digits up into the double-digit atmosphere.

There is a problem that makes this worse, and it is one of the reasons Republicans have been seeking to have the authority, the ability to offer an amendment to this legislation. So far, even though this is supposed to be the world's greatest deliberative body, a body in which members of both parties get to offer amendments to legislation, not one Republican amendment has been allowed on this legislation.

The majority leader makes the call. He says no, I guess; I do not want to hear any Republican ideas on how to deal with the problem. The reason this bothers me is because I think at least one of those amendments is a very good Republican idea on how to deal with the problem.

The problem is doing something about unemployment. How could we best deal with the problem of unemployment? Obviously, put people back to work. What are some of the reasons it is hard for businesses to put people back to work? One of them is that we have a tax on an employer putting people back to work. It is the unemployment tax itself. How do we pay for the extension of benefits in this legislation? We extend that tax. So what we are doing is, in order to pay for the extension of unemployment benefits, we tax the very employers when they hire someone and tax them for keeping on their rolls the workers they currently have. We continue that tax in existence in order to pay for the extension of benefits.

Republicans had a better idea. Let's find another mechanism to pay for an extension of benefits. But no, the majority leader says, you cannot offer that amendment.

This hurts workers in a variety of ways. Let me explain briefly how the FUTA surtax actually works. This is a \$2.6 billion extension that is used to pay for the extension of unemployment benefits. It is a tax amounting to 0.8 percent of payroll that applies to the first \$7,000 of a worker's wages. It is a direct payroll tax. The revenues are then deposited into the Federal unemployment trust fund. It is composed of two parts: a 0.6-percent permanent tax rate and a 0.2-percent temporary tax rate. FUTA only hurts unemployment and job creation since it taxes employers for each employee they hire.

According to Mark Wilson of the Heritage Foundation:

Legally mandated benefits like unemployment insurance are not "free" to workers.

He goes on:

Studies indicate that, on average, over 80 percent of the cost of all employer-paid payroll taxes is shifted to workers in the form of lower real paychecks.

So who is going to pay for the cost of extending the unemployment benefits? The workers themselves.

Republicans had a better idea, but we have been prevented from offering that idea in the form of an amendment.

When we take into account the other mandated requirements on employers, the other private sector mandates such as increasing the minimum wage, the resulting higher labor costs will affect an employer's decision about whether and when to hire workers, which worker to hire, how much cash to pay the worker, and how long to keep that worker on the payroll. This rise in mandated labor costs paid by employers is one of the most important forces leading companies to lay off workers or use part-time or temporary workers or

contract labor instead of full-time employees.

As I said, while I support extending the benefits, I believe it is essential that we address the underlying problems of job creation and unemployment. The FUTA tax only makes those problems worse, especially for small businesses. This is why Republicans wanted to offer an amendment that paid for the benefits extension without the FUTA tax on job creation. Why would the majority leader be frightened of this? Why would he not want to even debate this obviously legitimate question? That is one of the reasons action on this bill has been delayed. This bill could have been completed 2 weeks ago.

I have heard some of my colleagues from the other side come down and say: Why are Republicans holding up the extension of unemployment benefits? I voted for cloture to proceed. I voted for cloture to proceed to the substitute. I am not holding up anything. But the majority leader is not holding up his part of the bargain, which is to at least allow some amendments—three or four—that Republicans have offered. We can't even offer this amendment to offer an alternative way to pay for what almost all of us want to do and will end up voting to do.

I find it disappointing that a very good Republican idea, an obviously legitimate debate to have, whether workers themselves should have to pay for the extension of these benefits and whether that puts more people on the unemployment rolls, to have to pay for the extension of benefits as time goes on here—I am very disappointed that not only have we not had the opportunity to offer that amendment but colleagues from the other side have actually come to the floor and complained that Republicans are somehow to blame for the extension of unemployment benefits not being permitted. When Republicans are not allowed to offer these kinds of amendments, then, yes, we will insist upon a debate which points out a better idea for solving a problem that every one of us wants to solve, the fact that we are not even being allowed to offer the amendment in order to have that debate and challenge our colleagues from the other side to see whether they want to continue to support this program with a tax on workers or they would like to find a better way, the way the Republican Party has proposed.

The PRESIDING OFFICER. The majority whip.

Mr. DURBIN. I ask unanimous consent to speak as in morning business.

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

VA HOSPITAL IN MARION, IL

Mr. DURBIN. Mr. President, I will respond to the Senator from Arizona after I speak to an important issue in my home State.

My first comment relates to an important VA hospital in Marion, IL. In

the fall of 2007, there was an alarming number of deaths at the Marion VA hospital, causing a thorough investigation to be initiated in Washington. At the end of the investigation, they found that nine veterans who had gone into this hospital for surgery had died under what were considered extraordinary circumstances. The investigation went deeper. As it went deeper, they found clear evidence of malpractice on the part of doctors at this veterans hospital and mismanagement by those who brought these doctors to the hospital and by those responsible for supervising them in their activities.

As a result of that startling and shameful disclosure in the treatment of the veterans, the surgical unit was basically closed—at least inpatient surgery and many other medical activities were restricted until the investigation was complete, changes were made, and new personnel were brought in so that veterans receive the kind of protection and care they deserve.

That investigation resulted in several doctors being dismissed. After the most cursory examination, we found that doctors had been brought to this hospital—at least a particular doctor who had been the subject of malpractice complaints in another State had not been thoroughly reviewed in terms of his background before he was brought into this veterans hospital, and he, in fact, was performing surgeries at this hospital beyond his competency and beyond his authority. That was a fact.

We started this thorough review with new people at the Marion VA Center.

I might say to the Presiding Officer and those following this debate, southern Illinois is a long way from Chicago. It is 400-plus miles away from Chicago. It is an area I know well. It is where my family roots are. It is an area once represented in Congress by Paul Simon, when he was a Member of the House, and then, of course, he later served in the Senate. Paul Simon used to say southern Illinois is the land of grits and gospel music. There are parts of southern Illinois that are south of Richmond, VA, in terms of latitude, to give an idea. It is the South.

I say that because I want to let people know, in following this particular development, that for many of the people who live in southern Illinois, in small towns in southern Illinois, in northern Kentucky, and in eastern Missouri, the Marion VA Medical Center is critically important. It is a long drive from where they live to St. Louis or to Indianapolis or some other place. They count on the Marion VA hospital. We told these veterans they could count on it, that it would be there to help them when they needed it. So this scandal which came out 2 years ago caught everyone's attention and focused all of us on solving this problem as quickly as possible.

We responded in the Senate. I had a colleague in the Senate then, a fellow Senator by the name of Barack Obama.

He and I introduced a bill that went after the systemic weaknesses at the VA medical center structure that allowed these deaths to occur. Our bill imposed an accountable quality management system on VA medical centers, on regional networks that monitor and manage the medical centers, and the VA health care system as a whole. We proposed designating a person at each level who would be directly responsible for quality management and only quality management of health care for veterans. The Veterans' Affairs Committee, under the leadership of Chairman AKAKA of Hawaii and Senator RICHARD BURR, a Republican, approved the legislation last Congress and reported it out of committee and to the full Senate, where it died on the floor.

Yesterday, I was shocked to learn that a new inspector general's investigation of the Marion VA Center in August of this year by a medical doctor and his team found that problems identified 2 years ago have not been addressed at the Marion VA Medical Center. Despite this national scandal and the concern we all had about the treatment of veterans, many of the concerns and many of the issues that led to the deaths of these innocent veterans have still gone unheeded. In 2 years' time, the medical center responsible for treating veterans living in southern Illinois has not been able to meet the required standards in facilities safety, patient safety, peer review treatments, and, yes, limiting surgeries to those surgeons who are only approved and licensed to perform them. These continued failures are shocking and inexcusable.

I and my staff and my colleagues in the House have pressed the VA and the medical center itself repeatedly about bringing this center up to the highest standards. We have visited the facility, convened meetings with employees, administrators, and written letters. We have done all we can think of to make sure our veterans have access to the highest levels of medical care in Marion, IL. We have been told time and time again that Marion's quality of care is being closely monitored and all appropriate steps are being taken to rectify the problem. I don't know what went wrong here, but I know now that these efforts have failed.

The inspector general's report of this August is an indictment of all of the efforts undertaken by the previous administration and this administration to remedy the problem. I am deeply disappointed that yet another report identifies entrenched and serious problems at Marion.

In the report finally released yesterday, the inspector general details appalling failures of quality management and patient safety standards. I have read the report. Some failures they found are the same ones they found 2 years ago: physicians performing procedures without required privileges and authority; review of treatment records