

have actually only started the amendment process 2 weeks ago—just 2 weeks ago on the amendment process.

We have had 21 amendments and motions—less than 2 a day.

So let's look at how the Senate has dealt with previous legislation, arguably of lesser consequence than this one.

No Child Left Behind in 2001: 21 session days over 7 weeks, 44 rollcall votes, 157 amendments offered.

The 9/11 Commission/Homeland Security Act in 2002: 19 session days over 7 weeks, 20 rollcall votes, 30 amendments offered.

The Energy bill in 2002: 21 session days over 8 weeks, 36 rollcall votes, 158 amendments offered.

Now, Madam President, this is not an energy bill. This is an attempt by the majority to take over one-sixth of the U.S. economy—to vastly expand the reach and role of government into the health care decisions of every single American—and they want it to be done after one substantive amendment—one large, substantive amendment. This is absolutely inexcusable.

I think Senator SNOWE put it best on Tuesday. This is what she had to say Tuesday of this week. “Given the enormity and complexity,” Senator SNOWE said, “I don't see anything magical about the Christmas deadline if this bill is going to become law in 2014.”

And I think Senator SNOWE's comments on a lack of bipartisanship at the outset of this debate are also right on point. Here is what Senator SNOWE said in November of this year—late November:

I am truly disappointed we are commencing our historic debate on one of the most significant and pressing domestic issues of our time with a process that has forestalled our ability to arrive at broader agreement on some of the most crucial elements of health care reform. The bottom line is, the most consequential health care legislation in the history of our country and the reordering of \$33 trillion in health care spending over the coming decade shouldn't be determined by one vote-margin strategies—surely—

Surely—
we can and must do better.

Well, Senator SNOWE is entirely correct.

The only conceivable justification for rushing this bill is the overwhelming—overwhelming—opposition of the American people. Democrats know the longer Americans see this bill, the less they like it.

Here is the latest from Pew; it came out just yesterday. A majority—58 percent—of those who have heard a lot about the bill oppose it, while only 32 percent favor it.

There is no justification for this blind rush, except a political one, and that is not good enough for the American people, and that is not justification for forcing the Senate to vote on a bill that none of us have seen.

Americans already oppose the bill. The process is just as bad. It is completely reckless and completely irresponsible.

Madam President, I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2010

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the House message with respect to H.R. 3326, which the clerk will report.

The legislative clerk read as follows:

House message to accompany H.R. 3326, a bill making appropriations for the Department of Defense for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Reid motion to concur in the amendment of the House to the amendment of the Senate to the bill.

Reid motion to concur in the amendment of the House to the amendment of the Senate with amendment No. 3248 (to the House amendment to the Senate amendment), to change the enactment date.

Reid motion to refer the amendment of the House to the Committee on Appropriations, with instructions, Reid amendment No. 3249, to provide for a study.

Reid amendment No. 3252 (to Reid amendment No. 3248), to change the enactment date.

Reid amendment No. 3250 (to amendment No. 3249), of a perfecting nature.

Reid amendment No. 3251 (to amendment No. 3250), of a perfecting nature.

The ACTING PRESIDENT pro tempore. Under the previous order, Senators are permitted to speak for up to 10 minutes each, with the first hour equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the second half.

The Senator from Arizona is recognized.

Mr. McCAIN. Madam President, I ask unanimous consent that the Senator from Tennessee lead a colloquy including the Senator from Oklahoma, the Senator from Wyoming, myself, and the Senator from Kentucky.

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

Mr. ALEXANDER. Madam President, I thank the Senator from Arizona.

I was thinking as I listened to the Republican leader, I wonder if the Senator noticed the comments of the Governor of California on Monday. Governor Schwarzenegger said on “Good Morning America” that he supports the idea of overhauling health care, but: “the last thing we need,” said Governor Schwarzenegger, “is another \$3 billion in spending when we already have a \$20 million deficit.”

He was referring to one of the unintended consequences of this bill, which is big State costs for Medicaid being shifted to the States—unfunded mandates.

So here is Governor Schwarzenegger's advice, following up on the comments of the leader: “So I would say be very careful to the Federal Government.”

This is from the Governor of California:

Before you go to bed with all this, let's rethink it. There is no rush from one second to the next. Let's take another week or two. Let's come up with the right package.

I wonder if the Senator saw it.

Mr. McCAIN. I thank the Senator from Tennessee who also understands this issue as well as or better than anyone, having been a Governor and recognizing the problems the Governors face.

If I could step back a second, Governor Schwarzenegger is a very astute observer of the political scene in California. May I point out to my colleagues, in this morning's Wall Street Journal: “Democrats' Blues Grow Deeper in New Poll,” and then: “Support for Health Overhaul Wanes.”

There is some remarkable information concerning the mood and views of the American people, following on a Washington Post ABC News poll out yesterday that says 51 percent of Americans say they oppose the proposed changes to the system; 44 percent approve.

Thanks to the efforts of so many people, including our leadership, we have turned American public opinion because we have been informing them of the consequences of passage of this legislation.

Let me quote from the Wall Street Journal article:

More Americans now believe it is better to keep the current health system than to pass President Barack Obama's plan, according to a new Wall Street Journal-NBC News poll. Findings mark a shift from the fall when the overhaul enjoyed the edge over the status quo. According to the poll, 44 percent of Americans said it is better to pass no plan at all compared with 41 percent who said it is better to pass the plan.

What they are saying is: Don't do this government takeover; don't increase taxes; don't increase spending; don't increase the costs. It is a remarkable shift, thanks to informing the American people.

Could I mention a couple of other points made in this poll in the Wall Street Journal. In September, 45 percent of Americans said they wanted the plan passed; 39 percent wanted to “keep the current system.” In December, in polling out today, only 41 percent of the American people want it passed, and 44 percent say keep the current system.

Then, of course, we have another interesting statistic:

Trust that the government will do what is right: 21 percent say always or most of the time; 46 percent say only some of the time; and 32 percent of the American people say almost never.

Of course, the anger and disapproval of this health care plan right now is the centerpiece of Americans' dissatisfaction of the way we do business.

Let me say finally, because my colleagues wish to speak, we don't have a bill. We don't have a bill. Here we have been debating all this time and we do not have legislation. This was one of the bills we were presented with, but we know that significant changes are being made behind closed doors. We don't have a CBO estimate of the cost, do we? We understand they keep sending estimates over to CBO and it comes back and so they send them back, which probably is why last week the Senator from Illinois, the No. 2 ranking Democrat, said to me, I don't know what is in the bill either. I have the exact quote:

I would say to the Senator from Arizona that I am in the dark almost as much as he is, and I am in the leadership.

That is an interesting commentary.

Of course, the issue of the protection of the rights of the unborn is still unclear. That is a big issue for a lot of Americans. It is a big issue with me, and I know it is a big issue with my colleagues.

So here we are back, off of the bill itself, and apparently we are going to have some kind of vote on Christmas Eve or something such as that.

What the American people are saying now is, when they say keep the status quo, they are saying: Stop. Go back to the beginning. Sit down on a bipartisan basis and let's get this done, but let's get it done right.

Americans know that Medicare is going broke. Americans know that costs are rising too quickly, but Americans want us to do this right and not in a partisan fashion and not with a bill that costs too much, taxes too much, and deprives people of their benefits.

Mr. ALEXANDER. Madam President, I thank the Senator from Arizona for his comments. We have two physicians in the Senate, Dr. COBURN from Oklahoma and Dr. BARRASSO from Wyoming. I wonder if they would bear with me for a minute or two to reflect on something the majority leader said—minority leader said—I hope he is the majority leader before too long—and the Senator from Arizona.

The minority leader, the Republican leader, talked about a historic mistake. There has been a lot of talk around here about making history on health care. The problem is there are many different kinds of history, as the Republican leader has pointed out. It seems our friends on the other side are absolutely determined to pursue a political kamikaze mission toward a historic mistake which will be disastrous for them in the elections of 2010, but much more important, for the country.

I did a little research on historic mistakes. We have made them before in the United States. Maybe we would be wise to take Governor Schwarzenegger's advice and slow down and stop and learn from our history rather than try to top our previous historic mistakes, such as the Smoot-Hawley tariff. That sounded pretty good at the time in 1930 when the idea was to buy

American, but most historians agree it was a mistake and it contributed to the Depression.

There was the Alien and Sedition Act of 1798. It sounded good at the time. We were going to keep the foreigners in our midst—they were mostly French then—from saying bad things about the government, but it offended all of our traditions about free speech.

In 1969 Congress enacted the “millionaires’ tax,” they called it, to try to catch 155 Americans who weren’t paying any tax. That turned out to be a historic mistake, because last year it caught 28 million American taxpayers until we had to rush to change it.

Just a couple more. There was the Catastrophic Coverage Act of 1988. That was well named, but it turned out to be a catastrophe, a congressional catastrophe. The idea was to help seniors deal with illness-related financial losses, but seniors didn’t like paying for it. They surrounded the chairman of the Ways and Means Committee in Chicago and now the leader of that group is a Member of Congress.

Then there was a luxury tax on boats over \$100,000, another historic mistake, because it raised about half the taxes it was supposed to and it nearly sank the boating industry and it put 7,600 people out of jobs.

I ask my friends from Oklahoma and Wyoming—it is going to be a lot harder for Congress, if they try to fix the health care system all at once, to come back and repeal it than it was to repeal a boat tax. Do my colleagues think we ought to take the time to avoid another historic mistake?

Mr. COBURN. Well, I would answer my colleague from Tennessee. As a practicing physician, what I see as the historic mistake is we are going to allow the Federal Government to decide what care you are going to get. We are going to compromise the loyalty of your physician so that no longer is he or she going to be a 100-percent advocate for you, he or she is going to be an advocate for the government and what the government says. Because in this bill—even the one that is going to come—there are three different programs that put government bureaucracy in charge of what you can and cannot have. It doesn’t consider your personal health, your past history, or your family history; they are going to say here is what you can and cannot do. That is called rationing. That is in the bill. That is coming. That is a historic mistake because it ruins the best health care system in the world in the name of trying to fix a smaller problem in terms of access, and it ignores the real problem.

The real problem is health care in this country costs too much. We all know this bill doesn’t drive down costs, it increases costs. So your premiums go up, your costs go up, your care is going to go down because the government is going to tell you what you have to have.

I think that is a historic mistake and we have not addressed that. I wonder

what my colleague from Wyoming thinks.

Mr. BARRASSO. Madam President, I agree completely. As a practicing physician taking care of people in Wyoming for 25 years, I have great concerns about this bill, what we know for sure is in it, which is \$500 billion of cuts in Medicare to our patients who depend on Medicare, and that is a system that we know is going broke. That is why there is a front-page story in one of the Wyoming papers: “Doctors Shortage Will Worsen.” It is going to be harder on rural communities and others around the country if this goes through, and we know that because the folks who have looked at the parts of the bill we have seen have said that one-fifth of the hospitals in this country will be—if they are able to keep their doors open—operating at a significant loss 10 years from now. That is not the best future for health care in our country.

I had a telephone townhall meeting. People from all around the State of Wyoming were calling in and asking me questions, and they asked: What is in the bill? What is coming to the Senate?

We don’t know yet. We haven’t seen it.

They said: Well, when you find out, come home and let’s have some more townhall meetings so we can have some input.

That is what we ought to do as a Senate. We ought to know what is in the bill and then let us go home and share it with our friends so they know. Because right now what the American people have seen of this bill, the 2,000-page bill, they rightly believe this will increase the cost of their own personal care.

Mr. COBURN. Madam President, if my colleague would yield, yesterday I asked the chairman of the Finance Committee to agree to a unanimous consent request that, in fact, for at least 72 hours the American people would get to see this bill; the Members of the Senate would get to see this bill; that there be a complete CBO score so we can have an understanding. He denied that request.

That comes back to transparency. The American people expect us to know exactly what we are voting on. They expect us to have read what we are voting on. His explanation was: I can’t guarantee that. It presumes a certain level of perception on my part, an understanding of delving into the minds of the Senators that they could actually understand. What does understand mean? That is the kind of gibberish the American people absolutely don’t want. They want us to know what we are voting on when we get ready to vote on this bill.

Mr. McCAIN. Madam President, isn’t that a violation of the commitment that was made that for 72 hours any legislation would be online, not just for us to see but for all Americans to see?

Could I ask the Senator from Kentucky, the Republican leader: Is it not

the perception now that this bill is probably going to be pushed through? Through various parliamentary procedures, the majority will try to force a final vote on this legislation, no matter what, before we leave? Isn't that in contradiction to what the majority of the American people are saying, that they want us to do nothing? Is this a responsible way to govern, to have the Senate in round the clock, 24 hours, people on the floor, quorum calls and all this kind of stuff; and there would also be no amendments allowed at that time for us to at least address some of the issues of this bill that begins cutting Medicare by \$500 billion, increases taxes by \$500 billion on January 1, and in 4 years begins spending \$2.5 trillion? Is this a process the American people are reacting to in a negative fashion, obviously, by polling data?

By the way, I ask unanimous consent that the Wall Street Journal article entitled "Democrats' Blues Grow Deeper in New Poll" and "Support for Health Overhaul Wanes" be printed in the RECORD.

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

[From the Wall Street Journal, Dec. 17, 2009]

DEMOCRATS' BLUES GROW DEEPER IN NEW POLL

(By Peter Wallsten)

WASHINGTON.—Less than a year after Inauguration Day, support for the Democratic Party continues to slump, amid a difficult economy and a wave of public discontent, according to a new Wall Street Journal/NBC News poll.

The findings underscored how dramatically the political landscape has changed during the Obama administration's first year. In January, despite the recession and financial crisis, voters expressed optimism about the future, the new president enjoyed soaring approval ratings, and congressional leaders promised to swiftly pass his ambitious agenda.

In December's survey, for the first time, less than half of Americans approved of the job President Barack Obama was doing, marking a steeper first-year fall for this president than his recent predecessors.

Also for the first time this year, the electorate was split when asked which party it wanted to see in charge after the 2010 elections. For months, a clear plurality favored Democratic control.

The survey suggests that public discontent with Mr. Obama and his party is being driven by an unusually grim view of the country's status and future prospects.

A majority of Americans believe the U.S. is in decline. And a plurality now say the U.S. will be surpassed by China in 20 years as the top power.

Democrats' problems seem in part linked to their ambitious health-care plan, billed as the signature achievement of Mr. Obama's first year. Now, for the first time, more people said they would prefer Congress did nothing on health care than who wanted to see the overhaul enacted.

"For Democrats, the red flags are flying at full mast," said Democratic pollster Peter Hart, who conducted the survey with Republican pollster Bill McInturff. "What we don't know for certain is: Have we reached a bottoming-out point?"

The biggest worry for Democrats is that the findings could set the stage for gains by

Republican candidates in next year's elections. Support from independents for the president and his party continues to dwindle. In addition, voters intending to back Republicans expressed far more interest in the 2010 races than those planning to vote for Democrats, illustrating how disappointment on the left over attempts by party leaders to compromise on health care and other issues is damping enthusiasm among core party voters.

But public displeasure with Democrats wasn't translating directly into warmth for Republicans. Twenty-eight percent of voters expressed positive feelings about the GOP—a number that has remained constant through the Democrats' decline over the summer and fall. Only 5% said their feelings toward the Republicans were "very positive."

And in one arena, Afghanistan, Mr. Obama appeared to have some success in winning support for his planned troop surge. Liberals remain largely opposed to the strategy, but in fewer numbers compared with before Mr. Obama made his case in a speech at West Point. Overall, by 44% to 41%, a plurality believe his strategy is the right approach.

Still, the survey paints a decidedly gloomy picture for Democrats, who appear to be bearing the brunt of public unease as unemployment has risen from 7.6% to 10% since Mr. Obama took office. Just 35% of voters said they felt positively about the Democratic Party, a 14-point slide since February. Ten percent felt "very positive."

"Overall, it's just a depressing time right now," said Mike Ashmore, 23 years old, of Lansdale, Pa., an independent who supported Mr. Obama last year but now complained about the president's lack of action on jobs.

Julie Edwards, 52, an aircraft technician for Boeing Co. in Mesa, Ariz., said she voted Democratic in the past two elections but wasn't sure how she would vote next time. She wondered why Wall Street firms were bailed out when average Americans needed help. "We can bail out Wall Street, but everybody else has to suffer in spades for it," she said.

Democratic leaders, while bracing for losses next year, have argued that unlike the 1994 elections, in which Republicans gained 54 seats and took the House majority, Democrats would survive 2010 in part because they are taking steps to avoid that possibility. Republicans must gain 41 seats to take control.

House Speaker Nancy Pelosi said Wednesday that Democrats "fully intend to be in the majority" after November 2010, and she was now shifting to "campaign mode" to help candidates. Party officials are leaning on a number of longtime colleagues to fight for their seats rather than retire.

The Journal/NBC survey found Ms. Pelosi's presence on the campaign trail could do more harm than good. Fifty-two percent said they would be less likely to vote for a candidate who agreed with the speaker almost all the time, compared with 42% who felt that way about candidates siding with Republican leaders.

For Mr. Obama, who has relied on his personal popularity to retain the clout he needs to enact his legislative agenda, the survey pointed to troubling signs.

A majority for the first time disapproved of his handling of the economy. And the public's personal affection for the president, a consistent strong suit, has begun to fray. Fifty percent now feel positive about him, six points lower than in October and an 18-point drop since his early weeks in office.

Democrats' troubles can be attributed in part to changing feelings among some core supporters. A third of voters 34 and under, a group that turned out heavily for Democrats last year, feel negative toward the Demo-

cratic Party. And just 38% of Hispanics feel positive, down sharply from 60% in February.

The survey, which was conducted Dec. 11–14, has a margin of error of 3.1 percentage points.

[From the Wall Street Journal, Dec. 17, 2009]

SUPPORT FOR HEALTH OVERHAUL WANES

(By Janet Adamy)

The public is turning against an overhaul of the health-care system, complicating Democrats' effort to pass a sweeping bill in the Senate.

More Americans now believe it is better to keep the current health system than to pass President Barack Obama's plan, according to a new Wall Street Journal/NBC News poll. The findings mark a shift from the fall, when the overhaul enjoyed a slight edge over the status quo. They could make it more difficult to get wavering lawmakers on board as the Senate prepares to vote on the measure as soon as next week. Some Democrats expect support will rebound if they can pass a bill quickly and start selling it.

According to the poll, 44% of Americans said it is better to pass no plan at all, compared with 41% of Americans who said it's better to pass the plan. In early October, 45% of respondents preferred passing a bill, while 39% preferred passing no bill. Uninsured people were among those who have grown less supportive of the plan.

In seeking support for his top domestic priority, Mr. Obama has said the status quo wasn't acceptable because insurance premiums were rising sharply and government insurance programs were headed toward insolvency. Republicans have argued that many Americans could be worse off, particularly the elderly, because the legislation contained hundreds of billions of dollars in cuts to health-care providers through Medicare. The legislation would extend health-insurance coverage to at least 30 million more Americans by widening the Medicaid federal-state insurance program for the poor and providing subsidies to lower earners to help them buy coverage.

The idea of creating a government-run health-insurance option still enjoys considerable support. Democrats dropped the idea from the Senate version of the health bill. When asked what they thought of removing the public option, 45% of respondents said that wasn't acceptable, while 42% called it acceptable.

Respondents also favored letting people buy into Medicare starting at age 55, another idea Democrats abandoned to win the support of centrists needed to pass the bill in the Senate.

Democrats "clearly have irritated their own base in a way that has dropped their enthusiasm for their own plan," said Bill McInturff, a Republican pollster who conducted the Wall Street Journal/NBC News poll with Democratic pollster Peter Hart.

In September, 81% of liberal Democrats thought the health plan was a good idea, and 6% thought it was a bad idea. In the most recent survey, 66% of liberal Democrats called it a good idea, while 13% called it a bad idea. House Speaker Nancy Pelosi suggested the decline in support for the health legislation was due to "mischaracterization" by opponents. She predicted views would turn around when the House and Senate coalesced around a single bill and the president began selling it to the public. "It's very hard to merchandise health care until you have a bill," she said.

Mr. MCCONNELL. Madam President, I say to my friend from Arizona, with reference to the issue of the process, it

has been a bit of a charade—in fact, a whole charade. We have been out here for 2 weeks on the amendment process. We have had 21 votes, many of them have been side-by-sides, in order to cover the majority against the potential downside of voting to cut Medicare and voting to raise taxes.

But there is no serious effort to engage in any kind of genuine amendment process, such as the Senator from Arizona and I have been involved in here for quite a while. Then the bill, which we are actually only allowed to have about two votes a day on, is not the real bill. The real bill—we know the core of it, but there are a lot of things around the edges being slipped in and slipped out, and they want to jam the public before Christmas, as the Senator from Arizona indicated.

How arrogant is that? They think: We know better than you, we know better than the Republicans, and we know better than the public. Why don't all of you—the Republicans and the public—sit down and shut up and leave it to us and we will take care of it before Christmas.

Mr. ALEXANDER. I say to the Republican leader and the Senator from Kentucky, I believe there is another bit of history being made. This process is historic in its arrogance. This isn't very hard to understand. The proposal is to take 17 percent of our economy, affecting 300 million Americans, and nothing could be more personal, as the Republican leader has said, than our health care.

But now we don't have the bill. We do not have the bill. It is being written in secret in another room. If there is any part of this debate that went through to every single household in America, I believe it was when the Finance Committee voted down a motion—the Democrats voted down a motion that the bill should be on the Web for 72 hours so that the American people could see the text, know what it costs, and know how it affects them.

Eight Democratic Senators wrote the Democratic leader and said they want to insist that they know what the text is, and that they have the official score from the Congressional Budget Office, and that they have it for 72 hours before we move to vote.

We don't have the bill. We don't have the official score from the CBO. Seventy-two hours is three more days, and even though eight Democratic Senators and all the Republican Senators said we want to know what it costs, know what it is, and how it affects us, they want to run it through before Christmas.

Mr. McCAIN. May I mention to my colleague that maybe the reason why they don't want it to be online for 72 hours is because when they examined what we have—on page 324 in this bill is an \$8 billion tax on individuals who have nongovernment approved plans. On page 348 is a \$28 billion tax on businesses that cannot afford to offer insurance to their employees. On page

1979: Raises an almost \$150 billion tax on many middle-class workers using so-called Cadillac health insurance plans. Page 1997: Will cost families and individuals an additional \$5 billion by prohibiting the use of savings set aside for health care expenses through health savings accounts. Page 2010: Will make the cost of lifesaving medicine more expensive by taxing pharmaceutical research firms an additional \$22 billion. The list goes on and on, including on page 2040: Increasing Medicare payroll taxes by \$53.8 billion.

That may be a reason why it is going to be difficult for them to win passage of this after 72 hours of examining this bill.

Mr. McCONNELL. It makes this bill, in addition to all of the other problems, a job killer. With unemployment at 10 percent, there is a big tax increase on a variety of different Americans, as Senator MCCAIN pointed out, in addition to all of its other problems—substantive problems, process problems. It is a job killer in the middle of a very difficult recession.

Mr. COBURN. I say to my colleagues that one of the things President Obama said he wanted to have was transparency. There has been no transparency in the process. That is why at least if there is not going to be transparency in the process, we ought to at least have it transparent to the American people for 72 hours. This is a quote from the chairman of the Finance Committee:

I think it is impossible to certify that any Senator will fully understand.

We are going to have a 2,000-plus page bill, and the chairman of the Finance Committee says he thinks it is going to be impossible to certify that any Senator will fully understand this bill. That is the best reason I know not to pass this bill, because if we don't understand it, you can bet the American people aren't going to understand it.

Mr. McCAIN. When more Americans begin to understand it, they don't want it. That is thanks to the efforts made all over this country to educate the American people about what the impact of the bill will be.

Mr. BARRASSO. Following along what the Senators are saying, that is why the support of the American people for the bill is at an all-time low. It is at the lowest level of support ever. According to this NBC poll, fewer than one out of three Americans support this bill. They don't know all that is in it, but they don't like what they see so far, because they believe, in overwhelming numbers, that the cost of their own care will go up, that this will add to the deficit, it will hurt the economy, and their health care would actually be better if we pass nothing.

So why would the American people support a bill that is going to cost them more personally and when their health care will get worse? That is not the value the American people have ever wanted.

That is what I hear from patients at home, and it is what I hear on tele-

phone town meetings. That is what we are hearing in all of our States. This is what the American people continue to say: Do not pass this bill.

As our leader said, we do need health care reform, and Dr. COBURN certainly knows that. But it is not this reform that we need.

Mr. ALEXANDER. We come to the floor every day and point out the problems with the bill. We don't have a bill now, we can't read it, and we don't know how much it costs or how much it affects the American people. It raises taxes and premiums. It will increase the debt, because it doesn't include things such as the physicians Medicare reimbursement. It cuts Medicare by \$1 trillion over 10 years once it is fully implemented.

We point out what we think should be done. My colleagues have talked about it many times. Instead of wheeling in another 2,000-page bill, we should focus on the goal of reducing costs, and we should take several steps toward doing that. The Senator from Arizona talks about one of those things, which is reducing the number of junk lawsuits against doctors. I don't think that is in the bill, unless it is secretly being added in the back room today.

Mr. MCCAIN. Well, I don't think that is being added today. Again, I also point out that Americans are now against passage of this legislation. But in that polling data, it is very interesting, also, the majority of seniors, by much larger numbers—the actual beneficiaries of Medicare—are turning against it, and the intensity of Americans against it—which is harder to gauge in a poll—is incredible.

If the responses that our efforts are getting are anything close to indicative of the mood of the American people, and the intensity of it, it is probably as great as I have ever seen in the years that I have had the privilege of serving in the Congress of the United States.

This polling data says more Americans now believe it is better to keep the current health system than to pass President Obama's plan. That is a message being sent, and the intensity is higher than any I have ever observed in my years of service. I thank them for that.

There is a chance that we can stop this, and we start in January. We would be willing to come back and sit down and negotiate, with the C-SPAN cameras on—as the President said or committed he would do as a candidate. We would sit down together here, at the White House, or anywhere, and we can fix this system that we all know needs fixing.

As the Senator from Oklahoma said, it is the cost that has to be addressed, not the quality.

Mr. COBURN. I want to bring up an example. We are going to see this time and time again if the bill goes through. We had the U.S. Preventive Health Task Force put out a recommendation on breast cancer screening through

mammography on the basis of cost. They said it is not cost effective to screen women under 50 with mammograms, because you have to screen 1,900 before you find 1 breast cancer. On cost, they are right; but over 50, you have to screen 1,470.

So what we had was a decision made on cost, not on quality, not on patients, but based on cost. We fixed that as part of an amendment to this bill. We actually fixed that. There are three different agencies within this bill that are going to do the same thing. Every time they make a ruling based on cost, not on clinical outcomes and what is best for patients, are we going to fix it? No. We are transferring the care of the American patient to three bureaucracies within the Federal Government, and they are going to decide what you have to do. If you think about it, this week the wife of a Member of this body was diagnosed with breast cancer. She was diagnosed through a mammogram. Under that task force's recommendation, she would not have gotten that mammogram.

Mr. McCAIN. I ask the Senator from Oklahoma, would that aspect of this bill come to light if it hadn't been for the recommendation that was made by another similarly acting policymaking body? In other words, that is what triggered the investigation of what was in this bill, which would have had exactly the same effect. So if we hadn't had that information of a recommendation by another government policymaking bureaucracy, we would not have known about this until the bill would have taken effect.

Mr. COBURN. So there is no transparency. What we do know is that we are going to have three organizations, the Medicare Advisory Commission, the Cost Comparative Effectiveness Panel, and the U.S. Preventive Health Task Force that will tell everybody in America what they are going to receive.

Mr. McCAIN. This example wouldn't have been known if it hadn't been for the actions of the bureaucracy. Doesn't that bring into question what else is buried in this 2,000-page piece of legislation?

Mr. COBURN. What are the unintended consequences of this that they don't know? What we do know is there are 70 new Government programs that will require over 20,000 new Federal employees, and there are 1,690 different times when the Secretary of HHS will write rules and regulations about your health care in America—the Secretary, not your doctor; your doctor isn't going to write the regulations. The Secretary of HHS is going to write the rules.

Mr. McCAIN. Let me point out again that we don't know what the CBO estimate is, because we know the majority leader keeps bouncing proposals back and forth to CBO. That is why we haven't had CBO information now for many days. But there is the Commission for Medicare and Medicaid, which

clearly points out that this legislation would increase taxes dramatically, increase costs dramatically, decrease care, and it would have the effect of forcing people not only out of the system, but even if they are in the Medicare system, they would not have physicians to provide the care, because more and more physicians would fail to treat Medicare patients.

Mr. COBURN. So we go back to the 72 hours. We are going to get a new bill, but we will not have the opportunity to amend it. We are not going to be able to read it and study it, nor are the American people. What do you think the outcome of that will be?

Mr. McCAIN. I think we know what the outcome will be. We will either be able to reflect the feelings and intense feelings of the majority of the American people about this legislation and say let's go back to square one and all commit to a bipartisan approach to this issue or we will see jammed through on Christmas Eve legislation that will have the most far-reaching effects and devastating effects, I think, not only on our ability to provide much-needed medical care to all of our citizens, but also an impact that would be devastating on the debt and deficit, upon which we have laid an unconscionable burden already.

We have two choices—to go back to the beginning and enact many reforms we can agree on—and there are many we could agree on immediately on a bipartisan basis; as the Senator from Tennessee pointed out, there has never been a fundamental reform made in modern history that was not bipartisan—or we are going to see jammed through, over the objections of a majority of Americans, legislation that they have never seen, read, or understand.

That is the choice we have. That is what it is boiling down to. I think that, frankly, the American people should be heard, not a majority over on the other side.

Mr. BARRASSO. The American people are saying: Don't cut my Medicare, don't raise my taxes, don't make things worse than they are right now, and this bill cuts Medicare, raises taxes, and for people depending on a health care system in this country this makes things worse.

Mr. McCAIN. By the way, could I mention, if you live long enough, all things can happen. I now find myself in complete agreement with Dr. Howard Dean, who says we should stop this bill in its tracks; we should go back to the beginning and have an overall bipartisan agreement. Dr. Dean, I am with you.

The PRESIDING OFFICER (Mr. BENNET). The Senator's time has expired.

The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I ask unanimous consent that I may speak up to 20 minutes.

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

Mr. SPECTER. Mr. President, I have sought recognition to comment about

the Patient Protection and Affordable Care Act. It has been an extraordinary legislative process with a good bit of the calendar year 2009 taken up with very intensive work to try to pass health care reform. At the moment, there is still some doubt as to what will happen with the bill. The Congressional Budget Office has not yet submitted a report on the so-called managers' package.

There are still some concerns being expressed by some Senators. I can understand the frustration that some have had as we have moved away from a public option. I have been an advocate of a robust public option and think it ought to be part of the legislation.

The public option is what it says. It is an option. There have been efforts made to demagog the issue by saying it is a takeover by the Federal Government. It is not. The private insurance industry remains in the field, and this is one option.

As President Obama has put it, it is an option to try to keep the private insurance companies honest. We have seen, in the past several months, very large increases in premiums for small business. The reports have been that those increases in premiums have come from Wall Street pressure on the insurance companies to try to increase their profits before there is legislation. The public option would be a forceful factor dealing there.

When the objections were raised to the public option and in an effort to find 60 votes—it is difficult when you have no help at all from the Republican side of the aisle, illustrated by the performance just put on with their prepared colloquy—it is not easy to find everyone in agreement. Then there was an effort to move to expand Medicare. I think that is a fallback position that would have been very helpful.

There are some who are contending that people who are disappointed with the lack of a public option and disappointed from the retreat of expanding Medicare say we ought to start over and begin again. I can understand that frustration.

My own view, after thinking it through very carefully, is we ought to proceed and do as much as we can this year, realizing that some of the tough legislative achievements take a period of time to accomplish. But the Civil Rights Act of 1957 was necessary, although it did not go as far as people would have liked then, to get the Civil Rights Act of 1964. Again, it did not go as far as people would have liked, but we did find the Voting Rights Act of 1965. We have to find times when we have to build incrementally on these matters.

I have been in the Senate following the elections of 1980, and I have seen matters take a very substantial period of time. While it is not on the subject, we were trying to provide more than 100,000 jobs in Pennsylvania by deepening the channel. The authorization

came in 1983. It took until 1992 to get the Corps of Engineers to agree on funding. Now it has \$77 million. We are still in court, but it is going to move forward. I do not expect health care legislation to take that kind of a long term, but it is a matter which does take some time.

It is my hope we will yet improve this bill. It is my hope that when the bill goes to conference, we will find a way, perhaps, even to bring back the public option in a refined sense. The public option is in the House bill.

One Republican Senator has stated opposition on the ground that there has not been time enough to review the bill. It is complicated. I think there has been time enough to review the bill. But I respect the view of the Senator on the other side of the aisle. When the bill goes to conference, that Senator will have an opportunity to review the bill further. That Senator has shown some inclination to support the bill, having voted it out of the Finance Committee.

Another Republican Senator has commented that the bill has been very greatly improved, not sufficiently for the taste of that Senator, but perhaps we will find a way to improve the bill. We still do have a bicameral legislature. We do have the House of Representatives which has the public option.

Comments were made about the fall of the expansion of Medicare on the ground it was considered in too brief a period of time, not enough time to digest it, not enough time to think through. We will have, in the month of January, some time to consider that further, and in conference we may well find we are able to improve the bill. We cannot get to conference unless we pass the bill out of the Senate.

I was asked yesterday how will I respond to my constituents if we have the bill which has had so much taken from it. I said: A more relevant question or an equally relevant question is how will I respond to my 12 million constituents in Pennsylvania if we go home with nothing. If we have 80 percent accomplished, then that is a starting achievement.

It may well be it will take the campaign in 2010. If this Congress will not pass a bill with a robust public option, it could well be a campaign issue.

I believe my colleagues on the other side of the aisle may well be misreading the American people. I believe the American people do want health reform. It does take time for the American people to understand the ramifications of it. But this may well be a campaign issue in 2010. The 112th Congress may have a different view as to how we ought to proceed.

During the month of August, when I was making the rounds of town meetings in Pennsylvania, in accordance with my habit to cover almost every county almost every year, when I got to the first town meeting, the second Tuesday in August, the first week we

were in recess, I found instead of the customary 85 or 100 people, more than 1,000 people and 3 national television sound trucks—CNN, MSNBC, and FOX. There were a lot of vituperative statements. One man approached me apoplectic and said the Lord was going to stand before me. I think he got mixed up. I think he meant to say I was going to stand before the Lord. Senators are reputed to have power but not quite that much power. I think the public tenor is considerably more favorable to health care insurance today than it was then. After the 2010 election, it may be substantially more favorable.

We have to move ahead with building blocks, and we do have a chance to improve the bill in conference.

I point to the provisions of the bill as to what we have. We have very significant insurance reforms. We have eliminating discrimination based on pre-existing conditions. We have new health insurance exchanges. We have an elimination of a cap. We cover many of the uninsured, expanding to some 33 million additional people. We have substantial more small business assistance, preventive care, increased health workforce. We have improvements in the health delivery system. We have fiscal responsibility that this bill will not add to the deficit but will, in fact, reduce the deficit in the first decade by some \$120 billion and in the second decade by some \$650 billion.

We have a provision I have pressed in earlier legislation, S. 914, to provide for transformational medicine.

During my tenure as chairman of the Appropriations Subcommittee on Health and Human Services, I took the lead, with the concurrence of Senator HARKIN, who was then in the minority, to increase NIH funding from \$12 billion to \$30 billion and then in the stimulus package to add \$10 billion more. There has been a gap on what we call transformational medicine, going from the so-called bench in the laboratory to the bedside. While I have not seen the final version of the managers' packet, I am informed that provision will be a part of the bill.

We have very important measures for preventive care, for annual exams, which will cut off many chronic illnesses which are so debilitating and so expensive.

I have pressed an amendment, which is pending, to have mandatory jail sentences for at least 6 months for someone convicted of \$100,000 or more of Medicare or Medicaid fraud. Jail sentences are a real deterrent. The experience I had as Philadelphia's DA showed me that when you have a fine, that is added onto the cost of doing business and is passed on to the consumers.

I ask unanimous consent to have printed in the RECORD a statement of the provisions which I briefly summarized which are very favorable in this bill and a statement of testimony at a Criminal Justice Subcommittee to show the value of deterrence.

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

PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

GENERAL INSURANCE REFORMS

Insurance companies will be barred from discriminating based on pre-existing conditions, health status, and gender.

New health insurance Exchanges will make coverage affordable and accessible for individuals and small businesses.

UNINSURED

With a reported 47 million people without health insurance the status quo is not acceptable. Additionally, there are millions more Americans who are underinsured, with health insurance that is inadequate to cover their needs.

In 2007, 1,206,115 Pennsylvanians under age 65 were uninsured for the entire year, which is 11.3 percent of the under 65 population.

The analysis found that the legislation would extend coverage to 33 million more Americans, bringing the percentage of Americans with health insurance to 93%.

The bill covers 10% more Americans with only a 0.7 percent increase in spending—a change of only 0.1% of GDP in 2019.

SMALL BUSINESS ASSISTANCE

In the current health insurance market small business are at a distinct disadvantage in providing health insurance to their employees. In a recent study it was found that 58 percent of small employers do not offer health insurance, with nearly 50 percent stating that they can't afford it.

The Patient Protection and Affordable Care Act address health insurance problems facing small businesses by providing more health plan choices, fairness in the marketplace and improving affordability with tax credits.

PREVENTATIVE CARE

The Patient Protection and Affordable Care Act will eliminate co-pays and deductibles for recommended preventive care, provide individuals with the information they need to make healthy decisions, improve education on disease prevention and public health, and invest in a national prevention and public health strategy.

INCREASE HEALTH WORKFORCE

Currently, 65 million Americans live in communities where they cannot easily access a primary care provider, and an additional 16,500 practitioners are required to meet their needs. The Patient Protection and Affordable Care Act will address shortages in primary care and other areas of practice by making necessary investments in our nation's health care workforce.

IMPROVEMENTS IN THE HEALTH DELIVERY SYSTEM

The legislation we are considering will establish an Independent Medicare Advisory Board to present Congress with proposals to reduce cost growth and improve quality for Medicare beneficiaries. In years when Medicare costs are projected to be unsustainable, Board proposals will take effect unless an alternative is adopted by Congress. This type of reform is necessary to ensure the financial future of Medicare.

Preventable hospital readmissions diminish quality and efficiency in the health care system. Nearly 20 percent of Medicare patients who are discharged from the hospital are readmitted with 30 days. The Medicare Payment Advisory Commission (MedPAC) estimates that Medicare spent \$12 billion on potentially preventable hospital readmissions in 2005, which would be more than \$15 billion today.

The bill also begins the payment system reform of bundling Medicare provider payments as a lump sum fee—instead of paying a fee for each service—encourages care coordination and streamlining. It removes the incentive to generate additional services for added reimbursement.

FISCAL RESPONSIBILITY

The legislation is fully paid for and reduces the deficit in the next ten years and beyond.

The revenue provisions in the bill focus on paying for reform within the health care system.

THE COST OF INACTION

In 2000, family health insurance purchased through an employer cost \$6,438 and consumed 13 percent of median family income. In 2008, the same family health insurance cost \$12,680, a 97 percent increase over the 2000 cost, consuming approximately 21 percent of median family income. In 2016, the same insurance is projected to cost \$24,291, nearly double the 2008 cost, which will consume 45 percent of projected median family income.

Let's kind of go back to (inaudible). Can you—each one of you, starting with Mr. Perkins, talk about kind of what's the—the impact of criminal prosecutions and prison time versus civil actions and fines.

KEVIN PERKINS, Assistant Director, FBI: Yes, Senator. The—it's really a combination of both. We, obviously, are very successful in the health care fraud side, where we have civil remedies that we utilize each day in our investigations there. But again, I'm a—I'm a very strong proponent of criminal prosecutions that involve serious jail sentences for white-collar criminals. That is a huge deterrent.

I've seen it over the years, and I—I know—I know that, from my own personal experience, going and interviewing individuals who are—who—white-collar criminals who have been—or are doing jail time, going and talking to them on various occasions—it's—it's a huge deterrent. It's—it's something that we have to have, going forward, to make this work.

KAUFMAN: Mr. Khuzami.

ROBERT KHUZAMI, Director, Securities and Exchange Commissions Division of Enforcement: (Inaudible), yes, but there's—there's no deterrent that's a substitute for jail time. I miss the cooperation tools, and I—I miss the sentencing guidelines even more. But there is a very significant role for the civil regulators as well, simply because: Because of the standard of proof of beyond a reasonable doubt and the necessity of convincing 12 jurors of the—of the guilt of someone, the criminal authorities, by definition, cannot and should not capture the whole field of wrongdoing.

And so what you'll often see is criminal authorities focused on the core wrongdoers, and we may cast a wider net—because we have a lower standard of proof—cast a wider net amongst those involved in the wrongdoing as well. And in particular, there's lots of wrongdoing that goes on that doesn't rise to the level of criminal intent, all sorts of activity across regulated broker-dealers and investment advisors and others where, if you can at least make it unprofitable—so that they have to give back the money they wrongfully got, pay a penalty, perhaps suffer time out or lose their license—that, too, has a significant impact.

KAUFMAN: Mr. Breuer.

LANNY BREUER, Assistant Attorney General: Senator, obviously, as Rob (ph) says: A comprehensive approach is essential. Civil remedies are essential. But I've had many years in the private practice, and I've had many years when I represented individuals,

and I can tell you, Senator: In a white-collar case—I've been in the conference room with my clients—there is nothing—there is nothing like an individual—who feels as if he or she has been sort of the center of their community, is well-respected and has had a comfortable life—realizing that they're facing jail time. The terror in their eyes is like nothing else, and there's simply no deterrent like it.

KAUFMAN: You know, I think I know the answer to this, but I think it'd be good to be on the record, and starting with you, Mr. Breuer. Why don't—why haven't we seen more, you know, board room prosecutions?

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

THE PRESIDING OFFICER. The Senator has 7 minutes remaining.

MR. SPECTER. I thank the Chair.

MR. SPECTER. Mr. President, there is another very important aspect, in my opinion, of the Senate enacting legislation on this bill; that is, we were sent to Washington to govern. What we have seen in the recent past has been staggering partisan politics. Partisan politics became a blood sport in Washington, DC. It is a blood sport on the floor of the Senate. It pervades the entire town.

The point from the Republican side of the aisle has been very clear; that is, to make this President Obama's Waterloo, to make this "break President Obama."

I saw the ramifications when we took up the stimulus package earlier this year. There were only three Republicans—Senator SNOWE, Senator COLLINS, and myself—who would even talk to the Democrats. There was a determination to look ahead to the 2012 elections on the Presidency even before the ink was dry on the oath of office taken by President Obama on January 20. This was the second week of February, the week of February 6, as I recall, just a couple weeks, and already the plans were for the next election.

As I reviewed the matter, it seemed to me we were on the brink of going into a 1929 Depression. The 1929 Depression was very hard on the Specter family, living in Wichita, KS, at the time. Both of my parents were immigrants. In the mid-1930s, the family moved from Wichita to Philadelphia to live with my father's sister. That is what happened in the Depression—you moved in with relatives because there were no jobs.

I sided with supporting the stimulus package and played a key role in having that enacted. And the political consequences on a personal level are not something to be discussed on this floor at this time, but the conduct of partisanship on the stimulus package is directly relevant to what we are doing here today, and that is that we are being stonewalled.

I think it is harder for a Republican to stand up on health care reform and join the Democrats today than it was in January and in February when three of us did so. And if I were on the other side of the aisle today, I would be supporting health care reform. I would be supporting, and perhaps, if I were on

the other side of the aisle today, I could bring somebody with me. I don't know. That is entirely speculative.

Without revealing any more of the confidence which went on inside of the Republican caucus, when I talk about a Republican Senator's statement that this should be the Waterloo of President Obama and this should break him, those are matters in the public record. But the pressure over there in the Republican caucus is absolutely intense, and we were sent here to govern.

In the Democratic caucus—and the Presiding Officer, the distinguished Senator from Colorado, was there on Monday evening—when my turn came to speak, I said: I have two sentences. And may the record show a smile on the face of the Presiding Officer. I said: I have two sentences. One sentence is, the bill is a great deal better than the current system, and the second sentence is, we should not let obstructionism prevent us from governing. And that is why I crossed the aisle to make the 60th vote. I was very surprised to see in the public record—been in the newspapers—that everybody stood up and applauded, and I read in one of the Hill newspapers today that you could hear the applause down the corridor. So they knew what was going on. Well, that is the role, it seems to me, of a Senator. We are facing a situation where, if defeated, it will have a significant impact on the tenure of President Obama.

We had a meeting on Tuesday—2 days ago—in the Executive Office Building, and it was a rather remarkable setting. There was a large rectangular table, and in the center on each side—one side was President Obama, the other side was Vice President BIDEN, and almost all of the 60 Senators were present. I think Senator BYRD couldn't be there because of his ailment, but I believe everybody else was present. During the course of that session, the President expressed himself—and this has also been publicized—that if action was not taken now, it would discourage anyone from the foreseeable future—any President—from undertaking health care reform if now, with both Houses and 60 Members of the Democratic Party, you can't get it through the Senate and get it conferred and get it enacted.

Some of those who were most vocal in favor of the public option urged those in the caucus who disagreed to reconsider their position, and I would renew that request that they reconsider their position. The people who would classify themselves as most progressive in the Democratic caucus have swallowed hard and have announced publicly that they would support this bill even though it doesn't have a robust public option, doesn't have the Medicare expansion. And that may shift yet.

It is fair and accurate to say there are more pressing problems confronting the United States today than at any time in our history, and we have

to finish health care next year to move ahead to jobs. We have the issues of global warming and climate control, and we have the problems with the Mideast peace process and the difficulties in Iran and North Korea and Afghanistan. We need a strong President, and we need a Congress which has the courage to act and the tenacity and willingness to confront tough problems. We need to show the American people that it is not all gridlock here, that it is not all desperate, desolate partisan politics.

So my vote will be in favor of the bill. Although I am, frankly, disappointed and I share the frustration expressed by many people who say go back and start again, this is a significant step forward. We have a great chance to improve it in conference, and beyond that there will be another Congress. And with the analogy of civil rights legislation, we can get the public option and get greater public involvement for the benefit of the American people.

I thank the Chair, and I yield the floor.

Mr. President, in the absence of any other Senator seeking recognition, I ask unanimous consent to speak up to 3 minutes on another subject.

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

AMERICANS HELD BY IRAN

Mr. SPECTER. Mr. President, there has been wide publicity given to three young Americans who were taken into custody by Iran and the recent reports that they are going to be tried in an Iranian court. Senator CASEY and I, in the Senate, introduced a resolution urging the Iranians to release those three young Americans—Congresswoman ALLYSON SCHWARTZ, on the House side, did so in the past—and it is my hope Iran will change its view.

I was talking to the Syrian Ambassador yesterday, who advised me that when the five British citizens were taken into custody by Iran, the Government of Great Britain made a request of the Syrian Government to use their good offices to secure the release of the five British citizens. That request was made via Syria, and they were released.

I have written to and contacted the State Department since that meeting yesterday afternoon to find out what is the status of U.S. activity because if we have not asked the Syrians for help, my view is that we should. It would be my hope that with the very difficult problems facing the United States in Iran, that Iran would relinquish the custody of those three young Americans and release them to their family and friends, especially at this time of the year.

I have been an advocate of dialog with Iran for years. I have tried to go to Iran since 1989, when the Iran-Iraq war ended. Senator SHELBY and I got to Iraq and met Saddam Hussein, but as yet we have not had an interparliamentary exchange, which I have sought for a long time with the Iranians.

It would be my hope that Iran, for humanitarian reasons, would release these people and that we would exercise our best efforts—the U.S. Government working through Syria or whatever other channel we can find—to secure their release.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. KIRK). Without objection, it is so ordered.

Mr. DURBIN. Mr. President, before the Senate now is an issue of funding our military, the Department of Defense appropriations bill. This is a bill that is critically important because it provides the funding our men and women in uniform now risking their lives while we meet in the safety of our businesses and offices and homes in America, it funds their needs to make sure they will be safe to perform their missions effectively and come home. Without fail, every year this bill comes before the Senate and is a consensus bipartisan bill.

Regardless of our debates over foreign policy, we all want the men and women in uniform to know we stand behind them. As a consequence, this bill usually passes with an overwhelming number. I asked how this bill fared in the House of Representatives when it was considered yesterday. The vote was 395 to 34. There were 164 Republicans who voted yes on this bill. It was clearly an overwhelmingly positive bipartisan vote. There is no reason it would not be the same in the Senate.

But there is a problem. The problem is this: Tomorrow the funding for our troops runs out. It is the end of our continuing resolution in funding. We are not going to leave them high and dry, but we are going to leave them uncertain if we don't act decisively and quickly. Why would we do this to them?

Military families across America, as we go into the holiday season, I am sure, are saddened by the absence of their loved ones who may be in Iraq or Afghanistan, saddened by a separation from children and other loved ones they would like to avoid in their lifetime but they have offered it up for this great country. With this kind of uncertainty and sadness and emotion, why would we be uncertain when it comes to funding our troops?

Here is where we are: We offered this yesterday. We said: Let's vote for it. Let's vote for our troops and get this behind us so the Department of Defense appropriations bill was clear.

The other side of the aisle said: No. We want you to go through all of the hurdles that you have to go through under the procedures of the Senate for the most controversial bills. We want

you to file a cloture motion which would put an end to a filibuster. We want you to fill the tree with amendments so that this bill isn't assaulted.

Believe me, the terminology would lose most people, including many Senators, but the bottom line is this: Instead of just doing what we know needs to be done and what should be done, Republicans have insisted we delay this process for at least 2 days.

Why? Why would we want to delay funding our troops in the middle of a war? Why would we want to say to our troops that the military pay raise they were counting on so their families can get by back home, and for those stationed in the United States, make sure that they have what they need, why would we say to them that we are going to raise a question as to whether we are going to put \$29.2 billion into the defense health program, the health program for our military members and their families?

Why would the Republicans insist on delaying a vote for \$472 million for family advocacy programs for military families who are separated, many of whom are going through extraordinary stress because of the separation? Why would they want to delay a pay raise for the military? Why would they want to delay \$154 billion for equipment and training for our military?

I don't understand it. It would seem to me that we ought to come together by noon today and say: Let's do this. Let's not waste another minute in terms of helping our troops and showing them we stand behind them. But, no, the decision has been made on the other side of the aisle that we are going to delay this matter until tomorrow.

They say in politics, for every decision there is a real reason and a good reason. There may be some good reason they are giving on the other side of the aisle for delaying funding our troops, but the real reason is their hope that they can stop health care reform in the Senate. That is what is behind this. The lengths to which those on the other side of the aisle will go was demonstrated yesterday.

We had a defining moment when the leadership on the Senate Republican side insisted, through Senator COBURN of Oklahoma, that an 800-page amendment be read by the clerk. It is the right of a Senator to ask for that. It is an archaic right because people don't sit here hanging on every word to understand an amendment. That never happens. It didn't happen yesterday. But the clerk started reading.

Almost 2 hours into it, it was pretty clear that it would take 10 hours to finish this 800-page amendment, despite the best efforts of the clerk's office. Why did the Senate Republican leadership want to take 10 hours out of a day for something that was meaningless—the reading, word by word, line by line, page by page, of an 800-page amendment? To stop debate on health care reform.

During that period, no one could debate it. No one could amend it. The Republicans have conceded that they are finished with the debate and amendment phase of health care reform. They have decided now that the only thing they could possibly do is to delay everything the Senate can consider in the hopes that maybe we get tangled up with our desire personally to be home with our families during the holidays and would not do our duty here.

They are wrong. We are determined to do this. We are determined because health care reform for this country is so absolutely essential. The Presiding Officer has an awesome assignment, succeeding the late Senator Ted Kennedy whom he counted as a close friend and served as a member of his staff.

In our cloakroom is a cover of Time magazine where Senator Kennedy is looking out with that smile on his face saying: We are almost there. It was an article he wrote before he died about health care reform. He, more than any person in the Senate, had the authority to speak to it. Senator KIRK told us in a meeting of our caucus the other day that it was 40 years ago when Senator Kennedy took to the floor as a young man and talked about the priority of health care reform. Forty years, when you think about it, 40 years of waiting for this moment to vote on health care reform. If he were here today—and I wish to God he were—he would be back there at that desk—that was Kennedy's spot—thundering in this Senate Chamber about this historic opportunity and how if it costs us Christmas Eve or costs us Christmas Day or even more, we cannot let down the people of this country.

I see the polls. This complicated issue of health care reform has a lot of people confused and even worried. They have heard some of the wild charges on the other side. At one point they were arguing about death panels; that ultimately the government was going to decide whether people would live or die. That was one of the cruelest distortions in this debate.

The actual issue was raised by Senator JOHNNY ISAKSON, who is a Republican of Georgia, whom I thought raised a serious and important consideration and one that all of us, though we might not want to, should reflect on. He said every person under Medicare ought to have a compensated, paid-for visit to a doctor if they want, voluntarily, to talk about end-of-life treatment. There is hardly a family in America who doesn't contemplate that possibility, doesn't have a husband say to a wife: Honey, I don't want any of that extraordinary stuff. Don't keep me on life support.

What Senator ISAKSON wanted to do was to give Medicare patients an opportunity to sit down with a doctor and say: What instruction should I leave? If this is what I believe, whom should I tell? That was a humane, thoughtful amendment. But the critics of health care reform twisted and distorted it

into a death panel that was going to tell Grannie: We are going to pull the plug.

Sad. It was sad, when Senator ISAKSON offered such a good-faith amendment, to have it distorted. It is no wonder if the critics of health care reform would go to those extremes to try to defeat this bill, why other extreme things have been said about it. If you listened on the floor of the Senate over the last several weeks while we have debated health care reform and listened to the speeches from the other side of the aisle, you would believe that this bill is going to destroy Medicare. Many Republican Senators who historically did not support Medicare and wanted to privatize Medicare are now its most fervent champions. You might question their sincerity. We don't do that in the Senate because we don't question motives of people. But I will question their accuracy.

This bill, which is over 2,000 pages, knows the future of Medicare is important to all of us. If we do nothing today, Medicare will go broke in 8 years. We would not be bringing in enough money from payroll taxes to pay the Medicare services we promised in 8 years. That is a fact. But this bill is going to change it. This bill will add 10 years of solvency to Medicare. I wish it were more, but it is a step in the right direction to say to those receiving Medicare and those about to go into Medicare: This important program will be there when you need it; 10 years of added solvency in Medicare; Medicare on sound financial footing for 10 more years because of this bill.

There is something else it does. At the end of our conference between the House and Senate on health care reform, we are going to take care of a problem in Medicare. It is a serious problem. When we passed the Medicare prescription drug program, there wasn't enough money to fund it. They created this strange situation where if you were seriously ill under Medicare and receiving medication, this Medicare Part D plan would pay for prescription drugs up to a certain limit and then stop.

In the midst of a new calendar year, some could find several months into that year that Medicare Part D was not paying for any more prescription drugs. You would be responsible personally to pay for them. After you had paid a certain amount of money, the Part D coverage would kick in again. It was known euphemistically as the doughnut hole, that gap in coverage in Medicare Part D. When this is over, this health care reform is going to fill that gap, close that doughnut hole, give to 45 million Americans under Medicare the peace of mind of knowing that their prescription drugs will be paid for and they will not find themselves exhausting savings or going without it when it comes to basic medication.

That is why this bill is important. That is why some of the things that

have been said in the debate are so misleading.

There is something else this bill does which we ought to take pride in as Senators. Most civilized and developed countries in the world have a health care system that protects their people. We are the only developed country on Earth where a person can die because they don't have health insurance. We are the only one.

You might say: Senator DURBIN, aren't you getting a little carried away? Well, 45,000 people a year do. Let me give you an illustration: What if you had a \$5,000 copay on your health insurance and you didn't have \$5,000 and the doctor says: I am a little bit worried about some of the things you tell me, Senator. I think you need a colonoscopy.

That is something I can understand because my mother had colon cancer. I am very careful about this. I have a history in my family.

But if you had a policy that said the first \$5,000 you have to pay for and went out and asked how much a colonoscopy cost, you would find in many places it is \$3,000. There have been cases—a man from Illinois wrote me. He said: I didn't have the \$3,000 so I skipped the colonoscopy.

Without health insurance, without coverage, without enough money to pay for that basic test, this individual is running the risk of developing a serious cancer that could claim his life or at least cost a fortune to take care of. That is what inadequate health insurance does to you. That is what no health insurance does to you.

At the end of the day, this bill will say, for the first time in the history of this great Nation, 94 percent of the people will have health insurance. Thirty million people today who have no health insurance will have it when it is over. Fifteen million will go into Medicaid because they are in low-income categories.

I met one of those people when I was back in my home State of Illinois. Her name is Judie. She works at a motel in Marion, IL. She is a hostess in the morning for their free continental breakfast—a sweet lady with a big smile on her face, in her early sixties.

She came up to me and said: Senator, I am not sure this health care reform is good for me.

I said: Judie, do you have health insurance?

She said: No, I've never had health insurance, and I'm a few years away from Medicare.

I said: If you don't mind telling me, how much money do you make?

She said: Well, they've cut our hours here at the motel because of the economy. I work about 30 hours a week now, and I make about \$8 an hour. And she said: There isn't a person here you're looking at, working on this motel staff, who has health insurance.

I said: So does that mean your income each year is about \$12,000?

She said: Well, I guess. It's the only job I have. I get by on it.

I cannot imagine how.

She said: I get by on it.

I checked into it, and I saw her the next morning before I checked out, and I said: Judie, under this bill we have, because you make less than \$14,000 a year as an individual, you will qualify for Medicaid. For the first time in your life, you will have health insurance under an Illinois State Medicaid Program that you won't have to pay for because you are in a low-income category.

Well, she said: That's great because I have diabetes.

Think about that: age 60, no health insurance, low income, no doctor regularly available to her.

And she said: And I've had a few lumps I would like to get checked out too.

I thought: This poor lady. She is a classic illustration of what we are talking about in this bill. She is not lazy. She is a hard-working person. She gets up every day at the crack of dawn to be there to make sure people feel right at home at that motel, and she has no health insurance.

Ninety-four percent of the people in this country will have health insurance—people like Judie, who, for the first time in her life, will have health insurance. Is that worth something? Is it worth something in America for us to take pride in the fact that we are expanding the peace of mind which some of us take for granted of having health insurance coverage?

I think it is worth a lot. I think it is important for us and the critics to step up and acknowledge they have never come forward with a single proposal to deal with that issue—not one. We have never heard from the Republican side of the aisle how they would cover 94 percent of the people in America. They have never put together a comprehensive health insurance plan. They have never talked about submitting it to the Congressional Budget Office to make sure it does as promised, as we have.

They come to the floor with criticisms of what we are trying to do. It is their right as Senators to do that. But it is also our right to ask them the basic question: Does the fact that you do not have a Republican health care reform bill mean that you like the current system, that you do not want to change it? That is one conclusion.

The other conclusion is: This is hard work. Writing a bill that does this takes a lot of time and effort, and they have not put in that hard work. So they come emptyhanded to the floor with good speeches and good graphs and good press releases, but without good amendments to take care of the basic problems.

There is one other element in this health care reform bill too. How many times have you met somebody in your family or at work or through a friend who told you about a battle they had with a health insurance company when somebody got sick in their family? I have run into it a lot. A few years

back, when I was a Congressman, in Springfield, they had a unique program where the Sangamon County State Medical Society would invite Members of Congress to accompany doctors on their rounds in a hospital.

The first time I was invited to do that, I called back and said: You've got to be wrong. You don't want me walking into a patient's room where you are talking about their private health situation.

They said: No, no, we ask permission. And it is interesting, people are bored in the hospital, and they are amused by politicians. So would you please come?

So I accompanied a doctor on his rounds. He was examining a nice lady in my hometown of Springfield, IL, who was suffering from vertigo, who had come to the hospital, and as a result of an x-ray, they discovered she had a tumor—a brain tumor—that needed to be removed. She lived by herself. She was falling down at home. He wanted to operate on her on Monday. This was a Friday. He wanted to keep her in the hospital because he was afraid if she went home she might fall, hurt herself, and he wanted her ready for surgery on Monday.

But before he could say to her: Be prepared to stay over the weekend, he had to call her health insurance company. I stood next to this doctor at the nurses station in St. John's Hospital in Springfield, IL, as this doctor was arguing with a clerk at a health insurance company somewhere in a distant location about why this woman needed to stay in the hospital, and the clerk was saying: No, we are not going to pay for it. Send her home. Bring her back on Monday for the surgery.

He said: I'm not going to do that.

The clerk said: Well, we're not paying for it.

He hung up the phone and turned to me and said: She's staying in the hospital. We'll fight this out later on.

Fight it out—those battles, those fights take place every day across America.

I have told the story on the floor here about a friend of mine—a great friend of mine—whom I have known since he was a young man. He is a baseball coach at Southern Illinois University. His name is Danny Callahan. Danny has been battling cancer for years. Danny is a young guy. He has a young family and a good wife, and he is a terrific guy from a great family. He has been battling cancer—chemo, radiation, even surgery, removing part of his jaw and trying to stop this advance of cancer.

His oncologist came up with a drug that is working. It is called Avastin. This drug is experimental. It works on some cancers. It is certified to work on them. But they found it works on others in an off-label application. The oncologist wrote to the health insurance company and said: This is working. We have stopped the spread of his cancer. We want to keep using this drug. And they said: No. It costs \$12,000 a month, and we won't pay for it.

What is he going to do? You do not make a fortune as a baseball coach at Southern Illinois University. His family pitched in, borrowed some money to cover a month of treatment. He is going to have a trial in St. Louis at Barnes Hospital, connected with Washington University there. He is trying his best to keep this going, but he is battling this insurance company that said no.

This bill gives people whom I have described a fighting chance. It gives them a chance to fight against the discriminatory, wrong decisions of health insurance companies. Is that worth anything? Is it worth it? I have yet to see an amendment from the other side of the aisle that does this.

We used to call this a Patients' Bill of Rights, and it used to be a bipartisan issue. Senator JOHN McCAIN joined with Senator Kennedy and the two of them worked on this, saying that patients in America should have the right to fight insurance companies that turn them down because of preexisting conditions, that turn them down because the cost of care is so high, that turn them down because they have lost their job or turn them down because their child reaches the age of 24. This bill provides protections for those people.

So when people say: I heard Governor Dean—I like him; Howard is a friend of mine; former Governor of Vermont; former head of the Democratic National Committee—wrote a big article in the Washington Post this morning and said: Vote against this bill. It is not everything I want it to be.

Well, Governor Dean, it is not everything I want it to be either. But how could we in good conscience explain to 30 million Americans who would have health insurance for the first time in their life—such as Judie down in Marion, IL—"Judie, I am sorry, we won't be able to get you health insurance this time around. We couldn't get everything we wanted." That is not a very compelling argument, from my point of view.

How do we say to people who want to have a fighting chance against insurance companies that say no—and will have the legal right to do that—"I am sorry, you are just going to have to continue to do your best fighting these clerks at health insurance companies who say no because this bill does not have everything in it that we want."

You learn in this business of life and politics that concessions and compromise are critical parts of achieving a goal. Within the Democratic Caucus there are conservative and liberal or progressive members, and we have to find that sweet spot, that middle ground, where they come together. I think we have, and I am sorry we do not have any Republican support for this.

It is a fact, though, we have spent an entire year debating health care reform on Capitol Hill, and the sum total of Republican support for health care reform by vote comes down to two. One

Republican Congressman from the State of Louisiana voted for the House bill, and one Republican Senator, Ms. SNOWE of Maine, voted for a version of health care reform in the Senate Finance Committee. Not a single vote beyond those two in support of health care reform.

In fact, some take great pride in the fact that they are never going to vote for health care reform until it comes down exactly as they want it. We have invited them into conversation. In fact, my friend, the Senator from Iowa, who is on the floor here today, was part of a conversation with Senator BAUCUS and four other Members of the Senate that went on, I am told, for weeks, if not months, in an effort to find bipartisan, common ground, and they could not. I am sorry they did not. It would have been a better day if we had a real bipartisan effort before us. But I thank the Senator from Iowa for his genuine heartfelt efforts in trying.

But we come here today without a Republican alternative to health care reform. We come here today facing the reality that if we fail this time, we will not address health care reform, I am afraid, in my political lifetime or in the lifetime of many people following this debate. It took 16 years since President Clinton last offered an effort to try. If we wait another 16 or 20 years, I cannot imagine what is going to happen.

We know what is going to happen to health insurance premiums. Ten years ago, for a family of four, the average cost of their family health insurance premium was \$6,000 a year—\$500 a month. Pretty steep, right? The average cost today, for a family of four, for their family health insurance premium: \$12,000 a year. It has doubled in a 10-year period of time, and it is going up so fast that it will double in the next 7 or 8 years to \$24,000 a year.

Imagine working and earning \$2,000 a month just to pay for your health insurance premium. That is it. Imagine how meager that coverage is going to be because each year you know what happens. The cost goes up and coverage goes down. What will it be 10 years from now? If you talk to people who are negotiating for contracts, such as labor unions, all they talk about is health insurance. They do not talk about wage increases. They talk about health insurance. Those are the issues that break down the negotiations and end up in work stoppages and strikes; it has become that contentious and that difficult.

Are we going to accept that? Is that the best we can do in America? I do not think so. Are we going to accept a strategy which says: We are going to slow down the business of the Senate to a crawl, or stop it, as they tried yesterday, in an effort to defeat even having a vote on health care reform?

Don't we owe the people of this country, at the end of this debate, a vote on health care reform? Shouldn't it be in a timely fashion?

Shouldn't we first pass this bill that funds our troops that is sitting on the floor here that passed the House 395 to 34? Why would we delay that funding of our troops in the midst of a war? Why don't we do that today before we break for lunch and say to our troops: "We took care of you."

I might add, in here there is a provision that extends unemployment benefits. Is there any doubt on the other side of the aisle that they will vote to extend unemployment benefits in the midst of a recession? The last vote we had was 97 to 0 on the floor of the Senate to extend unemployment benefits, and that was a few weeks back. I assume Republican Senators feel as Democratic Senators do, that in the midst of a recession, in the midst of the holiday season, we owe it to these families to try to help them out.

How could we in good conscience go home and celebrate Christmas or Hanukkah or whatever our holiday might be and say we want to be in the comfort and love of our families, to sit and have a glorious Christmas morning before the tree, and enjoy the blessings of this great Nation and the blessings of life, and then turn down the unemployed when it comes to their benefits? We could not do that in good conscience.

Why don't we do that today? Why do we wait until tomorrow? Why don't we say: Regardless of what your strategy is on health care reform, let's not shortchange the troops. Let's not leave them with any uncertainty. Let's not leave those unemployed with uncertainty as to whether they are going to get benefits they come to expect and deserve. I hope we can.

Mr. President, I ask unanimous consent to have printed in the RECORD a recent article published in the New York Times relating to the trauma of joblessness in the United States.

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

[From the New York Times, Dec. 14, 2009]
POLL REVEALS TRAUMA OF JOBLESSNESS IN U.S.
 (By Michael Luo and Megan Thee-Brenan)
 More than half of the nation's unemployed workers have borrowed money from friends or relatives since losing their jobs. An equal number have cut back on doctor visits or medical treatments because they are out of work.

Almost half have suffered from depression or anxiety. About 4 in 10 parents have noticed behavioral changes in their children that they attribute to their difficulties in finding work.

Joblessness has wreaked financial and emotional havoc on the lives of many of those out of work, according to a New York Times/CBS News poll of unemployed adults, causing major life changes, mental health issues and trouble maintaining even basic necessities.

The results of the poll, which surveyed 708 unemployed adults from Dec. 5 to Dec. 10 and has a margin of sampling error of plus or minus four percentage points, help to lay bare the depth of the trauma experienced by millions across the country who are out of

work as the jobless rate hovers at 10 percent and, in particular, as the ranks of the long-term unemployed soar.

Roughly half of the respondents described the recession as a hardship that had caused fundamental changes in their lives. Generally, those who have been out of work longer reported experiencing more acute financial and emotional effects.

"I lost my job in March, and from there on, everything went downhill," said Vicki Newton, 38, of Mount Pleasant, Mich., a single mother who had been a customer-service representative in an insurance agency.

"After struggling and struggling and not being able to pay my house payments or my other bills, I finally sucked up my pride," she said in an interview after the poll was conducted. "I got food stamps just to help feed my daughter."

Over the summer, she abandoned her home in Flint, Mich., after she started receiving foreclosure notices. She now lives 90 minutes away, in a rental house owned by her father.

With unemployment driving foreclosures nationwide, a quarter of those polled said they had either lost their home or been threatened with foreclosure or eviction for not paying their mortgage or rent. About a quarter, like Ms. Newton, have received food stamps. More than half said they had cut back on both luxuries and necessities in their spending. Seven in 10 rated their family's financial situation as fairly bad or very bad.

But the impact on their lives was not limited to the difficulty in paying bills. Almost half said unemployment had led to more conflicts or arguments with family members and friends; 55 percent have suffered from insomnia.

"Everything gets touched," said Colleen Klemm, 51, of North Lake, Wis., who lost her job as a manager at a landscaping company last November. "All your relationships are touched by it. You're never your normal happy-go-lucky person. Your countenance, your self-esteem goes. You think, 'I'm not employable.'"

A quarter of those who experienced anxiety or depression said they had gone to see a mental health professional. Women were significantly more likely than men to acknowledge emotional issues.

Tammy Linville, 29, of Louisville, Ky., said she lost her job as a clerical worker for the Census Bureau a year and a half ago. She began seeing a therapist for depression every week through Medicaid but recently has not been able to go because her car broke down and she cannot afford to fix it.

Her partner works at the Ford plant in the area, but his schedule has been sporadic. They have two small children and at this point, she said, they are "saving quarters for diapers."

"Every time I think about money, I shut down because there is none," Ms. Linville said. "I get major panic attacks. I just don't know what we're going to do."

Nearly half of the adults surveyed admitted to feeling embarrassed or ashamed most of the time or sometimes as a result of being out of work. Perhaps unsurprisingly, given the traditional image of men as breadwinners, men were significantly more likely than women to report feeling ashamed most of the time.

There was a pervasive sense from the poll that the American dream had been upended for many. Nearly half of those polled said they felt in danger of falling out of their social class, with those out of work six months or more feeling especially vulnerable. Working-class respondents felt at risk in the greatest numbers.

Nearly half of respondents said they did not have health insurance, with the vast majority citing job loss as a reason, a notable

finding given the tug of war in Congress over a health care overhaul. The poll offered a glimpse of the potential ripple effect of having no coverage. More than half characterized the cost of basic medical care as a hardship.

Many in the ranks of the unemployed appear to be rethinking their career and life choices. Just over 40 percent said they had moved or considered moving to another part of the state or country where there were more jobs. More than two-thirds of respondents had considered changing their career or field, and 44 percent of those surveyed had pursued job retraining or other educational opportunities.

Joe Whitlow, 31, of Nashville, worked as a mechanic until a repair shop he was running with a friend finally petered out in August. He had contemplated going back to school before, but the potential loss in income always deterred him. Now he is enrolled at a local community college, planning to study accounting.

"When everything went bad, not that I didn't have a choice, but it made the choice easier," Mr. Whitlow said.

The poll also shed light on the formal and informal safety nets that the jobless have relied upon. More than half said they were receiving or had received unemployment benefits. But 61 percent of those receiving benefits said the amount was not enough to cover basic necessities.

Meanwhile, a fifth said they had received food from a nonprofit organization or religious institution. Among those with a working spouse, half said their spouse had taken on additional hours or another job to help make ends meet.

Even those who have stayed employed have not escaped the recession's bite. According to a New York Times/CBS News nationwide poll conducted at the same time as the poll of unemployed adults, about 3 in 10 people said that in the past year, as a result of bad economic conditions, their pay had been cut.

In terms of casting blame for the high unemployment rate, 26 percent of unemployed adults cited former President George W. Bush; 12 percent pointed the finger at banks; 8 percent highlighted jobs going overseas and the same number blamed politicians. Only 3 percent blamed President Obama.

Those out of work were split, however, on the president's handling of job creation, with 47 percent expressing approval and 44 percent disapproval.

Unemployed Americans are divided over what the future holds for the job market: 39 percent anticipate improvement, 36 percent expect it will stay the same, and 22 percent say it will get worse.

Mr. DURBIN. Mr. President, I am going to close by saying that for those who wonder if it makes any difference whether we move forward on the issue of helping the unemployed, they should read this article I have put in the RECORD. People across this country are not only worried about getting a job and taking care of their families, it has reached a point where it is dramatic. Some of them are making critical life decisions, spending their savings, with no health insurance to cover themselves or their kids.

I will ask the Republicans, who will follow me: Please, regardless of how long you want to talk today, agree with us that we should move quickly to fund our troops, send the money for those members of the military and their families to give them peace of mind we stand behind them. Do not

make them part of any political delay and strategy that leaves uncertainty. Let's do it today. Let's not wait until the money runs out tomorrow.

Let's fund our unemployment benefits too. Let's give these families, who through no fault of their own are out of work, the peace of mind of knowing that as we go home for Christmas, they will at least have a Christmas which has, even if it is small, an unemployment check.

The PRESIDING OFFICER (Mr. BURRIS). The Senator from Iowa is recognized.

Mr. GRASSLEY. Mr. President, I ask unanimous consent to speak as in morning business for 10 minutes.

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

BIODIESEL TAX CREDIT

Mr. GRASSLEY. Mr. President, I rise on the issue of jobs and 10 percent unemployment and to tell my fellow Senators what we can do to preserve maybe 25,000 jobs in an industry that, by the end of the month, will be otherwise shut down because Congress is not taking action. The main point of my remarks is, if we don't extend the biodiesel tax credit by the end of the month, these jobs will be lost.

My point is 23,000 jobs will be lost. In fact, right now, on December 17, companies are making plans to shut down these operations by the end of the year.

Everybody knows our unemployment rate is 10 percent. Everybody knows the President has spent a great deal of time, over the last 2 or 3 weeks, talking about creating jobs and getting us out of the recession. But we have to remember that for those without work, this is not just a recession, it is a depression.

We all agree we should take whatever action is necessary to jump-start our economy and get people back to work. President Obama and Vice President BIDEN have been talking for months about the need to create green jobs. Well, green jobs, purple jobs, whatever kind of jobs, jobs are jobs. I don't object to the creation of green jobs. In fact, what I am talking about is some of these green jobs.

President Obama has held three public events in recent days to highlight his concern about the economy and the need to create jobs. Yesterday, the administration apparently announced billions more in tax credits for renewable energy and energy conservation efforts. I will bet when I look at that list I am going to support most of those because I believe a national energy policy involves capturing whatever we can of petroleum and fossil fuels we have available for a short period of time because we are never going to get rid of them in the short term. We need conservation, and we need renewable and alternative energy. Those three things make a comprehensive energy program. Obviously, if I am for that comprehensive energy program, I am for renewable energy and alternative energy.

It seems as if nearly everyone, in fact, in the administration is touting the benefits of green jobs and a clean energy economy and I am doing that right now myself. It is astonishing, though, with all this talk about green jobs and clean energy that this Congress right now seems to be heading for the holidays while thousands of green energy workers will receive pink slips and furloughs.

On December 31 of this year, the current biodiesel tax credit will expire. The biodiesel tax credit provides a \$1-per-gallon credit for biodiesel made from soybean oil and yellow grease and animal fats. The tax credit is essential in maintaining the competitiveness of this clean-burning, domestically produced green fuel and the jobs that are connected with it.

The tax credit exists for a common-sense reason and something we have been using for a long period of time: to offset the higher cost of producing biodiesel—or I could just as well insert the word "ethanol"—compared to petroleum diesel. Without the tax credit, petroleum marketers will be unwilling to purchase the more expensive biodiesel and demand will vanish. From this standpoint of the tax credit, I hope everybody remembers that whether it is wind, ethanol, solar, biodiesel, biomass, or geothermal, it takes tax credits to get these programs off the ground. Right now, wind energy is a big industry in my State, not only from the production standpoint but from the standpoint of manufacturing of components because, in 1992, I got a wind energy tax credit passed; otherwise, we would not have wind energy and everybody touts wind energy today. It is a little bit like the very infant biodiesel industry we have. One might not think biofuels are an infant industry because ethanol has been around for 30 years, but biodiesel is about where ethanol was 30 years ago. So we want to help move this industry along so eventually it can stand on its own legs. That is the motive behind all these tax credits, to get an infant industry started and then they stand on their own.

In 2008, getting back to the jobs in this industry, biodiesel supported 51,000 green jobs. Because of the downturn in the economy and the credit crisis, the biodiesel industry has already shed 29,000 green jobs. So now what about the rest of those jobs? That is what my remarks are all about, and that is what getting the tax credit renewed before the end of the year is all about. Because the industry is currently operating at just around 15 percent of capacity. Without an extension of the tax credit, all U.S. biodiesel production will grind to a halt. Plants will be shuttered and workers will be let go.

No one should be surprised by the upcoming expiration of this tax credit. It was extended most recently in October 2008. So we have known for 14 months; hence, nobody should be surprised that it would need to be extended by the end of this year.

The Senate has been in session nearly continuously for months. Earlier this year, Senator CANTWELL and I introduced a bill to extend the tax credit for 5 years and change it to a production tax credit. There is no excuse for inaction on this credit. The Democratic leadership is content to leave without doing the necessary work on extenders, believing they can extend the tax provisions retroactively sometime early next year. Retroactivity does work a lot of times on tax extenders that are not extended at the end of the year and extended to be made retroactive. But retroactivity in the case of the biodiesel market doesn't help bring it from grinding to a halt on January 1, 2010, because without the incentive, the biodiesel will cost much more than petroleum diesel.

While the House and Senate dither, thousands will lose their jobs, but demand for dirty, imported petroleum diesel, however, will continue. Investments in the domestic renewable fuels industry will lose value and possibly disappear—quite to the contrary of what I said in my remarks of yesterday, the President announcing various tax credits. So this one has been on the books. All it has to be is reauthorized.

It is too bad that among all the talk of green jobs and the clean energy economy, Congress is unable to pass a simple extension of an existing tax credit. Once again, the actions of the majority do not match their words. For all the talk, they will have failed all those in the biodiesel industry working today to reduce our dependence upon foreign oil if we leave without extending this critical tax credit before the end of the year.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, we have conferred with the other side of the aisle, and I think we have reached an agreement. I ask unanimous consent to be allowed to speak for up to 10 minutes, and then I believe two Senators from the other side of the aisle would like to speak for up to 10 minutes each.

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

Mr. CORNYN. Mr. President, it just shows we can do some things in a bipartisan way around here still, albeit small things.

We are talking about the Defense appropriations bill. I think it is important to point out that the majority leader has waited until the very last minute to bring up this very important bill, which I am sure will pass by a large majority, but it was 2 months ago that the fiscal year ended. The majority leader has now left us here 8 days before Christmas with a lot on our plate, a lot yet to do, and, of course, threatening to keep Congress here through Christmas—certainly up to Christmas. I would not say we are happy to be here, but this is a great responsibility. These are important issues, and none of us is going to shy

away from dealing with these issues, albeit 8 days before Christmas.

It is also appropriate to talk about Christmas because this bill not only funds our troops, it is a Christmas tree on which Members of Congress have hung nice shiny little ornaments, provisions that have nothing to do with funding our troops and the Defense appropriations bill. As a matter of fact, this bill would actually create new entitlement spending programs—that is what some of these little shiny ornaments are—rather than fix the ones we have. It is significant. We are talking about our troops. At the same time, we are talking more generally about health care, because under Federal law TRICARE, which handles the reimbursement rates for health care for our troops and their families, is required under Federal law to follow Medicare reimbursement rates.

We know that under the underlying health care bill we will be considering up until Christmas, it looks like there are actually going to be \$500 billion in cuts to Medicare. The concern is, if access to care is jeopardized for Medicare beneficiaries, which we know it will be for at least some—particularly Medicare Advantage beneficiaries—then cuts to TRICARE reimbursement rates could follow.

We also know this bill includes a 2-month bandaid for the Medicare reimbursement rate for doctors, the so-called doc fix. This is the sustainable growth rate formula which has never worked since Congress passed it in 1997. It shows Congress makes assumptions—this one back in 1997—that we are going to cut Medicare, and in this particular instance Medicare reimbursement rates for doctors and that somehow that will not have a negative impact on people's ability to find a doctor who will see them.

I know in Travis County in Austin, TX, at last report, only 17 percent of doctors will see a new Medicare patient, and it is even worse for Medicaid, which pays less than Medicare. So we know the cuts the underlying health care bill will make to Medicare are going to have a negative impact on access to care for many of our seniors, and because TRICARE rates are linked to Medicare rates under Federal law, they could well jeopardize our troops' and their dependents' access to care as well.

This experience we have had since 1997 under the Balanced Budget Act with the sustainable growth rate which, unless Congress acts, will actually cut reimbursement rates for doctors by 23 percent—and this bill provides a 2-month—a 2-month—fix—these assumptions have never worked. Yet this health care bill, at least the 2,074-page version—we have yet to see the Reid substitute, which will appear, I am sure, miraculously sometime around Saturday as the majority leader tries to cram this bill through before Christmas—we know it contains or will contain many other assumptions, such

as this SGR formula that will prove unenforceable and will never work. Yet those will be used by the Congressional Budget Office to provide a cost estimate or score which may meet the demands of politics today but which will bear no relationship whatsoever to the ultimate costs. And the American people understand that. They understand the budget gimmicks of having a 10-year program and not implementing it until year 4 but starting the taxes to pay for it on day one. They understand that, and that is why they don't trust the Congress to be honest and transparent when it comes to spending their money—because of their unfortunate experience.

I also want to focus on other promises the President has made about health care reform which bear on the process by which health care reform and these bills are being considered—unfortunately, ways in which the Reid bill breaks those promises. This is one we have talked about before, but I think it bears repeating because the American people want us to read the bills before we vote on them. They want to be able to read the bills and to have them posted on the Internet so they can understand how this legislation will impact them and their families.

Here is what the President said:

I'm going to have all the negotiations [the health care negotiations] around a big table. We'll have negotiations televised on C-SPAN, so that people can see who is making arguments on behalf of their constituents and who is making arguments on behalf of the drug companies or the insurance companies.

I see one of our colleagues on the floor, who is a chief proponent of an amendment that had to do with drug pricing. We all know it is the worst-kept secret in Washington, DC, that the drug companies have cut a special deal behind closed doors—not around a big round table on C-SPAN but behind closed doors—and many of us don't know the exact terms of this deal. We do know that while the big drug companies may be protected, the American people are not at the table while special interests are cutting deals that have not yet fully come to the light of day. I think this is a tragedy. There is no reason the President's promise cannot be kept, other than to try to run something by Congress and the American people before they have had a full opportunity to read it and understand what is in it.

This is exactly the kind of cynical act that breeds public skepticism about Congress and their elected representatives. We are elected by the people in our States to use our best judgment on their behalf, listen to them, and ask: What do you think about this? Tell me, as your elected representative, how do you think I should vote on these important issues? If we hide the substance of these cooked-up deals behind closed doors from the American people, no wonder the congressional approval

rating is so low. Unfortunately, promises such as this which are broken by the Reid bill do nothing but breed skepticism or cynicism on behalf of the American people.

The Washington Post reported last October that the first Reid bill was written in secret and “behind closed doors.” That is the 2,074-page bill we have seen stacked up on our tables. That bill, with sleight of hand, will be swept off the table and a new one will miraculously appear sometime on Saturday. That is the bill we are going to be asked to pass by Christmas—again, without anybody knowing what exactly is in it.

Of course, there is speculation among the press corps and the political class in Washington as to whether the majority leader will be able to get 60 votes on a bill. People are saying: Yes, I think he will get 60 votes. Others say: No, he is missing a few votes; he is not quite there yet. And we are talking about a bill most of us haven’t even seen. How in the world can anybody tell their constituents they are for the bill or against the bill before they have had a chance to read it? It is mind-boggling. Yet we know these closed-door meetings are still going on—8 days before Christmas—to work on perhaps a new 2,000-page Reid bill.

I know some of our colleagues were irritated with our colleague from Oklahoma, who asked that the Sanders amendment be read before we actually considered it. Only in Washington, DC, would people be mad about knowing what is in a bill or an amendment before we are asked to vote on it. The American people want to know. They are being excluded, as are many of the rest of us who don’t get to know what is being cooked up behind closed doors.

We know these private meetings continue. The President has had meetings with our Democratic colleagues from which Republicans have been excluded. We don’t know what kinds of agreements or discussions were occurring behind those closed doors. Certainly, no C-SPAN cameras were allowed.

The PRESIDING OFFICER. The Senator’s time has expired.

Mr. CORNYN. I ask unanimous consent for 2 more minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. CORNYN. Mr. President, we need to have every single Senator look at what is in these bills before we are asked to vote on them.

Let me close on one last issue. The President has also said:

First, I will not sign a plan that adds one dime to our deficits—either now or in the future. Period.

Unfortunately, because of this cynical attitude of Washington and of the political class in Washington toward the public generally, 74 percent of voters said they don’t believe that. Seventy-four percent of voters, including 82 percent of Independents, are saying: We don’t believe the President of the

United States when he says the bill will not add one dime to the deficit.

One reason they might think that is because of what this Reid bill—at least the 2,000-page variety—says. The Chief Actuary for CMS says that pledge is “unrealistic and doubtful.” David Broder, one of the deans of the Washington press corps, said:

These bills, as they stand now, are budget-busters.

I don’t know what it is going to take before Congress wakes up and listens to our constituents and the American people. I guess it is going to take another election in 2010 or in 2012 where the American people get to hold us accountable because in the end the American people will get the kind of Congress they want and the kind of Congress they deserve. I hope it will be the kind of Congress that embraces the transparency pledges the President has made and, in reality, lets the American people know what we are doing here and asks whether they approve.

Mr. President, I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, it is interesting to listen to the discussion on the floor of the Senate. We hear a lot about what is wrong these days. For a moment, let me say that there is a lot right in this country as well.

We are in a deep economic recession. I understand that. This is the deepest recession we have seen since the Great Depression. It is a difficult circumstance. But this country has been in tough circumstances before. The American people are a resilient bunch; they pull themselves up and move forward.

I understand the angst and the concern across this country. I understand the debate in the Chamber about what is wrong. I would be the first to say I don’t think either political party is a great bargain sometimes. Both of them have their faults.

I think of that Ogden Nash poem that goes like this:

He drinks because she [scolds],
He thinks she [scolds] because he drinks,
She thinks while neither will admit what’s [really] true that he’s a [drunk] and she’s a shrew.

Both political parties, it seems to me, have faults, but both political parties have also contributed to the well-being of this country.

When I hear people say nothing works in America—I answered phones at the front desk yesterday for a while to hear from callers calling in about various things. I heard it on many occasions because a lot of people on the radio and on TV are saying nothing works in America and there is nothing the Federal Government has ever done that works.

The Internet—what a wonderful invention in the life of our planet. Yes, that was created by the Federal Government. Going way back, we brought electricity to America’s farms and un-

leashed a barrage of productivity in American agriculture. When you drive around with a locator on the dashboard of your car, that is a GPS satellite—that is the government as well. The Interstate Highway System that connects America—when you drive down big roads that are connecting all of America, that is the Interstate Highway System, suggested by President Dwight D. Eisenhower. What a remarkable thing.

I also think of the story I read a while back about those two little creatures that are crawling around the planet Mars, one called Spirit and one called Opportunity. Five years ago, our country sent both of them to land on the surface of Mars. They landed 1 week apart. They are dune buggy-sized mechanical creatures on the surface of Mars. We sent them up by a rocket. They landed encased in a shroud, and they bounced and the shroud opened up and these dune buggy-sized vehicles began driving on the surface of Mars. They were expected to last 90 days. Five years later, Spirit and Opportunity have been driving on the surface of Mars collecting samples. One of them—I believe Spirit—had an arm that looked as if it was arthritic, so it was hanging at an angle, almost like a salute. The wheel broke, and so they were dragging the wheel and creating a trench. The arm reached back, and the scientist—it takes 9 minutes to send up a signal—the scientist had the arm reach back and dig into the trench so they could get better samples on the surface of Mars. These dune buggies were running on the surface of Mars. Yes, that is the Federal Government and all the contractors.

When somebody said to me that the Federal Government has never done anything right, I said: If you ever get to the Moon, just check the boot prints. They are not Chinese or Russian; they are made by an American astronaut—the one who planted the American flag there.

There is plenty wrong in this country, to be sure, but there is a lot right about this country.

About 9 years ago, at the start of this decade, our country had a budget surplus. Poor Alan Greenspan, the Chairman of the Federal Reserve Board, wasn’t able to sleep. He was worried that we were going to pay down the debt too quickly. I assured him he ought to go to sleep peacefully because that is not a problem.

President Bush came to town and said: We are going to do very big tax cuts because it is estimated that we are going to have very big surpluses. I was one on the floor who said maybe we ought not do that. Let’s be a little conservative. These surpluses don’t exist for the next 10 years yet. They existed that year for the first time in a long time in the year 2000—a budget surplus. President Bush said: No, we are going to begin very large tax cuts right now in anticipation of these surpluses in the future. Some of us said:

Be careful. The wealthiest Americans got very large tax cuts, especially.

Almost immediately, this country went into a recession, and 6 months after that, this country was hit with 9/11, an unbelievable terrorist attack. Almost immediately, we went into the country of Afghanistan to go after Osama bin Laden. Then, very quickly, we invaded Iraq. We were at war for the rest of the decade without paying for one penny of it. Not a penny was paid for those wars or the increased funding to deal with terrorist attacks.

Some of us went to the floor of the Senate and said: Let's begin to try to pay for some of this. Why should we send our men and women to war and decide we won't ask anybody to pay for it? They thought we will just have the kids and grandkids pay the cost. The President said: If you add this to the bill to pay for it, I will veto the bill. So here we are.

Then we see, at exactly the same time, regulators coming to town boasting that they were willing to be willfully blind and they would not look or see and they would not care. We had a bunch of big high fliers create unbelievably exotic financial industries, such as credit default swaps and liars loans for mortgages, and they steered this country right into a ditch while the people at the top were making a lot of money, causing economic havoc the likes of which we have not seen since the 1930s. Our revenue at the Federal Government dropped \$400 billion because of the deep recession. Expenditures for unemployment, food stamps, and so on, which are caused to go up during recessions, increased substantially, and we have very serious economic problems. There is no question about that. I can recite the problems as well as anybody. But let's also, from time to time, recite the strength of this country. It requires leadership from all of us to put this country back on track. I am convinced we can. I am convinced we will do that. We need a little cooperation here and there. There is not much these days. But I am convinced all of us want the same thing for this great country, and perhaps we can come together even if we have different views of how to get to that common destination. I am convinced one of these days we will make some progress and put America first.

I wished to come today to talk about something that is happening half way around the world in Copenhagen. That is the issue of climate change and energy. Even as leaders around the world gather in Copenhagen to talk about climate change, I wish to talk about the energy legislation that addresses the issue of climate change. The energy legislation that was passed by the Senate Energy and Natural Resources Committee earlier this year is a real energy policy that also protects the planet by reducing greenhouse gas emissions.

We are not going to reduce greenhouse gas emissions because somebody

signs a paper. We have a lot of environmental laws. Mexico is a good example. They have a lot of environmental laws on the books. They are just not enforced. Signing a paper is not going to mean much unless you have an agreement that makes sense for the planet and an agreement that is enforced and an agreement that is agreed to by virtually all the countries that are emitting a great deal of carbon.

I will tell you what will make a big difference; that is, for the Congress to pass the Senate Energy legislation, which truly does move us in the direction of addressing climate change.

That energy policy, by the way, is not some secretive policy. This past June we passed an energy bill out of the Senate Energy and Natural Resources Committee that does all the things I think we need to—or virtually all the things—address the issue of climate change and a lower carbon future. But it was not brought to the floor of the Senate or the House of Representatives because we are told energy legislation must be married or merged with climate change. I do not agree with that. We are going to have wasted a year, in my judgment, in which we could have debated the energy legislation on the floor of the Senate, and passed it into law by the signature of the President. This energy legislation maximizes the use of renewable energy, such as the building of the interstate transmission capability that would allow us to maximize renewable energy. The energy legislation would also establish a renewable electricity standard, the first one in the history of this country. The energy legislation would also retrofit buildings to make them more energy efficient, which would increase energy savings. I also offered an amendment to this legislation, that would also give us the ability to reduce our dependence on foreign oil by opening oil and gas production in the eastern Gulf of Mexico.

All these issues are in an energy bill that passed the Senate Energy and Natural Resources Committee on a bipartisan vote. Yet the benefits to this country from those energy policies that make a lot of sense, will not be available during this year, because those who are pushing for climate change legislation here say you have to do energy and climate change together.

I say this: I hope when we turn the corner and start a new year, that an energy bill that is bipartisan—Mr. President, I had indicated I wished to take 20 minutes today. I ask consent for the 10 additional minutes.

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

Mr. DORGAN. Mr. President, the legislation that exists and is ready, in my judgment, could be signed by the President and already moving this country down the road. The deliverable for the President to go to Copenhagen could have been: Look what we have done in energy policy; we have taken the significant step in the right direction. Yet

we are told that energy legislation has to move with climate change legislation.

I am not opposed to a lower carbon future. I am not opposed to trying to do something on climate change legislation. I have indicated I am not supportive of the trade piece of cap and trade. I have no interest in consigning to Wall Street the opportunity to have a \$1 trillion carbon securities market that they could trade on Monday and Tuesday, and then they can tell us on Wednesday and Thursday how much we are going to pay for our energy. I have no interest in creating a carbon securities market.

There are a lot of things we can do, especially an energy policy at the front end—and I hope early next year—we will advance this country's energy security, No. 1, and advance this country's movement toward a lower carbon future.

I wish to put up a couple charts as I describe this. We must reduce our dependence on foreign energy, especially foreign oil. Seventy percent of the oil we use comes from off our shores. We sink straws in the planet and suck oil out. We suck out 85 million barrels a day, and one-fourth has to come to this country because of our appetite for oil.

You know what, when 70 percent of it comes from other countries—many that do not like us very much—that means we have an energy security problem. This Energy bill I have described, that has been out of the Energy Committee since June, and was passed on a bipartisan vote, reduces our dependence on foreign oil, increases domestic production, establishes a renewable electricity standard, and creates a transmission superhighway. By the way, in the last 9 years, we have laid 11,000 miles of natural gas pipeline in this country—11,000 miles. Do you know how many miles we have laid of high-voltage transmission lines interstate? Mr. President, 668. On this bill, I worked on the transmission piece with Senator JEFF BINGAMAN and others and we solved the issue of transmission.

We can get about the business of building an interstate highway of transmission lines so you can produce electricity where the Sun shines and the wind blows, put it on a wire and move it to where it is needed in the load centers.

This is not rocket science. This is rather simple. We already passed a bipartisan bill out of committee to do this. Electrification and diversification of our vehicle fleet is in the bill. The legislation also enhances energy efficiency in a wide range of areas, it expands clean energy technology, and the training of an energy workforce for tomorrow.

Every one of us gets up in the morning and the first thing we do is flick a switch and all of a sudden there is light. Then many decide to plug in a coffee maker or turn on the stove, turn on the radio, turn on the television set,

get in the car, put in a key, the engine turns on—all of this is because of energy, and that is before you get to work. No one even thinks about the role energy plays in our life. That is why it is important for us to understand we have a very serious energy security issue in this country. No. 2, we have a serious issue of the need to construct new kinds of energy and also to use the existing energy differently or produce energy differently and reduce carbon emissions.

I chair the committee that funds most of our energy projects. I chair the Senate Energy and Water Appropriations Subcommittee. It funds the energy and water issues, obviously. There is a lot going on, for example, that I think is so exciting that can unlock our opportunity to continue to use coal. Some say you cannot use coal. Of course, you can. Our science and our technology can clearly decarbonize the use of coal, which is our most abundant resource. Why would we not want to use coal in the future?

There are unbelievable things going on Dr. Craig Venter, a scientist not far from here, is working on this issue: developing synthetic microbes that underground would turn coal into methane. These microbes would consume the coal and turn it into methane. Pretty interesting to me.

There is a guy in California who has an idea, a patented idea I don't know if it works, but they insist it is the silver bullet. He takes the entire flue gas from a coal plant and he mineralizes it through some patented process he has. It does not separate CO₂. It mineralizes all of it and turns it into a product that is harder than concrete and more valuable than concrete and produces, as a result, the cost of carbon at almost near zero. Maybe that is the silver bullet. I don't know. There are dozens of examples like it that are very exciting and very interesting.

I started algae research after it had been discontinued for 15 years—single-cell pond scum, that green scum on the pond out on the farm—algae. You take the CO₂ that is released from a coal plant, feed it to an algae farm and grow algae. It increases its bulk in hours. Then you can harvest the algae and produce diesel fuel. Get rid of the CO₂, and produce a fuel. That is called value added. That is called beneficial use of carbon.

There are others now—Dr. Craig Venter is involved in this, along with Exxon—who have projects in which they create algae that excretes lipids directly. Instead of harvesting algae and destroying it for the purpose of acquiring a diesel fuel, it excretes lipids directly which, with very little manipulation, is a fuel.

One of the scientists with the Sandia National Laboratory talked about the development of a solar heat engine in which you put CO₂ on one side and water on the other and you fracture the molecules and thermochemically recombine them and you have methanol—water, CO₂, develop a fuel.

All these ideas are opportunities for us to continue to use coal and at the same time reduce our greenhouse gas emissions.

My point is, I think we ought to be doing a lot of everything with respect to producing a better energy future for this country and with respect to reducing the carbon in our future. I am not somebody who is a naysayer about climate change at all. I expect to be a part of discussions about how to reduce carbon in our future. But I do believe it will be a profound mistake if we do not advance the very policies we have the opportunity to advance in the Congress, in the Senate, the very policies that move us in the direction of reducing carbon and making us more energy secure.

To date, what we have had is all this breathlessness about you have to do a climate change bill right now and you cannot take up energy legislation until you take up climate change legislation. You know what, I do not agree.

I hope that high on the list of the agenda next year for this Congress is to say: We have a serious energy security problem and we have a serious issue with respect to carbon. Let's deal with both. If anybody believes this country can continue to have a 70-percent addiction for oil from foreign countries, they are dreaming. That is not something that will be sustainable in the long term. It undermines this country's economy to have that kind of addiction to foreign oil.

So how do we address this issue and fix it? We address it with thoughtful policies inside this country—to increase efficiency, increase conservation, increase production, and increase production in the right way that protects our planet. All these things are possible.

I guess I have spoken six or eight times on the Senate floor about these issues, not that anybody is listening so much I guess. But it is all health care all the time right now. Health care is not unimportant. I happen to think among the first things on the agenda is, A, financial reform which restores confidence. That was important because a bunch of high fliers steered this country into the ditch. We have to make sure people think that will not happen again; then, second, restarting the economic engine and putting people to work—jobs; third, dealing with energy which has to do with the very security of virtually everything we do to create jobs in this country. All these are important issues.

My hope is, when the calendar turns and January comes, we will have the opportunity to grab and seize the progress that was made in the Senate Energy and Natural Resources Committee, now nearly 6 months ago, to do the right thing for this country and to do the right thing to address climate change at the same time.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington is recognized.

Mrs. MURRAY. Mr. President, I come to the floor on behalf of over 10,000 constituents from my home State of Washington who have sent me letters and e-mails over the past 6 months to tell me their stories and their struggles with our health care system.

I come to the floor on behalf of the thousands who do not have the time or who do not have the resources to write to me and ask for help but who are struggling as well.

I come to the floor on behalf of small business owners, parents, senior citizens, and people with preexisting conditions, people with insurance whose premiums are skyrocketing, and people without insurance who spend their nights praying they do not have an accident or fall ill.

These people are all worried about keeping their jobs or making a mortgage payment and for whom the cost of getting sick today or being dropped from their health care plan or opening their mail to see another premium increase is too much to bear. Those are the people who deserve a real debate and a real plan, not distortions or silly distractions, such as conversations about how many pages are in this health care bill. What is more important than the number of pages in this health care bill is the help within those pages for businesses and families across this country.

I have watched, day after day, as our colleagues on the other side of the aisle have come down to this floor. They have made outrageous claims. They have handed out reams of paper and stacked copies of the Senate bill on top of copies of the House bill to try and turn a serious debate into a sideshow. But if my colleagues on the other side want to focus on pages, fine, let's focus on pages.

Beside me is a photo of a woman named Doreen Kelsey. In front of Doreen is a stack of papers. Those are hundreds upon hundreds of pages of forms and rejection letters and appeals and denials from her insurance company. These are pages that have taken hours and hours to fill out and that have stood between Doreen's husband and the care he desperately needed.

I met Doreen at a roundtable I hosted in August in Spokane, WA, in my State. Doreen told me she is self-employed and isn't able to purchase her own health insurance because she has a preexisting condition. Now, luckily, she and her family have health insurance coverage through her husband Tony's employer. She told me she and Tony thought their family had good insurance coverage. But when he asked for a colonoscopy, they soon discovered the lengths to which insurance companies will go to deny, to delay, and to dispute the care families such as the Kelseys assumed were included in their coverage.

Their insurance carrier told them before they would pay for this preventive care, it would have to be approved by a primary care physician. After being delayed for more than a month because of

that requirement—and this whole stack of papers here—the colonoscopy ultimately confirmed their fears, and he was diagnosed with stage 4 colon cancer. With that diagnosis in hand, the Kelseys were determined to beat this terrible disease together, but rather than focusing on fighting cancer they were forced to fight their insurance company.

Doreen told me although they had faithfully paid their premiums throughout their entire working lives, now that Tony desperately needed life-saving treatment, he was in a constant struggle of paperwork with his insurance company to pay for even routine care. They weren't asking for anything new, they weren't asking for anything experimental, they were just asking for the care that a lifetime of paid premiums should have entitled them to.

The Kelseys assumed what most Americans do when they are paying for good health insurance. They assumed that while their insurance was expensive, it would be there for them when they needed it. Well, Doreen and her family, like many other American families and businesses, have come to find out that in our current health care insurance system, stability is sometimes nothing more than an illusion.

With each procedure and each battle, the Kelseys faced a new fight—more paperwork stacked on more paperwork, another appeal and another appeal. At one point, Doreen told me she had to appeal all the way to the State insurance regulator just to get a corrected explanation of benefits form—paperwork—from her insurance company. She told me they had to borrow thousands of dollars to pay doctors while their claims were tied up in what seemed like an endless appeal process—paperwork.

The Kelseys' insurance now costs more than their mortgage, and they are constantly worried that Tony's employer will drop that coverage. But, thankfully, she told me Tony is working hard and successfully battling his cancer. In the meantime, Doreen has successfully been battling her insurance company. But this isn't how our system should work. When we pass the Senate's health care reform bill we are debating, it will not be.

Let me tell everyone—and the Kelseys—how our bill will help them. First of all, our bill ends insurance company discrimination for pre-existing conditions, so Doreen will be able to purchase insurance on her own and not have to rely on her husband's employer. Doreen would also have access to a number of different plans through an exchange that we are setting up where insurance companies, for the first time, would have to compete for her business. Our plan would inject competition into the insurance market, and we know that will lower costs and give families such as Doreen's more choices.

Our plan also makes it illegal for insurance companies to drop people when

they get sick, so Doreen and Tony wouldn't have to worry about losing their coverage at the moment they need it the most. Since we know that preventive care is critical to saving lives and saving money on health care costs in the long term, our bill ensures free preventive services under all insurance plans.

Our plan invests in prevention and in public health to encourage innovations in health care that prevent illness and disease before they require more costly treatment. It would have allowed Tony to get a colonoscopy when he first needed it so he could get his treatment started sooner.

Mr. President, we also know families deserve the security and stability of knowing that if they or their loved one do get sick, they will not be forced into bankruptcy to pay for the cost. Our bill restricts the arbitrary limits that insurance companies currently place on the amount of coverage families receive. It caps the total amount that insurance companies can make people pay out of pocket on copays and deductibles. And it eliminates the lifetime limits insurance companies can impose on coverage.

In addition to putting in place those important consumer protections that would help people such as Doreen and Tony, it will give families the stability and security they deserve and lower the cost of care so Americans such as Tony and Doreen would not have coverage that costs as much or more than their mortgage. We do that by putting in place premium rate reviews to track increases and crack down on excessive insurance company overhead costs.

When our bill passes—and I am confident it will, despite the delay and the delay and the delay that we are seeing on the other side of the aisle—insurance companies will no longer be able to hike up Doreen's premiums to pay for a bureaucracy they will then put to work battling her claims.

We also provide sliding scale premium tax credits—tax credits—for families who still can't afford coverage, which would help 450,000 people in my home State of Washington get the coverage they need.

Mr. President, the bill before us today—which some of my colleagues have sitting on their desks and they bring out here on a daily basis to show us the pages—will help families such as the Kelseys. That is what is within the pages of the bill they keep throwing at us. So I think, rather than talking about the number of pages in the bill, our colleagues on the other side of the aisle might actually want to talk about what is in the bill because right now, instead of debating the merits of bringing down costs or protecting families from losing the coverage when they get sick, our colleagues are actually spending time complaining this bill has too many pages.

I ask the Presiding Officer and my colleagues on the other side of the aisle to take a look at this photo of Doreen

sitting next to hundreds and hundreds of pages of correspondence and appeals and fights with her insurance company. These are the pages we ought to be talking about. These are the pages that impact people's lives, and the Kelseys are the people we ought to be talking about.

So when my colleagues come down here and complain about the number of pages in our health reform bill—those pages that will help our families and businesses lower costs—I want them to think about the number of pages right here in front of Doreen. These are pages that have caused the Kelseys unimaginable heartache, and these are the pages that have come between them and the health care they paid for.

These are the numbers we ought to be focusing on—the 14,000 people who are losing coverage every day. These are the numbers we ought to be focusing on—the 51 million people who have no insurance. Those are the numbers we ought to be focusing on, not the number of pages in the bill.

Mr. President, we have to end the politics, end the delay and the partisanship. We need to end this obstruction because that is what the Kelseys faced every day, delay and obstruction. They are facing it again on the floor of the Senate. It is time for us to come together on this important bill and bring our businesses and our families the insurance reform they have been asking for. I hope that is what Americans will remember at the end of the day, that the pages in this bill are going to change their lives so they don't have to fight their insurance companies again.

Mr. President, we are here today in the Senate—nobody on the floor, just me talking about what we ought to be doing, and you in the Chair, waiting. Why? Because we have a Defense appropriations bill in front of the Senate. It is a Defense appropriations bill that needs to be passed by the end of this year. It needs to be passed so we can get back on the floor and pass our health care reform bill.

Some people on the other side of the aisle have decided that delaying this Defense bill will somehow help them delay this from ever being passed—the health care bill that would help Doreen and her family. Well, Mr. President, it isn't just about making a political point. What we are doing is having our soldiers—who are serving on the ground in Iraq, in Afghanistan, around the globe and here in our country—wonder what they are going to get for Christmas—a delay from the Senate?

The bill in front of us provides a 3.4-percent military pay increase. This is an All-Volunteer Force we have out there working for us. Many of them are away from their families this Christmas. They do not want to hear that the Senate is delaying passing this important bill that will give them the security they need because of political obstruction in order to delay a health care bill.

This Defense bill is critically important. It has very important support for our military and their families. It has passed through this Senate before, and we are ready now to make the final trip to the White House, which needs to be done, by the way, by tomorrow. So I hope our colleagues will not continue to delay. I hope they will allow us to move to final passage on this bill so our men and women who are serving us in the military and around the globe know there is a Senate who is working for them.

I have heard some of them on the other side complain that some things were added to the Senate Defense bill—that also need to be done by the end of the year, besides the Defense bill—such as making sure our families, whose benefits are running out for unemployment, or COBRA for health care insurance, get a 2-month extension. So should our Christmas present to them be: Sorry, you aren't going to get your small little help as we end this year. We want to keep that going for another 3 months during one of the worst economic times we have seen. So, of course, we put it in this bill.

Because of the obstruction on the other side, we can't get it through in a timely fashion. It has to be done by the end of this year. We are doing the right thing for our families. We are doing the right thing for our military by putting it in this bill and getting it done and to the President so we can finish our work.

Mr. President, these are all critical issues. We are all tired. We have been here day after day after day. It is time to get this done. Let me tell you why. Because Doreen and her husband are facing piles and piles of paperwork to care for her husband. They are fighting their insurance company. And all we have to do is put these bills in front of us, get them done, and provide some relief for America. I hope that is what we focus on, Mr. President. I hope we stop the deny and delay and obstruction that the Kelseys have had to fight with their insurance company. Let's move these bills and go home to our families for Christmas.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. UDALL of New Mexico). The Senator from Illinois is recognized.

Mr. BURRIS. Mr. President, I also would like to make a few comments on the issue that is pending before this body and which has been debated and debated and debated, discussed and discussed and discussed. It is time to bring it to a meaningful and final conclusion.

As I address this Chamber today, we stand on the cusp of history. For many years, we have known that the American health care system is badly broken. Now, after nearly a century of debate, after 100 years of delay and false starts, this body is on the verge of laying the issue of health reform to a rest.

This bill represents the culmination of decades of hard work. Its course has

been shaped by 11 Presidents and countless Members of the House and Senate. It has taken a long and winding path to reach this point. This legislation is a product of compromise and consensus, of give and take on both sides. It is not perfect; by no means is it perfect. But here we stand.

We have come further than any Congress in history on this issue. We have worked hard to craft a measure that can accomplish the goals of reform without alienating those whose support we need to pass this bill. Without a commitment to certain ideals, this bill would be empty and ineffective. But without a willingness to work together and achieve compromise, this bill can never become a political reality.

As responsible legislators, this is the fine line we must always walk. It is never easy. I applaud my colleagues for the fine work they have done at every step along the way. Still, not everyone is satisfied, so the work goes on. It is the genius of our Founding Fathers and the rules of this body that allow one Senator to keep debate alive so we can work, debate, write, rewrite legislation together. One Senator can do that under the rules of this body.

Some have suggested that we kill this legislation and start over. They suggest that we stop and come up with something new. They say without perfection we should give up on reform altogether.

I have spoken on the Senate floor, Mr. President. You know what my position has been. But giving up on this issue is not an option. So as my colleagues and I continue to move forward from here, I would like to make one thing very clear. After 100 years of debate, we have come too far and worked too hard to turn back now. Too many Americans are counting on us to make a decision on their behalf. They need it now. They don't need it tomorrow or next week or next month or next year or never—they need it now. Killing the bill would ignore those who look to us for help in their time of crisis. We cannot abandon them at this time. Leaving tens of millions of people without any health coverage at all is also unacceptable.

To all those who believe we should kill this bill I would say this: I understand their frustration, the impulse to say enough is enough. But our vote in this body on this bill is not the end of a path for this sweeping legislation, only a door to the next step of conference.

I have not yet seen the details of the legislation. I have not yet seen the CBO score. I have not yet seen the provisions that will earn my vote; namely, cost containment, competition, and accountability. It is only through keeping this legislation alive that we can continue our work to make this a more perfect document. I say we must continue to work on this document we have before us. We cannot kill this legislation and start over. We must keep working through this legislation, keep-

ing it alive so we can continue—continue—to make this document what we want it to be. That is what we must do.

I yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. KAUFMAN. Mr. President, I speak today about the need for urgent action on the Defense appropriations bill. I shouldn't have to speak about urgent action on the Defense appropriations bill because this is the one area that is so important to the country and on which we should always operate as quickly as we can. I urge my colleagues on the other side of the aisle to stop their attempts to derail the health care bill and allow the Defense appropriations bill to move forward.

As always, I respect that my colleagues have different views. We have different views on all kinds of issues. We have all kinds of substantive differences. I am one of the people in this body who believe there are basic differences, and a lot of them are not political, they are about basic differences that separate us from being Democrats and Republicans. We can disagree on tactics and on principles, but I know my colleagues on the other side of the aisle support our troops, and the support of our troops should never be a partisan issue.

This bill funds more than \$100 billion for operations, maintenance requirements, and military personnel requirements for our armed action in Afghanistan and Iraq. It provides more than \$23 billion for equipment critical for protecting the brave men and women in uniform—and they are brave men and women and they deserve this. I know the other side of the aisle agrees with that. That is why we should move ahead on this bill. It funds more than \$150 billion for the training of our troops, critical to our success. It is incumbent upon the Congress to ensure that our troops in Afghanistan, Iraq, and throughout the world have the resources they need to be safe, secure, and effective in the war zone.

This bill has been operated and worked on by both parties. It puts our troops first, with the necessary equipment and improved benefits for the military and their families. This isn't just about our troops; this is about the brave men and women who remain at home, the families who need the benefits—again, issues I know my colleagues on the other side of the aisle agree with. They deserve our support and they deserve it now.

In addition to providing a 3.4-percent pay increase for our troops, it also improves military health care and research, including for the very important psychological health, which is especially important, given the startling

rates of post-traumatic stress disorder. Everybody knows we must train and equip our troops, our men and women going into battle, but it is equally important—and everyone agrees with this, too—it is equally important to care for the troops and their families after they return home. That is what this bill does.

This bill is necessary, as it demonstrates solidarity with the troops and gratitude for the sacrifices they make on our behalf. It is an investment in our military, in our security, and in our future. That is why our House colleagues overwhelmingly agreed to it yesterday by a vote of 395 to 34 and why we must end these partisan delays to move this bill forward.

It is critical we pass the bill, and there is no good reason why our troops and military families should have to wait—especially in this holiday season—while the other side of the aisle is playing politics.

I support conducting a real debate on Afghanistan with a host of other military issues, but the current debate is not about substance, it is about politics. Our troops should come first and they deserve better. We should pass this bill without delay to give the military and their families the funding they need to do their jobs and to protect our Nation.

Thank you. I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. WEBB). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. KAUFMAN. Mr. President, I ask unanimous consent to speak as in morning business for 10 minutes.

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

HEALTH CARE FRAUD

Mr. KAUFMAN. Mr. President, I rise to discuss health care fraud. Earlier this month, I introduced, along with Senators LEAHY, SPECTER, KOHL, SCHUMER, and KLOBUCHAR, an amendment that will protect our increased national investment in the health of Americans by improving fraud enforcement. Everyone believes in fraud enforcement, and this amendment does that.

It is no secret fraud represents one of the fastest growing and most costly forms of crime in America today. In no small part, our current economic crisis can be linked to financial fraud, starting with unchecked mortgage fraud generated by loan originators, through securities fraud that hastened the eventual market crash and maximized its impact on Main Street and average American investors.

In response, this body passed the Fraud Enforcement Recovery Act, FERA, which directed critical resources and tools to antifinancial fraud efforts.

FERA was passed in response to an unprecedented financial crisis, but Americans should expect Congress to do more than simply react to crises after their most destructive impacts have already been felt. We owe it to our constituents to identify and address problems when they arise so we can prevent disaster rather than just trying to figure out how to clean up after it happens.

In undertaking comprehensive health care reform, we must be proactive in combating health care fraud and abuse.

It is hard to believe, but each year criminals drain between \$72 billion and \$220 billion—that is billion dollars—between \$72 billion and \$220 billion from private and public health care plans through fraud, increasing the costs of medical care and health insurance and undermining public trust in our health care system. We not only lose the money, we lose the trust people have for the system that the system works.

We pay these costs as taxpayers and through higher health insurance premiums. This amendment will provide needed tools to reduce those costs through effective investigation, prosecution, and punishment of health care fraud.

It is pretty clear that as we take steps to increase the number of Americans who are covered by health insurance and to improve the health care system for everyone, we must also ensure that law enforcement has the tools it needs to stop health care fraud.

The Finance and HELP Committees, as well as leadership, have worked long and hard to find ways to fight fraud and bend the cost curve down. They have done a great job. However, there is more work to be done, and this amendment is an important additional step.

This amendment makes straightforward but critical improvements to the Federal Sentencing Guidelines, to health care fraud statutes, and to forfeiture, money laundering, and obstruction statutes, all of which would strengthen prosecutors' ability to combat health care fraud.

First, this amendment directs a significant increase in the Federal Sentencing Guidelines for large-scale health care fraud offenses.

It is really kind of strange, but despite the enormous losses in many health care fraud cases, analysis from the U.S. Sentencing Commission suggests that health care fraud offenders often receive shorter sentences than other white-collar offenders in cases with similar loss amounts. So people basically feel you can do health care fraud and get away with it and you will not pay a major price. According to statements from cooperating health care fraud defendants, many criminals are drawn to health care fraud because of this low risk-to-reward ratio.

As we have an incredible expansion of health care that will go forward, with more funds, we know criminals out there think this is easy. They think: I

can go out and commit fraud. It is a very complex process, but I commit the fraud. My chances of getting caught are not that great, but even more, I have an added bonus that, if I get caught, I will not get much of a penalty.

That is why we need to ensure these offenders are punished not only commensurate with the costs they impose upon our health care system but also at a level that will offer a real deterrence. These folks believe they can engage in health care fraud and even if they get caught they will not have much of a penalty. Our amendment directs changes in the sentencing guidelines that, as a practical matter, amount to between 20 and 50 percent for health care crooks stealing over \$1 million.

In addition, the amendment updates the definition of "health care fraud offense" in the Federal Criminal Code to include violations of the antikickback statute, the Food, Drug, and Cosmetic Act, and certain provisions of ERISA.

These changes will allow the full range of law enforcement tools to be used against all health care fraud.

The amendment also provides the Department of Justice with subpoena authority for investigations conducted pursuant to the Civil Rights for Institutionalized Persons Act, also known as CRIPA.

It is hard to believe, but under current law the Department of Justice must rely upon the cooperation of the nursing homes, mental health institutions, facilities for persons with disabilities, and residential schools for children with disabilities that are the targets of CRIPA investigations. You can figure out that in most cases these targets will cooperate, but sometimes they may not. The current lack of subpoena authority puts vulnerable victims at needless risk.

Finally, the amendment corrects an apparent drafting error by providing that obstruction of criminal investigations involving administrative subpoenas under HIPPA—the Health Insurance Portability and Accountability Act of 1996—should be treated in the same manner as obstruction of criminal investigations involving grand jury subpoenas.

As we consider and debate meaningful health care reform, we must ensure criminals who engage in health care fraud, and those who think about doing so, understand two things: If they engage in health care fraud, they are going to be faced with swift prosecution by more prosecutors and more folks who enforce the law, and when they are found guilty, they will face substantial punishment.

These commonsense provisions should be a central part of health care reform. I urge my colleagues to support this amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mrs. HUTCHISON. Mr. President, I ask unanimous consent to speak as in morning business for up to 10 minutes.

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

HEALTH CARE REFORM

Mrs. HUTCHISON. Mr. President, I rise today to speak about the health care bill that is pending. The Department of Defense bill is also pending. It is the business we have on the floor today. I have no doubt that at the appropriate time there will be a vote in support of funding our troops. I know that may come on Saturday after the time for debate has run out.

I want to talk about the health care issue because it is the reason we have been here for really most of the last month—voting every Friday, Saturday, and Sunday—is to talk about the health care bill, debate the health care bill, ensure the American people know what is in this health care bill, and ensure people start looking at the effect it is going to have on their businesses and their families. I can't think of anything we have ever voted on in this body since I have been here that will affect people's lives in such a personal way.

I have tried to look at what is good in the bill, and then I look at what I don't like in the bill, and I have to say the scale is very heavily tilted toward what I don't like.

In fact, I had a tele-townhall meeting, which is a new capability we have to talk to people. It is a wonderful way to be able to reach out in your State to people who are interested in asking questions and actually call them and let them ask their question. At all times during the tele-townhall I had last night, there were over 6,000 people who were in and out of that tele-townhall meeting. I was very pleased because every single question was a real question, a real person. One man who called is on kidney dialysis treatments. He has very high drug costs and high expenses. Then we had people on Medicare asking how the cuts in Medicare would affect their treatment and their care. Then we had small businesspeople who are scared to death of having more burdens, more taxes, and more mandates on their small businesses. Some were almost screaming into the phone: But don't people realize how hard it is to make ends meet right now for small business? Don't you all realize we are trying to stay afloat while we are in one of the worst recessions of our lifetime?

Of course, I assured them I do understand that. That is why I am trying to amend this bill, trying to change it, trying to encourage my colleagues on the other side of the aisle that we should really start over and try to have a health care reform bill that does three basic things.

We want a bill that actually lowers the cost of health care. Right now, the bill before us will increase the cost of health care. The cost of the bill that is before us today, if you start with when the bill takes effect, which is 2014, and you go 10 years out, you are looking at \$2.5 trillion in costs.

We have a debt of \$12 trillion in America right now. Those numbers are staggering. We used to be worried about \$12 billion, \$15 billion, and \$100 billion; now we are talking about trillions of dollars. We are talking about \$12 trillion in debt right now. The idea that we would put \$2.5 trillion more in this health care bill, which mandates taxes, to offset some of it, to businesses, employers, and families, is unthinkable. It is unthinkable in good times, but in the bad times we have now, it is absolutely unthinkable. Here we are now talking about this bill that will increase the debt and increase taxes and mandates.

In talking with the people of Texas, I did a little poll on the tele-townhall. I said: Register in, punch 1 for yes, 2 for no, and 3 for undecided. I asked: Do you support the bill that is before us today? If you say yes, press 1; no, press 2. Eighty-one percent instantly started registering against this bill.

I was listening to my colleague, Senator BARRASSO of Wyoming. He also had a tele-townhall meeting for Wyoming. Many Senators are doing this now. He had a couple of thousand people on the call. Ninety-three percent who registered on the poll were against this bill. My colleague from Nebraska, Senator JOHANNS, said the polls in Nebraska are overwhelmingly against this bill.

People are listening to the debate, reading the newspapers, getting every bit of information they can, listening to the tele-townhall conference calls, they are asking their questions, and in unprecedented numbers they are registering their interest and their overwhelming rejection of this bill.

I talked about what is in this bill and what we could have. Instead of \$100 billion in new taxes, which would start next month, we could step back and say we are not going to put new taxes on businesses and families and companies before the bill even takes effect. In fact, Senator THUNE and I had a motion that was rejected on the floor. It was tabled yesterday afternoon. It would have done exactly that. Very simply, if the bill is going to pass, at least don't start the taxes until there is some program available that is as a result of the bill. It is very simple and clear. That was our motion, and it was tabled, with only 41 Senators saying yes, so we lost the motion.

It is of great concern to us that the tax increases in this bill start next month—we will have over \$100 billion in new taxes starting next month—and that the 40-percent excise tax on premium health care coverage policies takes effect in 2013 but the bill doesn't take effect until 2014.

That is the bill we are debating today, which an overwhelming number of American people are rejecting. They don't want taxes, mandates, and they don't want the government to step between them and their doctors. They want the physician-patient relationship that is the hallmark of American

health care. It is what makes us different from most other countries in the world—that we don't have government standing in the way and most of our private plans don't say: No, you can't have this treatment because you are too old or you are not fit enough, or having the government say: Here is who is qualified for this procedure. That is not the health care we have known in America.

We are for health care reform that lowers the cost of health care in our country, and more people will have affordable options. There is a part of this bill that could provide that. It doesn't mean a government takeover. We don't need a government takeover. That is why you have all the taxes and mandates, because it will cost so much that taxes and mandates are the way the majority is putting forward to pay for this expensive government takeover.

Why not have the health care exchange without all the mandates so there would be a free market on the exchange with no cost that would allow people to have choices? The insurance companies would come forward and there would be high-deductible plans for people who wanted high-deductible plans, and there would be low-deductible plans that would be more expensive, but some people would prefer to have that. You could make your choices among the plans that would be put on an exchange that would be open, transparent, and competitive. You would have bigger risk pools and, therefore, lower premiums would be the result.

Talking about what Republicans wish to see in health care reform and asking the majority if we could stop going through every weekend with one vote on Friday, one vote on Saturday, one vote on Sunday so that we are not able to do anything with our families during this holiday season, instead why don't we step back and say we will come back after Christmas or whenever the majority wishes to come back and say: Let's sit down in a bipartisan way, and let's have three principles in a health care reform bill. No. 1, we would lower the cost with the exchange, bigger risk pools, lower costs. No. 2, how about tax credits for every individual or family who would buy their own policies because they don't have access through an employer or if they are going to go on this exchange that would not cost anything, they would be able to have a tax credit to buy their own health care coverage. That would increase the number of people insured in our country, much larger than we are looking at today with a big government-run plan, which is said to increase the number of insured 31 million, but leave 24 million uninsured. We could get 31 million with the free market working.

No. 3, what about medical malpractice reform? We could take \$54 billion out of the cost of health care by having frivolous lawsuits curbed with some kind of reasonable limits on damages or attorneys fees that would allow

people to get some compensation for a transgression, but not something that is going to raise the cost of premiums so high for doctors and hospitals that they have to order more medical tests and that raises the cost of health care across the board.

Those would be the principles we could support. Let's start again after Christmastime and do a rational proposal that the American people would accept.

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

Mrs. HUTCHISON. I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON of Florida. Mr. President, is it any wonder that people are responding negatively when asked, Do you support health care, when they have been bombarded with millions of dollars of TV advertisements that are not telling what this health care bill does?

Is it any wonder when they hear comments such as this health care bill will not save the American consuming public on their health insurance premiums? What does it do?

Can you believe that it is not going to allow insurance companies to cancel your policies?

Can you believe that it is not going to let an insurance company come up with some kind of fictitious excuse that you have had a skin rash and, therefore, you have a preexisting condition and they are not going to insure you?

Can you believe that it is going to bring in 31 million new people who are going to have health insurance who did not have health insurance before, and that all the rest of us paid for when they showed up at the emergency room?

Can you believe that this health care bill is going to bring down the cost of Medicare over the course of time and is going to save Medicare instead of Medicare running out of funds in about 6 or 7 years?

Can you believe that by creating a health insurance exchange for the private marketplace for private health insurance companies to compete for that available exchange of people who want to buy health insurance there, it is going to bring down their health insurance premiums from what they would otherwise pay?

You probably say it is hard for me to believe that because of all the negative I have heard. But that is exactly what the experts tell us this bill is going to do. And, oh, by the way, it is going to do one more thing. Over 10 years, this bill is going to reduce the deficit by \$130 billion. Can you believe that? Not if you have been listening to all the stuff that has been thrown around about how bad the bill is. But that is the tactic. That is the tactic of “in your face,” “oh, ain’t it awful.” It is time the real story gets out.

You know what will happen? When this bill is passed and it is finally

signed into law by the President, then the real story is going to get out and people will know. In the meantime, I wish that in the Senate we could have closed the doughnut hole. The doughnut hole is the gap in coverage for Medicare recipients where they have to continue to pay premiums for Medicare but they receive no drug coverage whatsoever.

Under current law, a Medicare beneficiary will pay up to \$310 for their drugs, which is the deductible, and then they pay 25 percent of their drugs up until they have paid out a total out of their pocket of \$940. Above that, they hit the dread doughnut hole and they continue to pay premiums, but they receive no help from Medicare for their drugs all the way up to a much higher level. There are 3.5 million people who hit that dread doughnut hole.

Each year, because of the formulas, the doughnut hole grows bigger and it is compounded by higher and rising drug prices. We have seen that the pharmaceutical industry has raised their prices 9 percent. These out-of-control increases in prescription costs are hurting our folks and especially seniors on fixed incomes.

It is no secret that I wanted to fill the doughnut hole. It is not going to happen. But what is going to happen when this gets into conference with the House of Representatives—in fact, there has been a commitment by the majority leader, there has been a commitment and a statement by AARP, which has a significant interest in this legislation, there was a pledge on this floor by Senators REID, BAUCUS, and DODD to close the doughnut hole. I suspect that what has happened is, they have gotten the agreement of the pharmaceutical industry to help them close that doughnut hole once we get into the conference committee with the House of Representatives.

But first, we have to get the bill out of here. That means we have to stand up and push back all of this nonsense and misinformation that is coming about this bill.

What does it do, to recapitulate. It lowers the cost of Medicare over time. It gives a reduction of the Federal deficit. It allows insurance for people who do not have it to be available and affordable and they cannot cancel or use some flimsy excuse to cancel. It will utilize the private marketplace in which to make this happen. This is an American story, and it is going to be an American success story.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. CORNYN. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BEGICH). Without objection, it is so ordered.

Mr. CORNYN. Mr. President, as I contemplate the task ahead of us be-

tween now and Christmas to consider this huge change—some might say radical change—in our health care system, I am reminded of an oath that doctors take called the Hippocratic oath, which basically is, first, do no harm. In other words, you don't want to kill the patient when you are trying to cure them of cancer. You don't want to disable a patient, make their condition actually worse than trying to help them. I think it would be advisable if Congress took a Hippocratic oath, and nowhere is that more appropriate than when talking about health care.

We ought to make sure whatever we do, we don't make things worse. Yet the underlying health care bill, the Reid bill, makes things worse. I will talk about that in detail.

We all agree health care reform is needed. Some of us have different ideas about what reform should look like. We know health care premiums have more than doubled in the last 10 years for American families and that health care costs typically rise at two or three times the rate of wage growth. We also know this is all unsustainable. We can't keep doing what we are doing. Republicans and Democrats agree on the nature of the problem. The question is, What is the cure? What are we going to do to make it better? Are we, perhaps, due to inadvertence or unintended consequences, actually going to make things worse than they are now?

The Reid bill, the health care bill that will be considered along with a substitute that has been negotiated behind closed doors and which we haven't seen, the basic Reid bill would actually increase premiums by \$2,100 for American families purchasing insurance on their own.

I would like to recall the words of President Obama as he was describing his bill. He said:

I have made a solemn pledge that I will sign a universal health care bill into law by the end of my first term as president that will cover every American and cut the cost of a typical family's premium by up to \$2,500.

Yet this bill breaks President Obama's pledge because for an average American family buying their insurance on their own, it would raise their premiums by \$2,100. According to the CBO and the Joint Committee on Taxation, all of the new taxes—the tax on health benefits, if you have so-called Cadillac plans. I had three firefighters from Texas in my office 2 days who said: Please don't let them tax our health care plans. We have negotiated those in lieu of wage increases. We accepted lower wages because we wanted a better health care plan. Now you are going to tax our health care plan. That is just not right.

We know those taxes on medical devices, on health insurance, whatever they may be—on prescription drugs—eventually will find their way back to the consumer. It is sheer fantasy to think these companies are just going to absorb those taxes and those cuts and they would not have an impact on

the price to the consumer. That is why rather than bending the cost curve down, making health care more affordable, this will actually make it worse.

A new independent study by Oliver Wyman found that the Reid bill would actually increase insurance premiums for people with insurance. Again, I thought the purpose of health care reform was to bring costs down through managed care, medical homes, accountable care organizations, delivery reform, medical liability reform, parity of tax treatment, increased competition across State lines. Those are the kinds of things this bill does not do which would actually have some hope of bending the cost curve down for the average American family.

This study by Oliver Wyman found that the Reid bill would actually make people's insurance premiums go up. This study said premiums would go up by 54 percent—in my State of Texas, by 61 percent—for Americans purchasing health insurance on their own. In other words, it is not employer provided. They would have to go out in the marketplace, if you are a small business man or woman, and buy insurance or if you are an individual buying health insurance, this will make your premiums go up by 61 percent in Texas and 54 percent across the Nation. So an average family of four in Houston would see their premiums more than double to \$1,352 a month.

Is that the kind of health care reform we thought we were signing on to when we engaged in this debate? It certainly isn't what I call health reform. This is not what my constituents in Texas call health reform, to double the premiums for an average family of four in Houston. That just makes things worse. Premiums could go up 20 percent higher for small businesses struggling to provide benefits for their employees.

The worst part about this is that these kinds of so-called reforms have been tried before. They failed miserably. For example, in New Jersey and New York, both tried the kinds of mandates, community ratings, guaranteed issue—these other things that sound a little arcane but which have had the impact of skyrocketing premiums in those States and causing insurance companies to leave the market. Rather than bearing these financial and regulatory burdens, many of them say: We are out of here—leaving people with less choice and higher premiums.

Then there is the Medicaid-Medicare cost shift. For example, Medicare pays about 80 percent of what private insurance does to a doctor or a hospital. Medicaid even less. So these providers have to make it up somewhere else. What they end up doing is charging more to people with insurance. That is what the cost shift is all about. According to one study, that cost shift means higher premiums of about \$1,800 a year for the average family. About half of that comes from Medicaid alone. Yet the Reid bill includes the biggest expansion of Medicaid since the

program was created in 1965. And lest we forget, Medicaid is a joint Federal-State program. By expanding the coverage of Medicaid, we are basically imposing an unfunded mandate on the States.

In my State, a State of 24 million people, this Medicaid expansion will result in a \$20 billion unfunded mandate imposed on State taxpayers that the Federal Government is not going to help them out with, \$20 billion over 10 years.

The American people intuitively know all of this. A new Washington Post-ABC poll came out this week that found that most Americans, 53 percent, believe Washington's health care bill will actually increase their costs. Small businesses know this is true. According to a letter I received from the National Federation of Independent Business:

The Patient Protection and Affordable Care Act, which is short on savings and long on costs, is the wrong reform at the wrong time and will increase health care costs and the cost of doing business.

Why in the world would we impose additional costs on small businesses at the same time we are trying to get small businesses to create jobs to try to get our economy to come back? We know that small businesses are the engine of job creation. Now we are just going to impose more costs, more higher premiums on them. What is that going to do? That will discourage them from keeping employees they have in a tough economy and perhaps not hiring new people, when we want to do everything we can to bring down the 10 percent unemployment rate.

In Houston, TX, according to one small business owner:

The proposed health care bill is going to have a negative impact on my business because the cost of employee health insurance will go up. I don't believe what some are saying that the costs will go down. This bill does not make economic common sense.

One thing about common sense is, as you find out the older you get, it is not too common. This bill simply defies the explanation that some have given to it that it will actually make things better rather not worse. My constituents, small business owners, everyone understands that the pressures put on premiums and costs is going to make things worse.

Here is a chart that shows that from the time this bill is passed until 2016, we will see a huge increase in premiums for businesses and individuals as well—large businesses, small businesses, individuals. Americans know this is going to make an unsustainable status quo even worse. Yet the President and the majority—

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. CORNYN. I ask unanimous consent for an additional 2 minutes.

The PRESIDING OFFICER. In my capacity as a Senator from Alaska, I object.

Mr. CORNYN. I thank the Senator for his courtesy.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, I ask unanimous consent to speak for an additional 5 minutes.

The PRESIDING OFFICER. In my capacity as a Senator from Alaska, I object.

Mr. CORNYN. Mr. President, may I inquire of the Chair, is it the intent of the Presiding Officer to prevent any Senator from speaking on the floor on this important bill? I am looking around. I don't see any other Senator waiting to speak. I simply would like an explanation of the Chair's ruling.

The PRESIDING OFFICER. I release my objection.

Mr. CORNYN. Mr. President, the Congressional Budget Office has said—this, of course, is the nonpartisan office which is tasked with the job of scoring or determining the cost of these bills before us—the CBO has opined that the Reid bill will result in 90 percent of Americans seeing the same unsustainable premium increases as they currently do year after year or, in some cases, even higher. If we are going to spend \$2.5 trillion over 10 years, if we are going to cut Medicare by half a trillion dollars, if we are going to raise taxes by another half a trillion just to have no impact for 90 percent of Americans and for the others to actually see premiums go up, it strikes me that this is a solution in search of a problem.

The problem is, we know the premiums are too high, costs are too high, and we need a better answer than is being proposed by the Reid bill.

The Congressional Budget Office estimates that families who get their health care through small businesses or large employers will see their premiums go up under this bill. The new ideas we have seen offered by our friends on the other side are designed to score political points but are not aimed at solving problems.

For example, one of our colleagues, the Senator from Arkansas, offered an amendment to cap compensation for insurance executives and argued that it would actually lower premiums somehow miraculously. We asked the Congressional Budget Office whether that would have any impact on premiums. It said the impact would be negligible. So what is the point?

We have heard a lot about repealing the antitrust exemption for health insurers. The CBO said while that may be a feel-good sort of provision, that it would actually make premiums higher and make things worse.

The CBO concluded that by enacting the legislation, it would have no significant impact on the premiums that private insurers would charge for health insurance. They also noted that to the extent insurers would become subjected to additional litigation, their costs and their premiums charged to consumers might increase.

We have also heard from some of our colleagues about their cost containment ideas, a group of Democratic Senators who offered an amendment. I

think it does have some good ideas in it, but it only saves \$200 million, not an insignificant amount of money, but in a \$2.5 trillion bill?

So the bottom line is, this bill spends \$2.5 trillion to increase premiums or, at best, maintain the status quo. That is not health care reform. We should reject this bill and start over with a step-by-step approach that will actually solve the problems confronting the American people.

We should not accept, no matter what the crush is before the Christmas holidays—these last 8 days of this year—we should not accept a bill that cuts \$1/2 trillion from Medicare, which cuts benefits from Medicare Advantage beneficiaries—one-half million of whom live in Texas; there are 11 million total—we should not accept a bill that raises premiums for many Americans, and we should not accept a bill that puts crushing new taxes on small businesses when unemployment is at 10 percent.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. ROCKEFELLER. Mr. President, I rise with my colleagues, Senator LIEBERMAN and Senator WHITEHOUSE—who are on their way to the Chamber—to discuss an amendment to strengthen and improve the independent Medicare advisory board included in the underlying bill.

I firmly believe creating an independent authority to help Congress make informed decisions about reimbursing Medicare, getting away from a fee-for-service system, and making it based upon the cost which is incurred—but also the quality which now has to be required: evidence-based outcomes—that is the direction Medicare, all of health care, has to go.

These are not just cost decisions but quality decisions. I think it is critical to sustaining our program and the promise we made to millions of seniors that we would do right by them and still keep Medicare affordable, keep the trust fund solvent. It is meant to go broke in 2017. That does not help hospitals, doctors, Medicare beneficiaries, or anybody else. So we have to keep that in mind as we talk about this issue.

I applaud Leader REID for his bold leadership in including this advisory board in his underlying bill. It is a very strong step forward.

In their May report this year, the Medicare trustees determined, if we do nothing, the Medicare trust fund will basically go insolvent in 2017. In health care terms, that is like next February.

It is abundantly clear if we fail to put Medicare on a path of fiscal sus-

tainability, this incredible program—and the security it means for seniors in my State of West Virginia and in the Presiding Officer's State of Alaska and people everywhere; and the disabled, who are, unfortunately, often forgotten—it will be in tremendous danger. We cannot allow that to happen.

So what does this amendment do? If we are serious about protecting Medicare's future, we have to be serious how we handle Medicare, how we allocate it, and use it as a reimbursement and quality tool. So this amendment includes a number of changes to do exactly that.

The most important change: This amendment eliminates a significant loophole in the underlying bill; that is, it eliminates the carve-out which was created by some for hospitals and other providers. I repeat, it eliminates the carve-out.

The carve-out now comprises about 60 percent of all Medicare. So it is a sham. It has to go or else Medicare is in deep trouble. I wish to talk about this a little bit.

We protect the board's integrity. In fact, we give the board integrity and we give them authority. Congress, right now, has the sole authority to change Medicare's cost curve. Yet as the ranks of lobbyists grow and prey upon Members of the House and Senate—it is amazing the relationship between how the cost of Medicare grows and their activities.

Let's be quite honest about it. This is not a politic thing to say, but it is the truth. Probably about 12 percent of the Congress understands health care down to the wee depth that is needed to be able to decide on the reimbursement procedures, the quality outcomes procedures, which we use to reimburse Medicare providers. This means we have made a lot of mistakes, the cost of Medicare has gone out of control, and we provide Medicare reimbursement unevenly and unfairly. People complain when they should not; do not complain when they should.

You have to understand, Medicare is such a powerful force it drives prices and it drives policies in health care for years and years to come all across the span of health care. It is the elephant in the room.

Power represents an opportunity. Medicare's force and clout can also be harnessed in a direction to improve our health care system, improve efficiency. That is why I am adamantly opposed to the carve-out for hospitals and other providers because it weaves special-interest treatment into the very fabric of a board created to remove them from the process.

MedPAC was created by a Republican Congress in 1997. It, in theory, decides how Medicare reimbursement is going to be updated on an annual basis. The fact is, it has no power to do any such thing. That has to be changed.

Is this a significant change? Yes, it is. Is it just like people changing their lives in various ways all across Amer-

ica because they are facing situations which they have not faced before? People do not have work; people have anxiety over all kinds of subjects; they have anxiety over health care, and they should have anxiety over health care because, particularly if you are a senior, the Medicare trust fund is running out on us.

So the only way you can do that, in my judgment, is to get away from fee for service; that is, you provide the service, and whatever it is, I will pay you the fee. It is simple. It is what we have used. It is what has gotten us in trouble because we do not insist upon experts making these decisions and on demanding evidence-based outcomes in the way hospitals, doctors, and others are reimbursed under Medicare. Medicare is taxpayers' money. It is not a frivolous matter.

As was the intent of my original policy, it is time to change the equation and put expert evidence and advice at the forefront of health care decision-making. It is time to take the special interests out of the process and create an independent, politically insulated entity with its sole job to be to protect Medicare's long-term quality and solvency. I am sure many will come and object to that, saying we should do that in Congress, but I repeat: Is Congress qualified? Does it have the knowledge to the depth that it can make a decision on how much providers should be reimbursed? My answer is some do, most don't and, therefore, the cost of Medicare keeps rising and the system is more endangered.

I have no doubt that a strong independent Medicare advisory board would be a powerful cornerstone for meaningful health reform in all of the right directions, but if we want the board to succeed, it needs the tools for both Medicare reform and genuine private sector cost containment.

Congress cannot do this on its own. We have proven ourselves incapable of making efficient, consistent decisions about Medicare's future, which now amounts to a crisis. We cannot continue standing in the way of progress. I urge my colleagues to join me in support of this truly transformative policy.

I simply repeat: If we are going to make it in health care, if we are going to make it in Medicare, if we are going to preserve the trust fund, we have to change the way we do business. People may not like that. People will complain about it. People will complain if we do nothing. People will complain if we do everything. People complain. That is the nature of it. That doesn't matter. What matters is that we do the right thing; that we bend the cost curve by making accurate decisions; that we are tough in our decision-making; and that is what this board—and Congress will have a chance to review it but cannot override it except by a very substantial vote—and that is what the Medicare advisory board is all about. It is the answer to Medicare's future, in this Senator's judgment.

The security this policy provides for our seniors is too important. We need to fight for them, always. We need to protect them. We need to protect the solvency of the trust fund, and we need to make sure seniors are getting the best possible care. The day has ended when people can submit a bill and say: I did this and, therefore, pay me that. That is our system now. It is the wrong system. It has gotten us into trouble. It is not good for health care, and it is very bad for the solvency of the trust fund.

I see my distinguished colleague Senator LIEBERMAN has arrived. He and I have been working on this for some time together, I am proud to say.

I thank the Chair. I say to my colleagues the full text of the amendment, No. 3240, is printed in the RECORD of Tuesday, December 15.

The PRESIDING OFFICER (Mr. FRANKEN). The Senator from Connecticut is recognized.

Mr. LIEBERMAN. I thank the Chair.

Mr. President, I am honored to stand and speak on behalf of this amendment which I have filed with Senator ROCKEFELLER and Senator WHITEHOUSE, and I thank them for their leadership.

I wish to speak for a few moments about it. It is not a noncontroversial amendment, but I think it redeems one of the two central promises or goals of this bill. The fact is that a lot of the current health care reform debate in fact is focused on issues that are not central to two big goals that I think most of us share, which are, first, to expand the number of people who have health insurance coverage in our country; secondly, to lower the costs, because the costs continue to go up way beyond the rate of general inflation in our country, and that has a very burdensome effect on millions of individuals, families, businesses, our government—indeed, our entire economy.

This amendment focuses on the second of those two big shared goals, which is containing the increases in health care costs. It has become a mantra around here—but it is never bad to repeat a mantra—which is that national health expenditures in our country are now well over \$2 trillion. It is hard to imagine that amount of money, but let me try to get inside it.

We spend twice as much per person on health care as the average developed country in the world, but I am afraid we are not receiving as a country the best value for our health care spending. The fact is that the United States provides some of the best health care in the world, but we don't provide it to all of our people and we don't provide it efficiently. Medicare and Medicaid account for over 20 percent of the Federal budget and over 27 percent of national health expenditures. These two programs are expected to rise to equal 20 percent or one-fifth of our gross domestic product by 2050.

Here is the animating, motivating fact that brings Senator ROCKEFELLER, Senator WHITEHOUSE, and me together

to file this amendment: The Medicare trust fund, which provides Medicare benefits to approximately 37 million senior Americans that they depend on, that they have depended on in a way that has helped to extend their lives as average life expectancy goes up, the Medicare trust fund is expected to be insolvent, out of money, bankrupt, by 2017—unable to pay the bills by 2017. That is 8 years from now. It is to prevent that unacceptable result that my colleagues and I come forth to file this amendment to make sure that by then—we have done a lot of things, but one of them is to make the delivery of health care more efficient, the delivery of health care to seniors through Medicare more efficient, so they can look forward with confidence to having Medicare coverage throughout the rest of their lives.

As we all know, it is not just the ones on Medicare now; the baby boomers are coming of age to get on Medicare, and that will add enormously to its responsibilities.

I would say that Senators REID, BAUCUS, DODD, and HARKIN did a superb job, a very good job, with the Patient Protection and Affordable Care Act, the underlying bill, to reduce health care spending and particularly to do so while expanding coverage for 30 million more Americans, which is the second great goal that I believe we all share. While these numbers are encouraging, Senators Rockefeller, Whitehouse, and I think we can and should do more, and that is the cost containment numbers.

My colleagues introduced earlier this year the MedPAC Reform Act, which created an independent authority, a separate nonpartisan body, to make critical health care cost decisions or make recommendations about them. In the current Senate health care reform bill, their idea appears centrally as the independent Medicare advisory board. It will bring together a panel of experts whose mission it will be to extend the solvency of the Medicare trust fund by seeking out new efficiencies, new cost containments, and improving the quality of care delivered by Medicare in the private sector. The board will have the authority to make recommendations to the President and Congress to reduce Medicare spending in particular ways. Those recommendations will be fast tracked through Congress with strict requirements for the committees of jurisdiction to review them, report the recommendations to the full Congress, and then be subject, those recommendations, to limited floor debate, limited by the underlying legislation. If Congress does not pass the advisory board's recommendations or adopt other proposals that produce an equivalent amount of savings, the Secretary of Health and Human Services will be required to implement the board's original recommendations.

As Senator ROCKEFELLER said—this is the second time today I have said this—earlier today the Homeland Security Governmental Affairs Committee

held a hearing on efforts to establish a commission to begin to turn around the exploding national debt we have. Part of the reason we do that and part of the reason this independent board outside of Congress is being created is that we haven't proven ourselves capable of controlling costs because we find it a lot easier to say yes to people, for good reasons, for humane reasons, but don't find it so easy to pay for the resulting costs of our affirmative answers to their requests.

The CBO has estimated that the advisory board in the current bill will save \$23 billion in the next 10 years. The Obama administration and dozens of respected economists have said that the creation of this board is instrumental in lowering costs and literally saving Medicare from bankruptcy. The amendment I have filed with Senators ROCKEFELLER and WHITEHOUSE, I am convinced—certainly our intention is to make this independent board stronger so it will result in larger savings and contain more costs over the long run.

There are six provisions in the amendment that I want to denote, describe briefly. First, this amendment will extend the board's authority to cover hospitals and hospices; sensitive, I know, but the board must have the authority to consider the entire breadth of Medicare expenditures in making its recommendations to Congress to maximize savings for the government, for taxpayers and, most of all, for the beneficiaries of Medicare so the program is still there to help them.

Second, our amendment makes it easier for the board to make recommendations in the years beyond 2019 than the underlying bill does so that it can continue to monitor Medicare over the longer term and ensure its long-term solvency. We want those on Medicare now, and those coming on Medicare, to be able to depend on it over the course of their lives.

Third, this amendment will raise the amount of savings the board must meet in years where Medicare growth exceeds the target growth rate set in the law, in the proposal.

Fourth, we move up the time of implementation of the board's recommendations by 2 months to minimize, frankly, the influence of interest groups who will be in the normal course of the process fighting to stop these cost-effective recommendations.

Fifth, the amendment allows the board to offer recommendations in years where the Medicare growth rate does not outpace the target growth rate. The goal of this provision is to be clear that the purpose of the board is not just to contain costs beyond a certain standard but also to search out constantly for inefficiencies, for waste, for the expenditure of Medicare dollars that is not actually benefiting Medicare recipients.

Finally, our amendment clarifies that the purpose of the board is not just to contain costs within Medicare but to look more broadly at health

care spending outside of these publicly supported programs. That is very significant. It will provide an opportunity for broad savings in health care and health insurance for pretty much everybody in our country.

I am proud to join today with my friends, Senators ROCKEFELLER and WHITEHOUSE, to announce the filing of our amendment. These six provisions will make this advisory board stronger and reduce costs.

While we disagree on some aspects of health care reform, I hope we can agree across party lines that health care spending is out of control, and that we can contain it in a way that doesn't threaten access or benefits. We must preserve and extend Medicare for future generations, and we must ensure that the new private market we are creating in health care reform is one where health care quality and efficiency justifies the cost.

The PRESIDING OFFICER. The Senator has spoken for 10 minutes.

Mr. LIEBERMAN. I wonder if I could ask unanimous consent for an additional moment.

The PRESIDING OFFICER. In my capacity as a Senator from Minnesota, I object.

Mr. LIEBERMAN. Really. OK. I won't take it personally.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I ask unanimous consent that the Senator from Rhode Island be recognized for 10 minutes followed by the Senator from Michigan, the distinguished chairman of the Armed Services Committee who will be speaking on the bill, and that I be recognized to follow him.

The PRESIDING OFFICER. Is there objection?

Mr. LEVIN. No objection. I assume that is for 10 minutes each?

The PRESIDING OFFICER. Is that for 10 minutes each?

Mr. MCCAIN. Yes. I have been around here 20-some years. It is the first time I have ever seen a Member denied an extra minute or two to finish his remarks. I must say that I don't know what is happening here in this body, but I think it is wrong.

It is fine with me that it be 10 minutes.

I will tell you, I have never seen a Member denied an extra minute or so, as the Chair just did.

Mr. LEVIN. If the Senator will yield, I don't object to the unanimous consent request on that condition. I think the same occurred earlier this afternoon for reasons that have to do with trying to get this bill going.

Mr. MCCAIN. I haven't seen it before. I don't like it, and I think it harms the comity of the Senate not to allow a Member at least a minute. I am sure the time is urgent, but I doubt if it is that urgent.

I renew my unanimous consent that the Senator from Rhode Island be recognized for 10 minutes, the Senator

from Michigan for 10 minutes, and then that I be recognized for 10 minutes.

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

The Senator from Rhode Island is recognized.

Mr. WHITEHOUSE. Mr. President, I know the Senators have been waiting longer than I have. It is a personal courtesy from them to me to allow me to join Senator ROCKEFELLER and Senator LIEBERMAN as a cosponsor and have our remarks follow in series. I am grateful to both of them.

I am here to speak in support of the amendment offered by Senators ROCKEFELLER, LIEBERMAN, and myself, which would strengthen the provisions of the reform bill creating a nonpartisan group of experts to put the brakes on out-of-control medical spending.

One of the first things we can count on in terms of this amendment being one to protect Medicare beneficiaries is that the prime sponsor is Senator ROCKEFELLER, a man who has dedicated his career since long before I was here—even during his days in West Virginia—to looking out for seniors and for the disabled and, since he has been in the Senate, looking out for Medicare. That is a credential that deserves great respect with respect to this amendment.

One of the most persistent concerns in this health care debate is, of course, cost control. I have spoken many times on the floor about the overriding importance of cost containment for the future of health care and especially the need for innovative delivery system reforms, which can be driven by the way you pay providers.

Our Republican attackers complain that Democrats on the bill are just doing more of our usual taxing and spending and that we won't impose any discipline on the system. Mr. President, as somebody who has worked for years on health care delivery system reform, I can tell you that is simply not true. This bill undertakes the most comprehensive redesign of our chaotic, wasteful system ever attempted.

One leading health economist and expert in cost containment, MIT professor Jonathan Gruber, recently wrote of the Senate Democrats' efforts in this bill that he couldn't "think of a thing to try that they didn't try. They really made the best effort anyone has ever made. Everything is in here. . . . You couldn't have done better than they are doing."

Many critics talk about cost control as if it were just a matter of political will, that Congress can come here and cut costs by flipping a switch. Well, that may be true if you want to cut benefits for the elderly and disabled or if you want to throw the elderly and disabled off of coverage or if you want to pay doctors even less for treating Medicare patients. But those would be brutal, callous cuts that would create human misery and suffering. Better to tackle the waste in the system, the \$700 billion annually in excess costs

found by President Obama's Council of Economic Advisers—a number that may actually be as high as over \$1 trillion every year, according to the Lewin Group and to George Bush's former Secretary of the Treasury, Paul O'Neill.

By this method, you save money by improving the quality and efficiency of care; by tackling the multiple sources of waste and inefficiency in the system; by improving quality and access to care and giving doctors, hospitals, employers, and employees all the correct financial incentives to adopt healthy, cost-saving, efficient practices. The complexity of getting those incentives right, aligned with top-flight health care, versus the power of the interest groups that are involved, has historically paralyzed Congress.

History teaches that the significant national dialog and debate we are now having about health care is a momentary exception rather than the general rule. It is possible this debate will usher in a sustained period of focus on health reform, but the steepening fall of our health care system toward catastrophe should counsel us to protect against that congressional institutional paralysis.

This independent, nonpartisan board of experts to help control costs in a way that is smart, humane, and not all politics, is important. The independent Medicare advisory board will force Congress to act by issuing recommendations to reduce cost and increase efficiency that will automatically go into effect if Congress does what we so often do around here—nothing. If Congress can agree to different ideas, it can change the board's recommendations, but we still have to reduce Medicare costs by a minimum savings target. In other words, the board will force Congress to engage thoughtfully and for the public good on the most important fiscal and health issue our Nation faces.

Senator ROCKEFELLER's amendment strengthens this board in several important ways: It expands the circumstances in which the board's recommendations go into effect when Congress does nothing. It raises the maximum level of savings that the board's recommendations must achieve. It ensures all providers of health care services, including large hospitals, are equally responsible for bringing down Medicare costs. It empowers the board to issue recommendations for improving Medicare over the long term, even in years where spending is under control.

My colleagues on the other side of the aisle have depicted the board as a frightening, Orwellian, all-powerful dictator that will cut Medicare benefits. Hogwash. The bill specifically prohibits the board from doing anything to increase premiums, ration care, restrict benefits, or modify eligibility.

The facts no longer seem to matter to our friends on the other side. They have called this group the "rationing

commission.” If you look at page 1004, lines 3 and 4, it says this:

The proposal shall not include any recommendation to ration health care.

You are entitled to your own opinion—and we all have one—but not your own facts.

It is actually that kind of demagoguery about Medicare that proves the case for creating the board. Thoughtful, smart, technically expert people under congressional oversight but protected from these partisan spasms of congressional vitriol, passion, and folly will make careful and consistent decisions for all of our benefits, without diminishing the power of the American people and their elected representatives, so that we can preserve and protect Medicare.

I urge my colleagues to support Senator ROCKEFELLER’s amendment, in which Senator LIEBERMAN and I have so proudly joined him.

I yield the floor with my thanks to the Senator from Michigan for being so gracious in allowing me to join my colleagues in sequence on the bill.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

Mr. LEVIN. Mr. President, I wish to speak for the few minutes we have this afternoon in support of the appropriations bill that is before us, the Defense appropriations bill.

Senator MCCAIN and I and other members of the Armed Services Committee have spent a lot of time each year authorizing important programs to support our troops, protect our troops, and support their families in a whole host of ways. Hopefully, it will authorize funds that can help us succeed in Afghanistan and Iraq. That bill is now law, and in front of us is an appropriations bill that contains most of those same provisions—not all but most of the same provisions.

It is critically important that this appropriations bill be passed. There are differences in this body and between this body and the House of Representatives about the policies that are involved in the war in Afghanistan and the war in Iraq. That is normal. That is the way it should be. We can have democratic debates inside this great democracy of ours. We don’t have to agree, and we don’t on many of the policies involved in these two war efforts. Where I believe this body is unanimous is that we are determined to support our troops when they are in the field regardless of whether we agree with the particular strategy they are supporting or whether we happen to have supported their mission.

It has been the tradition of the Congress, once a decision has been democratically arrived at to send troops to the field, that we support those troops. This appropriations bill has critically important provisions in it to support our troops. I believe there is unanimity and consensus in this body on those provisions. I will focus on a few of those provisions.

We have added significant funds. One example is the so-called Mine Resist-

ant Ambush Protected Vehicles or MRAP. These are life-and-death matters we are talking about. These vehicles are a perfect example of that. The faster we can get the advanced MRAPs to the field in Afghanistan, the more we can get to the field in Afghanistan, the fewer Americans are going to be killed in Afghanistan. So we have funds in here—more than actually were requested—to send over 6,600 new MRAP vehicles, all-terrain vehicles that can function better there than the ones we sent to Iraq. These all-terrain vehicles have been designed and developed in record time in order to get them to our troops. We should be acting in record time on this appropriations bill, and there are many reasons for that. Surely, getting more MRAPs more quickly into the field is one of those reasons.

We have an organization called the Joint IED Defeat Organization whose sole purpose and mission is to come up with the strategies and technologies to defeat these IEDs, these improvised explosive devices that are killing our troops. In order to defeat these devices or train our troops who are deployed there in how to identify and protect themselves against IEDs, we have \$1.8 billion in this appropriations bill for that organization. They have a laser mission to defeat the IEDs. We have to get this money to them.

This bill needs to be signed. The President has to sign it—and he will—so we can get these funds as quickly as possible to our troops. We need to adopt this appropriations bill.

We have pay raises and health programs in the bill. We add \$1.3 billion more than the President requested for the Defense Health Program. This covers shortfalls in private sector care, increases funds for medical research, including what is called TBI, which are the brain injuries, as well as PTSD, which has so afflicted our troops in these wars. We add additional funds for those programs. The quicker the bill is signed, the faster those funds get appropriated and spent, the better off our wounded warriors who suffer from TBI and from psychological health problems are going to be.

In Afghanistan now, one of the key issues is going to be whether we can get the Afghan troops trained quickly enough, supported quickly enough, given the equipment they need so they, hopefully earlier rather than later, can join with us, partner with us, and take responsibility for their own security. Regardless of people’s differences over the policies and strategies in Afghanistan, I believe there is a consensus in this body—no matter what the vote ends up being on the bill, whether people vote for the bill or against the bill, I would think all of us believe we must quickly provide funds to train, support, and sustain the Afghan security forces. We want to fund that effort in this bill at \$6.6 billion.

Counternarcotics in Afghanistan. We all know the narcotics industry in Afghanistan is being used to support the

Taliban. We want to continue efforts to train Afghan counternarcotics forces and support U.S. counternarcotics and interdiction activities in Afghanistan, so \$300 million in this bill is going to do that.

We have a fund called the Commander’s Emergency Response Program or CERP. That fund has been used to great advantage. This bill provides \$1.2 billion for that Commander’s Emergency Response Program; \$1 billion of that is for that program in Afghanistan and \$200 million of the CERP program in Iraq. This represents about twice as much CERP funding for Afghanistan as we had in fiscal year 2009.

Those CERP funds are able to provide very quickly support and economic development village by village. Our commanders are able, without going through a whole lot of red tape, to make relatively small investments in things which make a difference, in terms of the security of our troops and the betterment of the lives of the Afghans. It has had a huge, positive impact in terms of the perception of the Afghan community about us, satisfying them that we are there for their benefit, not just for our benefit. We are not occupying Afghanistan. When we leave Afghanistan, we want to leave Afghanistan in better shape than we found it. The CERP funds are a major contribution to that goal.

One of the things we have authorized in the bill, which Senator MCCAIN and I and members of the Armed Services Committee have brought to this body, was adopted by this body, and signed into law, was the authorization to use those CERP funds to help reintegrate, where we can, Afghan Taliban fighters into Afghan society—those who will renounce violence against the Government of Afghanistan and make a commitment to participate in civilian life. We are able to actually have the funds that are so essential to make that program work. We do not yet have a program in place. That is being worked on as we speak. But these funds need to be available to support that program of reintegration of Afghans, those low-level Taliban people who are with the Taliban not for any ideological reason but because they get some pay from the Taliban. Not all the members of the Taliban fall into that category. But for the ones who do, this funding becomes critical.

Mr. President, I will only take a few minutes more, but I did want to highlight a few additional points that I believe my colleagues should know about.

The first area pertains to three initiatives that originated in the Defense authorization bill that relate to the continuing fight against al-Qaida and associated terrorist organizations.

The bill includes nearly all of the \$1.6 billion the administration requested for the coalition support fund, which is used to reimburse key partner nations, particularly Pakistan, for support provided to the United States in Operation Enduring Freedom and Overseas Contingency Operations.

It includes \$350 million in fiscal year 2010, the full amount authorized, for the train and equip program to build the capacity of foreign militaries to conduct counterterrorism operations and support military or stabilization operations in which the U.S. participates. As clarified in the fiscal year 2010 NDAA, this authority can be used to build the capacity of ISAF coalition partners to prepare their training teams and special operations forces to be available for use in Afghanistan.

The bill also provides the full \$100 million authorized for the authority to transfer funds from DOD to the State Department to support State's security and stabilization assistance programs.

The other area pertains to missile defense.

The bill before us provides important funding for ballistic missile defense programs. It supports the decisions made by Secretary Gates and President Obama to restructure the missile defense program with a greater focus on regional missile defense against existing missile threats. These changes include the termination of the Multiple Kill Vehicle Program and the Kinetic Energy Interceptor Program, and cancel procurement of additional airborne laser aircraft. This defense appropriations act also supports the decision to cap deployment of the ground-based midcourse defense system at 30 operational ground-based interceptors in Alaska and California, rather than the 44 previously planned for deployment.

The bill supports funding for alternative missile defense systems in Europe, to defend against current and future Iranian ballistic missiles.

It also includes an additional \$57 million, above the budget request of \$169 million, to procure more standard Missile-3 interceptors for our Aegis ballistic missile defense system. This type of interceptor will be at the heart of the new missile defense plan for Europe. The amendment also provides the full \$1.1 billion requested for the terminal high altitude area defense, THAAD, system, which is another key element of our regional missile defense capabilities.

I believe my 10 minutes is up. I thank my good friend from Arizona, Senator McCAIN, for allowing me to go first. The order of priority was that he go immediately after someone speaking on this side. But as always, his courtesy shines through to me, and I very much appreciate it.

I yield the floor.

The PRESIDING OFFICER (Mrs. SHAHEEN). The Senator from Arizona is recognized.

Mr. McCAIN. Madam President, I thank my friend from Michigan. I thank him for his leadership of the Armed Services Committee.

The train is about to leave the station on the last of the appropriations bills for 2010 and, unfortunately, nothing has changed. Everything is the same—earmarking, porkbarrel, excessive and unnecessary spending. Billions

in wasteful earmarks again have found their way into this bill which could otherwise be spent for the priorities that our men and women, our military leaders, as well as the Secretary of Defense, has asked for.

There is in this bill—here we go again: an appropriations bill loaded up with earmarks—a 523-page explanatory statement for 1,720 earmarks totaling \$4.3 billion. Let's do some simple math: \$4.3 billion in pork, \$2.5 billion in unauthorized and unrequested C-17s; \$500 million in unrequested and unwanted funding for the Joint Strike Fighter alternative engine; and a Presidential helicopter. That is \$7.3 billion that neither the military nor the Defense Department requested and does not need—\$7.3 billion.

Some people say that is not a lot of money. It is enough to keep the State of Arizona's budget requirements fulfilled for 10 months. States across America are facing great difficulties, as we know, and an additional \$7.3 billion would not be so bad.

I wish to say, again, this process of earmarking breeds corruption. That is why we have former Members of Congress in Federal prison. It was not inadequate disclosure requirements that led Duke Cunningham to violate his oath of office and take \$2.5 million in bribes in exchange for doling out \$70 million to \$80 million of the taxpayers' funds to a defense contractor. It was his ability to freely earmark taxpayer funds without question.

I wish to point out, again, the President pledged during the campaign he would work to eliminate earmarks. The President, last March, when we had an omnibus spending bill, said they would not do it anymore. In September, the President spoke in Phoenix, AZ, to the Veterans of Foreign Wars. In that speech, the President's words were quite compelling about waste and porkbarrel spending in Defense bills. In that speech, the President promised—promised—an end to "special interests and their exotic projects" and reaffirmed he was leading the charge to kill off programs such as the F-22, the second engine for the Joint Strike Fighter, and the outrageously expensive Presidential helicopter.

The President went on to say:

If a project doesn't support our troops, we will not fund it. If a system doesn't perform well, we will terminate it. And if Congress sends me a bill loaded with that kind of waste, I will veto it. We will do right by our troops and taxpayers.

Mr. President, I can tell you, the President of the United States, that meets your criteria with over \$7 billion of unnecessary, unwanted spending. Will the President veto this bill? Not a chance. Not a chance. But the American people are going to demand this obscene process stop. The American people are going to demand it be stopped, wasting \$7 billion of their tax dollars on wasteful and earmark spending. I am confident they are aware.

They are aware we are spending \$7.6 million to fund research in Montana on hypersonic wind tunnels, called MARIAH. This self-licking ice cream cone has been earmarked and unrequested since 1998. The Air Force lost interest in 2004, so the appropriators moved it to the Army. The Army has no requirement for this capability and published a report in 2005 stating their disinterest in the program. In summary, we spent \$70 million for some hypersonic wind tunnels nobody wants—\$70 million. Unless we demand and receive change, there will be more millions in it next year.

There is \$5 million going to the battleship USS *Missouri* Memorial Association; \$18.9 million for a center at the University of Massachusetts "dedicated to educating the general public, students, teachers, new Senators, and Senate staff about the role and importance of the Senate." What does that have to do with defending this Nation? What does that have to do with providing the men and women who are risking their lives, as we speak, with the equipment they need? Madam President, \$18.9 million to educate the public about the importance of the Senate? Give me a break.

There is \$9.5 million going to the University of Hawaii for a program called the Panoramic Survey Telescope and Raid Response System. The list goes on and on. The Air Force is paying for this, and the Air Force will not be allowed to be getting much in return, since it will only be allowed to use the telescope 5 percent of the time. In other words, in dollar figures, the Air Force pays \$10 million to the university and receives \$500,000 in return.

What is more, the Air Force has not, in the 9-year life of this earmark, requested a single dollar for this program. Since 2001, the Air Force has been forced to spend more than \$75 million of its budget allocation on a program it does not want.

I ask unanimous consent to have printed in the RECORD these other porkbarrel earmark programs, such as \$1.2 million for the American Museum of Natural History Infectious Disease Research.

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

\$7.6 million to fund research in Montana on hypersonic wind tunnels, called MARIAH. This self-licking ice cream cone has been with us, earmarked and unrequested, since 1998. The Air Force, leader in hypersonic testing and technology, lost interest in 2004, so appropriators moved the program to the Army. The Army has no official requirement for this capability and published a report in 2005 stating their disinterest in the program. To date, the Army has no plans to fund the MARIAH wind tunnel effort, as they have stated in their budget documents. But that hasn't kept Congress from pouring more than \$70 million into it, with no discernable return. One group has made out particularly well in the deal, however. Of course, I'm referring to lobbyists, including Gage LLC, whose CEO, coincidentally, had been a senior staffer to an appropriator from Montana.

\$5 million to the battleship USS *Missouri* Memorial Association. This is a private organization which owns and operates this battleship as a museum in Pearl Harbor. I am aware that the Association plans to put the *Missouri* in dry-dock and refurbish it, and also aware that it was not part of the donation agreement that the Defense Department would pay for required maintenance.

\$20 million for the National WWII Museum in New Orleans, to help pay for the construction of new facilities as part of a \$300 million expansion. This privately funded museum opened in 2000 and, through the help of the Louisiana delegation, has already received \$13 million in Department of Defense funds tucked into previous appropriations bills. This earmark has no benefit to the United States military and will be paid at the expense of equipment and training for our troops, something few WWII veterans would support.

\$14.8 million for five different earmarks pertaining to nano-tube research. Of the 1,720 earmarks in this bill, hundreds are for high-tech research or devices. I ask my colleagues whether they are capable of weighing the merits of specific technologies that they fund in this bill. The answer is they are not.

\$18.9 million for a center at the University of Massachusetts “dedicated to educating the general public, students, teachers, new Senators, and Senate staff about the role and importance of the Senate.” This center was neither requested in the President’s budget nor authorized by Congress.

\$9.5 million to the University of Hawaii for a program called the Panoramic Survey Telescope and Raid Response System (Pan-STARRS). On the surface, this program seems like a reasonable need for the Air Force as a part of its Space Situational Awareness efforts. Unfortunately, the Air Force won’t be getting much return on this investment, since it will only be allowed to use the telescope 5 percent of the time. In dollar figures, the Air Force pays \$10 million to the University and receives \$500,000 in return. What’s more, the Air Force has not, in the nine-year life of this earmark, requested a single dollar for this program. So, since 2001, the Air Force has been forced to spend more than \$75 million of its budget allocation on a program it doesn’t want—but might be able to use—only to be denied use 95% of the time.

\$500,000 for the Brown Tree Snake Program.

\$1.8 million to renovate and upgrade the Historical Fort Hamilton Community Club in the New York City area.

\$1.6 million to study human genetics at the Maine Institute for Human Genetics and Health in Brewer, Maine.

\$2.5 million for a Micro-algae Biofuel Project in Hawaii.

\$5 million for the Presidio Heritage Center, a museum, in San Francisco.

\$1.6 million for the Center for Space Entrepreneurship.

\$2 million for National Initiatives for Applications of Multifunctional Materials.

\$1.6 million for a Virtual Business Accelerator for the Silicon Prairie.

\$7.8 million to develop key technologies needed for long term operations in “near space” conditions for the Orion High Altitude Long Endurance Risk Reduction Effort, Aurora Flight Sciences in Columbus, Mississippi.

\$2.4 million for Fusion Goggle System.

\$800,000 for “Advanced Tactical Laser Flashlight” in Wyandotte, MI.

\$2 million for Cedars-Sinai Medical Center’s Operating Room of the Future, Los Angeles, California.

\$4.8 million for New Vaccines to Fight Respiratory Disease and Central Nervous Disorders at the Iowa State University.

\$720,000 to survey epidemiologic health for the University of Iowa.

\$3 million for the New Jersey Technology Center.

\$1.2 million for American Museum of Natural History Infectious Disease Research.

\$1.6 million for Army Plant Vaccine Development Program.

\$1.4 million for Flight/Hangar Deck Cleaner.

\$4 million for the Hampton University Proton Cancer Treatment Initiative.

\$10 million for the Hawaii Technology Development Venture.

\$3.9 million for Intelligent Decision Exploration.

\$12 million for Laser Phalanx.

\$2.4 million for Marine Mammal Awareness Alert and Response Systems.

\$2 million for a Marine Mammal Detection System.

\$2.3 million for Marine Species.

\$1.2 million for the Maritime Directed Energy Test and Evaluation Center.

\$3.2 million for a National Functional Genomics Center Collaborating Site.

\$2.4 million for NAVAIR High Fidelity Oceanographic Library.

\$2 million for Non Traditional Ballistic Fiber and Fabric Weaving Application for Force Protection.

\$4 million for Smart Instrument Development for the Magdalena Ridge Observatory.

\$2 million for underwater imaging and Communications Using Lasers.

\$800,000 for Unmanned Undersea Vehicle Submerged Long Range Positioning.

\$2.4 million for an Unmanned Vehicle Sensor Optimization Technologies Program.

\$8 million to study oceans at the Center for Excellence for Research in Ocean Sciences.

\$2 million for an Advanced Laboratory for Information Integration in Hawaii.

\$2 million for PaintShield for Protecting People from Microbial Threats.

\$3.2 million for Playas Training and Research Center.

\$1.2 million for Progressive Research for Sustainable Manufacturing.

\$1.6 million for Protective Self-Decontaminating Surfaces.

\$1.5 million for the Institute for the “Advancement of Bloodless Medicine” for the Englewood Hospital in Englewood, New Jersey.

\$1.2 million for the Model for Green Laboratories and Clean Rooms Project.

\$1.6 million for the Maine Center for Toxicology and Environmental Health at the University of Southern Maine in Portland, Maine.

\$6 million to study the molecular signatures in tumors for the National Functional Genomics Center.

\$1.6 million for Multi-Dose Closed Loop pH Monitoring System for Platelets at Blood Cell Storage Inc., Seattle, Washington.

\$4.8 million for the National Oncogenomics and Molecular Imaging Center in Detroit, Michigan.

\$800,000 for the Natural Gas Firetube Boiler Demonstration, Rock Island Arsenal, Illinois.

\$5.8 million for the Rock Island Arsenal Roof Replacement, Rock Island, Illinois.

\$800,000 for Near Infrared Spectroscopy Military Personnel Assessment at the University Community Hospital, Tampa, Florida.

\$4.2 million for the Nicholson Center for Surgical Advancement Medical Robotics and Simulation in Central Florida.

Mr. McCAIN. Madam President, the list goes on and on: \$2 million for the Cedars-Sinai Medical Center’s operating room of the future in Los Angeles, CA. That is the second earmark I

have seen. The other one is for irritable bowel syndrome. Now we have the operating room of the future. Remarkable.

There is \$2.3 million for marine species; \$2 million for a marine mammal detection system. There is a threat. Also, \$2.4 million for marine mammal awareness alert and response system. The list goes on and on.

I know my time is near to expire.

Here we are with a deficit of \$1.4 trillion for this year, a debt of over \$12 trillion, unemployment at 10 percent, 900,000 families lost their homes in 2008, and we are spending over \$7 billion on earmarks, porkbarrel projects the Department of Defense neither needed nor wants, and there are programs not fully funded because of this that are vital to defending the lives of the men and women who are serving in the military.

Again, this appropriations bill is a disgrace.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KERRY. Madam President, I rise to speak on something else, but I will say very quickly, I have listened to colleagues on the other side of the aisle lamenting where we are today. It has been 11 months since a new President was inaugurated and, obviously, everybody understands this is not a mess he created. The last 8 years of the stewardship of this country, where there was never one appropriations bill vetoed in that entire time, is an extraordinary story of public negligence and even malfeasance.

We are where we are. We are creating jobs. The economy is turning around. We had the least loss in the last 11 months. We are beginning to see those changes. We will ultimately have the strength in our economy to deal with this deficit.

TRIBUTE TO DAVID MCKEAN

Madam President, I rise for a different reason right now. It is a bittersweet privilege for me to speak about my friend and my counselor, David McLean, staff director of the Foreign Relations Committee, who is leaving the Senate at the end of this month to become the chief executive officer of the John F. Kennedy Library Foundation.

I have enjoyed the benefit of David’s advice for almost 20 years now. He will be sorely missed. My only consolation is, this son of Massachusetts will again be able to vote for me.

He has been a part of my life in the Senate since 1987, when I was a freshman and he was a younger and idealistic legislative assistant. Over the years, I have drawn significantly on his knowledge and his skills. He leaves the Senate now to continue in public life, but he leaves it a little bit older but still idealistic and young at heart.

When he came to our office, he had already made a mark. He had graduated magna cum laude from Harvard College and received a law degree from

Duke University and a master's degree from the Fletcher School of Law and Diplomacy. He also taught English at the Waterford Kamhlaba School in Swaziland, Africa. But he was a crusading soul deeply interested in public policy, with a zeal for investigations and an instinct to hold Washington accountable. He was looking for a place to put all those interests to work in the Senate, and he found it.

But he also found something more, I might add—much more—that summer of 1987. There was a young Kellogg fellow from the University of Pennsylvania working in my office at that time. Her name was Kathleen Kaye. She was extraordinarily smart and committed. David did not fail to notice those qualities and a lot more. Their marriage and their three wonderful children, who I am pleased to say are with us right now, Shaw, Christian, and Kaye, are a tribute and more to the relationship they share.

David has devoted his career to public service. After 5 years of working in my office, he moved across the Capitol as chief of staff to another member of the Massachusetts delegation, Representative Joe Kennedy. He later became special counsel at the Commodity Futures Trading Commission before returning home to the Senate as deputy chief counsel at the Governmental Affairs Committee and staff director of the Permanent Subcommittee on Investigations.

I failed to mention that before going to the Permanent Subcommittee, he worked with my staff early in his career in helping to develop one of the great investigative efforts in the Senate in recent memory, which was the BCCI investigation. That wound up on the cover of Time magazine and was a seminal report—one of the best reports I have seen in the 26 years I have been here.

In 1999, I was lucky to entice him to come back to my office as chief of staff. It turned out to be his longest tenure in any of those public jobs so far. Earlier this year, when I became chairman of the Foreign Relations Committee, he became the staff director.

David is the ultimate team builder and a magnet for great talent, so he would be the first to tell you that his success did not come single-handedly. But it is clear David played the essential role in turning 2009 into a stellar year for the committee and for its new chairman. Under his guidance, we conducted 125 hearings on topics ranging from Afghanistan to Zimbabwe. We secured passage of the Enhanced Partnership with Pakistan Act, and we won approval of legislation bringing far-reaching reform to our foreign assistance program. He has worked tirelessly with the committee members and the White House over the past year, and our record is a testament to his determination and skill. I think our committee has succeeded in going through the nominations of more people and

passing them more rapidly to the floor than any other in the Senate, and I congratulate him for that effort.

Somehow, during his career of service, he has found time to indulge in his passion for history and scholarship. He is the author of a highly acclaimed biography of Tommy Corcoran, the ultimate Washington insider. He also wrote a biography of Clark Clifford, which was a New York Times “notable book of the year,” and he is the co-author of “The Great Decision,” which skillfully, and perhaps surprisingly, transformed the story behind the Supreme Court’s landmark *Marbury v. Madison* case into what the Washington Post called “a political thriller.”

As those of you in this body know, we are—all of us—really only as capable or competent as our staff. Over the years, I have depended on David McKean at every stage. He has been the consummate adviser—trustworthy, loyal, unafraid of speaking up when I was about to veer off in the wrong direction—which, clearly, was very seldom indeed. Never was he more valuable to me than in the immediate aftermath of the 2004 Presidential election. Forty-eight hours after an election night—and early morning and early afternoon—that didn’t end up the way that I had hoped it might, I returned to the Senate for a vote. Back to work. I don’t remember what the vote was about, but I do remember that David was there with a plan to get us through the day and the next 2 years. I will miss that wisdom and guidance.

Our loss is the Kennedy Library’s gain. In some ways, I think something like the Kennedy Library is the perfect place for this man who is at heart a scholar and an intellectual. But the Kennedy Library is particularly well-suited to David because it is a place Jackie Kennedy hoped would help turn history into advocacy and activism, and I have no doubt David’s vision and experience will help to ensure that the legacy of President Kennedy endures to inspire future generations.

Madam President, I want to close by simply saying that my colleagues and I are grateful for David’s distinguished service. I will personally miss him very much. I wish him, Kathleen, and their children my very best as they return home to Massachusetts to start this next special chapter in David’s career in public service.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. STABENOW. I ask unanimous consent that the order for the quorum call be rescinded.

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

Ms. STABENOW. Madam President, I ask unanimous consent that at 5:30 p.m. today, the majority leader be recognized to make a motion to recess until 12:01 a.m.

Mr. SESSIONS. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. SESSIONS. Reserving the right to object, if I might, if the Senator would propose her request again.

Ms. STABENOW. Madam President, I ask unanimous consent that at 5:30 p.m. today, the majority leader be recognized to make a motion to recess until 12:01 a.m.

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

Ms. STABENOW. Madam President, I rise to speak about the position we find ourselves in as we come to the end of the year. Despite the incredible successes we have had with the recovery act and equal pay and the Children’s Health Insurance Program and so many other areas where we have been focused and working hard to make a difference, every step of the way, as with the current bill, we have been faced with stalling tactics, objections, and filibusters. Now with the very important Department of Defense funding bill, we are in a filibuster again. I had to make the motion I offered because we will have to come in at 1 o’clock in the morning and have a vote to stop a filibuster. That is what this is all about, filibustering a bill that has a pay raise in it for our troops, that has help for military families, that has the funding for the next year—we are in the middle of two wars—essential funding that is needed to support our military. As our Presiding Officer knows, having been a leader on this as well, we also have placed into this bill provisions that are incredibly important for families, extending unemployment insurance for families across the country who find themselves in a situation not of their making where their job has gone away or they have been laid off because the company can’t continue to employ them, maybe because of rising health care costs, which is certainly part of the equation. People are finding themselves in a situation where due to nothing they have done other than be a good citizen, care for their kids and follow the rules, they are without employment. We have this year extended unemployment insurance—and I am so grateful that President Obama has been willing to do this, has helped to lead this in the recovery act and then again as we ended a filibuster, a month-long filibuster in October, brought that to an end in November to extend unemployment insurance. We find ourselves again, because of the unemployment situation, even though we see it getting a little bit better, with a long way to go. We are moving in the right direction, but we have a long way to go. This bill would extend for 2 months unemployment insurance that is critical for families. It would also extend help with health insurance. We are debating the larger health reform bill to create a way for families to be able to afford insurance and for us to bring down costs over the long run for businesses and for families.

This bill in front of us that is being filibustered by the Republicans would extend help for health care, for health insurance, for COBRA payments—a program put in place that made a lot of sense. If you lose your job, you could pay on your own to continue the coverage. But it is incredibly expensive.

So recognizing that, and recognizing how tough it is when you lose your job and you are in a situation—it is either savings or unemployment insurance or both—and you are trying to make the mortgage payment and care for the kids and put food on the table and pay the electric bill and all of the other things, and then to add a several hundred or several thousand dollar payment for COBRA on top of that has not been realistic for families. So we have placed a 65-percent subsidy, to help families get through this tough time, for health insurance. We also have assistance for food for families who, right now, again, have never had to ask for help before in their lives but now have a situation where they cannot put adequate food on the table for their children.

This bill is very important, and what we have in front of us, unfortunately, is another filibuster, another objection—like we have seen all year—to stop us from moving forward to fund our military, to support our troops with a pay raise, to help military families, and then to do a number of other things that are critical to do in the short run until we get into the new year and are able to focus more broadly on these things.

As the Presiding Officer knows, this is not the first time this has happened. We have had from the party of no 98 different objections this year. This is a record, a world's record I think: 98 different times that we have seen them objecting, filibustering, having stalling tactics to moving forward on things that ought to be bipartisan.

These are not Democratic issues when somebody has lost their job or when a small business needs help or needs health insurance they can afford or when a family finds themselves in a situation where they need to be able to have help to continue their health insurance or put food on the table. This is not a Democratic idea or a Republican idea, this is American.

We have Democrats, Republicans, Independents, people who do not have a party, people who are not active politically, people who vote, people who do not vote. They are losing their jobs. They expect us to get it. They expect us to have a sense of urgency around here.

The troops who are serving us right now, who are in tougher times than we will ever face, are not saying what matters is whether you are Democrat or Republican as to whether we fund the troops and fund the Department of Defense and give them a pay raise they have earned and need or to help their families. They are saying: Come on. Come together. Solve problems. Get things done.

But yet, over and over—and we find ourselves tonight where we are going to be stopping a filibuster at 1 o'clock in the morning on a bill to fund the Department of Defense, on a bill that would help families get through the holiday season, keep a roof over their head, pay their heating bills, and keep food on the table.

To dramatize this even more, it is stunning to think about the fact that out of the 40 weeks we have been in session this year—40 weeks—for 36 of those weeks, we have had filibusters or stalling tactics, objections to amendments or objections to bills being put on the floor. That means only 4 weeks out of the entire year we have been in a situation where the Republicans have not been saying no, have not been stalling on things that are incredibly important.

Even with all of this, by any objective measure, there has been more accomplished this year than in any other time since the Great Depression. We need to be accomplishing more and faster because people have a tremendous sense of urgency about what is happening in their lives right now. So we need to be acting. Think of what we could have gotten done. We have all the things that have gotten done and have been addressed. Think about what we could have gotten done if we did not have 36 weeks of filibusters that we had to deal with and objections we had to deal with.

I hope, as we are going through this new year, there will be a sense that it is time to get things together here and work for the common good and put people back to work and tackle their health care costs and make sure people can afford to have health insurance.

Let me close by sharing a story from Annette from Lake Orion, MI. She says:

After a successful 21-year journalism career, I was laid off in May when my newspaper closed. I will turn 60 in October and am a 12-year survivor of breast cancer. My husband, who is 62, is on my health insurance.

Thankfully, the federal government is helping [us] pay for our COBRA, which would be more than \$800 a month.

Senator, we're not pleading poverty. But it's easy to see the dilemma of many Americans in our shoes: Risk going without health insurance, you risk bankruptcy if someone gets sick. Pay the current price, and watch your life savings, which were supposed to support you in [your] old age, dwindle down.

Don't listen to those screaming to maintain the status quo; it doesn't work for too many Americans.

We have story after story where people are facing an early retirement—not by choice—dipping into retirement savings to try to keep their health care going. Young people, old people need us to act now, and I am urging Congress to act now.

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

Ms. STABENOW. I thank the Chair.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Madam President, it is very distressing that Senator

STABENOW could not finish her remarks and that other Senators such as Senator WHITEHOUSE and Senator LEVIN and Senator LIEBERMAN have been shorted of time. Why? Because, for some reason, the majority leader feels we should not go past 5:30 tonight.

This is a defense bill, and it is important. We need to be talking about the good things that are in it and the things that have been added to it that are not so good. I do not think working a few extra hours is going to hurt anybody.

I hear colleagues complain that they cannot work a weekend, they cannot work up to Christmas, they cannot work at night. Well, what about our men and women who are serving in Iraq and Afghanistan 7 days a week, 12 hours a day, Christmas and holidays? They are away from their families so I do not have any sympathy for any Member of the Senate who feels this is too hard for them. Also, I do not appreciate the fact that we are shut off from debate tonight to be able to talk about this issue that is before us. I see no reason for that to have to occur.

I object to the health care bill. The American people object to the health care bill—sixty-one percent say no. But we are supposed to now agree and go along with the majority? And if we do not, we are some sort of obstructionists? I do not think so. I believe I am representing my constituency. I believe I am representing the best interests of the United States of America. I do not believe this health care bill is part of that.

With regard to the armed services bill—I am a member of the Armed Services Committee, and I have been a Member for 12 years; I have been to Iraq six times and Afghanistan six times—I believe it is great we can give our soldiers a pay raise and support them. A lot of things in the bill are good. There are some that are cut too much, but there are a lot of things that are good, and I wish to vote for the bill. But this defense bill has \$18 billion in unrelated spending items attached it: increased unemployment, COBRA, food stamps, and loan subsidies for businesses.

Two things strike me about this. First, these new expenditures are not paid for. They are not within the budget. They are above the budget. What does that mean? Well, the budget itself has us in deficit. So if it is not paid for in the budget resolution, every penny of this \$18 billion goes straight to the debt of the United States of America. We need to stop this.

Second, why did they put this kind of spending on the defense bill? Because they want to come down here and say: Anybody who is not willing to go along with this scheme to pad \$18 billion straight to the debt of the United States of America—anybody who objects does not love our soldiers.

That is wrong, and people are getting tired of that. This is how the debt of this country is surging out of control.

This Congress is irresponsible in our spending. We have increased the debt the likes of which this Nation has never seen, and we are spending as if it is going out of style.

I would point out one matter here about the interest we pay on the debt. In 2008, the annual deficit was \$450 billion—at that time, the largest ever. This past year, the deficit for the fiscal year ending September 30 was \$1,400 billion, \$1.4 trillion. This puts us on the map, according to the Congressional Budget Office, to double the entire debt of America in 5 years, and triple it in 10. Unbelievable.

This is a kind of gimmick—attaching unpaid for, nonbudgeted items to the defense bill, then trying to force it through, so we cannot do anything about it. They snicker, I am sure, in their self-confident way that: We got 'em. If they object to the bill, we will say they don't love our soldiers, they don't support America's defense.

I am getting tired of it. I think the American people are getting tired of it. I saw a poll where the most popular party in America today is the tea party—more than Republicans or Democrats.

Somebody said: Well, \$18 billion, Sessions, that is not too much money. But it is done on bill after bill. This is not the only bill that has these kinds of gimmicks in it. Let me show you. I figured this out one day. I put together a chart here a little bit hastily: Baseline Increases: A Destructive Pattern.

When we increase funding in these bills above the budgeted amount and increase the debt, people like to think: Well, it is just \$18 billion. That is not much.

Look how that works when you do it over a period of ten years. So let's say next year, we go over \$18 billion. This adds another \$18 billion to the national debt. Well, that is not so much. But wait, it is a lot. The State of Alabama's general fund budget is \$2 billion. Do not tell me \$18 billion in one bill, on top of this defense bill, is not a lot of money. It is a huge amount of money.

But it does not work that way. This \$18 billion tends to go into the baseline, so the next year, when they talk about increasing the budget, they pad it by another \$18 billion. It is not just \$18 billion the next year, you see. It is \$18 billion on top of what was pumped into the baseline the year before, and that totals out to \$36 billion. Then the next year, it is \$36 billion, plus \$18 billion more. And the next year, it is \$54 billion, plus \$18 billion more. The next year it is \$72 billion, plus \$18 billion. The next year, it is \$90 billion, plus \$18 billion. And the next years, it is \$108 billion, \$126 billion, \$144 billion, and \$162 billion if you pad the budget. And this bill is just 1 of 13 accounts: Defense. We have 13 different spending bills. How much is that? It is \$900 billion in additional deficits, just because of our inability, our unwillingness, to stay by the numbers that we voted on as our budget limit.

The budget itself, as presented by the President and passed by the Democratic majority, put us on a road to having \$1.4 trillion in deficit last year, and it looks as though this year we are going to have another \$1.4 trillion deficit. But just this one little gimmick, if it is replicated each year, can add almost \$1 trillion more to the debt of America over ten years. That is why we are concerned about it.

By the way, when we talk about the scheme that puts us on the road, according to the Congressional Budget Office, to tripling the debt of America by 2019, that does not include the health care bill. The health care bill has not passed. This outlook only includes the things that are in law now. So how much more would those figures be if the debt goes up?

I will point to one last thing about the overall financial status of this country: the interest we pay on that debt. This chart shows it.

Last year, this Nation paid \$170 billion in interest on the borrowings we have as a nation. In that 1 year it was \$170 billion. That is a lot of money. As I said, not counting the State education budget, for all the other matters of our State of 4.6 million people—which is almost one-fiftieth of the Nation's population, an average-sized State—our general fund is \$2 billion. However, \$170 billion is how much we paid in interest last year. According to the Congressional Budget Office, those numbers will increase to where in 2019, as a result of surging debt, \$799 billion will be added to our debt because of interest we must pay; \$799 billion just in that 1 year. That is more than the whole defense budget. That is more than the whole U.S. discretionary budget from not too long ago. That is a huge amount of money. It is going to crowd out spending for schools, for highways, for health care, and for other projects.

I am very upset about it. We cannot continue. The President has said this is an unsustainable course. Every economist we talk to says it is an unsustainable course.

But how do we get there? We get there by taking a Defense bill and tacking on \$18 billion worth of unfunded spending. Every penny of that gets added to the debt.

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

Mr. SESSIONS. I thank the Chair.

I urge my colleagues to send this bill back and reform it so we can have a clean Defense bill. We need to take these unpaid matters out and make sure they are paid for.

I thank the Chair and yield the floor.

Mr. JOHNSON. Madam President, I rise today to recognize this incredible opportunity to dramatically improve the health of our Nation. Americans face out-of-control health care costs, great inequalities in access to care, eroding benefits, and the ever-increasing threat of losing their health insurance. While it is no easy task to fix a

system that is both very complex and very troubled, we cannot fail to act.

I wish today to highlight the challenges faced by approximately 12 million Americans who buy health insurance in the individual market. Many farming and ranching families in South Dakota are forced to purchase from this market, where they all too often wind up underinsured with coverage that costs too much and provides too little.

South Dakotans have contacted me directly to report health insurance discrimination that results in increased premiums, refusal of coverage for necessary treatments, and denial of coverage. I have even heard complaints from people who work in the insurance industry, like Pam from Sioux Falls, SD. She shared with me the serious barriers people encounter when looking for health insurance on the individual market. "There are huge loopholes in the individual market. People who are not healthy cannot get insurance. We turn people away every day and they want to buy health insurance."

Insurance companies increase their profits by selling to individuals who will pay premiums but rarely use their benefits, and by avoiding individuals who have health issues. This cherry-picking leaves millions of Americans without access to affordable health insurance coverage. And when families go without health insurance, they receive less preventive care and often must undergo more costly medical treatment when illness progresses undetected. This uncompensated care for the uninsured drives health care costs up for all of us.

Those who buy insurance on the individual market pay top dollar for very limited coverage. They will benefit immensely from health reform. The Patient Protection and Affordable Care Act will increase the insurance options in the individual market and address injurious insurance industry practices that limit access to care. Immediately after enactment, a new program will be created to provide affordable coverage to Americans with preexisting conditions until insurance industry reforms are fully implemented. The legislation will also form health insurance exchanges in every State through which those limited to the individual market will have access to affordable and meaningful coverage. The exchange will provide easy-to-understand information on various health insurance plans, help people find the right coverage to meet their needs, and provide tax credits to significantly reduce the cost of purchasing that coverage.

Pam says, "People who want to buy individual insurance should be able to, regardless of their health status." I couldn't agree more. The Patient Protection and Affordable Care Act will ensure that no American is denied coverage because of their medical history, and it will provide the security of meaningful, affordable health care coverage for all.

Mr. JOHNSON. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. First of all, Madam President, I apologize to everyone. I indicated to both the majority and the minority that we would be here at 5:30, but I had some things that came up, and I simply could not be here.

SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009—MOTION TO PROCEED

CLOTURE MOTION

Mr. REID. Madam President, I move to proceed to Calendar No. 175, H.R. 3590. I have a cloture motion that is at the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The 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. 175, H.R. 3590, the legislative vehicle for the Patient Protection and Affordable Care Act.

Harry Reid, Christopher J. Dodd, Mark Udall, Patrick J. Leahy, Daniel K. Akaka, Richard J. Durbin, Sherrod Brown, Jeanne Shaheen, John F. Kerry, Jack Reed, Tom Harkin, Sheldon Whitehouse, Kirsten E. Gillibrand, Jeff Merkley, Joseph I. Lieberman, Barbara Boxer, Debbie Stabenow.

Mr. REID. I now withdraw that motion.

NEED FOR JUSTICE IN NEPAL

Mr. LEAHY. Mr. President, I want to speak briefly about a matter that is of concern to the Congress and the Department of State, involving a heinous crime that occurred in Nepal and the need for justice.

Many people are familiar with the brutal murder of Maina Sunuwar in February 2004. At the young age of 15, she was arrested by Nepali soldiers and severely tortured to death at, of all places, the Birendra Peace Operations Training Center. After her murder, the army made it look as though she had been shot while trying to escape, and then buried her body at the center.

According to a United Nations report, in September 2005, after intense public and international pressure, three army officers were brought before a court martial and sentenced to a mere 6 months imprisonment for failing to follow proper procedures when disposing of Maina's body. In spite of many requests, the Nepal army refused to disclose the nature of the charges that led to this sentence, or provide copies of any documents relating to the court of inquiry or court martial. It also refused to cooperate with police investigations.

It is shocking that one of the officers accused in her murder, Major Niranjan Basnet, was permitted to participate in a United Nations peacekeeping mission in Chad. This speaks volumes about the inadequacy of vetting procedures of military personnel for such missions, which is a separate subject that I intend to take up with officials at the Department of State and United Nations.

To his credit, Prime Minister Madhav Kumar Nepal had Major Basnet returned from Chad, following the issuance of an arrest warrant and in response to public calls for his arrest. However, when he arrived back at the Katmandu airport the army took him under its control and apparently, despite initial promises and requests from the police and orders from the Prime Minister, has still not handed him over to the police.

This case represents a critical juncture for Nepal. In large measure, and as others have pointed out, Maina's death will decide whether a civilian, democratic government and the rule of law will determine Nepal's future, or it will remain dominated by the interests of the Nepal army.

Just a few days ago, President Obama signed into law the Consolidated Appropriations Act, 2010, which includes a prohibition on assistance to the Nepal army unless it, among other things, is cooperating fully with investigations and prosecutions by civilian judicial authorities of violations of internationally recognized human rights. This provision applies squarely to Maina's case.

I urge the new Chief of the Army Staff, General Chhattraman Gurung, to seize this opportunity to demonstrate that the army is reforming, that it recognizes in a democracy its members are answerable to the civilian courts, and that it will no longer perpetuate the impunity that has undermined the rule of law in Nepal for far too long.

PAROLE GUIDELINES

Mr. LEAHY. Mr. President, I have long questioned the policy of detaining asylum seekers who present genuine claims for protection under our laws. Asylum seekers who express a fear of return to their country, and who can establish their identity and show that they are neither a flight risk nor a threat to the community, should be allowed to pursue a claim for relief in the United States free from custody. Yesterday, U.S. Immigration and Customs Enforcement, ICE, announced new guidelines for release of asylum seekers that override an unduly harsh policy implemented in 2007 by the Bush administration and that are a welcome step toward compliance with our obligations under the Refugee Convention.

Under current law, an asylum seeker who arrives at a port of entry and asks for refugee protection is given a brief interview to ascertain whether he or she has a credible fear of persecution in

their home country. If the asylum seeker passes that interview, they are detained, pending a hearing on their claim before an immigration judge. That hearing may take place weeks or months after the asylum seeker arrives in the United States. Unless the asylum seeker can convince the Department of Homeland Security that they should be released, that asylum seeker can spend those weeks or months in immigration detention. This policy is an affront to our ideals as a nation that aspires to be a beacon of light to persecuted refugees.

In 1997, the Immigration and Naturalization Service developed guidelines to determine whether asylum seekers should be released from custody in "parole" status while their asylum claims were adjudicated. To obtain parole, asylum seekers were required to establish their identity, and show that they were neither a flight risk nor a threat to the community. These guidelines were properly calibrated to deter fraud in the asylum system and threats to our national security. They also ensured that those who met the criteria for parole should be released. The 1997 parole guidelines were imperfectly implemented, but the policy contained in them was reasonable and appropriate.

For reasons that were never adequately explained, under the prior administration, ICE issued new parole guidelines that raised the bar for asylum seekers. In addition to the 1997 requirements, under the Bush policy, an asylum seeker had to demonstrate other factors, such as a serious medical condition, pregnancy, status as a minor, or that his or her release was in the "public interest." The term "public interest" was not defined in the 2007 guidelines and it is not clear how a detained asylum seeker could have met such a vague standard. Members of Congress and the bipartisan U.S. Commission on International Religious Freedom questioned the need for such a restrictive policy, especially when many asylum seekers have no criminal record and pose no risk to Americans.

The new parole policy generally hews to the 1997 parole guidelines, but contains an important improvement. Again, asylum seekers will be eligible for parole if they demonstrate a credible fear of return to their country of origin, establish identity, and show that they are neither a flight risk nor a threat to the community. For the first time, however, the government will conduct a parole review of each case in which the asylum seeker establishes a credible fear of return. Under both the 1997 and 2007 policies, an asylum seeker had to request a parole determination in writing. Many asylum seekers arrive on our shores with genuine claims for protection, but no English language skills and no legal counsel. For these asylum seekers, navigating our complex immigration system presents an enormous hurdle. It is a challenge for them to even comprehend that they may seek parole