Act, the Secretary of Defense shall report to Congress on—

(1) the cost to the Department of Defense of providing a matching payment with respect to contributions made to the Thrift Savings Fund by members of the Armed Forces;

(2) the effect that requiring such a matching payment would have on recruitment and retention; and

(3) any other information that the Secretary of Defense considers appropriate.

TITLE II—SPECIAL SURVIVOR INDEMNITY ALLOWANCE FOR SURVIVING SPOUSES OF ARMED FORCES MEMBERS

SEC. 201. INCREASE IN MONTHLY AMOUNT OF SPECIAL SURVIVOR INDEMNITY ALLOWANCE FOR WIDOWS AND WIDOWERS OF DECEASED MEMBERS OF THE ARMED FORCES AFFECTED BY REQUIRED SURVIVOR BENEFIT PLAN ANNUITY OFFSET FOR DEPENDENCY AND INDEMNITY COMPENSATION.

(a) PAYMENT AMOUNT PER FISCAL YEAR.—Paragraph (2) of section 1450(m) of title 10, United States Code, is amended—

(1) in subparagraph (E), by striking ''and'' after the semicolon; and

(2) by striking subparagraph (F) and inserting the following new subparagraphs:

''(F) for months during fiscal year 2014, $150;

''(G) for months during fiscal year 2015, $200;

''(H) for months during fiscal year 2016, $275; and

''(I) for months during fiscal year 2017, $310.''.

(b) DURATION.—Paragraph (6) of such section is amended—

(1) by striking ''February 28, 2016'' and inserting ''September 30, 2017''; and

(2) by striking ''March 1, 2016'' both places it appears and inserting ''October 1, 2017''.

Mr. DODD. Mr. President, I move to reconsider the vote.

Mr. DURBIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

ORDER OF BUSINESS

Mr. REID. Mr. President, this will be the last vote of the week. We have a lot of work going on in the committees and that will continue on Monday. The next vote will be Tuesday morning. I will confer with the distinguished Republican leader as to what time we will do that and what it is going to be on for sure. We think we know, but there will be a vote Tuesday morning.

Everyone has been notified, but to make sure that people understand, when we come back after the July 4 recess, we are going to be in session for 5 weeks. The House will be in session for only 4 weeks. We have 5 weeks and we are going to work very hard during that period of time. I have had requests from the managers of the bill, the health care bill, Senator BAUCUS and DODD, that we need every day of that break so there is only going to be 1 day that there will be no votes—Mondays and Fridays there will be votes—which is Friday, July 17.

The first day we get back we are going to have a Monday morning vote, to show everybody we are serious about this. So the day we get back there will be a Monday morning vote. We have a tremendous amount of work to do. We not only have health care, which is going to take so much of our time, but we are in the appropriations process. The House is going to pass all their appropriations bills by the end of the July recess. I don't know if we can meet that schedule—it is somewhat doubtful—but we are going to pass some bills. We are going to try to get to one this work period.

Without going into more detail, the next work period is going to be extremely long, arduous, and extremely important.

I suggest the absence of a quorum.

The PRESIDING OFFICER. Will the leader withhold his request for a quorum call?

Mr. REID. I withhold.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

UNANIMOUS CONSENT REQUEST—EXECUTIVE CALENDAR

Mr. BINGAMAN. Mr. President, I wish to propound a unanimous consent request. I ask unanimous consent the Senate proceed to executive session to consider Calendar No. 97, the nomination of Hilary Chandler Tompkins to be Solicitor of the Department of Interior, the nomination be confirmed, the motion to reconsider be laid on the table with no further motion to be in order, that any statements related to the nomination be printed in the RECORD, and upon confirmation the President be immediately notified of the Senate's action and the Senate then resume legislative session.

The PRESIDING OFFICER. Is there objection?

Mr. CORNYN. Mr. President, reserving the right to object.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. With all due respect to my colleague from New Mexico, I am advised that the nomination has not yet been cleared on this side. We are going to keep working on it, but at this time I must object and I do object.

The PRESIDING OFFICER. Objection is noted.

The majority leader is recognized.

MORNING BUSINESS

Mr. REID. Mr. President, I know my friend, the distinguished Senator from Texas, wishes to speak for up to 20 minutes, is that right?

Mr. CORNYN. That is my wish.

Mr. REID. We have Senators on this side. What I would ask consent to do is have Senator BINGAMAN be recognized for up to 3 minutes, Senator CORNYN be recognized for up to 20 minutes, and then I will be recognized following his statement. Following me, Senator DORGAN be recognized.

I ask we proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes, with the exceptions I noted.

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

The Senator from New Mexico is recognized.

NOMINATION OF HILARY CHANDLER TOMPKINS

Mr. BINGAMAN. Mr. President, let me state I am disappointed to see the objection still raised to the confirmation of Hilary Chandler Tompkins to be the Solicitor for the Department of Interior. She is extremely well qualified. No one has raised any question about her qualifications. Our former colleague, now Secretary Salazar, needs a Solicitor in the Department of Interior.

We reported her nomination out of our committee on April 30, nearly 6 weeks ago now. There has been something of a rolling hold on her nomination.

I know Senator BENNETT had an objection at one point; that has been satisfied. Senator COBURN had an objection; that has been satisfied. Senator BUNNING had an objection; that has been satisfied. Now I am informed there are additional objections.

I hope very much my colleagues on the Republican side will go ahead and approve her for confirmation quickly so that Secretary Salazar can get on with the important business of the Department of Interior.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

HEALTH CARE REFORM

Mr. CORNYN. Mr. President, I want to spend a few minutes talking about the importance and challenge of health care reform, something that is on the fast track in the Senate.

Recently, as I traveled my State of 24 million people, I heard many similar themes from my constituents. What they told me is that our top priority ought to be reducing the cost of health care because, of course, by reducing the cost it becomes more affordable by more people and we attack what is one of the other principal concerns, and certainly one of mine, and that is too many people who are uninsured in this country.

We know cost is one reason why 46 million people are not insured in this country, some of whom have good jobs that pay well, but if they are young they would rather put the money in their pocket than pay for health care. Others have different circumstances, maybe small businesses that are priced out of the market.

It is a fact that American families have seen their health care premiums double over the last 10 years. My constituents and the American people generally are also very concerned about our future. As they see so much borrowing and so much spending here in Washington, they worry about the fact that Medicare, which is the health care program for seniors, has an unfunded liability of $38 trillion. So, to understand, while we have roughly $2 trillion in annual deficits running, we also have $38 trillion in unfunded Federal liabilities for Medicare and the trust

fund is anticipated to go insolvent by the year 2017, less than 8 years from now.

I appreciate the urgency of focusing on health care reform. We have been working under Chairman BAUCUS and Ranking Member GRASSLEY on the Finance Committee. I know other Senators have been working hard at this as well—Senator KENNEDY and Senator ENZI on the HELP Committee.

I urge us to keep working very hard to work through all the complexities and moving parts of this very challenging problem. I also want to say that I think how we discuss health care reform is very important, but I am also concerned that some voices are greeted with derision or even implicit threats that suggest they better keep quiet if they know what is good for them.

A tremendous amount of work has gone into the series of three Finance Committee roundtables and walkthroughs. But I am disturbed by some reports that perhaps Senators, certainly staff, have urged key stakeholders in the health care reform debate to keep their mouths shut. Every American citizen has a right to petition their government. This is a right every American citizen has, and no American should be told to keep quiet on the subject of health care reform, in particular. We know reforming health care is an urgent priority, as I said, and more than 300 million Americans have a stake in our success.

The Congress needs to take the time given the fact that this represents 17 percent of our gross domestic product and is so complex. We need to take the time and get the input from everyone who has something to offer as we undertake this massive task. We have a highly complex, $2.6 trillion system, and we need to take time to get the reforms done right. I am not talking about peddling in place, I am not talking about wasting time, I am talking about doing what the American people expect us to do; that is, get it right, not try to rush according to some arbitrary timetable.

So I am pleased to say that some stakeholders are standing up against this notion that this deal ought to be cut in a closed back room somewhere. The American Medical Association, for example, has announced its opposition to a government-run plan. The U.S. Chamber of Commerce and the National Federation Of Independent Businesses have expressed concerns about some aspects of the legislation that has been proposed by the President and by leadership here in Congress. But more voices, not less—indeed all voices—deserve to be heard on something of such fundamental importance to our country. The American people deserve a transparent and open debate about the reforms, the various proposals that are on the table, so they can judge for themselves whether Washington elites have their best interest in mind or, to the contrary, whether they believe something else is going on.

I also express my appreciation for the professionals at the Congressional Budget Office for refusing to compromise their integrity and for continuing to provide objective analysis of all reform proposals. That is their job. Their job is not to make policy, but it is their job to give us unvarnished, objective information about costs so we can determine what policy makes sense and what policies we can afford.

In particular, I commend the Director of the Congressional Budget Office, Dr. Doug Elmendorf, who I read was quoted as saying that the Congressional Budget Office ''will never adjust our views to make people happy.'' That demonstrates the kind of integrity and objectivity we would want to inform our decisions. We are the ones who are elected to make those decisions on the part of the American people. We are the ones who should be held accountable for those policies. But we have to get good, objective, unbiased information from professionals with integrity such as Dr. Elmendorf and his staff at the CBO.

Some, it has been suggested, do not like the big price tag the Congressional Budget Office has put on some of their proposals. But the solution is not for the Congressional Budget Office to get creative, it is for Senators to get real and deal with the reality and to use that information in order to craft decisions that work.

I wish to speak in particular about the only bill that has actually been rolled out, more or less, or provisions, and that is the bill proffered by our colleague, Senator TED KENNEDY.

Senator KENNEDY has been a leader in the health care reform debate for more than four decades. I appreciate the fact that he is the first Democrat on either end of Pennsylvania Avenue who has actually put out a proposal with some detail for us to evaluate and react to. While more details are certainly needed, and I hope they will be forthcoming, we already know there are some red lines, some hot spots, some areas that, if embraced by the Democratic leadership, will result in failure, not in success. I think we all should be invested in the goal of bipartisan success. In fact, there are some provisions in the Kennedy bill that would make things worse, in my view and in the view of others.

I think there is one thing we should do; that is, take the Hippocratic Oath, the same oath medical practitioners take to ''do no harm.'' I think we should take a legislative Hippocratic Oath to first do no harm as we undertake this massive reform. For example, in the Kennedy bill, it describes a plan called ''a public health insurance plan operated by the Federal Government with a payment scale that is set in statute and based on Medicare.'' I believe ''Medicare for all'' or a government-run health plan is a disaster in the making for the millions of Americans who will depend upon us to get this right. Let me explain why.

First, a government-run plan will ultimately take away the health insurance people have right now. Last year, President Obama campaigned on the promise that if you like what you have, you will be able to keep it. I agree with him. That ought to be our goal. But with a so-called government plan, that will not happen because we all know that the government is not just the regulator, but it is also the one paying the bills; that ultimately, the government cannot be calling the balls and strikes even as it takes to the field to be a so-called competitor.

Let me put a finer point on it. One group of analysts, the Lewin Group, said a government plan would take away, ultimately, current health benefits from 119 million Americans and force 130 million into a Washington-run health care plan. How does that happen? Well, ostensibly you would have the government competing with the private sector to provide health care. But we know the government ultimately would provide a more generous package and could do so, of course, at taxpayer expense and save the difficulty of having to compete in the marketplace. Ultimately, as the Lewin Group concluded, it would undercut private competitors, leaving people with no choices and ultimately leaving everyone, or at least 130 million Americans, on a Washington-run health care plan—not a good idea, in my opinion.

Secondly, we know a government plan would drive up costs for those who remain with private insurance. How does that happen? Well, we know there is a phenomenon in health care called cost shifting. That is because Medicare and Medicaid pay submarket rates and health care providers have to make it up somewhere else. Where do they make it up? They end up making it up from people who have insurance. And how do they do that? By people who have insurance paying more than they ultimately receive because the costs are literally shifted from Medicare and Medicaid onto private insurance.

According to a respected actuary, Milliman, commercial payers subsidize the cost of Medicare and Medicaid by nearly $90 billion a year in cost shifting. This represents a hidden tax on American families and small businesses. Milliman estimates that the average private health care premium is more than $1,500 higher per family, more than 10 percent higher than it would be without this government cost-shifting phenomenon. A new government program would increase this cost shifting dramatically and increase the health care premiums of every American family who continues on their private health insurance plan.

Third, we know this Medicare-for-all or government-run plan would basically be like Medicare and Medicaid on steroids. Lest anybody be confused, that is not a good thing. I believe Medicare illustrates what happens when the government takes over health care delivery. For example, first of all, it is

not fiscally sustainable. As I mentioned, Medicare is going to go insolvent in 2017 and currently has $38 trillion in unfunded liabilities.

Low reimbursement rates—and frankly, that is how Medicare and Medicaid try to deal with costs. They cut payments to providers—hospitals and doctors—below the otherwise market rates. These low reimbursement rates reduce patient choice and increase wait times for the physicians they see. Many providers, as I am sure the distinguished occupant of the chair, in his State, knows—we know many doctors are not even taking new Medicare patients and new Medicaid patients because lower reimbursement rates are the problem. Every year, Congress has to come back and reverse the cuts to physician payments under the Medicare sustainable growth rate formula, and those cuts, unless we act to reverse them, will cut physician payments by 20 percent this January.

According to the Washington Post last fall, taxpayers also pay up to $60 billion a year in fraudulent claims on Medicare. So in addition to being fiscally unsustainable, in addition to rationing or providing unrealistically low payments, denying people access to health care, we have $60 billion in fraud and waste in the Medicare Program—hardly a model for Medicare, for a government-run option.

Well, Medicaid has even more problems. Medicaid provides coverage, but it does a poor job of providing access. In one way, this is really a ruse that is being perpetrated on the American people under Medicare and Medicaid. We say: Yes, you have coverage. But if you cannot find a doctor or a health care provider who will provide you access at that price, then their coverage does not do you any good.

According to a recent Wall Street Journal article, Medicaid's low reimbursement rates, which are actually lower than Medicare, have resulted in 40 percent of physicians restricting access to patients in the program. So it is no wonder, as the journal Health Affairs said last month, that ''physicians typically have been less willing to take on new Medicaid patients than patients covered by other types of health insurance.''

Medicaid reimbursement rates, as I said, are even lower than Medicare, more than 25 percent lower than Medicare. The story of Pediatrix Medical Group, which has a significant presence in my State, illustrates the problem.

Pediatrix has more than 1,300 physicians and 500 advanced practice nurses. They specialize in the care of newborns and other very vulnerable children. Pediatrix has noted that ''the lack of appropriate reimbursement is among the common reasons for physicians to refuse to accept new Medicaid patients.'' They have noted that within their own national neonatal and hospitalist patient population, the current government rates pay an average of 28.7 percent less than rates from private insurers. No wonder it is hard for Medicaid beneficiaries—notwithstanding what Congress does, it is hard for them to find a physician who will actually see them at that kind of rate.

Pediatrix has said, ''We believe a public plan structured [after Medicare and Medicaid] would ultimately erode the availability of private health and negatively impact patient access to needed health care.''

The fourth problem I have with the plan in the Kennedy bill is that the government plan would ultimately lead to a rationing of health care. What does that mean? Well, that means delay or denying access to treatment. All we have to do is look at Canada.

A recent op-ed by Dr. David Gratzer in the Wall Street Journal this last week talked about what a government-run plan in Canada has done. Thousands of our friends to the north, of course, come to America each year for lifesaving surgery, if they can afford it, after their government has told them they will just have to wait. Various studies indicate that Canadians, especially the poor, are less healthy under socialized medicine than those in our country. More and more Canadians want to reduce the role of government and expand private options for health care, even as the elites in Washington want to move America in the opposite direction.

The fifth reason a government plan is not a good idea is it would lead to poorer health outcomes. Many Canadians are realizing that socialized medicine is not working for them, and so are many folks in Europe. According to a piece in the Washington Examiner this week, breast cancer rates in Europe, under nationalized health care systems, are significantly higher than they are here in the United States. European women are much more likely to have breast cancer than are American women. Currently, the United States leads the world in treating breast cancer. Women in our country with breast cancer have a 14-percent better chance of survival than those in Europe. Compared to the United States, breast cancer mortality is 52 percent higher in Germany and 88 percent higher in the United Kingdom. This is not something we should want to emulate.

We also see some poor health care outcomes in the United States under government-run health care. For example, numerous studies have documented the poor patient outcomes under the Medicaid Program relative to patients in private plans. For example, Medicaid patients are more than 50 percent more likely to die of coronary bypass surgery than patients with private coverage or Medicare.

There are other problems with the bill that the distinguished Senator from Massachusetts has proposed. Again, I credit him with being the first one to lay out a plan. We have not yet seen one from any other source. But the fact is, the Kennedy bill is not paid for. We don't know how much additional borrowing or how much higher our taxes will have to go up in order to pay the price. It also includes a concept known as pay or play for small businesses. In other words, if you don't have health care coverage for your employees and are a small business, you will have to pay a punitive tax.

The bill also provides very generous Federal subsidies to individuals making as much as $110,000 a year. We are all for a safety net for people who are low income and can't otherwise provide for themselves. But why should taxpayers be forced to pay higher taxes to subsidize health care for people making over $100,000 a year. It doesn't make sense.

The bill also includes an innocuous-sounding council called the Medical Advisory Council, which in effect would give the government power over personal health care decisions, particularly to unelected and unaccountable bureaucrats. Of course, the bill creates new entitlements, which we have no hope of paying for, at the same time when unfunded liabilities for so much of our entitlement programs remain unpaid for. Frankly, while I applaud the distinguished Senator from Massachusetts and his leadership on this issue, I worry that this is a bill that has no bipartisan input. I applaud Senator BAUCUS, chairman of the Finance Committee, and other Democrats on that committee who said we need to come up with a bipartisan solution. When I raised this concern this morning in the Finance Committee, the Kennedy bill was described as more of a wish list than anything else.

The bill reflects very few ideas from Republicans, which we have offered to discuss and would hope to include in any comprehensive health care reform. It includes several provisions which

Republicans have made clear are off the table, if our colleagues want a truly bipartisan bill. I mentioned the government plan option which kills bipartisanship because Republicans cannot support a policy that will lead to a Washington takeover of our health care system. There are better alternatives, alternatives which empower individuals and preserve the individual choice each of us has to make health care decisions, in consultation with our physician or family doctor, in the best interest of our families. Empowering people rather than government is a much better solution than this proposal we see under the Kennedy bill.

Innovators in both government and the private sector have learned that by empowering patients and providing them some incentives, they can actually see costs lowered.

There are a lot of good ideas out there. Unfortunately, the partisan proposal we have from the HELP Committee is not one of them. We hope we can continue to work together, on a bipartisan basis, toward a successful outcome.

I yield the floor.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The majority leader.

TRAVEL PROMOTION ACT OF 2009—MOTION TO PROCEED

CLOTURE MOTION

Mr. REID. Mr. President, I move to proceed to Calendar No. 71, S. 1023, the Travel Promotion Act of 2009, and I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing rules of the Senate, hereby move to bring to a close debate on the motion to proceed to Calendar No. 71, S. 1023, the Travel Promotion Act of 2009.

Byron L. Dorgan, Tom Udall, Patrick J. Leahy, Barbara Boxer, Kay R. Hagan, Kirsten E. Gillibrand, Robert P. Casey, Jr., Roland W. Burris, Benjamin L. Cardin, Bill Nelson, John D. Rockefeller, IV, Daniel K. Inouye, Blanche L. Lincoln, Ron Wyden, Bernard Sanders, Sheldon Whitehouse, Ben Nelson.

Mr. REID. Mr. President, I now ask unanimous consent that on Tuesday, June 16, following a period of morning business, the Senate resume consideration of the motion to proceed to S. 1023 and there be 1 hour of debate prior to a vote on the motion to invoke cloture on the motion to proceed, with the time equally divided and controlled between the leaders or their designees; that upon the use or yielding back of that time, the Senate proceed to a vote on the motion to invoke cloture on the motion to proceed, with the mandatory quorum waived.

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

The Senator from North Dakota.

Mr. DORGAN. Mr. President, the legislation described by my colleague, the Travel Promotion Act, is legislation I wish to discuss. The Travel Promotion Act is a bipartisan piece of legislation I have introduced with Senators ENSIGN, INOUYE, MARTINEZ, KLOBUCHAR, REID, and many others. I believe in the last session of Congress, when we introduced this, we had over 50 cosponsors. Let me describe what its purpose is.

Who can be against travel promotion? Here is what has happened to our country with respect to the jobs and economic growth that comes with a decline in foreigners traveling to the United States. Measures put in place quickly after the 2001 attack on 9/11 had a significant impact on travel to the United States by foreign travelers.

We, obviously, wanted to be careful about whom we allowed into our country. We still do. But what happened following that is, instead of reaching out to the world to say: Visit the United States, this is a great place, we encourage you to come here, to vacation here, to see what the United States is all about, we backed away from that. Other countries have not. Here is what we have experienced. I have a chart here showing overseas travel between 2000 and 2008.

Since 2000 and 2008, there has been a 3-percent decrease in foreign visitors to the United States. At the same time, there has been a 40-percent increase in visitors to other countries around the world. Think of the consequences of that to our economy. A foreign visitor, overseas visitor, coming to our country spends on average $4,500 per visit—that is a lot of economic activity, a lot of economic growth and jobs. But inbound travel has decreased in our country and substantially increased in others. Why is that the case?

The rest of the world is very anxious to attract destination visitors to their country, international travelers, to say: We want you to come to our country as a destination for your trip. Take India—one special reason to visit India is this advertisement saying:

''Incredible India, any time is a good time to visit the land of Taj, but there is no time like now.''

Not unusual to see this. It is not only India.

Australia's says: ''Arrived looking for an experience to remember. Departed with adventure we will never forget. Australia, come to Australia.'' If you are an overseas traveler, deciding where to visit, be sure and come to Australia.

Ireland says: ''Go where Ireland takes you.''

Pretty straightforward—makes you want to go to Ireland. Great Britain, Italy, Spain, France, Australia, India, Ireland, they say: Come to our country. Travel to our country. See what our country is about.

We are not doing that.

As a result, in the last 8 years, we have seen a 3-percent decrease in travel by foreign visitors to the United States, while the rest of the world has had a 40-percent increase in travelers destined to those other areas. It makes a big difference. It is very negative in terms of our country's economic opportunity that comes from travel and tourism.

I showed the examples of what other countries are saying in their very explicit campaigns around the world, to say to people: If you are traveling abroad, if you are planning a vacation, a trip, come to our country. Come and see Italy, Great Britain, Ireland, India.

Let me show you what is happening with respect to our country. Headlines such as these: The Sydney Sunday Morning Herald: ''Coming to America Isn't Easy.'' From The Guardian: ''America: More Hassle Than It's Worth?'' From The Sunday Times in London: ''Travel to America? No Thanks.''

There is a perception that it is difficult to come to our country, hard to get a visa, and tourists will experience long waiting lines. Many of these problems have been corrected or improved. In the construction of this legislation, we address the need to better communicate our entry and exit procedures and their improvements. We don't want these negative headlines to be the message to the rest of the world—in fact, quite the opposite.

What a large group of us in the Congress want is for our country to be engaged internationally, to say to people around the world: Come to our country. To see the United States is to understand the wonder of this great country. Come here. Stay here. Vacation here. Understand what America is about.

I can't think of anything better, in terms of our position in the world and how people think of this great country, than to invite them and encourage them to come here. That is why we have introduced this bipartisan piece of legislation called the Travel Promotion Act of 2009.

Interestingly enough, the Congressional Budget Office has said this piece of legislation will reduce the Federal budget deficit by $425 million between 2010 and 2019. We don't bring many pieces of legislation to the floor of the Senate in which the Congressional Budget Office says:

This will make money. This is a net positive. This will reduce the Federal budget deficit. That is what this bill is about.

Let me explain, for a moment, what we are trying to do with the legislation. The Travel Promotion Act will attempt to create international travel opportunities for people from all around the world to come to this country. It will set up a nationally coordinated travel promotion campaign run in a public-private partnership to communicate to the world our country's travel policies and, more importantly, communicate to the world: We want you here. We want you to explore what this great country has to offer. This public-private partnership is an ideal