

this. I am proud of Senator KLOBUCHAR's work on this. And I want to thank every Democrat in this Senate who said, yes, this resolution is worthy of debate and worthy of a vote.

Madam President, I thank you very much and yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Madam President, thank you very much.

75TH ANNIVERSARY OF THE NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

Mr. CARPER. Madam President, I take the floor for a few minutes to draw the attention of my colleagues to the fact that there is a birthday this year, a 75th birthday—not the birthday of a Member of the Senate, not a birthday of a Member of the House, but actually it is the 75th birthday of the National Archives and Records Administration. It is 75 years old this year.

My colleague who is presiding today may recall the reception that was held at the National Archives during our orientation for new Senators and their spouses back in November. As it turns out, it was a small group of people who were able to witness and to visually see and read some of the most famous short documents in our Nation's history.

But as it turns out, millions of Americans come every year and visitors from all over the world come each year to visit the National Archives. The National Archives serves as the custodian of some of our country's most precious and historic records and documents, and they have been doing this for something like three-quarters of a century.

I wish to take a moment on behalf of all of my colleagues, Democratic and Republican, and an Independent or two, to thank the men and women who work at the National Archives now—and who have done that for the last three-quarters of a century—who work diligently to preserve our Nation's history, not just for us but for future generations of Americans and others who will come to our shores to visit here.

Established by Congress to be our Nation's record keeper, the National Archives has the critical mission of storing and protecting our most valuable and our most important documents. In fact, the main Archives facility, which is located not far from where we are gathered here today, is the permanent home of—get this—the Declaration of Independence, our Constitution, and the Bill of Rights.

Thomas Jefferson once said that an educated citizenry will ensure a free society. He was right then. That is right now. Unhindered access to information about our government and leaders is truly critical to the continued health and vibrancy of our democracy.

That is why I am pleased to hear that more than 1 million visitors travel to

the National Archives each year to see thousands of documents—the ones I mentioned and others as well—records, and special exhibits. It is no stretch to say the National Archives is one of the most popular agencies in the U.S. Government. That probably comes as a surprise to a lot of us.

But the Archives is not just a tourist attraction. Over the years, the Archives has become an international leader in developing an electrical records archiving system that will preserve digital information in any format—not just for a few years but forever.

Information technology has forever altered our ability to create, access, and search information from any location in the world. Every year, billions—not millions, billions—of documents that shape and inform government decisions are never written down with pen and paper. Instead, these records are “born digital.” That means they are created electronically and stored not in a filing cabinet but on computers and on the Internet.

Each year, the Archives preserves more and more information that is essential to understanding our democracy, our history, and our culture. To put it into some kind of perspective, it took eight C-5 military cargo planes to transport all of the paper materials created by the Clinton administration. Imagine that: eight C-5 military cargo aircraft. Following the most recent Presidential transition, it took 20 tractor trailers, 2 Boeing 747s, and a DC-8 aircraft to transport all of President George W. Bush's records. At the same time, the National Archives continues to maintain records from 1775, including the military record of every single veteran in the 20th and 21st centuries. That is no small task.

So I stand here today to give my thanks—really, to give our thanks—to the hard-working folks who work and volunteer their time at our National Archives.

Winston Churchill once said:

A nation that forgets its past is doomed to repeat it.

I think that quote truly sums up the important role of the Archives, not just for our history but for our future.

Madam President, tomorrow I will submit, with a number of my colleagues, a resolution to commend the National Archives and its employees for excellent service over the past 75 years and to wish them many years of additional service.

HEALTH CARE

Mr. CARPER. Madam President, I know my colleague from Wisconsin is standing to speak, so I will be very brief. I just want to take a moment.

While Senator SHAHEEN and Senator BOXER were speaking, I went over and chatted a little bit with one of our colleagues from Texas who was on the floor. We talked a little bit about the debate on health care. As we approach,

in a week or two, marking up a health care reform bill in the Finance Committee, he mentioned to me something I very much agree with, the 80-20 rule.

MIKE ENZI, the Senator from Wyoming, likes to talk about the 80-20 rule and why he has been so productive over the years with Senator TED KENNEDY. Senator KENNEDY, obviously, is a liberal Member of the Senate. Senator ENZI is a very conservative Member of the Senate. They get a lot done in the Health, Education, Labor, and Pensions Committee. It is because they follow what Senator ENZI calls the 80-20 rule. They focus on the 80 percent of the stuff they agree on. They set aside the 20 percent they do not agree on, and they really focus on where the most agreement is.

We need to do a similar kind of approach as we prepare to mark up in the Finance Committee the health reform bill, to go along with the areas of work going on in the HELP Committee.

I strongly agree with Senator BAUCUS and Senator GRASSLEY. We need a bipartisan bill. I know many Democrats and Republicans feel we need a bipartisan bill. My fear is, if we do not have a bipartisan bill, we will not be successful ultimately.

While most of the media coverage of the health care debate focuses on the conflict—should we have a public plan or not; tax exclusions; what portion of our benefits should be excluded from taxation; should there be an employer mandate or individual mandate or should there not be—setting all of those things aside, not that they are unimportant, there is huge agreement on a bunch of things that are important that are going to save money, save lives, reduce costs, and provide better health care for people. Part of it is in information technology; make it possible for businesses—large and small but especially small businesses—to get into a purchasing pool to be able to take advantage of much lower rates and have better choices of benefits for their folks; moving toward chronic care to make sure for people who have diabetes that we do not just wait until they get really sick and they have to have arms and legs and feet amputated, but make sure we take care of them early on as we go along.

As to these purchasing pools we are going to create under health care reform, if people have a preexisting condition, they do not get excluded. They can participate as well. We are going to be covering more people for pharmaceuticals. We are going to do a much better job of making sure people who will benefit from a particular pharmaceutical—whether it is a large molecule or a small molecule—will have access to something that is going to help them. We will be smart enough to figure out the pharmaceuticals out there that will not help somebody, so then they will not be taking those.

We are going to be focusing more on primary care, less on fee for service, which drives up the cost of health care.

We are going to do a better job of co-ordinating care and providing medical homes for people as we go forward.

We are going to take examples like that in the neighboring State represented by Senator FEINGOLD. Over in Minnesota, they have this Mayo Clinic, and they figured out how to make the Mayo Clinic provide better health care, with better outcomes, at lower cost than most other places in this country. They took their model and they went down to Florida, where costs were very high for health care. They took the Mayo model to Florida, and they ended up with better outcomes and lower costs in Florida compared to other folks who had been doing business in Florida providing health care for years.

But it is not just the Mayos, it is the Intermountain folks, a nonprofit out in Utah, the Geisinger operation in Pennsylvania. There are a number of good examples out there. Part of what we are going to do through this debate, as we move toward health care reform, is to learn from those examples, go to school on those examples, and be able to put them to work for all of us.

With that having been said, my friend said some people say we are not going to get health care reform done. We have to get it done. We spend more money for health care in this country than any other developed nation on Earth. We do not get better results. If we spend more money, we don't get better results. We can do better than this. Democrats working together with Republicans, we can get there, and let's just not give up.

Thank you, Madam President. I thank my colleague for his patience.

UNANIMOUS-CONSENT
AGREEMENTS—H.R. 2346

Mr. INOUYE. Madam President, I ask unanimous consent that with respect to the conference report to accompany H.R. 2346, a motion to waive all applicable rule XLIV points of order be considered as having been made by the majority leader.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. INOUYE. Madam President, I ask unanimous consent that the vote on the motion to waive rule XLIV occur at 2:50 p.m., and that the time until then be equally divided and controlled between the majority leader and Senator GREGG or their designees.

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

Mr. GREGG. Madam President, we are now, then, on the conference report?

The PRESIDING OFFICER. Not at this point in time. Not yet. A request has to be made to go to the conference report.

MAKING SUPPLEMENTAL APPROPRIATIONS FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2009—CONFERENCE REPORT

Mr. INOUYE. Madam President, I ask unanimous consent that the Senate now resume consideration of the conference report to accompany H.R. 2346.

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

The Senate will resume consideration of the conference report to accompany H.R. 2346, which the clerk will report.

The legislative clerk read as follows:

Conference report to accompany H.R. 2346, an act making supplemental appropriations for the fiscal year ending September 30, 2009, and for other purposes.

The PRESIDING OFFICER. Under the previous order, a motion to waive all applicable points of order under rule XLIV is considered as having been made by the majority leader.

Mr. FEINGOLD. Madam President, if it is appropriate, I ask unanimous consent to speak for 10 minutes as in morning business.

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

HEALTH CARE REFORM

Mr. FEINGOLD. Madam President, every year I hold a constituent listening session, or townhall meeting, in every county in Wisconsin. After 1,188 of those sessions, I have heard a lot from my constituents on pretty much every issue you can imagine. But one issue in particular stands out, as it has consistently been one of the top issues raised throughout the past 17 years. That issue is, of course, health care.

Again and again—not just in listening sessions but in conversations and phone calls and letters and e-mails—Wisconsinites have talked to me about their struggles to obtain and afford health insurance coverage. Their stories have stayed with me and have been the foundation of my work to push for comprehensive health reform throughout my career in the Senate.

As a freshman Senator, I worked to increase access to long-term care and home and community-based services in the Wisconsin tradition during the 1994 attempt at health reform because I knew how valuable these programs were to my constituents. I continued to fight for real and fair access to affordable prescription drugs by speaking up for seniors during the debate on creating Medicare Part D. I ended up not voting for Part D because I knew it would help pharmaceutical companies before it helped seniors. For years I have tried to get the Senate to address the issue that was foremost in the minds of my constituents.

Frustrated by the inaction, I teamed up with Senator LINDSEY GRAHAM to introduce legislation that sought to break the logjam blocking health care reform legislation. While Senator GRAHAM and I have had very different ideas about how reform should look, we agreed further delay was unacceptable. I know some of my colleagues are now

arguing that health care is being rushed through the Senate.

Well, that is not my experience, and I think the Wisconsinites who have been talking about the need for reform for years would agree. That is why I am so excited that the Senate is preparing to consider health reform legislation, and I look forward to reviewing the bills the HELP and Finance Committees are expected to report shortly.

As this debate goes forward, I remain committed to reforming our health care system so every single American is guaranteed good, affordable health care coverage.

Today, I wish to talk about one of the most important elements of any reform, and that is a strong public health insurance option. Frankly, I am disappointed this has become a topic of so much controversy because it is such a fundamental part of making sure we provide the reform my constituents and all Americans deserve. Some have even suggested scrapping a public option in the interests of passing a bill with bipartisan support. Well, I want to pass health care reform, and I hope very much we can do it with bipartisan support, but I am not that interested in passing health care reform in name only. I am not interested in a bill that allows us to somehow tell our constituents we have done something but doesn't address their concerns they have had for so very long. We need real reform, and real reform means a strong public option.

Americans want a health insurance option. According to a recent poll by NBC and the Wall Street Journal, over three-fourths of those polled said they would like the ability to choose between public and private health insurance plans. Providing a public health insurance option does not discriminate against those with preexisting conditions and illnesses, and it will significantly improve the ability of people to access health care.

There are millions of Americans who will tell us their current so-called “competitive” market didn’t work so well for them because they were denied coverage from the outset, or they were given a benefit plan that covers everything but the diseases they actually have. Health insurance should not be a privilege, but in today’s insurance market that is actually what it is. Those who are healthy enough to be approved for coverage, or wealthy enough to afford it, are too often the privileged ones who receive health care. We must shift the competition back to where it should be—on the health insurers competing to provide better coverage at a more affordable rate.

A public health insurance option, if done right, will help shift the insurance market so plans focus on what is best for the patient to thrive instead of plans simply focused on the bottom line.

Just a few weeks ago, Geri Weitzel from Durand, WI, shared her story with me. Geri’s husband suffers from renal