

I also think there are things we can do in investing in non-carbon-emitting types of technology. I come from a part of the country where we have vast amounts of wind. Some people argue South Dakota is the Saudi Arabia of wind. If we can figure out a way to harness that wind energy, I think we are going to see an increase in economic activity in the upper Midwest. South Dakota would be a great place for that. I hope we can see more investment in wind. We need to make sure we are providing the necessary and appropriate incentives and policy incentives for investment in wind energy.

Solar is something, obviously, where we have a lot of room to grow. Conservation, carbon storage, infusion—all kinds of technologies that are carbon-free sources of energy. But I believe the way we get more of those is to incentivize investments in those areas. It seems to me that would be a much preferable outcome and, frankly, one in which we could get our global partners a lot more interested in and participating in. In fact, it has been suggested—Bjorn Lomborg suggested countries around the world devote a portion of their GDP to these types of non-carbon-emitting energy technologies in research and investing in those so that the burdens are shared equally. I would suggest every country might do it a little differently.

If I were going to put a plan together like that for South Dakota, I would make it very wind heavy. Other parts of the country might make it nuclear heavy. There are clean green renewable sources of energy available in this country, but trying to impose a heavy tax that will be paid by the American consumer ultimately, to me, seems like a wrongheaded approach, especially at a time when the economy is struggling.

HEALTH CARE REFORM

Mr. THUNE. I think that sort of segues into the other big issue, the big epic battles we are going to face in the Congress, and that is what to do to reform our health care system so that we can make the cost more affordable for American families and consumers. I don't think anybody argues that we don't need to reform our health care system; that there aren't things we can do better, more efficiently, more cost effectively.

I certainly would not for a minute suggest—as some have suggested about Republicans—that Republicans in the Senate don't want to do anything. We all believe we need to do something. We all believe there is much that can be done that will help improve coverage and lower costs for people in this country. But it can be done in a way that doesn't turn everything over—the keys of the health care system—to the Federal Government.

Much of what we are seeing right now in terms of the plans that are moving through the Congress is that

the House of Representatives will pass a bill, perhaps first, which will come over to the Senate. What is being debated—at least at the committee level in the Senate—consists of what they call a public plan option which, in effect, is a government plan. It is a—I would characterize it—government takeover of the health care system in this country because when the government goes into competition with the private sector, I think it will be very difficult for the private sector to compete.

There are many, obviously, already competing plans out there. In fact, George Will noted there are 1,300 entities offering health care plans in this country. Another one isn't going to change that. But the larger problem we have when the Federal Government gets into competition with private business is that the Federal Government becomes not a competitor but a predator. I think the government plan is not going to compete with the private market, but rather it will destroy the private market. A lot of studies bear that out.

If you look at the independent estimates—and in fact the Lewin Group studied this very carefully—they suggest that nearly 6 out of 10 Americans with private coverage, or about 118 million Americans, would lose their current health care coverage and be forced into a government-run health care plan. In fact, John Shields of the Lewin Group said:

If we created this public plan which is priced so much lower than private insurance, that will draw a lot of people in. Then you will wake up one morning and say: Wow, there is only one payer.

Essentially, what would happen, Mr. President, in my view, is we would see the private companies that are offering insurance, or small businesses that are offering coverage to their employees who would say: I can't compete with the Federal Government. I am just going to have all my employees move over into the government-run program. So that essentially, by default, we would see this government takeover of our health care system, and the government plan would become the plan in the country. Eventually, over time, I would argue, it would evolve into a single-payer system.

We are talking about one-sixth of the American economy. Certainly there are shortcomings in our current way of doing things. When we spend 17 percent or one-sixth of our entire GDP on health care, the assumption is that we are not spending enough money on health care. It is probably that we are not spending it wisely enough or not spending it smarter. We have lots of ideas about how to spend smarter that don't involve putting another \$1 trillion or \$2 trillion in tax burden on Americans in order to pay for this new system or, perhaps even worse yet, borrowing it from future generations, which is what we have been doing routinely around here for the past several

months to fund many of these new initiatives. But those are both bad solutions.

A \$1 trillion tax or upwards of that, depending on which estimate we look at, up to \$2 trillion in additional cost for the plan that is being proposed by Democrats in the House and the Senate—we have to finance it somehow. It is going to be paid for. It is either going to be paid for in the form of higher taxes on the American economy or borrowing from future generations, neither of which, in my view, is an option we ought to pursue.

On the other hand, we ought to look at how we can make the current system—the 17 percent of our economy or the \$2.5 trillion we spend annually on health care—more efficient and more effective. How can we emphasize wellness? How can we emphasize prevention? How can we allow individuals and small businesses to join larger groups to get the benefit of group purchasing power and buying in volume? How can we create competition by allowing people to buy across State lines? How do we get the cost of defensive medicine down by reforming our medical malpractice laws so the doctors aren't in fear of being sued or in fear of liability, overutilizing and therefore practicing defensive medicine, which has been suggested by the Health and Human Services Department in a study they did in 2003.

If we put it in today's dollars, it suggests we could save about \$180 billion a year in health care costs by doing something about medical malpractice reform.

So these are all things that we are for. We have lots of ideas about how to improve health care in this country or improve at least the delivery of health care and drive down the cost of health care but do it in a way that doesn't impede upon that important relationship between a physician and a patient; in a way that prevents the government from imposing itself into that situation and the government then making a decision about which procedures are going to be covered, how much is going to be paid for each procedure, and essentially becoming the decider when it comes to health care in this country.

We think the decisions that are made with respect to people's health care ought to be made by patients, by providers, and not having the government dictating and getting in the way of that basic fundamental relationship.

The CBO has said about the Kennedy-Dodd bill, which is the only one we know of right now that is moving its way through the committee process and that is currently being marked up, the government plan was not projected to have premiums lower than those charged by private insurance plans. But how, then, is the government going to offer any benefit?

The government plan is going to be, in my view, redundant to what is already out there unless it comes in and tries to undercut private insurance,

which would put private insurance options out of business and force, as I said before, many small businesses offering coverage to push those employees into the government-run program.

So, Mr. President, these are both, just as I said before, in terms of size, scope, scale, and magnitude, enormous issues in terms of our domestic economy, and we shouldn't be hurrying these issues through. There is some suggestion that the health care bill, as it comes over from the House, might be returned to the floor of the Senate, put on the floor under rule XIV, and an attempt made to get it passed before the August recess. That is not the way to conduct the business of the Senate. That is not the way to deal with one-sixth of the American economy. It is not the way, certainly, to deal with something as complex as the American health care system.

To allow the government takeover of that system, it seems to me, is something most Americans, if they were aware was happening, would not be for. I think the survey numbers bear that out. I think, as is true with cap and trade, the more the American people are engaged in this debate, the more they hear about it, the more objections they are going to have to the government takeover of health care in this country.

So these are both issues which need to be done thoughtfully and carefully and, frankly, they shouldn't be rushed out of here. We shouldn't be trying to pass health care out of the Senate before the August break. We shouldn't be talking about doing cap and trade—although I think that is now being pushed back into the fall.

These both have huge impacts on America's economy and get at the heart of the issue of how we are going to retain and create new jobs and expand our economy. These are very consequential issues and shouldn't be rushed. So I hope the Senate will take its time. I hope it will allow for full debate and that we will have an opportunity to put some of our ideas out there, some of the alternatives we think, in fact, would improve health care in this country and make it more affordable for more Americans.

Mr. President, I yield the floor.

GROWTH ACT OF 2009

Mr. DURBIN. Mr. President, today I come to the floor to urge my colleagues to join me in addressing challenges facing women in the developing world. Senator HUTCHISON and I introduced the GROWTH Act to focus U.S. developmental assistance and strengthen the role of women in developing countries.

Families, particularly in the developing world, would not survive were it not for the critical contributions of women. Rural women produce 50 percent of the world's total food, 60–80 percent of the food in the developing world, and most of the staples, such as

rice, wheat, and maize, that provide up to 90 percent of the rural poor's food intake.

Yet these women often bear the brunt of economic, legal, and social inequality.

For example, because of the inequality in inheritance laws or the lack of enforcement of such laws, women are often dispossessed of their property when their husbands die. In fact, even though they overwhelmingly tend the fields and produce the food that keep their families alive, women in the developing world own less than 15 percent of land and in many African countries less than 1 percent.

Economic, legal, and social inequalities have had a measureable impact on the ability of women in the developing world to earn an adequate living and support their families. The statistics are sobering—women make up 60 percent of the world's working poor, 70 percent of the hungry, and 67 percent of the illiterate.

Thus, improving the economic conditions of women is key to improving economic conditions in the developing world. Even more importantly, improving the economic conditions of women is key to the future of the children in these countries.

Study after study shows that women in developing countries are more likely to use their income for food, health care and education for their children. As a result, greater economic opportunities for women means that their babies are more likely to survive infancy, their children, especially their daughters, are more likely to attend school, and their families are more likely to eat nutritious meals.

One way to improve economic opportunity is to expand women's access to microcredit programs. Microcredit is an economically viable model of extending very small loans, at competitive interest rates, to the very poor. These loans allow the recipients, who are overwhelmingly women, to open or expand businesses and often allow them to lift their family out of poverty.

When you talk about microcredit, you must talk about Dr. Muhammad Yunus. Dr. Yunus is the recognized developer of the microcredit model. In 1976, he launched what has become a global movement to create economic and social development from below with a loan of just \$27 from his own pockets to 42 crafts persons in a small village in Bangladesh. Today, the Grameen Bank, which he founded to carry out his work, operates in more than 84,000 villages and has provided more than \$8 billion in low-interest loans to nearly 8 million people.

Over the past 30 years, his microcredit model has changed millions of lives, directly and indirectly positively affecting the lives of as many as 155 million people.

In 2006, Dr. Yunus was awarded the Nobel Peace prize for developing this microcredit model.

The award of the Noble Peace Prize to Dr. Yunus recognized that lasting peace and prosperity cannot be achieved unless large numbers of the world's poor have the means to break out of poverty.

Earlier this year, Senator BENNETT and I offered the Dr. Muhammad Yunus Gold Medal Act, S. 864, to honor Dr. Yunus's efforts. I thank my 59 colleagues who have already agreed to cosponsor S. 864 and urge the rest of my colleagues to do the same.

Today I also urge my colleagues to support S. 1425, the Global Resources and Opportunities for Women to Thrive, or GROWTH, Act of 2009. Senator HUTCHISON and I offered the GROWTH Act on July 9 to expand on Dr. Yunus's microcredit model and focus U.S. developmental assistance on tackling many of the obstacles to economic empowerment of women in the developing world.

The GROWTH Act would not only empower women by giving them the financial tools to start and grow their own businesses, it would create broader opportunities through educational, legal, and community building programs.

The GROWTH Act is comprehensive legislation that, among other efforts, increases women's ability to start and develop businesses through enhanced microfinance, microenterprise loans, and related financial tools. It also supports various efforts to enhance women's land and property rights, and increases women's employment opportunities and improves working conditions for women through education, skills training, and advocacy programs.

The GROWTH Act is an important step forward in attacking the underlying economic inequalities in the developing world that hold women back from their full potential.

I thank Senator HUTCHISON for again joining me in offering the GROWTH Act, as well as Senators COLLINS, LANDRIEU, SHAHEEN, GILLIBRAND, SANDERS, CASEY, WHITEHOUSE, and JOHNSON for joining the effort as cosponsors. I urge the rest of my colleagues to empower women in the developing world by supporting S. 1425.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

MATTHEW SHEPARD HATE CRIMES PREVENTION ACT

● Mr. KENNEDY. Mr. President, I urge my colleagues on both sides of the aisle to join in supporting the Matthew Shepard Hate Crimes Prevention Act.

We need to pass this bill without further delay. The House passed a hate crimes bill with a vote of 249 to 175 in April. President Obama has repeatedly stated that he supports swift enactment of hate crimes legislation. The Department of Justice has expressed a need to strengthen our Federal hate crimes law. And, over 300 law enforcement, religious, civil rights, and community organizations have stated their