

These are some of the commonsense ideas Americans are looking for on health care reform.

Health care reform will not be easy. But it does not have to bury our children and grandchildren deeper in debt when so far this year we're already spending an average of \$500 million a day in interest on the national debt. The proposal I have mentioned should be easy for everyone to agree on. They would lead to measurable results. And they would not force anyone to lose the care they have, see cuts to Medicare, or foist higher taxes on small businesses.

Americans are concerned about the cost of reform. We should work hard to assure them that we are too.

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

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mrs. SHAHEEN. I ask unanimous consent that the order for the quorum call be rescinded.

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

RESERVATION OF LEADER TIME

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

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each, with the time equally divided between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the final half.

The Senator from New Hampshire.

SUICIDE PREVENTION

Mrs. SHAHEEN. Mr. President, I rise today to speak about an amendment that I have filed to the National Defense Authorization Act of 2010. This amendment is to ensure that comprehensive suicide prevention services will be offered to our National Guard and Reservists as part of the Yellow Ribbon Reintegration Program.

Sadly, too often we hear about the death of an armed services member from an unnecessary and preventable suicide. Suicide has become an increasingly severe problem across the Armed Forces. For the first time in history, the number of battlefield suicides in early 2009 was higher than the number of combat deaths. I am pleased that the Defense Authorization Act we are considering supports increased efforts to prevent suicide among active duty personnel. However, there is currently no requirement that all National Guard members and communities have access

to a comprehensive suicide prevention program.

Even in the wake of suicides, Guard members are often called back to active duty and redeployed into dangerous and intense combat situations. Suicide devastates not only military families but also military communities and fellow soldiers. Currently, while active duty soldiers receive suicide prevention training programs, there are no established programs to train National Guardsmen and Reservists to prevent suicides when they return to their communities from deployment. And the families of Guardsmen and Reservists do not receive training under Yellow Ribbon to recognize the warning signs of suicide.

In Afghanistan and Iraq, we increasingly rely on our National Guard and Reservists. We see that first-hand in New Hampshire: Recently, more than 1,100 members of the 197th Fires Brigade, which includes units from Berlin, Franklin and Manchester, NH, received notice that they can expect to be deployed to the Middle East. Fortunately, when these soldiers return home from battle, they and their communities will have comprehensive suicide prevention training available to them. That is thanks to the initiative of New Hampshire's National Guard's pilot Program, the Connect Program, that has gone beyond the Yellow Ribbon Program.

To date, the Connect Program, which is administered by the National Alliance on Mental Illness in New Hampshire, has provided hundreds of officers, Chaplains and other Guardsmen with an interactive, community-based suicide prevention training. Through Connect, a Guard member who returns home from duty learns how to recognize the warning signs of suicidal behavior, how to respond to someone who shows those signs, and where to point that person to the services he or she needs.

But the program doesn't end with the Guard member. It also provides this training to the Guard member's community. The Guard member's commanding officers are trained to recognize suicidal tendencies in the soldiers who they command. Guard families, who often have no experience with mental illness and suicide, are also provided with that training. This is especially critical because, unlike active duty personnel, Guard members don't see their fellow soldiers every day when they come back from being deployed. Instead, they go back to their families and civilian communities, which simply aren't capable of recognizing the warning signs of suicidal behavior. The Connect Program fills a crucial gap because it uses interactive training to emphasize that mental health is a community responsibility.

The Connect Program also ensures that community members know how to cope with and respond to a suicide in the Guard community. People who know someone who has died by suicide

are statistically at increased risk of taking their own life. The program helps communities reduce that risk and promote healing in response to a suicide, which is an essential element of any suicide prevention program. Thanks to their effective work in response to suicides, Connect has been designated as a National Best Practice Program in Suicide Prevention and its work with the National Guard was recently recognized as a model program by the Substance Abuse Mental Health Services Administration in the Department of Health and Human Services, HHS.

But not all State National Guards offer such comprehensive suicide prevention programs after deployment. In the Army National Guard alone, there have been 29 confirmed suicides this year among Army Guardsmen who were not on active duty. I rise today because we need to extend these critical services across the country before even more soldiers fall through the cracks.

The Yellow Ribbon Reintegration Program has been a tremendously important and successful effort to transition our Guard members back to civilian life. However, these Guard and Reservist suicides have made clear that Yellow Ribbon is simply incomplete without an established, nationally implemented program that trains Guard members, communities and families to recognize the warning signs of suicide after deployment and to cope with the loss of a loved one.

Fortunately for us in New Hampshire, our National Guard identified that need early and went above and beyond Yellow Ribbon, creating a pilot program to ensure that the New Hampshire Guard community has the tools they need to prevent suicides when soldiers return from battle. Studies of the Connect Program have shown that people who receive this training feel particularly well-prepared to not only recognize the warning signs of suicide, but also to respond to suicides in their communities.

But others across the country may not be so fortunate. That is why this amendment would require the Office for Reintegration Programs to establish a program to provide these members, their families, and their communities with training in suicide prevention and community healing in response to suicide. The principals of the program would be modeled on the nationally recognized pilot program that has worked so well in New Hampshire.

I am pleased that the amendment is supported by the National Guard Association of the United States. Please join us in making these critical services a standard part of our outreach to National Guard members, families, and communities across the country.

Mr. President, I ask unanimous consent that a copy of the amendment be printed in the RECORD at this point.

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

On page 161, after line 23, add the following:

SEC. 557. EXPANSION OF SUICIDE PREVENTION AND COMMUNITY HEALING AND RESPONSE TRAINING UNDER THE YELLOW RIBBON REINTEGRATION PROGRAM.

Section 582 of the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110-181; 10 U.S.C. 10101 note) is amended—

- (1) in subsection (h)—
- (A) by striking paragraph (3); and
- (B) by redesignating paragraphs (4) through (15) as paragraphs (3) through (14), respectively; and
- (2) by adding at the end the following new subsection:

“(i) SUICIDE PREVENTION AND COMMUNITY HEALING AND RESPONSE PROGRAM.—

“(1) ESTABLISHMENT.—As part of the Yellow Ribbon Reintegration Program, the Office for Reintegration Programs shall establish a program to provide National Guard and Reserve members, their families, and their communities with training in suicide prevention and community healing and response to suicide.

“(2) DESIGN.—In establishing the program under paragraph (1), the Office for Reintegration Programs shall consult with—

“(A) persons that have experience and expertise with combining military and civilian intervention strategies that reduce risk and promote healing after a suicide attempt or suicide death for National Guard and Reserve members; and

“(B) the adjutant general of each State, the Commonwealth of Puerto Rico, the District of Columbia, Guam, and the Virgin Islands.

“(3) OPERATION.—

“(A) SUICIDE PREVENTION TRAINING.—The Office for Reintegration Programs shall provide National Guard and Reserve members with training in suicide prevention. Such training shall include—

“(i) describing the warning signs for suicide and teaching effective strategies for prevention and intervention;

“(ii) examining the influence of military culture on risk and protective factors for suicide; and

“(iii) engaging in interactive case scenarios and role plays to practice effective intervention strategies.

“(B) COMMUNITY HEALING AND RESPONSE TRAINING.—The Office for Reintegration Programs shall provide the families and communities of National Guard and Reserve members with training in responses to suicide that promote individual and community healing. Such training shall include—

“(i) enhancing collaboration among community members and local service providers to create an integrated, coordinated community response to suicide;

“(ii) communicating best practices for preventing suicide, including safe messaging, appropriate memorial services, and media guidelines;

“(iii) addressing the impact of suicide on the military and the larger community, and the increased risk that can result; and

“(iv) managing resources to assist key community and military service providers in helping the families, friends, and fellow soldiers of a suicide victim through the processes of grieving and healing.

“(C) COLLABORATION WITH CENTERS OF EXCELLENCE.—The Office for Reintegration Programs, in consultation with the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, shall collect and analyze ‘lessons learned’ and suggestions from State National Guard and Reserve organizations with existing or developing sui-

cide prevention and community response programs.”.

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

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

ORDER OF PROCEDURE

Mr. ALEXANDER. Mr. President, I assume the order is to begin the Republican 30 minutes of morning business. I would like to take the first 20 minutes and be informed when I have 1 minute left, and Senator GREGG will take the last 10 minutes. Then the Democratic time remaining will be reserved for the Democratic side when they want to use it.

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

Mr. ALEXANDER. Thank you, Mr. President.

HEALTH CARE REFORM COST

Mr. ALEXANDER. Mr. President, the President has expressed several times his concern about our Nation's debt. We Republicans have a great concern about the amount of debt being stacked up in this country.

President Obama's proposals will, over the next 10 years, add three times as much to the national debt, almost, as was spent during World War II, according to the Washington Post. The President has had a summit on entitlement spending, which is the principal cause of the debt. He has said we need to pay for programs as we go. If we spend a dollar, we should save a dollar or tax a dollar. More recently he has said that health care legislation has to be paid for.

Well, Mr. President, we are rushing down a road to pass a bill without knowing what it costs. I just left the work we are doing in the HELP Committee. The Finance Committee is working hard. We had a bipartisan breakfast of nearly 20 Senators this morning discussing how we could have a bipartisan result in health care this year.

But we cannot do it unless we know how much it costs. It affects 16 percent of our entire national budget. We do not have a bill yet. The HELP Committee may have one by the end of the week, in which Republicans have had almost no input. The Finance Committee is trying to develop a bipartisan bill, but they are not going to begin writing a bill until next week. Then it will take several weeks to know what it costs. We need to know, not just so we do not add to the debt, but so we can understand what the various options are and how much they cost.

We are talking about Medicare cuts and spending Grandma's Medicare money on somebody else. How much does that cost? We are talking about taxes on employers. How much does that cost? We are talking about adding to the debt. By exactly how much? We are talking about a surtax on incomes. We are talking about extensive increases in State costs in Medicaid.

So we want a health care bill. But we want something Americans can afford, and after we are through fixing health care, we want to make sure they have a government they can afford. We agree with the President. We cannot responsibly pass a bill on this floor until we know what it costs.

So why the rush? Let's do it right. We are talking about one of the most important pieces of legislation ever, and we are talking about trillions of dollars.

CLEAN ENERGY

Mr. ALEXANDER. Mr. President, I delivered an address yesterday at the National Press Club about the Republican plan for clean energy. We call it a low-cost clean energy plan. It begins with the idea of building 100 new nuclear power plants in the next 20 years; electrifying half our cars and trucks in the next 20 years; exploring for natural gas, which is low carbon, and oil offshore—if we are going to continue to use oil, it might as well be our own—and then, finally, doubling our research and development budget, as President Obama has proposed, so we can have “mini Manhattan Projects” in renewable energy to try to reduce renewable energy technologies' costs and make them more reliable so they can contribute to our energy needs.

I would like to make a few remarks today on our low-cost plan for clean, renewable energy and compare it with what is coming over from the House, which is a high-cost plan.

Our country is at a critical point. The recession is the most severe in decades. Unemployment is nearing 10 percent. We have too much national debt. A gathering storm threatens the technological edge that has given Americans—only about 5 percent of the world's people—a remarkable standard of living that comes from producing 25 percent of the world's wealth. We remember last year's high oil prices. We know we are relying too much on other countries for energy. There is the unfinished job of cleaning our air, and, for many, the global warming of our planet is an urgent concern.

It is against this backdrop that for the first time ever legislation dealing broadly with climate change and energy is coming out of the House. We are working on the same subjects in the Senate. The decisions we make will affect our well-being for years to come.

The House has chosen the high-cost solution to clean energy and climate change. Its economy-wide cap-and-trade and renewable energy mandate is