

almost unbelievable, deepest recession since the Great Depression, 1 year later, "The Wall Street Casino, Back in Business."

What are they talking about? Credit default swaps, derivatives, synthetic derivatives, you name it, all kinds of exotic products where they securitized everything. Everybody made a bunch of money, and on the way back from depositing money in their bank accounts one day, they discovered the economy collapsed because a lot of bad decisions had been made by people who were gambling.

September 8, the Washington Post, "A Year After Lehman, Wall Street's Acting Like Wall Street Again." Not much change.

Wall Street Journal, August, last month, "Bankers Play Dress Up With Old Deals":

Irresponsible securitization helped bring the financial system to its knees. Yet, as banks start to heal, little seems to have changed. Wall Street has quickly fallen back on old habits.

By the way, some of these FDIC-insured banks are still trading in derivatives out of their own proprietary account. They may just as well put a casino in their lobby or be playing Keno in their boardroom.

This is Steve Pearlstein, September 11: "Wall Street's Mania for Short-Term Results Hurts Economy."

Look, the reason I wanted to go through this is I agree not much has changed, and certainly not enough has changed. The question, it seems to me, as we deal with this issue of financial reform is, Will we address a central issue for me, and that is the too-big-to-fail issue? When we have decided as a matter of economic doctrine in this country that there are big companies that are too big to fail—too big to fail, to me, that is no-fault capitalism. We saw that last fall.

We had the Treasury Secretary come to the Congress, and he said, on a Friday: If you don't pass a three-page bill giving me \$700 billion and do it in 3 days, there is eminent collapse of the American economy. The fact is, I didn't vote for the \$700 billion because I didn't think he had the foggiest idea what he was going to do with that money.

The plain fact is as well that the very firms that did the kind of damage that steered this economy into the ditch—by the way, one of which the then-Treasury Secretary had previously worked for—dramatically expanding leverage; engaging in unbelievable, sophisticated exotic products they couldn't even understand. But you didn't have to understand them as long as you were making a lot of money on them; securitizing almost everything; the scandal in subprime loans: paying massive bonuses to brokers who put mortgages out there called liar's loans, meaning people didn't have to describe their income in order to get a mortgage; and then securitizing the good with the bad and slicing and dicing as

if you were cutting sausage and selling it to investment funds. So everybody was fat and happy, making all this money despite the fact they were creating this house of cards. And then the house of cards collapsed, and we had all of these firms with dramatic leverage and exposure. Then we were told: You know what, you have to bail them out. They are too big to fail. The American taxpayer has to come out and open their pocketbook and provide the funds because these companies are too big to fail.

The fact is, when we discuss financial reform, there is too little discussion about this right now. All the discussion we see are these stories: "Wall Street is Back in Business Again"; "Banks Still Trading in Derivatives on Proprietary Accounts." They might as well just put up a blackjack table in their lobby. Nothing is changing.

So the question is, when we get to this point—and it is very soon, I hope—will we seriously address the doctrine of too big to fail. If we don't, we will go down exactly the same road and, mark my words, we will find the same ditch once again for this economy. We must address this issue of too big to fail. Some of the too-big-to-fail institutions got a lot of TARP funds from the American taxpayer. And by the way, they have gotten bigger now—too big to fail, and now they are too bigger to fail, I guess. It doesn't sound like good English to me. But too big to fail is a problem, so you make them bigger. It makes no sense.

This has to be a centerpiece in our discussion going forward. Are we going to continue to have no-fault capitalism where some of the biggest financial institutions in this country are engaged in gambling, trading in derivatives on their own financial accounts in a bank, while the bank is FDIC insured? Are we going to continue to allow that, or are we finally going to decide that this doctrine of too big to fail has to be addressed along with the other issues? Are we going to securitize everything? Are we going to continue to allow this unbelievable expansion of leverage? All of these are important questions.

At the end of the day, to me, the question of the doctrine of too big to fail is overriding. We must end that proposition. It is not just me, there are a lot of good economists who believe this must be a part of our financial reform.

My hope is that in the coming month or so following the discussion on health care reform, we turn to financial reform. I am going to be on the floor talking again about the doctrine of too big to fail and about the Federal Reserve Board's notion of what that doctrine means and what their responsibilities are.

I yield the floor, and I make a point of order that a quorum is not present.

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

The legislative clerk proceeded to call the roll.

Mr. ALEXANDER. Madam 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.

Mr. ALEXANDER. How much time remains on the Republican side?

The ACTING PRESIDENT pro tempore. The time is not divided.

Mr. ALEXANDER. Madam President, I ask unanimous consent that we be permitted to engage in a colloquy for up to 20 minutes.

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

HEALTH CARE REFORM

Mr. ALEXANDER. Madam President, all of us were home in August. It was a pretty good thing we were, because the people of the United States had a lot to say to us about the health care bill. I think President Obama was very correct when he said the health care reform bill is a proxy for the role of Federal Government in our everyday lives.

I think that is what we are debating here. On the one side, we have an effort by the majority and the President to do this massive, comprehensive health care reform with thousand-page bills and White House czars and trillions in spending and debt. That is on the one side. On the other side we have Republicans saying we want health care reform, but let's focus on reducing costs to each American who has a health care policy—that is 250 million of us—that is why people are showing up at town meetings; it is not some abstract thing—and reducing costs to our government, because we know that \$9 trillion more in debt is coming.

Mr. McCAIN. Will the Senator yield for a question?

Mr. ALEXANDER. Yes, I will.

Mr. McCAIN. First, concerning the costs, how do we know what the cost is if we don't have legislative text? I think all of us have been around here long enough—we have talked a lot about the 72 hours that I absolutely think we need. The text should be online so that every American—not just the 100 of us who are fortunate enough to be here—can read it. Everybody should have the right to know what a fundamental reform of health care in America is all about, and they should be able to read the legislation if they want to.

Just as importantly, I ask my friend, has he seen any legislative text anywhere? Is it true that the Finance Committee is moving forward with legislation regarding which there is no legislative text? And by the way, we find out now, according to the Wall Street Journal, Mr. Barthold noted in a followup letter that the willful failure to file; that is, to take the government option, would be punishable by a \$25,000 fine or jail time under a section of the bill.

I wonder how many Americans are aware of that. In fact, I have to tell my

friend from Tennessee, I was unaware of it. So if we are unaware of it, should we not have legislative text so that Americans know what is being legislated in the Senate Finance Committee; and second, shouldn't it be on line at least 72 years so everybody would know about it?

Mr. ALEXANDER. The Senator is right. He and I and the Senator from Georgia are on the HELP Committee. We worked and we spent many hours in June and July marking up that version of the health care bill. We finished our work about July 15. That bill was 839 pages. It wasn't even presented to us until early in September, and we still don't know what it costs. I wonder if the Senator from Georgia heard much about reading the bill and how much it costs.

Mr. ISAKSON. The Senator from Arizona and the Senator from Georgia and I all sat through 67½ hours of markup in the HELP Committee on an 839-page bill, which was not scored and had 3 titles blank and they are still blank. We didn't have text during that debate on three titles within that bill, and what they are developing in the Finance Committee today, as I understand it, is concepts. The language is somewhere that we have not yet seen. This is too important for us to guess on and to take a chance on. It is most important that Congress know precisely what it is doing.

Mr. ALEXANDER. Maybe the Senator from Georgia and the Senator from Arizona know more about this than I do, and they are debating concepts but they are getting down to specifics. I saw in a morning newspaper that Nevada was somehow miraculously taken care of in the provisions for Medicaid expenses. We have had Governors, both Democrats and Republicans, here saying if you are going to expand on Medicaid in our State, pay for it. What happened in Nevada?

Mr. MCCAIN. I say to my friend from Tennessee, first, it is clear that the Medicaid cost increases to the States will be incredibly large. In the original version of the bill, according to media reports, the State of Nevada would have, along with every other State, a significant Medicaid expense. So somehow now the legislation has been changed, again, according to media because—excuse me, the concept has been changed because we don't have legislative language—that 4 States would then have 100 percent of their Medicaid costs assumed by the Federal Government for as long as 4 or 5 years. That is what goes on with the laws and sausages business here. I ask the Senator again, do you—first, I ask unanimous consent that the editorial entitled “Rhetorical Tax Evasion” in the Wall Street Journal this morning 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, Sept. 29, 2009]

RHETORICAL TAX EVASION

President Obama's effort to deny that his mandate to buy insurance is a tax has taken another thumping, this time from fellow Democrats in the Senate Finance Committee.

Chairman Max Baucus's bill includes the so-called individual mandate, along with what he calls a \$1,900 “excise tax” if you don't buy health insurance. (It had been as much as \$3,800 but Democrats reduced the amount last week to minimize the political sticker shock.) And, lo, it turns out that if you don't pay that tax, the IRS could punish you with a \$25,000 fine or up to a year in jail, or both.

Under questioning last week, Tom Barthold, the chief of staff of the Joint Committee on Taxation, admitted that the individual mandate would become a part of the Internal Revenue Code and that failing to comply “could be criminal, yes, if it were considered an attempt to defraud.” Mr. Barthold noted in a follow-up letter that the willful failure to file would be a simple misdemeanor, punishable by the \$25,000 fine or jail time under Section 7203.

So failure to pay the mandate would be enforced like tax evasion, but Mr. Obama still claims it isn't a tax. “You can't just make up that language and decide that that's called a tax increase,” Mr. Obama insisted last week to ABC interviewer George Stephanopoulos. Accusing critics of dishonesty is becoming this President's default argument, but is Mr. Barthold also part of the plot?

In the 1994 health-care debate, the Congressional Budget Office called the individual mandate “an unprecedented form of federal action.” This is because “The government has never required people to buy any good or service as a condition of lawful residence in the United States.”

This coercion will be even more onerous today because everyone will be forced to buy insurance that the new taxes and regulations of ObamaCare will make far more expensive. Too bad Mr. Obama's rhetorical tax evasion can't be punished by the IRS.

Mr. MCCAIN. This says:

Chairman Max Baucus's bill includes the so-called individual mandate, along with what he calls a \$1,900 “excise tax” if you don't buy health insurance. (It had been as much as \$3,800. . . .)

So American small businesses, which are hurting more than any other group of Americans today, the creators of jobs—are now facing a \$1,900 excise tax. By the way, the President, in response to George Stephanopoulos, said there was no tax engaged here. I wonder how many Americans are aware of that and how many Americans have had the opportunity to know exactly not only what the costs to the Federal Government and the respective States are, but the costs to the individuals who are struggling to make it in America at a time of almost unprecedented unemployment?

Mr. ALEXANDER. That is a very good point. The Senator from Georgia was in small business for many years before he came to the senate.

Mr. ISAKSON. Yes, I ran a small real estate company for 22 years. We tried—myself and other distinguished Senators—on the floor to pass small business health reform 3 years ago which

would have made more affordable and accessible health care to those independent contractors, the small business people. It was rejected and we could not get a cloture vote.

Mr. ALEXANDER. May I interrupt for a moment? I often hear it said that you Republicans are not for health care too much. The difference is we have a little more humility than to try to take on the whole health care system at once and fix the whole world. We are ready to go step by step, and that is one of the most important steps—to allow small businesses to pool their resources and offer health care to their employees. I think the estimate is it would add maybe a million new people who could be insured that way.

Mr. ISAKSON. Under outside estimates—not mine—of the 47 million alleged uninsured, up to 16 million would have access to insurance because of associated health plans and small business reform. That is a third of the uninsured.

Mr. MCCAIN. My friend from Tennessee brings up a good and an important point about some saying that Republicans have no plan. The fact is that the Republicans have no plan for the government to take over the health care system in America. That is what it is. What are we for? We are for going across State lines so that these small businesses and individuals—and the Senator from Georgia used to be one of them—can get the health insurance policy of their choice. Why should they be restricted to the State they are in when perhaps there are minimum requirements for those health insurers residing in that State for coverage, which they neither want or need, and it may be in another State. Why don't we allow small business people to pool their assets together and negotiate with health insurers across America for the best policy they can get? And we are for medical malpractice reform and medical liability reform. We know doctors prescribe time after time, to protect themselves, unneeded and unnecessary procedures and tests. We all know that. That is in tens if not hundreds of billions of dollars. We are for medical malpractice reform. Where is it in any bill that has been proposed by the other side?

We want outcome-based treatment. We want an individual who has a certain chronic disease to be treated on the basis of long term. We want Americans who have preexisting conditions to have a risk pool they can go to or where risk pools would be established so they can get health insurance, and insurers will bid on those people with so-called preexisting conditions, so that every American can have affordable and available health insurance. We are for that. We are for medical malpractice reform. We are for going across State lines to get a policy of your choice. We are for outcome-based care. We are for taking on the drug companies that have cut an unholly deal with the administration, which

will give them the obscene profits, and the lobbyists, who make over a million dollars. We want to be able to import drugs from Canada that are cheaper for the American people. We want competition, as there is in Medicare Part D, for these patients who need it, who don't have health insurance.

So we are for a number of things, but we are not for a government takeover of the health care system. So the next time we read that the Republican party does not have anything they are for, then they are not paying attention. There is more that we are for, but it has to do with competition and with availability and with affordability of health care in America, not a government takeover. We have seen that movie before in other countries.

Mr. ALEXANDER. As I listen to the Senator, I wonder if the Senator from Georgia is having the same impact. Every single step he said Republicans are for, whether it is getting rid of runaway junk lawsuits, going across State lines to buy insurance, whether it is allowing small businesses to pool resources, or incentivizing prevention and wellness, they are all focused on reducing costs.

I ask the Senator from Georgia, I thought this was supposed to be about reducing costs for health care premiums and costs to our government; but it seems to me we are talking about more billions and more debt and more spending and taxes.

Mr. ISAKSON. Those are the two things Republicans don't want, which is more debt to bankrupt our children and grandchildren and more taxes. Robert from Loganville was on my teletown hall meeting a week ago in Georgia. We were talking about the pay-fors. He said, "Senator, I want to ask you a question. The administration keeps talking about there being a half billion dollars of waste, fraud, and abuse in Medicare. If that's true, why haven't you saved it instead of using it to save against a national health care?"

That is precisely right. The pay-fors they are talking about to keep us from going into debt are moneys that may or may not be there. They involve taxation and raising taxes on small businesses. Those are the things we don't want to do as Republicans.

Mr. MCCAIN. I ask the Senator from Georgia, do you believe, one, that small business people in America today are ready for an additional cost laid on them to provide health insurance for themselves and their employees? Should we not make it easier and less costly, rather than imposing a government mandate, which may have types of health care that they neither want nor need, or paying an "excise tax," as is in Chairman BAUCUS's bill?

The second point I want to ask the Senator about, of course, is this whole issue of what should be the government's role in health care in America today. We freely admit—not only admit but appreciate the fact that

Medicare is a government program. But we also appreciate that the costs of Medicare have skyrocketed to the point where we now have, by estimates, a \$31 trillion unfunded liability. In other words, our kids and grandkids will not have Medicare 7 or 8 years from now unless we fix the issue of costs.

Mr. ISAKSON. The Senator is precisely right, because as of right now, Medicare goes broke in 2017. That is only 8 years from now. In this bill, part of the pay-fors is to raise the cost of Medicaid on the States to a level that would take Georgia's Medicaid payments in 2014 by State tax dollars to be from 12 percent to 20 percent of our State budget. That is not the way to run a railroad.

Mr. ALEXANDER. Going back to the point of the Senator from Arizona, I hear our friends on the other side say you have used scare tactics, saying there will be Medicare cuts. I ask the Senator, did I not hear the President say he was going to take a half trillion dollars out of Medicare for seniors? There are about 45 million seniors on Medicare and who depend on Medicare, and they will spend it on new programs. Is that not what I heard him say?

Mr. MCCAIN. That is why there is a rising sentiment, particularly among seniors, against this plan, the one passed through the House and passed through our HELP Committee and is now being formulated. Our seniors and our citizens are a lot smarter than many times we give them credit for. They know you are not going to get \$½ trillion in "savings" from Medicare without there being reductions in Medicare.

There are hundreds of billions of dollars of savings that can be enacted in Medicare, but why don't we start tomorrow or why didn't we start yesterday or why didn't we start at least at the beginning of this debate imposing those savings so we could have a delay in the year when Medicare goes broke?

Mr. ALEXANDER. May I ask the Senator, if there are savings in Medicare, shouldn't it be spent on Medicare?

Mr. ISAKSON. Absolutely.

Mr. MCCAIN. That is an excellent point. But also the fact is to root out this waste, fraud, and abuse is going to take time and effort and it is going to require some pretty hard work on our part. But we need to change some of the fundamentals of the Medicare system in providing more competition in the form of prescription drugs, in the form of medical malpractice liability reform, in the form of more competition between drug companies for Medicare and Medicaid patients. These reforms we are advocating have to be enacted in order to bring down the costs of Medicare, Medicaid, and overall health care costs in America.

Look, it is obvious. The cost escalations that are bringing Medicare to a crisis are the same cost escalations ev-

erybody else in America is experiencing.

Mr. ISAKSON. A lot of them are based in defensive medicine, which is practiced because of runaway lawsuits and verdicts. The administration's most recent comment about tort reform, to which the Senator from Arizona referred, was they want to do a study. A study is not what we need. What we need is action. That is one of the biggest contributors to the rising cost of health care we have.

Mr. MCCAIN. Or a demonstration project conducted by the Secretary of Health and Human Services who knows a lot about this, I admit, because I understand she was head of the Trial Lawyers Association for a number of years. I am sure that gives significant qualifications to the person who is tasked with this project.

Life is full of anecdotes and experiences we have. I was down in Miami at the Palmetto Hospital. I spoke to a surgeon there. By the way, they treat a very large number of people who have come to this country illegally. I asked the surgeon: How are you doing on making your insurance payments, your malpractice or medical liability insurance payments?

He said: I don't have a problem. I don't have it. I don't have it because I couldn't afford it and probably I am not going to get sued because if they sue me, they are only going to get everything I have, not what the insurance company has.

We are giving physicians and caregivers the untenable option of either paying skyrocketing malpractice insurance premiums—in some cases \$200,000 a year for a neurosurgeon—or as this surgeon did and others have done: I am not going to have insurance. That is not an acceptable thing to do to physicians in America or anybody in America.

Mr. ISAKSON. The other consequence of that is the threat of it, and the cost of becoming a physician is driving young people to go into other professions. We are going to have a shortage of providers, not just in physicians but nurses and caregivers, if we have an overly regulatory system and an indefensible tort system.

Mr. ALEXANDER. The Senators from Arizona and Georgia have raised a number of questions that need to be answered. How much is the expansion of Medicaid going to cost States in State taxes? How much of the Medicare costs are going to cost people on Medicare? Are individual premiums actually going up instead of down, which is what the Congressional Budget Office said. Why is there not something for getting rid of junk lawsuits in the bill? Why don't we have a small business health insurance pool?

The point we made when we first started is if we are taking on 17 or 18 percent of the whole economy in another one of these 1,000-page-plus bills, why then do the Democratic Senators vote down the amendment to say that

the bill needs to be online for 72 hours so we and the American people can read it? Shouldn't we read the bill we are voting on, and shouldn't we know how much it costs before we start voting on it?

Mr. McCAIN. The Senator is exactly right. Again, wouldn't it be nice for our constituents—by the way, many of them come to the townhall meetings with a sign that says "Have you read the bill?"—to let them read the bill too. Wouldn't it be nice if every American citizen who wanted to could go online and read the legislation and give us their ideas and thoughts as to how we could make it better?

May I mention—I hate to keep coming back to this issue of medical liability—a PricewaterhouseCoopers study says defensive medicine could cost us as much as \$200 billion annually. If we are interested in savings, why don't we go right at that? Do we need a demonstration project someplace around America? I don't.

May I mention one other point, and I would be interested in my colleagues' views on it. This proposal also levies new taxes on medical devices. Why in the world would we want to do that? Medical devices and the best technology in the world are developed in America, but they are very expensive as they are. Why would we want to levy new taxes on medical devices when we know very well that if the insurance company is paying for them, the insurance company passes on those increased costs to the insured, thereby increasing the cost of health insurance in America. Why would we want to do that?

Mr. ISAKSON. It is raising the cost to the consumer because a lot of those types of things that are being taxed are purchased discretionarily and are not covered. They are paid for out of the pocket of the consumer. When you tax the medical device, you are just raising the cost of the medical device to the consumer.

Mr. McCAIN. What the other side is trying to do is expand government, expand coverage, and yet, at the same time, reduce costs. You cannot square the circle. That is why they keep bumping into—every time there is a new proposal and to make things more expansive and more available, they run into escalations in costs and how we are going to pay for it.

I believe our constituents, again, have figured it out—a reestimate of a \$7 trillion to \$9 trillion deficit over 10 years, a some \$700 billion stimulus package that may have stimulated Wall Street but, frankly, in my view from being home a lot, has not stimulated Main Street and is not having an effect on unemployment in America, to say the least. The neighboring State of California now has 12.2 percent unemployment. They cannot get to where they want to go without increasing that deficit and debt burden that we are laying on future generations of Americans.

I wish they would sit down with us. I wish we could sit down together, start from the beginning, knowing what we know—we have all been well educated by this process—knowing what we know now, knowing what we can do to reduce health care costs in America and make it affordable and available. Unfortunately, as we watch the machinations going on in the Finance Committee, that has not happened yet.

Mr. ISAKSON. I completely concur with the Senator from Arizona and the Senator from Tennessee. There is common ground, but you have to be willing to find it. So far that has not been the case. When we get to that point, we can solve a lot of the American peoples' problems. Just ramming through something we cannot read, we cannot quantify, we cannot score is not the way to go about it.

Mr. ALEXANDER. If there is one point we would want to make, it is this. It is such an ambitious program. The stakes are so high. This is no abstract debate. The reason people are turning up at town meetings is because this is about their health care insurance and also whether your government is going to go broke in the next few years, dumping a lot of burdens on our children and grandchildren.

What we are saying is we need to read the bill and know how much it costs before we start voting on it. We need to read the bill. It needs to be online 72 hours. That is a modest request, it seems to me. That is a short period of time. Then we need to know how much it costs. Does it raise our premiums or lower them? Does it cut your Medicare, or does it not cut your Medicare? Does it increase the national debt, or does it not increase the national debt? We need to know the answers to those questions. It would be the height of irresponsibility for us to begin debating a bill that affects 17 percent of the economy at a time when our debt is going up so rapidly without having, one, read the bill and, two, knowing exactly what the nonpartisan Congressional Budget Office tells us every provision costs.

Mr. McCAIN. Can I tell my friend, if the American people are able to know the details of this legislation, I think they would be surprised to know that the new taxes—the medical devices, the prescription drugs and other tax increases—they begin in the year 2010, 3 years before the provisions in the bill for "reform" are implemented. So for the next 3 years, the cost of health care and health insurance goes up due to the new taxes and fees, but the so-called reforms are not implemented—why did they do that?—so that the actual costs, as we cost it out over a 10-year period, are disguised by beginning the taxes and not implementing the reforms, which then the Congressional Budget Office can give a cost estimate which is less than, frankly, what it actually is if you put the reforms in at the same time as the tax increases.

That is a little complicated, but I think Americans need to know that.

Mr. ISAKSON. My only comment in closing is simply this: The Senator is exactly right. Once this horse is out of the barn, you can never put him back in. We have to get it right to begin with. We need to go back to the drawing board, have a bill we can read, and a bill we can afford.

Mr. ALEXANDER. I thank the Senator from Arizona and the Senator from Georgia. They said what we believe. We need to stop, start over, and get it right. Above all, we—it seems such a basic thing to say it is almost embarrassing to say it on the Senate floor—we need to make sure we read the bill before we vote on it, and we need to make sure we know what it costs before we vote on it. Those two things are minimum requirements.

From the Republican side, we want to reduce health care costs, and rather than try a comprehensive health care reform of the whole system, we would like to work step by step in the direction of reducing costs in order to reearn the trust of the American people. Senator McCAIN and Senator ISAKSON have outlined a series of steps ranging from eliminating junk lawsuits against doctors to allowing small businesses to pool their resources, all of which would help reduce costs. I thank the Senators.

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

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

The legislative clerk proceeded to call the roll.

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

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

DEFENSE APPROPRIATIONS

Mr. McCAIN. I rise to address the issue of the Department of Defense Appropriations Act for fiscal year 2010, which is the pending business before the Senate.

The funding provided in this legislation is very crucial. We need to support our commanders as they lead operations in Afghanistan, Iraq, and elsewhere, and care for the men and women who are in the military, including making sure they are provided for, as well as our wounded warriors. But I also note with great concern and alarm, dismay, and even disgust that billions of dollars in wasteful earmarks, unrequested, unauthorized, have again found their way into this legislation. As I have said before, these are serious times, and we as a Congress are required to make serious decisions, tough decisions, that may go against the special interests.

I need not remind my colleagues that we are at war or that the national debt is growing ever larger. Recently, there was a reestimate of the deficit for the next 10 years from \$7 trillion to \$9 trillion. We are facing deficits of unprecedented proportions. Yet the spending