

been used 22 times more often by Republicans than Democrats tells the story.

I see on the floor the minority leader, the Republican leader Senator McCONNELL. He has voted for 13 of 17 reconciliation bills during his time in the Senate. He did not consider this procedure objectionable on 13 different occasions when he voted for it. Senator KYL, who is my counterpart on the Republican side, the Republican whip, has voted for 11 out of 11 reconciliation bills during the time he has been in the Senate. In fact, every time reconciliation was used, the Republican whip voted for it. Senator McCain has voted for reconciliation 9 out of 13 times since he has served in the Senate. It is a process that has been used repeatedly by both parties for major decisions: Health care cuts, COBRA insurance for the unemployed, children's health insurance, to name a few. It is something we acknowledge under our rules, and if it is part of the solution of bringing health care reform to an up-or-down vote—at least this aspect of it to an up-or-down vote—it should be a process that most Republicans are familiar with because most of them have voted for it repeatedly.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

HEALTH CARE

Mr. McCONNELL. Mr. President, the American people are looking at what is going on in Washington right now and they are wondering what the White House and Democratic leaders in Congress could possibly be thinking. The fact that we are still even talking about a health care bill that raises costs, increases premiums, and increases government spending is a complete mystery to most people. Americans have issued their verdict on this bill. They don't want it. It is that simple.

That is to say nothing of the process. The process that Democratic leaders have used to try to pass this bill is viewed even less favorably than the bill itself. So even if Americans supported the bill—which they clearly don't—they would still want the process cleaned up. Americans expect lawmakers to be completely up front and transparent about any changes they are thinking about making to the health care system.

Americans also expect a level playing field. That means union leaders don't get special deals that nonunion members don't. It means the people of Nebraska don't get a free ride bought and paid for by the rest of the country. Even Nebraskans are telling us they don't want that kind of special treatment. It means if you are a senior citi-

zen, you don't have to move to Florida to keep your health care plan. It means that Louisianans don't get a windfall of Federal money because one of their Senators was willing to vote for a bill most Americans overwhelmingly oppose.

These are just some of the things Americans don't like about the way Democratic leaders are trying to push their bill through Congress and past the public. But they didn't much like the way the bill was put together either. They didn't like the fact that members of both parties spent endless hours negotiating and in committee meetings, only to see Democratic leaders write their own bill behind closed doors. These are the kinds of things Americans have been complaining about at townhall meetings and in statewide elections for months and months. These are the kinds of things the people of Massachusetts were saying in January. Americans can't believe that after all this—after a year of protests and all of the statewide elections—Democratic leaders are still stubbornly pushing the same bill and the same process.

Democratic leaders knew the public didn't support their bill, so they tried to jam it through on a party-line vote. When they had trouble with that strategy, they went for the kickbacks and special deals. As a result, they lost their 60-vote majority. So they came up with another strategy. They tried to get around the normal routes. They decided they would try to jam it through with a bare partisan majority, something that has never been done before on legislation of this magnitude.

Some in the media are blaming the resistance the administration and Democratic leaders have faced on the White House messaging machine. That is absolutely absurd. Americans aren't rejecting this bill because they don't understand it. They are rejecting it because they know exactly what is in it.

Democratic leaders continue to deceive themselves. I saw the Speaker said yesterday Congress needs to pass this bill so Americans can see what is in it. Let me say that again. The Speaker said Congress needs to pass this bill so Americans can find out what is in it. That is like telling somebody they have to buy a house so they can walk through it.

The White House seems to be throwing out every idea it has, hoping something will stick. The President is expected to highlight fraud and abuse in a speech today. I am glad the administration wants to use the enforcement power of the government to find and prosecute fraud, but that is something we can and should be doing already—right now. Do we need to pass a \$2.5 trillion spending bill, raise taxes, and slash Medicare to go after fraud and abuse? I think not.

Finding waste, fraud, and abuse is one of the areas where we have agreement. Senators GRASSLEY, COBURN, CORNYN, LEMIEUX, and others have

been leading this effort for quite some time. Tackling fraud and abuse is one of the issues that can and should form the basis of a bipartisan, step-by-step approach to health care reform, not as a hook—not as a hook—to drag this monstrous bill over the finish line.

On the contrary, Democratic leaders should leave this bill on the field. Then we can talk about passing commonsense ideas such as tackling fraud and abuse on their own, one by one.

The fact is, this whole debate has devolved into a little bit of a farce, and it might actually be funny if the stakes were not so high. Americans don't know how else to say it. They don't want this bill. The American people do not want this bill. They want the process cleaned up as well.

How much longer do Americans have to wait before Democratic leaders will give up this partisan quest and agree to start over, to work together, out in the open, on the kind of commonsense reforms Americans want? That is the question Americans are asking, and we owe them an answer.

The American people aren't an obstacle to be circumvented. This is their health care system, not ours. It is time to end this partisan effort, listen to the people, and start over.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arkansas.

HONORING OUR ARMED FORCES

SERGEANT VINCENT L.C. OWENS

Mr. PRYOR. Mr. President, it is with great sadness that I come to the floor today to talk about SGT Vincent L.C. Owens from Fort Smith, AR. His life of service to our Nation is a shining example of a true American patriot.

Sergeant Owens lost his life while serving in eastern Afghanistan after his transport vehicle came under fire by enemy forces. He was a part of the 3rd Battalion, 187th Infantry Regiment, 101st Airborne Division in Fort Campbell, KY. Previously, Sergeant Owens spent 14 months in Iraq serving with the A Battery, 1st Battalion, 56th Air Defense Artillery from Fort Bliss, TX. Sergeant Owens served both tours with honor and distinction, earning numerous medals and awards, including two Army Commendation Medals, two Army Achievement Medals, a Valorous Unit Award, the National Defense Service Medal, the Iraq Campaign Medal, the Global War on Terrorism Service Medal, the Army Service Ribbon, and the Combat Action Badge.

An ardent athlete, talented student, and motorcycle aficionado, Sergeant Owens lived his life of only 21 years with passion and dedication. Those who knew him describe him as a kind and easygoing man who always had high standards for himself. He was the oldest of five children. He had been married to his wife Kaitlyn for just 6 weeks. Despite being a newlywed, Sergeant Owens did not hesitate to answer the call of duty.

Sergeant Owens' family and friends said he joined the Army out of a sense of patriotism and took pride in serving his Nation. He devoted his life to defending America and gave the ultimate sacrifice for the country he so deeply loved.

After this tremendous loss, Fort Smith, AK, is in the process of waving off 200 airmen from the Air National Guard's 188th Fighter Wing as they head to Afghanistan, joining about 75 members of the 188th already serving there. This will be the unit's first deployment with the A-10 Thunderbolt II—also known as "The Warthog"—since the 188th received the aircraft in April of 2007. Also, many of these guardsmen are part of the agribusiness development team. This unit will teach Afghans better farming, crop storage, and marketing practices in an effort to draw them away from poppy production and build a strong economy. These Arkansans are picking up Sergeant Owens' mantle in the fight to create a more secure and stable Afghanistan and together their efforts will endure.

Today, I join all Arkansans in lifting up Sergeant Owens' wife Kaitlyn, his parents Sheila and Keith and his siblings and friends and extended family and community of Fort Smith during this very difficult time. Sergeant Owens may be gone, but his courage, valor, and patriotism will never be forgotten.

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

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

The assistant legislative clerk proceeded to call the roll.

Mr. JOHANNES. 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.

HEALTH CARE

Mr. JOHANNES. Mr. President, I rise to speak to the Senate health care bill and to talk a little bit about some of the issues related to that bill, in terms of financing and scoring and, to be very candid, about some of the accounting gimmicks that try to hold this bill together. I will be joined by Senator WICKER and Senator BARRASSO in this colloquy. Let me get started.

If you start to study the bill, and for many of us who have served in other capacities—myself as Governor and as a mayor—the first thing you want to do is ask yourself: Does it work? Is the financing of this bill such that it makes sense? Is it an honest portrayal of the income you expect and the expenses you expect? Certainly, that is where I start and, I suggest, many of my colleagues start.

The one thing about this health care bill that struck me immediately and struck others is, first of all, there are 10 years of tax increases. They total over \$½ trillion—a massive amount of tax increases.

The second thing you see is, there are 10 years of Medicare cuts, again about \$½ trillion total. You do those things and some other things and it pays for 6 years of spending because even though some of the issues relative to this health care bill kick in initially, the vast majority of it does not kick in for 3 or 4 years.

When you put that all back together, you begin to realize what you have is a health care bill that costs about \$2.5 trillion over a 10-year score.

Then you start working through a whole bunch of other issues. You have a Senate bill that takes \$52 billion in higher Social Security taxes and revenues and counts them as offsets. That would be money normally reserved for the Social Security trust fund. You look at the CLASS Act. One Member of this body—a Member who is very respected for what he has done relative to budgeting—called this a Ponzi scheme.

The CLASS Act was initially opposed by our friends on the other side or by leading Democrats. But it is back alive. It is included in the Senate bill. It is another Federal entitlement that is going to create an insolvency problem very quickly. It takes money from premiums that are supposed to go for benefits and uses them as offsets and pay-fors.

CMS experts have looked at this, and they reached a conclusion that is reliable. They said the CLASS Act faces "a significant risk of failure," and then said, and may lead to "an insurance death spiral."

Our friends on the other side claim the bill will simultaneously extend the solvency of Medicare and then magically decrease the deficit. But the reality of that, again, comes from CMS actuaries who say: Well, wait a second here, that is double-counting. You can't use the same dollar twice. You can't count it twice. CMS concludes that the Medicare cuts in the legislation cannot be simultaneously used to finance other Federal outlays, such as coverage expansions under this bill or to extend the trust fund.

So when you cut all the way through this and see what is happening here, it doesn't hold together. This is a financial plan that is built upon sand, and you can almost guarantee it is going to collapse.

So let me, if I might, ask my colleague, Senator WICKER, what he thinks of all of this. Can he offer some thoughts as to where this bill is headed and the financial mechanisms of this bill?

Mr. WICKER. I appreciate my colleague from Nebraska getting into the weeds because it is important that we know the details of the numbers here. I think there is also a sort of big-picture aspect to this. There are a lot of Americans out there who may not have read the details the Senator from Nebraska just outlined, but they instinctively know you can't do all this to one-sixth of our economy and save

money for the Federal Government at the same time. They instinctively know this is going to turn out, as big entitlement programs always do, to be more expensive than has been estimated and it is going to cost the American taxpayer and future generations in terms of the national debt.

I would like to pivot and talk about what this is going to do to State governments because that is an additional aspect over and above the gigantic numbers the Senator from Nebraska mentioned.

Really, almost half of the additional coverage in this Senate bill, which the House is being asked to adopt lock, stock, and barrel without even changing so much as a semicolon, half of the coverage is going to be under Medicaid. We all know Medicaid requires a huge Federal investment, but Medicaid also always requires a State match. Under the provisions of this bill, if it is enacted, States will be told that the magnificent Federal Government has increased coverage, and now, Mr. State Legislator, Mr. State Governor, you figure out a way to pay your part of it.

I know this much: In my State of Mississippi, our legislators and our Governor have had to stay up late 2 years in a row figuring out a way to pay for the Medicaid match they are already being asked to pay, much less this new mandate of additional persons who would be covered under this Senate language. There is no way the State of Mississippi can stand this new Medicaid coverage without an increase in our taxes at the State level. I don't think we can cut teachers enough, although teachers might have to be cut to pay this Federal mandate. I don't think we can cut local law enforcement enough, although that might have to be cut too. It is just a huge, unfunded burden on the States. Quite frankly, even if all of the promises that are being made on the Senate side come true—that we will clean this up in reconciliation, which I frankly doubt can possibly happen—the States are going to be faced with this huge unfunded mandate.

You don't have to take our word for it on this side of the aisle. Democratic Governor after Democratic Governor has had press conferences, they have sent letters, they have sent messages, they have made themselves available to the press. Governor Bredesen of the State of Tennessee said this bill is the "mother of all unfunded mandates" and has urged, even at this late date, that we not go down this road.

So I appreciate my friend from Nebraska pointing out what this is going to do to the Federal budget, and I would simply commend the bipartisan State officials who have been talking to anyone within the sound of their voices saying that State governments cannot afford this mandate at the State level, and it will inevitably result in an increase in taxes at the State level—something we certainly don't need at this time of economic hardship.