

herder—no, Manute was a hero because of his advocacy for his fellow countrymen, a true humanitarian.

Manute began his NBA career in Washington in 1985, when he was drafted in the second round by the Washington Bullets. That year, Manute set the NBA rookie record with a total of 397 blocks. He continued to break shot-blocking records throughout his career and is the only player in NBA history to block more shots than points scored.

Manute coined the idiom or the phrase “my bad,” which quickly became the standard for those players owning up to their own errors on the court. “My bad.” To own up to one’s own mistakes is a true measure of one’s character, and it is no surprise that Manute leaves this legacy to the NBA.

Manute had a gentle nature and unmistakable humor. He was also a Christian, and his faith guided his advocacy for his fellow Sudanese brothers and sisters.

Manute was the son of a Dinka tribal chief and was given the name “Manute,” which means “special blessing.” He was, indeed, special, and what made him special was not his height but his heart. Manute often returned to Sudan to visit refugee camps, and he subsequently created the Ring True Foundation to assist those less fortunate than himself.

Manute moved to Olathe, KS, in 2007 to be closer to his family and continue his advocacy for Sudan as a spokesman for a Kansas-based nonprofit, Sudan Sunrise, which raises money to build schools and churches in Sudan. In 2006, Manute participated in the Sudan Freedom Work, a 3-week march from the U.N. building in New York to the U.S. Capitol in Washington, DC. He was admitted to the United States as a religious refugee, and in his final years in Kansas, Manute was working on a project to have Christians and Muslims work together to build a school in his hometown of Turlie, Sudan.

The world needs more Manute Bols—individuals who dedicate their lives to others. Our thoughts and prayers go out to Manute’s family, friends, and the people of Sudan.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona is recognized.

Mr. MCCAIN. Mr. President, I ask unanimous consent to engage in a colloquy with Dr. BARRASSO.

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

HEALTHCARE

Mr. MCCAIN. Mr. President, as I understand it, it is about 90 days since the President signed the legislation known to some as ObamaCare and to others as the Medicare reform bill. But there have been some interesting developments in the intervening 90 days.

To quote the Speaker of the House, she said at the time, “We have to pass the bill so that you can find out what’s

in it.” We are finding out what is in it. Remarkable events have taken place, ranging from the implementation that means that more than half—51 percent—of all employees in 2013 will be in plans that aren’t grandfathered, despite the President’s comment that if you like your insurance policy, you can keep it. Nearly 7 in 10—69 percent employees, 80 percent of workers, and small businesses—would lose their current plan within 3 short years.

Mr. President, I would like for my friend, Dr. BARRASSO, to explain exactly how that happens. First, I would like to mention the issue du jour which, of course, is headlined on Politico this morning: “Medicare Tussle Stymies Hill. Rift between Pelosi and Reid stands in the way of funding compromise.”

I think it is important to recognize the reason we did not do the so-called doc fix is because the majority did not want to do the doc fix, which means not implementing the 21-percent cut in reimbursement for doctors who treat Medicare patients. The reason we did not was because they had cooked the books on the cost of ObamaCare.

The fact is, they kept counting into the cost—in order to keep their commitment that it would cost less than \$1 trillion—they kept counting in that there would be the 21-percent cut, a \$281 billion difference over 10 years.

The AMA and all of those people who signed up with this bill are now saying: Why are you not doing the doc fix? We did the doc fix on Friday, I believe. It is now in the House, and we will probably do the doc fix. But why the delay? The delay is simply because they did not want to. On the floor of this Senate, they did not want to do the doc fix because of the budgetary impact on how they were selling this proposal to the American people.

I ask my colleague, Dr. BARRASSO, to comment on that point and also what we are finding out as to how many Americans are actually going to lose the insurance policy they have. By the way, there is also an article this morning in USA TODAY entitled “Doctors limit new Medicare patients,” which was also predicted by some of us.

One thing my friends on the other side of the aisle might have forgotten is we cannot force doctors—they have not enacted a law yet that forces doctors to see Medicare patients. Therefore, a number of doctors are voting with their fee in the respect that they are not enrolling new Medicare patients they would treat.

I ask my colleague, Dr. BARRASSO, if he would comment on the doc fix and also maybe a better explanation than I have been able to give as to why so many people face the loss of their health insurance policy between now and 2013.

Mr. BARRASSO. Mr. President, my colleague from Arizona is absolutely right. There is a front-page story in USA TODAY. I was reading it as I was coming back from Wyoming yesterday.

In Wyoming over the weekend, I visited with a number of seniors on Medicare. I visited with some family physicians who take care of families in Wyoming. I practiced medicine for 25 years in Wyoming taking care of families and have lived under the Medicare rules and regulations.

Here it is: “Doctors limit new Medicare patients. Surveys point to payment concerns.” Doctors will tell you the biggest deadbeat when it comes to paying for health care is the Federal Government. It is Washington. More and more of my colleagues are opting out, as the Senator from Arizona said, from taking care of Medicare patients because what they get reimbursed is so limited that it does not keep up with the growing cost of liability insurance, the mandates on them in terms of the expenses of running a business, and they try to provide health care for all their employees.

Item after item, those costs go up. But what the government continues to pay for taking care of patients on Medicare, which is an expanding group of people, is shrinking.

Think about how Washington works and does not get it. Patients around the country on Medicare understand they are having a hard time finding a doctor. The Center for Medicare and Medicaid Services was quoted in yesterday’s USA TODAY saying 97 percent of doctors accept Medicare. What is the reality? In North Carolina, since January 1, this article says 117 doctors have opted out of Medicare. In New York, since the beginning of the year, about 1,100 doctors have left Medicare. The president of the State of New York Medical Society is not taking new Medicare patients.

Mr. MCCAIN. As well as the Mayo Clinic.

Mr. BARRASSO. Mayo Clinic said: We cannot afford to keep our doors open if we are taking Medicare patients. Specifically in Arizona, where they have a wonderful clinic, the best care in the world in many ways in the sense that early on in the health care debate, President Obama said we should use the Mayo Clinic as a model of what works, they do not want to take Medicare patients. They do not want to take Medicaid patients. But this health care law is cramming 16 million more Americans on to Medicaid. What the President is proposing for the American people is something less than what he has previously said is the best in care.

One of the other promises the President made is, if you like the health care you have, you can keep it. As a matter of fact, he gave a speech about a year ago at the American Medical Association meeting:

If you like your health care plan, you will be able to keep your health care plan. Period.

He went on to say:

No one will take it away. Period. No matter what. Period.

Now the White House has come out with new rules and regulations about

who really will be able to keep their health care plans. In the analysis that has come out from the administration, over 100 pages—I had it on the Senate floor last week—what they have shown is, over the next few years more and more Americans who have health care right now through their jobs that they like, they understand, they know how to use—and as a doctor I have worked with these patients. I know what it means to them to have a health care plan they are comfortable with, that they understand, that they use, that all of the work has been done with the doctor's office, hospital, and the patient, they understand the whole thing. To have that change is very distressing for people. It is unsettling. But yet this government report out from the administration says within the next couple of years, for people who have their insurance through small business plans, almost four out of five of them may lose the coverage they have.

Mr. MCCAIN. May I ask, is that because of a minor change in the insurance policy they now have that then forces them out of the policy, even though there is a minor change? Maybe Dr. BARRASSO can give us some of those examples of how minor they are, how they basically force them out of the policy they have into the "exchanges." Is that what happens?

Mr. BARRASSO. I agree with my colleague completely. What is happening is any sort of a change to a policy, whether they change the deductible, change the copay or any of those things, then that policy is disallowed as something you can keep.

Mr. MCCAIN. Some of those changes would simply be driven by pure economics and the escalating cost of health care on which clearly this legislation has no effect.

Mr. BARRASSO. Let's say you change your job. Let's say you move from one employment situation to another. You may change your insurance. Most people do because most people get their insurance through their work. We will have a situation where over the next couple of years, a promise that the President made to the American people—another promise that the President made to the American people will be broken.

We have not just seen it with regular insurance. My colleague from Arizona is in a State with many people who are seniors, a number of them on Medicare Advantage, a special program that speaks specifically to preventive care, coordinated care. People signed up for Medicare Advantage because there are advantages to being on Medicare Advantage. Yet this health care law that was crammed through this Senate is going to cut massively from Medicare Advantage.

One out of four people on Medicare is on Medicare Advantage, and they know why they have signed up for it. It is because of the advantages to them.

Mr. MCCAIN. May I ask one more question of my friend? This is kind of a

hometown issue, but 330,000 Arizona citizens who are enrolled in Medicare, who paid into Medicare all their working lives and have enrolled in this Medicare Advantage program which gives them choices are now going to have that severely impaired or eliminated. How does that happen? How is it when a program is offered to people who have paid into the system all their lives and they have chosen that Medicare Advantage program, and now it is going to be taken away from them. How does that work?

Mr. BARRASSO. It works when a Senate and a House of Representatives and a President think they know more than the American people. They say: We know what is best for you. We don't care what you think. That is what has happened.

Mr. MCCAIN. They have pledged basically to dismantle the Medicare Advantage program?

Mr. BARRASSO. Cut the funding so people on Medicare Advantage—who like it, who like the preventive medicine activities of it—are going to lose those opportunities.

Just since 2003, the number of seniors on Medicare Advantage grew from a little over 4 million to 11 million. That is because the seniors talk to one another, and they know what the best deal is for them, for their money, and for their health.

The seniors I know in Wyoming who signed up for this program said they want to make sure they have a number of these preventive services. Once they lose this, they are going to lose preventive services. They will have to pay more. The cost for people will go up, in spite of the promise made by the President that he was going to get down the cost of care.

Experts who have looked at this said: No, I am sorry, it is not going to work that way.

Mr. MCCAIN. May I ask the Senator one more question. Did he have a chance to examine the \$14 million—I believe it was \$14 million, \$18 million—

Mr. BARRASSO. The mailer.

Mr. MCCAIN. The mailer. I was trying to find a polite word—the mailer that was sent out to all Medicare enrollees and what conclusions he drew from that infomercial?

Mr. BARRASSO. To my colleague from Arizona, I did. I had a chance to look at that mailer sent out by the Secretary of Health and Human Services. I found it very misleading. Some have described it even as being a piece of propaganda.

The sad part is, it was paid for by the American taxpayers. The estimates for the cost have been \$16 to \$20 million of taxpayers' money to send out this piece of mail that essentially misleads, or tries to mislead—as my colleague from Arizona knows, the American people are too smart to be misled by this—it tries to mislead them into saying that this whole health care law is actually going to strengthen Medicare.

The seniors of this country clearly understand, as I know they do in Wyoming and Arizona, if you cut \$500 billion—a $\frac{1}{2}$ trillion—out of Medicare, not to save Medicare, not to save the program that is there for our seniors but to start a whole new government program, that is not going to improve Medicare. That is money seniors planned for, know it is in their system, and it is being taken from Medicare to start a whole new government program. It is not for them. It is not going to improve Medicare. It is not going to strengthen Medicare.

That is why from the beginning, to my colleague from Arizona, I said this bill, now the law for 90 days, is bad for patients, bad for payers—the American taxpayers who are going to end up stuck with the bill—and bad for the providers—the nurses and doctors who are trying to take care of these people.

Mr. MCCAIN. Mr. President, I thank Dr. BARRASSO for his leadership on this issue. Those who are interested in his Web site, which is titled "Second Opinion," might be interested in gaining more information from that Web site. My colleagues might be interested in that.

I thank Dr. BARRASSO for his leadership on this issue, for his in depth knowledge of it. I noted the luncheon we had with the President of the United States. I applaud Dr. BARRASSO's attempts to inform the President on this issue. I am not sure how receptive the audience was to it, but what he had to say made a lot of sense to me.

I know Dr. BARRASSO shares my view that we are not going to quit on this issue. We are not going to quit on this issue. It is going to be repealed and replaced because we are not going to do this to the American people.

Still the overwhelming majority of the American people disapprove of this proposal. As the Speaker of the House said, we have to pass the bill so we can find out what is in it. As they are finding out what is in it, more and more Americans dislike it.

Mr. President, I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. MCCAIN. Mr. President, I ask unanimous consent that I be allowed to engage in a colloquy with my colleague from Arizona.

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

ILLEGAL IMMIGRATION

Mr. MCCAIN. Mr. President, there has been a lot of conversation about the issue of illegal immigration and the results of different meetings. I