At the root, then, of Fast and Furious—and a lot of rhetoric surrounding gun control legislation—have been the gun trafficking statistics provided by ATF. These unclear statistics have fueled the debate and contributed to undertaking such a reckless operation as Fast and Furious.

For example, in 2009, both President Obama and Secretary of State Clinton stated that 90 percent of the guns in Mexico were from the United States. But that statistic later changed to 90 percent of the guns that Mexico submitted for tracing to the ATF were from this country. This year, that number has become 70 percent of the guns submitted by the Mexican Government for tracing were from the United States. All the different percentages beg the question, what are the real numbers?

Articles discussing the 70-percent number misrepresent the facts, as I pointed out in a letter to then-ATF Acting Director Melson in June of this year.

First, there are tens of thousands of guns confiscated at crime scenes annually in Mexico. The Associated Press stated that in 2009, over 305,424 confiscated weapons were locked in vaults in Mexico. However, the ATF has acknowledged to my staff, in a briefing on July 29, 2011, that ATF does not have access to the vault in Mexico described in that story.

ATF also acknowledges that only a portion of the guns recovered in Mexico are actually submitted to the United States for tracing. In a November 8, 2011 court filing, the chief of ATF's firearms operation division made a declaration saying—now, remember, this is in a court filing:

> It is important to note, however, that ATF's eTrace data is based only on gun trace requests actually submitted to the ATF by law enforcement officials in Mexico, and not on all of the guns seized in Mexico.

That court filing further states that:

> In 2008, of the approximately 30,000 firearms that the Mexican Attorney General's Office informed ATF that it had seized, only 7,200, or one quarter, of those firearms were submitted to ATF for tracing.

So if Mexico submits only 25 percent of the guns for tracing, then the statistics could be grossly inaccurate one way or the other.

The discrepancies in the numbers do not stop there. ATF also informed my staff that the eTrace-based statistics could vary drastically by a single word's definition.

We have an example of different definitions. The 70-percent number was generated using a definition of U.S.-sourced firearms. That happens to include guns manufactured in the United States or imported through the United States. Thus, the 70-percent number does not mean that all guns were purchased at a U.S. gun dealer and then smuggled across the border; it could simply mean that the firearm was manufactured in the United States.

So when my staff asked ATF, how many guns traced in 2009 and 2010 were traced to U.S. gun dealers, the numbers were quite shocking in comparison to the statistics we previously heard. For 2009, of the 21,313 guns recovered in Mexico and submitted to tracing, only 5,444 were sourced to a U.S. gun dealer. That is around 25 percent.

For 2010, of the 7,971 guns recovered in Mexico submitted for tracing, only 2,945 were sourced to a U.S. gun dealer. That is only 37 percent, a far cry from 70 percent or 90 percent that we have been hearing over a long period of time, not to mention that the guns in 2009 and 2010 from gun dealers could include some of the nearly 2,000 firearms that were walked as part of our own Justice Department's Operation Fast and Furious.

We need clearer data from ATF and from Mexico. Mexico needs to open the gun vaults and allow more guns to be traced, not just the ones the Mexican Government selects. We need to know if military arsenals are being pilfered as a source—as media articles have claimed the State Department points to in diplomatic cables.

When it comes to the diplomatic cables, I sent a letter to—actually it was yesterday—Secretary of State Clinton seeking all diplomatic cables discussing the source of arms from Mexico, Central America, and South America. I believe this information is relevant to Congress, given that I discovered in a July 2010 cable, as part of my Fast and Furious investigation, that cable titled, ''Mexico Weapons Trafficking—The Blame Game,'' seeks to dispel myths about weapons trafficking. Among other things, the State Department authors discussed what they perceived as ''Myth: An Iron Highway of Weapons Flows from the U.S.''

These cables are vitally important to Congress's understanding of the problem. Further, given that they appear in documents that ATF submitted to Congress as part of Fast and Furious, there should be no reason for the State Department to withhold them as part of our legitimate oversight, even if they are classified.

There is a lot more to be said about the specific problems with the legislation that might be coming before the Judiciary Committee as a result of Congresswoman GIFFORDS' tragedy. We have to ask a lot of questions to flush out some of these serious problems. We don't want to happen in this legislation what happened in the NICS Improvement Act when 114,000 veterans were denied their second-amendment rights and, consequently, avoid these unintended consequences. We should not be legislating away any constitutional rights people have under the second amendment.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

MEDICARE

Mr. WHITEHOUSE. Mr. President, I am not going to speak very long tonight, and I am not going to speak very formally either. But I did want to come back to the Senate floor and make a point again that I have made repeatedly here on the Senate floor before; that is, there is a path to reform of our health care system that will improve the quality of care for patients, will improve the experience of care for patients, will improve the outcomes of care for patients and for our Nation, and will lower costs for our country.

The reason I come to raise that point again is that the Senate is now awash with rumors that the 12 Members of Congress—Senators and Congressmen—who have been tasked with trying to create a solution to our deficit problem are going to cut Medicare benefits by hundreds of millions of dollars. That is, as best I can tell, only a rumor. I certainly cannot vouch for it being true. Indeed, I hope it is not true.

The time I wish to spend this evening is to remind my colleagues it is a very unfortunate and mistaken path to take to follow the road of benefit cuts at a time when the road to reform is so promising in terms of the win-win of better care at lower cost.

It is not just me saying this. The President's Council of Economic Advisers has said the annual savings that could be accomplished with health care delivery system reform, without reducing anybody's quality of care or access to care—indeed, I would hypothesize actually improving quality of care—is $700 billion a year in the American health care system.

The President's Council of Economic Advisers is not alone in that opinion. The Institute of Medicine has just said it is around $770 billion a year. A few years back, the New England Healthcare Institute said it was $850 billion a year. And the Lewin Group, which is a fairly well respected health care consultancy here in Washington, as well as George Bush's Treasury Secretary, Secretary O'Neill, have both agreed annual savings could be $1 trillion a year—all by improving the quality of care and the coordination of care.

I do not know if it is exactly going to be $700 billion or $1 trillion, but my point is, there is a big savings target out there that everyone from President Obama's Council of Economic Advisers, to George Bush's Treasury Secretary, to a lot of very well thought of groups in between, including our National Institute of Medicine, all agree on. So I think that makes it a very important target to pursue in this discussion.

It is not just me in believing, at this potential split in the road, we should work and fight very hard to make sure we are taking the right path and we do

not go down the easy-to-score but unnecessary and unhelpful path of benefit cuts, which singles out seniors in Medicare and does nothing about the underlying costs of the system and makes it the wrong road to follow when we have a well illuminated path that can move us toward a better, more efficient delivery system that provides better quality health care, better outcomes, fewer hospital-acquired infections, better coordinated care, stronger electronic health records—all of the things that will support a truly modern health care system that can be the envy of the world.

That is the choice we have. I think it would be a terrible mistake to go the benefit cuts route instead of the reform route, and it is not just me who says that. George Halvorson is the chief executive officer, the CEO, of Kaiser Permanente. Kaiser Permanente is one of the biggest health care systems in the country. It provides health care in many States, and George Halvorson is a very serious individual who knows his stuff in health care. He would not be the CEO of that big company if he did not.

Here is what he said the other day:

There are people right now who want to cut benefits and ration care and have that be the avenue to cost reduction in this country. And that's wrong. It's so wrong, it's almost criminal. It's an inept way of thinking about health care.

That is not me. That is the CEO of Kaiser Permanente.

There are people right now who want to cut benefits and ration care and have that be the avenue to cost reduction in this country and that's wrong. It's so wrong, it's almost criminal. It's an inept way of thinking about health care.

Yet that is the direction that it looks like we may be taking, the inept direction. I had a hearing in the HELP Committee—the Presiding Officer, Senator BENNET of Colorado, is a member of that HELP Committee—and we had some very interesting witnesses. Because the path toward savings through reform is not just a HELP Committee path, this is not something that some academic has constructed and maybe if you take that path things will work, this is a path that major corporations, major health systems, major hospitals in this country are already walking. They are already walking down that path.

Kaiser is one of them. Blue Shield of California is another. Intermountain out in the West is a third. Mayo, Geisinger, Gundersen Lutheran—there are a number along the East Coast. These are companies that have determined this is the right path, and they are walking that path.

Two folks were there from such companies. One was Dr. Gary Kaplan, who is at the Virginia Mason health system in Seattle, WA. Despite its name, Virginia Mason, it is actually in Seattle, WA, on the other coast. He pointed out that they went through a quality management transformation in their hospital with a cultural transformation, with a process transformation.

As a result, they have made significant improvements. Just in one back pain reform process they did with 2,000 patients, they calculated they have already saved $1.7 million on 2,000 back pain patients, and those patients are happier with the new regime, the less-expensive regime, than before because they are getting better quality care.

He testified they saved $11 million in planned capital investment, reduced inventory costs by $2 million through supply chain expense reductions, reduced staff walking distance by 60 miles per day, reduced labor expenses and overtime and temporary labor by half a million dollars in just 1 year, reduced professional liability insurance premiums by 56 percent, reduced their self-insured retention fund by 70 percent, reduced the time it takes to report lab tests by more than 85 percent, and improved their medication distribution, reducing errors, reducing the time when a patient first calls Virginia Mason's breast clinic with a concern to the time they receive a diagnosis from 21 days to 3 days, and many patients receive their results on the same day.

These are the kind of improvements that have put Virginia Mason at the front end and make them, according to the Leapfrog Group, one of the top hospitals in the country. They are walking the walk of improving the quality of their operations, improving the quality of care and saving money by doing so.

The other witness was Greg Poulsen from Intermountain. He described two examples. One was a sepsis program for people who are admitted to the hospital suffering from sepsis throughout their system. Sepsis is a dangerous condition. Sepsis, on average, has a 40-percent mortality rate. So 4 out of 10 people with sepsis die of it. They have reduced the 40-percent mortality rate from sepsis to 5 percent—from 4 in 10 dying to 1 in 20 dying. Did it cost a lot of money to do that? Was that a big investment they had to make? Did it cost the taxpayers a lot to save those lives? No. What they found is they saved $10 million with that improvement.

Similarly, they have a diabetes program that has been described by the former CEO of the Mayo Clinic as the diabetes program he would go to if he were sick with diabetes that has ''the best outcomes and lowest costs in the country.''

They saved $5 million a year on diabetes treatment by going to better health care providing. There is a problem, as he pointed out. That $10 million they saved is actually a revenue loss. Because when they saved money by not having unnecessary care, by not having complications, by having things be more efficient and streamlined, what they did was they reduced their billing to the insurance companies, and it is actually the insurance companies, it is the payers who saved the $10 million.

What the providers spend is a revenue loss. So we have our system upside down in that respect, and that is one of the ways we need to reform our system. A third witness who was there was a Rhode Islander. His name is Chris Koller. We have a unique office in Rhode Island, an office of health insurance commissioner. He is the only health commissioner in the country. Also, I tease him that he is the tallest insurance commissioner because he is unusually tall, but that is easy because he is the only one.

But he has done a very good job of bringing our hospitals and insurance companies together to try to focus on the ways we can deliver care better. One way is through prevention and primary care. It turned out that in Rhode Island, the amount of every health care dollar that was spent on primary care was 5.9 percent. So every $1 spent on health care in Rhode Island, less than 6 cents, went to primary care, went to your regular family doctor and the basic health care providers. Less than 6 cents out of every $1.

The insurance companies have more overhead than that, administering the system. The costs of administration of the health care system is more than the primary care providers get out of the system. That is another sign that the system is upside down. He is encouraging them, and they have agreed, to step up the spending on primary care by 1 percent a year for 5 years. We believe that is going to make a very substantial cost savings because there is so much that a primary care provider can handle without having to go to a specialist, without having to go to the emergency room, without the condition getting worse because they could not find you, by simply making primary care more accessible and more available.

So the additional expense for primary care should bring down system costs overall and having it designed more intelligently.

I will close with a few words from the witness, Dr. Kaplan, who said that through the work they have been doing on reform and efficiency, he said: ''We have demonstrated that the path to higher quality, safer care is the same path to lower costs.''

He actually said that if we could get more transparency to the system about who is doing a better job and who is not, what the outcomes are for different hospitals, that basically where we are right now in the delivery system reform provisions that were in the Accountable Care Act, he described them as one of the last chances of a market-based system.

This is somebody who is in this business all the time and is actually running a hospital that is actually producing results. This is a person who is steeped in the reality of health care, and contrary to what we hear in the cartoon version that infects Washington, where ObamaCare is socialized medicine and is a step away from market-based care, this practitioner says the potential of the Accountable Care

Act, as I see it, is one of the last chances of a market-based system.

It could actually lead to a market, whether it was Medicare and Medicare Advantage as parts of Medicare or the commercial sector, that we would actually be able to understand what we are buying and what we are paying for.

That is the kind of commonsense transformation we need. You remember, Dr. Kaplan said: We have demonstrated the path to higher quality, safer care is the same path to lower costs.

Gary Paulsen, Intermountain, and other organizations have shown that improving quality is compatible with lowering costs. Indeed, high-quality care is generally less expensive than substandard care, and the primary challenge for us and the main reason more organizations do not adopt the high-value model discussed in the hearing that we held is the underlying fee-for-service payment system which predominates, of course, in the United States. We pay doctors for doing more, not for doing better. We pay doctors for doing more things to you rather than getting you well.

Because we do that, we have the results we have. When you look at that mess, you can say, OK, we are going to leave all that alone. We are not going to follow the path that Intermountain, that Gundersen, Lutheran, that Virginia Mason has proven, that Kaiser has argued for and proven, that so many systems around the country are doing, you can say, we are going to forget all that. We are going to leave it in place. We are going to leave it a mess, and we are just going to cut benefits away from seniors, from our elderly, from the people who need care the most, from the people who paid into the system, from the people who do not have a chance to recover, very often from people who are not in a position to direct their own care and make effective choices if they are the very elderly on Medicare or worse, the Medicare-Medicaid dual eligibles.

We are going to go after those people. We are going to cut their benefits, and we are not going to take the trouble to follow the path the professionals who are doing this are already showing is a path that leads to saving, is a path that leads to a better health care system, is a path that leads us out of the difficult position of being the only country in the world that spends 18 percent of our GDP on health care, of being the most inefficient country in the world in health care by a 50-percent margin. The next closest country in terms of inefficiency in health care is about 12 percent of GDP. We are at 18. Why is it necessary that America has to be the most inefficient health care provider in the world of all the countries we compete with by a factor of nearly 50 percent? That is half again worse than the most inefficient competitor we face. It makes no sense to be in that position.

There is enormous room for improvement. The path to that improvement is clear. It is already being walked by serious and responsible institutions that have set this as their corporate goal. That is where we should go. I will close again by repeating George Halvorson's exhortation. He is one of the great health care leaders in this country. He is a savvy corporate manager. He runs an enormous health care corporation. This is not an idle opinion of his.

There are people right now who want to cut benefits and ration care and have that be the avenue to cost reduction in this country and that's wrong. It's so wrong, it's almost criminal. It's an inept way of thinking about health care.

Those are CEO George Halvorson's words, not mine.

I hope that they ring through this body and we don't make the mistaken decision to go after Medicare benefits and instead take the positive path of reform and improvement.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

NATIONAL FAMILY CAREGIVER MONTH

CARE & COMFORT

Ms. SNOWE. Mr. President, November marks National Family Caregiver Month, a chance to thank those who provide care for our loved ones in their time of need. According to the most recent census data, my home State of Maine has the oldest population in the United States, and therefore I am acutely aware of the tremendous role wonderful, compassionate individuals play as caregivers. Today I rise to commend and recognize Care & Comfort, a small business that successfully helps to fill the need for high-quality health care professionals in Maine.

Care & Comfort, headquartered in the central Maine city of Waterville, specializes in care for elderly and special needs individuals. Within their home health division, Care & Comfort provides nursing services, caring companions, in-home care, and long-term care. Throughout various other divisions, the company offers outpatient therapy, behavioral health and community support services, children's case management service, home and community support services for children, adult community support, and home modifications. As a company which strives ''to provide the best possible care to clients and families across Maine,'' Care & Comfort not only helps its clients through its high quality customer service, it also serves as a community resource on health care for the entire Maine community.

In 1991, Susan Giguere started Care & Comfort with just two employees after realizing the lack of home health solutions in Maine following her mother's illness. In order to expand her business, Susan applied for and received guaranteed loans from the Small Business Administration, SBA. The first loan Susan obtained was for $100,000 in 1996, and the second for just over $330,000 in 2000. These loans allowed her company to grow from two employees to 475 staff members. As a result, this August Care & Comfort was named to the SBA 100 list, which features 100 small businesses that have created at least 100 jobs since receiving SBA assistance. This honor is richly deserved, as the company has vividly demonstrated the tenacity and strength found in so many of our Nation's small businesses in these challenging economic times.

Care & Comfort now helps 890 home health and 748 mental health clients out of five regional offices located across the State. Furthermore, this small business goes above and beyond the call of duty to routinely give back to the community through volunteer efforts and charitable donations. Their hard work, along with exceptional staff, has led to several accolades for the company including awards from the SBA, two Fleet Bank Awards for Community Service, and an award from Kennebec Valley Community College.

Care & Comfort has assisted many families through difficult times. Therefore, it is only fitting that we celebrate this firm's successes, as they have simultaneously helped support our loved ones and created numerous jobs throughout Maine. I am proud to extend my congratulations to Susan Giguere and everyone at Care & Comfort for their tremendous efforts and offer my best wishes for continued success.

REMEMBERING EMORY FOLMAR

Mr. SHELBY. Mr. President, today I wish to pay tribute to Mr. Emory McCord Folmar, who passed away on Friday, November 11, 2011. Emory lived a life dedicated to service to his country, holding many military and civic leadership roles, and was a true inspiration to many. I am glad to have known such a remarkable individual and fellow public servant.

Emory Folmar was born on June 3, 1930, in Troy, AL. He graduated from the University of Alabama with his B.S. in business and was a member of Sigma Alpha Epsilon fraternity. Emory's career in the military began at the University of Alabama as well. During his college years he served as a cadet colonel of the Army ROTC. Upon graduating, Emory attended parachute training and instructors' schools and was assigned to the 11th Airborne Division of the 2nd Infantry Division of the Army. During his years of service in the military, Emory received the Silver Star, the Bronze Star, and the Purple Heart during his service in the Koren war. He was a brave defender of