

Kaine	Mikulski	Shaheen
King	Murkowski	Stabenow
Klobuchar	Murphy	Tester
Landrieu	Murray	Udall (CO)
Leahy	Pryor	Udall (NM)
Levin	Reed	Walsh
Manchin	Reid	Warner
Markey	Rockefeller	Warren
McCaskill	Sanders	Whitehouse
Menendez	Schatz	Wyden
Merkley	Schumer	

NAYS—42

Alexander	Enzi	McConnell
Ayotte	Fischer	Moran
Barrasso	Flake	Paul
Blunt	Graham	Portman
Boozman	Grassley	Risch
Burr	Heller	Roberts
Chambliss	Hoeven	Rubio
Coats	Inhofe	Scott
Coburn	Isakson	Sessions
Cochran	Johanns	Shelby
Corker	Johnson (WI)	Thune
Cornyn	Kirk	Toomey
Crapo	Lee	Vitter
Cruz	McCain	Wicker

ANSWERED "PRESENT"—1

Hatch

NOT VOTING—1

Nelson

The PRESIDING OFFICER. On this vote the ayes are 56, the nays are 42, 1 Senator responded "present."

The motion is agreed to.

The majority leader.

Mr. REID. Madam President, I ask unanimous consent that the vote on the motion to invoke cloture and the motion to proceed to S. 1982 now occur at 3:30 p.m. this afternoon and the time from 2:15 p.m. to 3:30 p.m. be equally divided between the two leaders or their designees.

The PRESIDING OFFICER. Is there objection?

Mr. REID. Madam President, I have also spoken to the chairman of the Judiciary Committee, and he does not desire a rollcall vote on this next nomination.

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

NOMINATION OF BETH LABSON FREEMAN TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF CALIFORNIA

The PRESIDING OFFICER. The clerk will report the nomination.

The assistant legislative clerk read the nomination of Beth Labson Freeman, of California, to be United States District Judge for the Northern District of California.

The PRESIDING OFFICER. Under the previous order, all postcloture time is yielded back. There will be 2 minutes of debate equally divided between the two leaders or their designees.

Mr. GRASSLEY. I yield back my time.

Mr. REID. As do we.

The PRESIDING OFFICER. All time is yielded back.

Mr. GRASSLEY. I ask for the yeas and nays.

The PRESIDING OFFICER. The yeas and nays are requested.

Is there a sufficient second?

There appears to be a sufficient second.

The question is, Will the Senate advise and consent to the nomination of Beth Labson Freeman, of California, to be United States District Judge for the Northern District of California?

The yeas and nays are ordered.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Florida (Mr. NELSON) and the Senator from West Virginia (Mr. ROCKEFELLER) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 91, nays 7, as follows:

[Rollcall Vote No. 43 Ex.]

YEAS—91

Alexander	Franken	Moran
Ayotte	Gillibrand	Murkowski
Baldwin	Graham	Murphy
Barrasso	Grassley	Murray
Begich	Hagan	Paul
Bennet	Harkin	Portman
Blumenthal	Hatch	Pryor
Blunt	Heinrich	Reed
Booker	Heitkamp	Reid
Boozman	Heller	Rubio
Boxer	Hirono	Sanders
Brown	Hoeven	Schatz
Burr	Isakson	Schumer
Cantwell	Johanns	Scott
Cardin	Johnson (SD)	Sessions
Carper	Johnson (WI)	Shaheen
Casey	Kaine	Stabenow
Chambliss	King	Tester
Coburn	Klobuchar	Thune
Cochran	Landrieu	Toomey
Collins	Leahy	Udall (CO)
Cooms	Lee	Udall (NM)
Corker	Levin	Vitter
Cornyn	Manchin	Walsh
Cruz	Markey	Warner
Donnelly	McCain	Warren
Durbin	McCaskill	Whitehouse
Enzi	McConnell	Wicker
Feinstein	Menendez	Wyden
Fischer	Merkley	
Flake	Mikulski	

NAYS—7

Coats	Kirk	Shelby
Crapo	Risch	
Inhofe	Roberts	

NOT VOTING—2

Nelson	Rockefeller
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The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motions to reconsider are considered made and laid upon the table. The President will be immediately notified of the Senate's action.

Mr. LEAHY. Mr. President, I would like to thank the majority leader and the Democratic floor staff for taking the necessary steps to confirm the four judicial nominees we have just confirmed between last night and today. I am sure the people in Connecticut, Arkansas, and California are thankful that their districts now have judges to help alleviate the heavy caseload in those districts and that they will now be able to have their cases decided in a more expeditious manner.

There are 28 more judicial nominees still currently pending on the Executive Calendar in States such as Tennessee, Kansas, Massachusetts, Michigan, Missouri, Pennsylvania, Wash-

ington, Illinois, Maine, Maryland, and Wisconsin.

I hope Senate Republicans will not continue to politicize the filling of judicial vacancies. Americans in those States want a functioning Federal judiciary at full capacity so they can seek and obtain justice in an expeditious manner.

VOTE EXPLANATION

Mr. DURBIN. Madam President, I was regrettably unable to be present for vote number 41, the confirmation of James Donato to be a United States District Judge for the Northern District of California. I was happy to see that he was confirmed, and if I had been present, I would have voted yeas on the nomination.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will resume legislative session.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:59 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Ms. BALDWIN).

COMPREHENSIVE VETERANS HEALTH AND BENEFITS AND MILITARY RETIREMENT PAY RESTORATION ACT OF 2014—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. Under the previous order, the time until 3:30 p.m. will be equally divided between the two leaders or their designees.

If no one yields time, the time will be equally divided between both sides.

The Senator from Vermont.

Mr. SANDERS. Madam President, every Veterans Day and every Memorial Day many of us, regardless of our political views, go out into our communities and we speak about our respect and admiration for the veterans of this country. As chairman of the Senate Committee on Veterans' Affairs for the last year, I have learned that regardless of political ideology, virtually all Members of the Congress in fact mean what they say and do understand and do appreciate the enormous sacrifices veterans and their families—and their families—have made for our Nation.

Sadly, everybody in this country knows we are living at a time when the Congress is virtually dysfunctional and partisanship runs rampant. But I have found on my committee and in the Congress as a whole that Members do understand the sacrifices made by the men and women who put their lives on the line and do, although we have differences of opinion, want to do the right thing to defend those who have defended us.

The good news is that President Obama and the Congress, in a bipartisan way, have made significant

progress in addressing a number of the problems facing veterans in this country. The President's budgets have been generous and I think Congress has acted in a responsible way.

That is the good news. But the bad news is that we still have a very long way to go if we are to keep faith with those who have put their lives on the line to defend us. We have made progress, but we still have a long way to go. I hope very much that we will go down that road together and we will tell the American people that in the midst of all of the partisanship, all of the politics, at least on this one issue we can stand together and protect the interests of those people who have sacrificed so much for our country.

Congress cannot bring back to their families those who died in battle. As the Presiding Officer knows, just in the recent wars in Iraq and Afghanistan, we have lost over 6,700 troops. Congress cannot restore the legs and the arms and the eyesight that roadside explosions have taken away from brave men and women. Congress cannot simply snap its fingers and magically cure the hundreds of thousands who returned from Iraq and Afghanistan with post-traumatic stress disorder or traumatic brain injury or those who suffer from the pain and humiliation of sexual assault. As a nation, however, while we cannot magically solve those problems, we can in fact—and it is our responsibility, in fact—do everything we can to help ease and ameliorate the problems facing our veterans and their families. We can't solve it all—we know that—but we can go further in ameliorating some of the problems facing veterans and their families.

I will give my colleagues a few examples. Congress can help the 2,300 men and women who were looking forward to having families but who suffered reproductive injuries in Iraq and Afghanistan. I believe Senator MURRAY will come to the floor. She has long been a champion of this issue, as have been others. Let me give my colleagues one case out of 2,300: Army veteran Matt Keil of Colorado was wounded by sniper fire in Iraq in 2007. The sniper's round struck Matt's neck, causing severe damage to a vital artery and his spinal cord. Through sheer determination and with the love and resolve of his wife Tracy, Matt's condition improved. He and Tracy began to consider having children. Doctors assured them that having children could be possible with the help of in vitro fertilization. The Keil family paid more than \$30,000 for reproductive treatments. Congress can help the Keil family and others to ease that financial burden. That is a cost of war. We should be there for that family and for the other families who want the opportunity to have children.

Congress can help the tens of thousands of family members who every single day provide loving care for those who were severely injured in World War II, in Korea, in Vietnam, and in other wars. Let me give my colleagues another example.

In March of 1969, Miles Epling was on patrol in Vietnam when a booby trap detonated, killing some of his fellow marines and leaving him without legs. He returned home to West Virginia in a wheelchair. From that point on, he has required around-the-clock help from those around him. His family provided that help without receiving any training, any assistance or any financial support.

Here is the very good news—and we should be very proud of this, in a bipartisan way, as a Congress: In 2010, 4 years ago, Congress passed a very strong and excellent caregivers program for post-9/11 veterans. It is a program that is working well in providing significant help to caregivers of those post-9/11 veterans. I want everybody to put themselves in the place of a wife or sister or mother or brother who around the clock—around the clock, 24/7, 365 days a year—is providing care to folks who have suffered serious injuries in one war or another. We provided support for those caregivers post-9/11, for Iraq and Afghanistan, but we did not do that for the other wars. Now is the time for us to expand the caregivers program for the families of all disabled veterans who are in the same position that Miles is in. That is the fair thing to do, that is the right thing to do, and that is included in this comprehensive piece of legislation.

Because we have the moral obligation to do the very best we can for veterans, the Senate Veterans' Affairs Committee has brought forth comprehensive legislation that is strongly supported by virtually every veteran and military organization in the country. Today I thank the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans, the Vietnam Veterans of America, the Military Officers Association of America, the Iraq and Afghanistan Veterans of America, the Paralyzed Veterans of America, the Gold Star Wives of America, and the dozens of other veterans organizations that are strongly supporting this comprehensive piece of legislation.

In their statement of support, the DAV writes:

This massive omnibus bill—

That is the bill that is going to be on the floor in a short period of time. The DAV writes:

This massive omnibus bill, unprecedented in our modern experience, would create, expand, advance, and extend a number of VA benefits, services and programs that are important to DAV and to our members. For example, responding to a call from DAV as a leading veterans organization, it would create a comprehensive family caregiver support program for all generations of severely wounded, injured and ill veterans. Also, the bill would authorize advance appropriations for VA's mandatory funding accounts to ensure that in any government shutdown environment in the future, veterans benefits payments would not be delayed or put in jeopardy. This measure also would provide additional financial support to survivors of servicemembers who die in the line of duty, as

well as expanded access for them to GI Bill educational benefits. A two-plus year stalemate in VA's authority to lease facilities for health care treatment and other purposes would be solved by this bill. These are but a few—

“A few”—

of the myriad provisions of this bill that would improve the lives, health, and prospects of veterans—especially the wounded, injured and ill—and their loved ones.

That is from the Disabled American Veterans. I thank them very much for their support. The truth is that we have letters of support that are similar in nature from dozens of other veterans organizations, and we thank them again for their support.

Madam President, may I ask the time situation—how much time each side has and how much time is remaining?

The PRESIDING OFFICER. The majority has 24 minutes remaining of the 35 minutes originally granted, and the minority has 35 minutes.

Mr. SANDERS. Very good.

What I would like to do now is yield to the former chairperson of the Veterans' Affairs Committee, somebody who has done an outstanding job for veterans. She has focused on one issue that I feel very strongly about; that is, the need to help those veterans who would like to have children but as a result of war wounds are unable to do so.

Mr. CORNYN. Madam President, would the Senator yield for a unanimous consent request?

The PRESIDING OFFICER. Is there objection?

Mr. CORNYN. Madam President, I ask unanimous consent to be recognized following the remarks of the Senator from Washington.

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

The Senator from Washington.

Mrs. MURRAY. I thank you, Madam President. And I thank the chair of the Veterans' Affairs Committee for putting together this very good piece of legislation we are about to consider.

It is no secret that in our Nation's Capital we are sharply divided on any number of economic and political issues that are facing average Americans right now. But I have come to the floor today to talk about one issue on which we are rarely divided; that is, our duty to keep the promise we have made to provide not only care but opportunity to all those who have honorably served in our Nation's Armed Forces. It unites even the most unlikely partners because we realize we have all made a promise to those who have signed up to serve, and we all need to keep it because there is so much on the line.

When our brave men and women volunteered to protect our Nation, we promised them we would take care of them and their families when they returned home. We need to ask ourselves, are we doing enough for our Nation's veterans? So this comprehensive legislation before us today really is the test

for a lot of Members of Congress. Can we put politics aside now for the good of our Nation's veterans? Can we show these heroes, despite our differences, that we will work as diligently toward getting them the benefits and care they have earned as they have worked for our Nation. I hope we can. And I say that because the investments in this bill are a lot more than numbers on a page. They are life-changing programs for veterans who are looking to take the skills they have learned from the battlefield to the boardroom. It is support for the countless victims of military sexual assault, who are desperate to come out of the shadows. It is providing the dream of having a family to those who are suffering from some of the most devastating wounds of war. It is timely investment in the very biggest priorities of our Nation's heroes. So I would like to use the remainder of my time to highlight just a few of the investments that are included in this bill and how they translate to the lives of our veterans and their families.

For those who have worn our Nation's uniform, particularly for those young veterans who have spent the last decade being shuttled back and forth to war zones half a world away, the road home is not always smooth, the red-tape is often long, and the transition from the battlefield to the workplace is never easy. This should not be the case. We should not let the skills and training our Nation's veterans have already attained go to waste. We cannot afford to have our Nation's heroes unable to find a job to support their families, without an income that provides stability, or without work that provides the pride and sense of purpose that is so critical to the transition home.

That is why I am proud that in this legislation we are considering today we reauthorize and build on many of the provisions that were part of my VOW to Hire Heroes Act, which was signed into law by President Obama in 2011. Double-digit unemployment rates for veterans used to be the norm, but since VOW became law the unemployment rate for post-9/11 veterans is now on par with nonveterans. And while recent data from the Bureau of Labor Statistics proves that these programs work, we still have more work to be done, and that is addressed in this legislation.

I also believe the great strength of our military is in the character and dedication of our men and women who wear the uniform. It is the courage of these Americans to volunteer to serve that is the Pentagon's greatest asset. Our servicemembers volunteer to face danger, to put their lives on the line, to protect our country and our people.

It is no longer a secret that sexual assault continues to plague the ranks of our military services, which is another issue this comprehensive legislation addresses. I think we all agree it is absolutely unconscionable that a fellow servicemember—the person whom you rely on to have your back and be

there for you—would commit such a terrible crime. Even worse is the prevalence of these crimes. It is appalling that they commit such a personal violation of their brother or sister in uniform.

The National Defense Authorization Act that we passed last year took some historic action to help servicemembers access the resources they need to seek justice without fear, including a provision I authored to create a new category of legal advocates called special victims' counsels who would be responsible for advocating on behalf of the interests of the victim. But we still have a long road ahead of us before we put an end to these shameful acts and meanwhile provide all the necessary resources to those who have, unfortunately, been impacted. Thankfully, the chairman's legislation aims to do just that with provisions to improve the delivery of care and benefits to veterans who experienced sexual trauma while serving in the military.

When our best and brightest put on a uniform and join the U.S. Armed Forces, they do so with the understanding they will sacrifice much in the name of defending our country and its people. But that sacrifice should not have to come in the form of unwanted sexual contact from within the ranks.

Finally, I wish to talk today about a provision that has been one of my top priorities in the Senate for a while now. It is a provision that builds upon our effort to improve VA services for women veterans and veterans with families.

As we all know, with the changing nature of our conflicts overseas, we have been seeing the brutal impact of improvised explosive devices, or IEDs, which means we are now seeing more and more servicemembers—both male and female—increasingly susceptible to reproductive, spinal, and traumatic brain injuries due to the weapons of war.

Thanks to modern medicine, many of these servicemembers are being kept alive, and they are returning home. Like so many of our veterans, these men and women come home looking to return to their lives, to find employment, and often to start a family. Yet what they find when they go to the VA today is that the fertility services that are available do not meet their very complex needs. In fact, veterans suffering from these injuries find the VA is today specifically barred from providing more advanced assisted reproduction techniques, such as IVF. They are told that despite the fact that they have made such an extreme sacrifice for our country, we cannot today provide them with the medical services they need to start a family.

These are veterans such as SSG Matt Keil and his wife Tracy. Staff Sergeant Keil was shot in the neck while on patrol in Iraq in 2007—6 weeks after he married the love of his life, Tracy. The bullet went through the right side of

his neck, it hit a major artery, it went through his spinal cord, and it exited through his shoulder blade. Staff Sergeant Keil instantly became a quadriplegic. Doctors told Tracy, his wife, that her husband would be on a ventilator for the rest of his life and would never move his arms or his legs. Well, Staff Sergeant Keil eventually defied the odds and found himself off that ventilator and beginning the long journey of physical rehabilitation.

In fact, Tracy and her husband started talking and exploring the possibilities of having a family together. Having children was all they could talk about once they started to adjust to their new normal. With Staff Sergeant Keil's injuries preventing him from having children naturally, Tracy turned to the VA and began to explore her options for fertility treatments, but because of that VA ban she was turned down. So Tracy and Staff Sergeant Keil decided instead to pursue IVF through the private sector. Out of options, they decided this was important enough to them that they were willing to pay out of pocket to the tune of almost \$32,000 per round of treatment.

Well, thankfully, on November 9, 2010, just after their first round of IVF, Staff Sergeant Keil and Tracy welcomed their twins, Matthew and Faith, into the world. Tracy told me—and I want to quote her:

The day we had our children something changed in both of us. This is exactly what we had always wanted, our dreams had arrived.

The VA, Congress and the American People have said countless times [to us] that they want to do everything they can to support my husband [and] make him feel whole again and this is your chance.

Having a family is exactly what we needed to feel whole again. Please help us make these changes [to the law] so that other families can share in this experience.

Well, Tracy and Matt are not alone. There are many men and women out there who share this common thread of a desperate desire to fulfill their dream of starting a family, only to find that catastrophic wounds they sustained while defending our country are now preventing them from seeing that dream through.

As we all know, it should not be that way. Our Nation's heroes should not have to spend tens of thousands of dollars in the private sector to get the advanced reproductive treatments they need to start a family. They should not have to watch their marriages dissolve because of the stress of infertility in combination with the stresses of readjusting to a new life after severe injury, driving relationships to a breaking point. Any servicemember who sustains this type of serious injury deserves a lot more.

We came very close to making this bill a reality last Congress. In fact, with Tracy Keil sitting up in the gallery—like so many of our heroes who have joined us today—with Tracy watching, the Senate unanimously

passed this legislation. Unfortunately, what happened was that some Republicans in the House of Representatives refused to take up this bill and pass it. So time ran out last year and we were not able to get it to the President's desk.

But this effort is not over. This provision was the very first piece of legislation I introduced in this Congress, and there is excellent momentum to get it done. This is about giving our veterans, who sacrificed everything, every option we have to help them fulfill the simple dream of having a family. It says we are not turning our backs on the catastrophic reproductive wounds that have become a signature of these wars.

It says to all those brave men and women who did not ask questions when they were put in harm's way that we will not let politics get in the way of our commitment to you. This provision in the bill will reverse this troubling barrier to care and will bring the VA in line, finally, with the military which does provide these services under TRICARE.

Our women veterans deserve this. Our male veterans deserve this. Our military families deserve this. I am here today to urge my colleagues to support this bill, the Comprehensive Veterans Health and Benefits and Military Retirement Pay Restoration Act of 2014. Our veterans do not ask for a lot. They should not have to. They have done everything that has been asked of them. They have been separated from their families through repeated deployments. They have sacrificed life and limb in combat. They have done all of this selflessly and with honor to our country.

We cannot allow our commitment to them to lapse or to get caught up in any kind of unrelated amendments or political grandstanding. So I thank the Senator from Vermont and his staff for their tireless work to bring this legislation to the floor. I hope we do the right thing now and get this legislation passed and get this legislation to the desk of the President.

I yield the floor.

The PRESIDING OFFICER (Mr. MANCHIN). The Republican whip.

OBAMACARE

Mr. CORNYN. Mr. President, I see the Senator from North Carolina is here on the floor. I know he is likely here to respond to the Senator from Vermont and the Senator from Washington on the veterans bill that is on the floor, and what I believe is a much better alternative for us in dealing with the needs of our veterans in a way that is fiscally responsible.

But what I would like to do is to turn to another story that continues to unfold worse and worse news over time, that unfortunately we tend to get distracted from because there are so many other things that are happening. But when the President's signature health care bill, the Affordable Care Act, was signed into law 4 years ago, we knew

that it did not just create a brand new health care entitlement. It actually weakened existing programs like Medicare and Medicaid.

For people who do not deal with these programs on a day-in and day-out basis, of course, Medicare is for seniors, for health care for seniors; Medicaid is a separate program which is shared by the States and the Federal Government to provide the safety net health care program for low-income Texans in my State.

But because of the massive new burdens that ObamaCare is placing on the health care safety net, which is already failing the neediest members of society, the share of physicians accepting new Medicaid patients in Texas has fallen from 67 percent in 2000 to only 32 percent in 2012. So in 2000, 67 percent of physicians would accept a new Medicaid patient. Today it is roughly one-third, one out of every three.

Of course, the reason for that is the Federal Government continues to pay less and less. Now I think it is roughly 50 cents on the dollar compared to private insurance to a physician who treats a Medicaid patient. So we know that many Texas physicians, including a majority of established primary care physicians, are not accepting new Medicaid patients at all because they are being asked essentially to work for 50 cents on the dollar, something they cannot afford to do.

Yet the architects of ObamaCare thought that it was a good idea to add millions more people to a broken program, one that already was not providing access to quality health care. This, of course, will further reduce the quality of Medicaid, which is one reason why many State Governors refused the Federal Government's request to actually expand the coverage of Medicaid absent reforms to fix it and make sure that it would work more fairly and better and more cost effectively. Of course, the consequence of that is it will make it even harder on the poorest and most vulnerable Americans to gain access to quality health care.

As for the Medicare program, of course that is for seniors, ObamaCare created a new panel of unelected bureaucrats known as the Independent Payment Advisory Board. What an innocuous bureaucratic-sounding name. Some people call it the IPAB. These are unelected bureaucrats who will decide whether your health care is worth a cost-benefit analysis.

What they will end up doing is slashing Medicare payments to doctors so that many physicians can no longer afford to see new Medicare patients and provide the treatment that those patients and their doctors believe they need and that they want. So it has become abundantly clear that the goal of ObamaCare is to make Medicare more like Medicaid. We know what that means. We know it is not hard to predict, that fewer and fewer doctors will treat Medicare patients and some will leave the program all together.

Why do we know that? Well, we have seen the experience with these new major cuts to Medicare Advantage. Not to confuse things too much, but Medicare Advantage is actually a private insurance alternative to traditional Medicare which pays doctors based on the services they provide. Medicare Advantage is a remarkably successful program that covers roughly 30 percent of all Medicare beneficiaries, close to 16 million people.

The funds to those programs, to those 30 million, to that program that benefits 30 million beneficiaries, are being slashed by approximately \$308 billion as a result of ObamaCare. This is another one of these hidden problems with ObamaCare that is now just coming to light, even though we talked about it a lot back in 2009 and 2010. Now it is coming to fruition.

The truth is, these cuts in Medicare Advantage will force many seniors to pay higher premiums and further undermine their existing health care arrangements. You remember the President said: If you like what you have, you can keep it. If you like your doctor, you can keep your doctor.

We are now learning that is absolutely not true in many cases. Just to give you a sense, though, of Medicare Advantage's popularity, according to the Wall Street Journal, about one of two people newly eligible for Medicare chose Medicare Advantage and enrollment is growing at a rate of roughly 10 percent per year.

Why is Medicare Advantage so popular compared to traditional Medicare fee for service? Well, for all the reasons you might expect. The program offers a lot more flexibility and much more patient choice than traditional Medicare based on a number of different performance measures that also deliver better results than traditional Medicare. It has become the primary driver of innovation within the Medicare system.

Yet we know, and we have known now for 4 years, and we are now seeing that the reality is the administration is trying to undermine Medicare Advantage to help pay for ObamaCare. Neither one is working the way the beneficiaries of those programs expected and were promised they would work.

Earlier this month I joined with 39 of my colleagues here in the Senate to send a letter to CMS Administrator Marilyn Tavenner urging her to "maintain payment levels that will allow Medicare Advantage beneficiaries to be protected from disruptive changes in 2015." Our letter described Medicare Advantage as "a great success," noting that one study published in the American Journal of Managed Care found that "the hospital readmission rates for [Medicare Advantage] enrollees are 13-20 percent lower than for Medicare [fee-for-service] enrollees."

In other words, it is more effective delivering quality care, keeping seniors healthy and reducing dramatically the need to have them readmitted to hospitals once they are discharged.

The Members who signed this letter were not just folks who work on this side of the aisle. They included several prominent Democrats, such as my two colleagues from New York, the senior Senator from Minnesota, the junior Senator from Massachusetts, the junior Senator from Oregon, and from Washington State, and from Colorado, who also happens to be the Chairman of the Democratic Senatorial Campaign Committee.

They signed this letter—39 Senators—saying: Please do not cut Medicare Advantage in a way that disadvantages current seniors. It is bad enough that ObamaCare is effectively taking money out of a successful program, Medicare Advantage, to fund a new entitlement. It is bad enough that seniors are being forced to pay higher premiums and deal with enormous uncertainty in order to facilitate a government takeover of the health care system.

What makes it even worse is that ObamaCare continues to be an unmitigated disaster. Every day you pick up the newspaper, every day you watch television: Millions of Americans have lost their preferred health insurance, and millions more are paying higher premiums for coverage. Many families have discovered that their new ObamaCare-mandated coverage does not give their children access to their preferred doctors and hospitals.

As one physician from Washington State recently told CBS News:

We're seeing denials of care, disruptions in care; we're seeing a great deal of confusion and, at times, anger and frustration on the part of these families who bought insurance thinking that their children were going to be covered. And they've in fact found that it's a false promise.

A false promise—that is ObamaCare in a nutshell, if you think about it. A program that was sold as a way to help the uninsured and the economy has instead hurt the economy and forced millions of Americans to lose their existing coverage—a false promise.

The Congressional Budget Office—the latest bit of bad news—now estimates that ObamaCare will reduce the size of the American labor force by 2.5 million full-time workers over the next decade. Here is the latest news. In addition, CMS has projected the law could lead to higher insurance premiums for about 11 million employees at small businesses.

As for the promise of “universal coverage”—do you remember, this was the whole basis for government-mandated health care: Everybody is going to be covered. Well, when all is said and done, ObamaCare will, according to the Congressional Budget Office, leave upwards of 30 million people without health care coverage in 2023.

After witnessing a tidal wave of disruptions and hardships caused by his signature legislative accomplishments, what is President Obama's response? His response is to either minimize the political damage, to kick the news past

the November election, to delay the employer mandates, to refuse to enforce other provisions of the law, and to waive the law which has no clear means for waiver. So basically, it is to refuse to enforce the law, to get it past the election. Let's cut the bleeding, politically speaking.

Earlier this month, for the second time since July, the administration announced they would unilaterally delay enforcement of the employer mandate. Of course, the President—like so much of what he does these days—has no clear legal authority to do that, but our colleagues across the aisle do not seem to care as long as they kick it past the election because they are worried about the accountability that comes with this false promise made to sell ObamaCare.

Americans want the same type of health care reforms that they wanted back in 2009. There are plenty of alternatives, sensible patient-centered reforms that will actually bring down the cost. You know, if you want people to buy more of something, you reduce the cost. You do not raise the cost. That creates just the opposite problem. We also know there are alternatives to expand quality insurance coverage and improve access to quality care.

I might just add—since I know the Senator from North Carolina has been patiently sitting there to speak on a different topic—that he and Senator HATCH and Senator COBURN have offered what has widely been heralded as a very sensible alternative approach to ObamaCare that avoids the problems and reduces the costs, and it does not interfere with patient choice.

We know ObamaCare promised these results, but it failed to deliver. In response, we have many different alternative ideas that increase patient choice, increase transparency, and increase provider competition, all of which is designed to produce for consumers lower cost, wider coverage, and better quality care.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Mr. President, may I inquire how much time exists on both the majority and minority sides?

The PRESIDING OFFICER. There is 21 minutes remaining on the Republican side, 9½ minutes remaining on the Democratic side.

Mr. BURR. I thank the Chair, and I thank my colleague for his comments on the Affordable Care Act.

I am actually excited to be here having a debate about veterans and about the promises we have made to those who are reliant on not only the VA but on this institution to actually look at the programs and the services provided, and when we, as a body, see deficiencies, reforming them, fixing them, so our customer—who is that person who made that ultimate sacrifice, who put on that uniform and, in many cases, now has a lifetime disability because of it—can count on that health care system to be there.

I would have expected we would be on the floor debating in a bipartisan way those fixes that were needed to make sure that veterans with disability claims didn't have to wait hundreds of days to determine whether they were going to have a disability that was signed off on and, if so, what the percentage was and that percentage then provided them income.

I thought we would focus on the challenges the Senate has to reform how the appeals process works. Because when a veteran is denied a disability claim or he gets less than he thinks he should have been awarded, then he has the opportunity to appeal that to the court of appeals. The time now for the appeals decision has grown to years. It shouldn't be like this. It is absurd that the Congress of the United States, much less the Veterans' Administration, is content with the deficiencies we have in this broken system.

Instead of being here to look at fixes provided under the Sanders bill, we are here looking at how to expand the population of coverage. We are here on programs that have had little to no hearings. We are here without understanding the intended or the unintended consequences.

Let me share the knowledge I have of North Carolina where we have the largest growing veterans population in America. I don't have the facilities today to handle that veterans population in the timeframe Americans are used to being delivered health care. I could go out and start construction tomorrow, if my good friend the Presiding Officer would allocate me the money, since he sits on the Appropriations Committee, and build facilities, and I still couldn't meet the facilities requirement needed to provide that level of care. As a matter of fact, we have about \$14 billion worth of construction currently underway in the country, and on an annual basis, this body—the Congress of the United States—allocates about \$1 billion in facilities construction and maintenance money.

We have 14 years of backlog right now and we are not even anticipating what the effects are going to be of our current warriors who have come out of Iraq, who will leave Afghanistan, who might enter Syria or who might be in a conflict down the road. No, we are here debating in the Sanders bill a massive expansion in who is provided benefits in the VA.

So who is that? It is veterans who have no service-connected disability. It is veterans who are above the means-testing threshold. Let me put that in layman's terms. These are not people who are low income and these are not people who have a service-connected disability.

We are going to have days to debate this bill, and I will introduce an alternative. I will openly confess, upfront, that I don't get into fixes, because to do fixes there has to be bipartisanship. To reform programs in the Federal

agencies, Republicans and Democrats have to come together.

We are here today because there was no outreach to attempt to put together a compromise bill. If the conversation we had about a day before we left a week ago, where my colleague said, this is what I am going to do, why don't you sign on, but he wasn't willing to talk about changes—if that was compromise, then he did that. But I don't consider that to be compromise. I don't consider it to be good-faith negotiation.

But that is behind us. We now have this bill to consider, and it is a massive expansion. And what does it do? It basically says to those warriors who have service-connected disabilities, those individuals who are low income—and this is where they get their service, their health care—you are going to have to wait in a bigger line. You are going to have to get behind more people. So what veterans expect, which is that the most needy will receive the services they need, is not what this bill does. It is not at all what it does.

As a matter of fact, section 301 of the Sanders bill would expand eligibility of the VA health care system. It would qualify to enroll in the VA health care as priority 8 veterans if they do not have access to health insurance except through a health exchange and do not qualify for higher priority.

Before getting into my concerns about this affected section and what impact it would have on VA, I wish to comment on how this section has been drafted. The section says:

If a veteran qualifies as a priority 8 veteran and has no other option but the health exchange under the Affordable Care Act, they could enroll in the VA.

Let me read that again:

If a veteran qualifies as a priority 8 veteran and has no other option but the health exchange under the Affordable Care Act, they can enroll in the VA.

We have just mandated that everybody in this country—except when the President delays the mandate—has to be under the Affordable Care Act and they are part of the health exchange. Here we are saying to priority 8 veterans, if your only option is the health exchange, we will let you opt into the VA. Well, if the health exchange is that good, why would we dare risk all other veterans who have service-connected disabilities or low incomes having to wait behind people who were provided health care out of the health exchange?

Some priority 8 veterans may even qualify for a subsidy under the exchange, something they would not receive if they were to enroll in VA health care. I don't know, are they concerned these veterans will be unable to find a plan that meets their needs? Everybody else in America was shoved into it. Why should we be concerned about them?

My intention today isn't to open a health care debate. I do have serious concerns about this expansion. Expanding eligibility could stress an already

overburdened system. There is a reason why the priority 8 veterans program was halted. The VA found they could not provide timely access to services while sustaining a high level of care. And judging by the well over 30 health care inspectors reports issued by the Office of Inspector General in this Congress alone, the VA is having trouble with the limited group they currently serve.

Here are some examples of the IG's health care inspections report released since January 2013: 1. Three deaths in Atlanta because of delays in mental health care; 2. Two reports regarding delays in GI consults and issues with facilities operating services in Columbia, SC; 3. Emergency department patient death at the Memphis VA center; 4. Two reports on the inappropriate use of insulin pens at both the VA Western New York Healthcare System and the Salisbury VA Medical Center; and 5. Two reports on Legionnaires' disease at VA Pittsburgh and a review of Legionnaires' disease prevention at VHA facilities.

If we expand enrollment, if we expand the coverage, it would surely require an increase in funding at the VA. When we increase the number of patients entering the system, we certainly need to hire additional staff and to provide more space to treat the new veterans. I have already talked about the 14-year backlog we have on facilities now. Without followthrough on secondary cost, we only frustrate veterans when their expectations aren't met, not satisfy them.

I truly believe if we expand government programs we need to do it responsibly. We need to understand the intended consequences and plan for the unintended consequences. We should explore whether the VA can manage the implementation of this expansion. We should explore what impact this will have on the VA's ability to treat combat veterans and veterans with limited incomes and find out what new needs, both in staffing and space, would be created by this expansion.

Unfortunately, we don't know the answers to these questions, because in preparation for this section the majority didn't hold an oversight hearing looking specifically at the consequences—intended or unintended—to expand enrollment of priority 8 veterans. In fact, the only hearing on this subject was a hearing on legislation pending before the committee on October 30, 2013. At that hearing we heard testimony on three dozen bills—clearly, not enough time to examine the details of any of the 30 bills.

From their testimony at the hearing, the VA obviously agrees with me. Dr. Robert Jessie, Principal Deputy Under Secretary for Health, indicated that expanding enrollment of priority 8 veterans "presents many potential complications and uncertain effects on VA's enrollment system." That comes from a guy pretty high up within the Veterans' Administration. They are not necessarily for this.

Finally, I want to address a comment my colleague from Vermont made at a press conference a few weeks ago. He said:

We're not going to bring one new person in without making absolutely certain that the VA has the resources to accommodate those people.

As I read the bill, there is nothing in this provision or in the bill itself that would restrict implementation in that way. However, I would gladly support an amendment which would delay this provision until GAO reports that the VA could manage this additional population of veterans.

Mr. President, you might be thinking, as others who are listening might, what does all this cost? How is it paid for? Is the funding recurring or is it one-time funding? Is it permanent expansion?

Let me try to answer some of that for you. The way the Sanders bill is paid for is with money out of the overseas contingency operations. That is more money we were going to spend that we haven't spent, that we never had because we were borrowing it, and now we are going to use it to expand this. It is one-time funding for a permanent program. Let me say that again. It is one-time funding for a permanent program.

It is not as though we are going to fund this expansion of priority 8s, and all of a sudden, when OCO money is gone, we say: Oops, we didn't mean it; we are going to pull it back. No, these are going to be in the system regardless of the impact, regardless of the consequences.

So who is adversely affected? Today's warriors. The same warriors who are waiting in line to get health care services are now going to compete for a limited number of slots to be seen by people who might have had private insurance, by people who might have been in the health care exchange, by individuals who are not low income and who have no service-connected disability. Who else? Those veterans with disability claims who are waiting for a determination. I mean these veterans are going to be impacted by this because we will have such an influx of people within the system. Veterans are waiting for disposition of their disability claims, their appeals. Those who have gone back and have waited, they have finally gone through hundreds of days for a claim to be determined only to find out they have to appeal it. Now they are going to go through hundreds of days of appeal, and we are saying we are going to have to start using some of these people to administer new services which far exceed and are outside of priority 8 which I focused on. But we will talk about the entirety of this bill as the next several days go on.

The last one, and I will stop for this afternoon: Who is adversely affected? Our kids, our grandchildren, the ones who sit at home today hoping the decisions we make about future obligations

take into account that they are paying the tab. They are the ones who will be here years from now keeping the promises we make, and they are hoping we only make the ones we can keep.

Mr. President, how much time is remaining on our side?

The PRESIDING OFFICER. Five minutes.

Mr. BURR. I will tell a personal story about a trip to one of our military cemeteries abroad.

We were in the country of Belgium. I was there for a Memorial Day service. Much to my amazement, there were probably 4,000 to 5,000 individuals.

We got through with the formalities of a very well-constructed Memorial Day celebration. As I wandered through the graves, I found a Belgium couple with their two young children at the headstone of an American soldier from World War II. I asked them one simple question: Why are you here?

The Belgium father, younger than I, looked at me and he said: Sir, I inherited this grave from my father. My father took the responsibility for this grave to always make sure it was just like it was the day he got it. I have now inherited that from my father, and my children will inherit that responsibility from me.

I know there are a lot of veterans organizations who hope Senator SANDERS' bill becomes law, but I think there are a lot of veterans who are hoping it doesn't: the veterans who need the VA system and count on it for their mental health treatment, for their substance abuse treatment, for their primary care. They count on it for diabetes maintenance, they count on it to stay alive, and we promised it to them.

I am sure future generations will look at the decisions we make this week and will belly up to the bar for whatever it costs, but I think it is important for us to remember our obligations stretch long past our service here. Although it seems somewhat easy to spend somebody else's money, our kids want us to reform this, our veterans want us to reform this, the VA wants us to reform this.

Once we reform it, we can talk about expansion. Until then, it is irresponsible for the Congress of the United States—for the Senate of the United States—to talk about dumping more people into a broken system, to ask those who have already waited so long to wait longer because of our actions.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. I thank my colleague from North Carolina, the ranking member of the Veterans' Committee, for his remarks. I look forward to debating some of the issues the Senator raised because I think it is important for not just the veterans of this country but the tens of millions of people who support our veterans to understand what we are trying to do to improve lives for those people who have put their lives on the line to defend this country.

I did find it interesting that the ranking member from North Carolina suggested in so many words, yes, this bill does have the support of the American Legion, the Veterans of Foreign Wars, Disabled American Veterans, the Vietnam Veterans of America, the Military Officers Association of America, the Iraq and Afghanistan Veterans of America, Paralyzed Veterans of America, Gold Star Wives of America, and dozens of other veterans organizations, but the implication was they may be supporting this bill but veterans back home do not. I doubt that very much. In fact, I happen to believe these organizations do a very good job in representing the interests of their veterans and that they listen to the veterans.

As the ranking member understands, this bill was put together not from my head, not from his head or any Member of the Senate's head. We listened to the veterans community which came forward before the Congress. In fact, today there was a joint session—which I had to miss because I was here—with the DAV, and then we are going to hear from the American Legion, from the VFW—we are going to hear from all the veterans organizations.

This bill represents what those veterans organizations said the veterans community needs. I strongly disagree with the Senator from North Carolina in suggesting the veterans organizations do not do an effective job in representing their membership.

The other point I will make is that I look forward to this debate. Every now and then it is a good idea to have a debate on real issues on the floor of the Senate, so I look forward to this debate. But in terms of the suggestion that this is not a bipartisan bill—I do understand absolutely not every word in here nor every source of funding is supported by our Republican colleagues, but as chairman of the Veterans' Committee, I have worked as hard as I could—and I believe the ranking member knows this—to develop as best I could a bipartisan piece of legislation. I remind all the Members of the Senate and the American people this legislation contains a significant number of provisions authored and supported by Republican members of the Veterans' Committee, including my friend from North Carolina. In fact, to the best of my knowledge, there are some 26 separate provisions which Republican Members have authored or cosponsored. That is not an insignificant number.

Further, perhaps two of the most prominent provisions are the omnibus bills. That is when we collect the number of different bills and we put them into one pot. We did that on two occasions. As the ranking member knows, the vote on each of those omnibus bills was unanimous. Every Democrat, every Republican, and the Independent chairman of the committee voted for them. In truth, other important provisions were passed—not unanimously, of

course, but they did pass in many cases with bipartisan support.

Furthermore, this bill contains two key bipartisan provisions passed overwhelmingly by the Republican-controlled House of Representatives.

So let me acknowledge that not every provision in this bill was brought before the committee. That is true. But the two major provisions which were not brought before this committee are bipartisan and in fact have been passed overwhelmingly by the Republican-controlled House.

With almost unanimous votes, the House passed the same provision included in the Senate bill which would solve a longstanding problem to authorize the VA to enter into 27 major medical facility leases in 18 States and Puerto Rico.

My friend talks about the fact that we need more infrastructure for our veterans. He is right. This bill provides 27 major medical facility leases in 18 States and Puerto Rico, and in an absolutely overwhelmingly bipartisan vote that language was passed in the House.

The second bill—not included in our discussions in the Senate committee—also passed with very broad support in the House—deals with ensuring that veterans can take full advantage of the post-9/11 GI bill and get instate tuition in the State in which they currently live. If I am not mistaken, I believe my friend supports that provision.

It is fair to say not every provision was debated in the committee. He is right. But the two major provisions that were not, were passed with overwhelming support in the House and I believe will pass with overwhelming support in this body and are included in this legislation.

I believe virtually every Member of the Senate, regardless of his or her ideology, cares about veterans—and I know the Senator from North Carolina does—and all of us want to do the very best we can. That is why I have worked so hard with Members of my committee, with Republicans and Democrats, to make this bill as bipartisan as it possibly could be. I am not here to say it is 100 percent bipartisan. It is not. But we worked hard, and there are significant and major provisions in this bill which come from my Republican colleagues because they were good ideas. As chairman of the committee, my view is we don't reject an idea because somebody has an "R" next to their name. If they have a good idea, it is in the bill.

May I ask the President how much time remains.

The PRESIDING OFFICER. There is 2½ minutes.

Mr. SANDERS. I will very briefly touch on some of the other provisions in the bill.

We restore full COLA for military retirees. As we all know, the House and the Senate passed and the President signed the bill to undo the provision in the Budget Act, but they did not include those members of the military

who signed up after January 2014. They are still suffering from a cut in the COLA. We address that.

This bill does expand VA health care and among other ways it provides dental care. I don't know about other States, but in my State—and I suspect all over this country—in talking to veterans, they think dental care is part of health care. Right now, except for service-connected situations, dental care is not provided. We have a major pilot project to say to veterans: Yes, dental care is part of VA health care and you can get that.

As to advanced appropriations for the VA, not everybody knows this, but we were 7 to 10 days away from disabled veterans not getting their checks when the government was shut down. This legislation ensures veterans receive consistent access to the benefits they have earned by establishing advanced appropriations for the mandatory accounts at VA.

We move forward in a bipartisan way to end the benefits backlog. My colleague from North Carolina pointed out it is a serious issue. Everybody agrees it is a serious issue. I think the VA is making some progress. This legislation has significant language to help the VA move forward in that area.

This legislation would extend from 5 years to 10 years unfettered access to VA health care for recently separated veterans to address their health care needs early.

This legislation renews our vow to hire veterans, making sure veterans get the employment opportunities many are now lacking when they come back from Iraq and Afghanistan.

This legislation deals in a significant way with the horrendous issue of sexual assault, making sure victims of sexual assault—women and men—get the care they need at the VA.

I will conclude by saying this is a serious bill which deals with a very serious issue. My hope is every Member treats the needs of veterans with the respect they deserve. I look forward to the debate which I am confident we will have.

Clearly, this is not a perfect bill, and I know there are Members who have ideas as to how they can improve it. This is what the legislative process is about. My sincere hope, however, is amendments which are brought forth deal with veterans issues and not amendments which are not relevant and not germane to this discussion.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. SANDERS. I ask unanimous consent for an additional 30 seconds.

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

Mr. SANDERS. The ranking member and I have disagreements, and that is what the legislative process is about. Let's debate the issues on the floor.

I hope we show our respect to the veterans by not getting into issues that have nothing to do with veterans' needs. I hope we are not off debating

Iran or ObamaCare or gay marriage or whatever it may be. I guess those are good political issues for some people. I hope people understand how significant and important the issue itself is—the needs of our veterans—and we stay focused on that issue as we bring forth amendments.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Mr. President, I thank my colleague, the chairman of the committee. He is right when he said we have a lot of agreements. As a matter of fact, about 80 percent of the policies in his bill are in my alternative bill, but I have a big problem with the other 20 percent. I have a problem with the cost. I have a problem with the unintended consequences. I wish we could figure out the intended consequences, but we cannot because there has not been much time to do it.

I look forward to the next several days. I believe the chairman made a plea that the amendments be limited to VA issues. That might be possible if the minority had the opportunity to amend legislation in this institution. I think we have had four votes on Republican amendments since July. To suggest that Iran is not important is, in fact, turning a blind eye on the world.

In my bill I have a piece of legislation that is cosponsored by 59 Senators, and it is bipartisan. My legislation is the Iran sanctions bill. Why? Because it is the only way we can get this to the floor. We have been denied the opportunity to deal with this issue in any other way. This is important to the American people, and it is important to our friends and allies around the world. I am sure it will dominate part of the debate.

Make no mistake about it, the one matter the chairman didn't point to was what we are fixing. We are adding a lot of stuff, but we are not fixing anything. Ask any veteran.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. BURR. Mr. President, I ask for an additional 30 seconds.

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

Mr. BURR. If you ask any veteran about the areas that need reform, I believe they would tell Chairman SANDERS, just like they would tell me: Yes, there are a lot of places that need reform. To suggest that should not be part of this debate is ludicrous.

I look forward to the next several days, and I urge my colleagues to support getting on this bill and to vote yea when they come to the floor for this next vote.

I thank the Chair and yield the floor.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will report.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the

Standing Rules of the Senate, hereby move to bring to a close debate on the motion to proceed to Calendar No. 301, S. 1982, the Comprehensive Veterans Health Benefits and Military Retirement Pay Restoration Act.

Harry Reid, Bernard Sanders, Tom Harkin, Brian Schatz, Mary L. Landrieu, Jack Reed, Jeanne Shaheen, Tim Kaine, Christopher A. Coons, Patrick J. Leahy, Robert P. Casey, Jr., Joe Donnelly, Jon Tester, Barbara Boxer, Richard Blumenthal, Sherrod Brown, Barbara Mikulski.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived. The question is, Is it the sense of the Senate that debate on the motion to proceed to S. 1982, a bill to improve the provision of medical services and benefits to veterans, and for other purposes, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

Mr. DURBIN. I announce that the Senator from Florida (Mr. NELSON) is necessarily absent.

The yeas and nays resulted—yeas 99, nays 0, as follows:

[Rollcall Vote No. 44 Leg.]

YEAS—99

Alexander	Franken	Moran
Ayotte	Gillibrand	Murkowski
Baldwin	Graham	Murphy
Barrasso	Grassley	Murray
Begich	Hagan	Paul
Bennet	Harkin	Portman
Blumenthal	Hatch	Pryor
Blunt	Heinrich	Reed
Booker	Heitkamp	Reid
Boozman	Heller	Risch
Boxer	Hirono	Roberts
Brown	Hoeven	Rockefeller
Burr	Inhofe	Rubio
Cantwell	Isakson	Sanders
Cardin	Johanns	Schatz
Carper	Johnson (SD)	Schumer
Casey	Johnson (WI)	Scott
Chambliss	Kaine	Sessions
Coats	King	Shaheen
Coburn	Kirk	Shelby
Cochran	Klobuchar	Stabenow
Collins	Landrieu	Tester
Coons	Leahy	Thune
Corker	Lee	Toomey
Cornyn	Levin	Udall (CO)
Crapo	Manchin	Udall (NM)
Cruz	Markey	Vitter
Donnelly	McCain	Walsh
Durbin	McCaskill	Warner
Enzi	McConnell	Warren
Feinstein	Menendez	Whitehouse
Fischer	Merkley	Wicker
Flake	Mikulski	Wyden

NOT VOTING—1

Nelson

The PRESIDING OFFICER. On this vote, the yeas are 99, the nays are 0. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The Senator from Oklahoma.

Mr. COBURN. Mr. President, I would like to spend a little bit of time offering a viewpoint different from the viewpoint of the chairman of the committee on this bill.

First of all, I want to say by context that my father and his two brothers all served in World War II. My two brothers served during the Vietnam era.

There is no question we have an obligation to meet our commitments to those who have put their lives and futures on the line for this country.

But it pains me that, although we have increased spending 58 percent in the VA programs since 2009, which was fiscal year 2010, what we have seen is a complete lack of oversight of what is happening. Let me give an example. The VA Committee in the Senate last year held 30 hearings, 4 of which were oversight. If you read the transcripts of those hearings, you cannot call them oversight hearings even though they were billed as oversight hearings.

Why is that important? It is important because there are a multitude of significant, serious problems in the Veterans' Administration. Just 2 days ago it was discovered that in an L.A. VA clinic, the staff of the clinic destroyed the medical records of thousands of people so that when they do the metric on how far behind they are, we cannot measure it; or the fact that 82 veterans last year died of carcinomas through delayed diagnosis because they could not get a diagnostic procedure, such as a colonoscopy; or the fact that we have all these veterans who cannot access mental health care, and we see the suicide rate—unacceptable, to say the least.

So we have a bill on the floor that massively—and that is a small word for what this bill does—massively expands the authority and the ability of the VA to offer care to another 14 million veterans—from 6 million to 20 million.

On a system today that cannot keep up, we have 600,000 people waiting for a disability determination. We are not having oversight hearings on that. We are not having oversight hearings on a South Carolina VA hospital where people are dying from malpractice like crazy. We are not having the oversight hearings to hold the VA accountable. What we are doing is putting a bill to expand their responsibilities instead of holding them accountable for the responsibilities they have today. That is what we should be doing. Instead, we are going to add \$60 billion. And that is a conservative number. That is my number.

But all you have to do is look at what the cost and the efficiency and the outcomes are through the VA system to see that we are going to diminish the veterans caregiver program by expanding it to everybody. We are going to create all sorts of new programs and no resources to actually provide them. And we are going to create more advanced funding, advanced appropriations, which will limit our ability to hold them capable and culpable in the future.

There are a lot of things we ought to be doing for our veterans right now that are already in law that we are not doing, and we come to the floor with a massive expansion at a time when we cannot even care for what we are doing. As a physician who trained in VA hospitals, I know the difference in

the level of care. I can assure you it has not gotten any better. From my colleagues I speak to in the medical profession and from the veterans whom I talk to who contact me, it has gotten far worse. It does not have to be that way, but it will always be that way if, in fact, we continue to not hold those in leadership positions accountable for not stepping to the bar for performance, quality, and outcome.

From Congress to the Pentagon, we must reassess what laws, regulations, and rules can be changed to ensure that benefits and other decisions the Veterans' Administration makes are beyond reproach and based on the best facts available. Let's ensure that the Department's limited resources are focused on its core mission rather than disbursed in an effort to remedy every possible problem for every veteran. Remember, when everyone is first priority, no one is. That is what this bill is. We diminish the priority of the commitments we have made to the veterans who are out there today.

Our veterans are looking to us for help. We are about to enact legislation that is going to further strain the ability of the VA to do its most basic charge: help with the health care, mental health, and capability of those who have put it all on the line for this country.

It is shameful that Congress now is trying to claim credit for providing new benefits while our old promises are forgotten. Our heroes—our heroes—are literally dying at the hands of malpractice, incompetency, and delay.

If we really wanted to care for our veterans—those with service-connected disabilities—what we would say is, go wherever you want to go to get whatever you need because you served this country. And it actually would cost less. But because we pile them into a broken system now—and that is not all VA organizations. Let me clarify that. There are some excellent VA hospitals that do great work. Their specialists are far ahead of the private sector. But on general grounds, to put a veteran at a place with less than the best possible care dishonors their service to this country—dishonors their service to our country.

Veterans are our heroes. They are the symbol of our country of sacrifice, of giving for others. Yet we have four oversight hearings in a year? With the multitude of problems that are going on in the VA hospitals and the Veterans' Administration in terms of disability determination, we have four? The House had 34 oversight hearings, and they were rigorous. When you ask members of the committee: Have you read the House oversight hearings? No. They had 26 regular hearings and 34 oversight hearings trying to hold the VA accountable.

We are not going to hold the VA accountable with this bill. We are going to make them less accountable. And that is a disservice to the very people who have honored us by serving in the military of this country.

As of February 15, 2014, the VA has 677,000 claims pending for disability compensation. Why should it take a year for somebody who put their butt on the line for this country and received an injury and is disabled? Why should it take a year for us to determine that we owe them an extra bit of compensation and availability?

What is being done to fix that? We have a VA regional center in my home town, with good employees, hard-working employees. They are not destroying files so they can say they met a metric. Veterans seeking mental health treatment still experience weeks-long delays scheduling appointments. The epidemic of overprescription of opiates—let me say that again—there is an epidemic of overprescription of opiates for those people who served our country, making them dependent addicts because we give them the wrong treatments.

There are avoidable veterans deaths at the VA. In a recent story by CNN on misdiagnosis and improper care for gastrointestinal conditions, there were 2-year consultation delays—2 years to get in to see a specialist at the VA when you are losing blood. How do we explain that? Who is accountable? We are, because we are not holding them accountable.

There were 82 deaths last year alone—I am sure that is a far understatement—because of delayed diagnosis for just investigative endoscopies. That is just what is documented. How do we accept that? Had they been in the private sector, they would not have had a delay. They would not be dead.

So here is the proposal that I would put out. Do our veterans deserve the best of care in this country? I think they do. Should they be able to get that care where they know the quality, they know the outcomes and the transparency as to what their future might be or must they be forced into a system that is going to give them something less? That is where we are today.

The chairman in his bill increases VA medical care for everybody who served without a disability. What will that do to the VA system? We cannot handle what we have in front of us now in terms of those who have a percentage medical disability that allows them access to the VA health care system.

So when you triple that or more than triple it, where are the resources? If we really mean what we say in this bill, you are talking hundreds of billions of dollars over 10 years. You are not talking the \$30 billion that the chairman says is what the cost is. You are talking hundreds of billions. But the point I would make is we have an infrastructure out there that can care for our veterans. It is the hospitals all around the country. It is the doctors all around the country. Does a veteran not have the right to get the best care? Should we not give him a card and say: You served this country. Here is your

service connection. Here is your disability. You can get care at a VA hospital, if you want, or you can get care wherever you want.

But I will guarantee you what will happen is, if we give what was promised to the veterans—not what we are giving today—real care, real opportunity with real transparency as the outcome, what you will see is marked improvement in care, marked improvement in outcomes, no change in additional cost—no change in additional cost—and access that is promised but not denied and delayed.

In one South Carolina VA facility alone, 20 veterans are either dead or dying of cancer because of delayed diagnoses. They had the symptoms and presented them to the hospital, but because of delay and incompetency—just that one hospital.

The other thing we know is veterans' malpractice claims are markedly increasing—markedly. All you have to do is look at the OIG report on the claims of deficiencies at the VA in New Haven, CT. Contamination, cross-contamination, inadequate procedures for infection precautions, absence of employees that are supposed to be on duty when they are not, failure to clean operating rooms properly, failure to have the proper ventilation system in an operating room for a contaminated case. That is just one hospital.

What does that mean in real life? What that means in real life is the risk for iatrogenic or facility or physician-caused infection goes through the roof—not the fault of the physician but the fault of the VA for not managing the system properly.

Former VA epidemiologist, Dr. Steven Coughlin, testified before the House Veterans' Affairs Committee that the VA failed to follow up on over 2,000 veterans who indicated in VA surveys that they were experiencing suicidal thoughts. When the HVAC followed up on Dr. Coughlin's claims, they found that they were validated. Unfortunately, too many of those who had suggested their problems committed suicide. It is a little late.

Because Dr. Coughlin brought this up, he was admonished, bullied, and intimidated for speaking about the ethical lapses at the VA. Where is the oversight hearing? You see, if we are not going to hold the VA accountable, the quality of care is not going to rise to the level that our veterans deserve.

Another area is this. The VA wasted \$3 billion over the past 10 years because they failed to secure competitive market prices for surgical implants. That is \$3 billion. That is documented. That is a GAO study. GAO did that. We did not do it. We did not find it. Oh, by the way, at the end of the year when they had some money to spend, about \$600,000 worth of artwork was purchased, instead of putting it into additional doctors, cleaning operating rooms, additional people to secure clearances on disability.

By expanding VA care and the potential of 22 million more veterans, you

can guarantee that the veterans who are getting care now are going to get poorer quality and less access to care. You can guarantee that. That is what this bill is really about. This bill is really about a decrease in the requirements for care for our veterans. It is not about an increase. It is about a decrease because when you flood that system with people who do not have a service-connected disability, what will happen is this. Easy goes first and hard goes last. I have seen that in the VA my whole life.

There is also an expansion in the caregivers program. I am not sure I disagree with it. But certainly, for those after 9/11 a commitment ought to not be diminished if we expand this program. The minimum cost for that is \$9.5 billion. The VA has not yet met its full obligation under the VA caregivers law that we have today. Yet we are not holding them accountable.

There is another area in this bill that I think is tragic. It is well intended, but it mandates that the University of West Virginia or the University of Oklahoma must give in-State tuition to anybody from anywhere that has ever served or they lose their benefits under the GI bill. That totally ignores the Constitution in this country.

Now, 20 States have already said they are doing that. Ten others have bills in the process. Eight others have a partial. So we are at 38 of the 50 States right now. But in our vision, we are going to mandate that the Tenth Amendment does not mean anything, that the 80 percent of funding on higher education in Oklahoma that comes from people in the State of Oklahoma, that we can co-opt that and coerce them and tell them what they are going to do.

It is well intended. But it is certainly not constitutional. It certainly does not respect the Tenth Amendment of the United States. Does Oklahoma or West Virginia have the right to make a decision on who they give in-State tuition to? Why not just pass a law that says: Every State will give in-State tuition to everybody.

The reason it was connected with States is because of State funding. We totally trample that. Again, the advanced appropriations will limit our ability to hold those people accountable for the very things that I have described to you. But we are going to do it anyway.

A proposal to expand VA advanced appropriations needs to be considered by the administration as a part of an across-the-government review of the advantages and disadvantages of such progress, not only for the VA but potentially other programs and agencies. Only in the context of such a broad review could the administration offer an opinion on making such a change for the VA. Therefore, we cannot offer a position.

That is from the VA. The real answer is: Give us advanced appropriations, and then it is only after the fact that you can hold us accountable, not during the fact.

Here is another GAO study that we should be highly concerned about. The

VA—this is the GAO—has no idea how long most patients wait to receive care. They do not even know their own metrics.

It is unclear how long veterans are waiting to receive care in VA's medical facilities because the reported data are unreliable, because VA hospitals have tried to cover up wait times, fudge numbers, and backdate delayed appointments in an effort to make things better than they are.

That is directly from a GAO report. Where is the oversight hearing on that; or the L.A. facility that just destroyed medical records so nobody could know how long people had been waiting for appointments?

Based on GAO recommendations to improve reliability of reported wait times for new medical appointments in 2013, the VA changed the way it tracks and calculates its performances. Using the new tracking method in 2013, the VA reported only 41 percent of veterans were scheduled for a new primary care appointment and only 40 percent of veterans were scheduled for a new specialty appointment within the 14-day standard.

So 40 percent of the time, with the 6 million veterans we have now, they are getting adequate timely care, and 60 percent are not. Yet we are going to expand that to 22 million, and we don't have the resource base or the facility base or the employee base or the professional base or the caregiver base to do that?

In contrast, in 2012 the VA reported that 90 percent of new primary appointments and 95 percent of specialty appointments had met the 14-day standard.

The VA exam requests backlog purge. VA employees destroyed veterans' medical records to cancel backlog exam requests.

That is from Patrick Howley, again. Oliver Mitchell, a marine veteran and former patient services assistant at the Los Angeles VA system, told the Daily Caller: We just didn't have the resources to conduct all those exams. Basically we would get 3,000 requests a month for medical exams, but in a 30-day period we only had the resources to do about 800. That is 25 a day. That rolls over to the next month and creates a backlog. It is a numbers thing. The waiting list counts against the hospital's efficiency. The longer a veteran waits for an exam, it counts against the hospital as far as productivity is concerned. Some patients were waiting 6 to 9 months for an exam, and the VA didn't know how to address the issue.

Is the answer to open this to another 16 million veterans or is the answer to improve the efficiency, transparency, quality, and outcomes of the present VA system before we go about expanding this system to people who are otherwise covered?

Mr. Mitchell, when he tried to sound the alarm on the VA's deliberate attempt to fraudulently reduce the backlog, was transferred out of his department and eventually terminated from

his job. After he contacted Congress in 2011—2 months later when the VA found out about it—he was fired.

So do we really want transparency in what we are doing? Do we really want to know what is going on? Do we really want to fix the system? Do we really want to offer health care to veterans and make it equal to what they can get in the private sector or do we want to say we want to offer all these new benefits at the same time we are not meeting our commitment on the benefits we have already promised? That is the game that is being played.

Earlier I said the VA said the Committee on Veterans Affairs held 30 hearings. They only held 16—16 hearings; 1 every 3 weeks.

The annual budget of the Department of Veterans Affairs exceeded \$134 billion a year. Delay in vet care is not for the lack of money. The delay in vet care is not for the lack of money, it is for the lack of accountability in management. Case in point: More than 20 veterans have died or are dying due to late diagnosis and treatment of cancer at the William Jennings Bryan Dorn Veterans Medical Center in Columbia, SC. Documents show only one-third of that \$1 million appropriated by Congress to fix the problem was used for its intended purpose at that VA facility. Only one-third of the money we appropriated to fix this problem was actually used to pay for care for veterans on waiting lists. At the same time, the documents show the waiting list at Dorn kept growing to 3,800 patients in December of 2011.

I will be back to speak on the floor and offer amendments. I have pages and pages of examples of veterans who served this country honorably, proudly, and sacrificed to a great extent, who are getting substandard care in the system we are offering them today. Before we expand that system, what is needed is a rigorous oversight and debate about how we are doing what we are doing now.

The promise of access to care for our veterans, as shown by VA centers and clinics all across this country, hospitals all across this country, diagnostic procedures all across this country, reflects that when access is delayed, that care is denied. And that is what is happening right now far too often to the people who have served this country. We ought to be about fixing that and holding accountable those in the responsible positions, and holding ourselves accountable to do what is necessary to give at least the standard of care they could get anywhere else in the country. That is the direction in which we should go.

I thank the Presiding Officer for the time, and I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I look forward to discussing in the next several days the issues Senator COBURN raised, but I did want to make one clarification, and I hope the Senator is lis-

tening. He repeatedly indicated this legislation opens the door to every one of the 22 million veterans in America, and then proceeded to say that once you open the door, you are going to have inadequate care because we don't have the resources to take care of 22 million veterans. That simply is inaccurate and that is not in the legislation.

There is nothing in the legislation that says we open the door to every veteran in America regardless of income. So when people talk about the VA suddenly being flooded by veterans and care being diminished because of the huge increase into the system, that is just not true.

What is true? What is true right now is we have an absurd and complicated income eligibility system throughout this country. What happens in the State of Vermont or the State of California—one's eligibility for the VA, if you are a priority 8—is different and dependent upon the county in which you live. So in Vermont, you can be living in a county where if your income level is \$45,000 a year you are eligible for VA health care, but in a county where the line is drawn just across the street, you may not be eligible. In States such as California or Georgia, which have many, many, many counties, you have the absurd situation where a person living on one side of the street is eligible for VA health care, but the person living on the other side of the street is not eligible for VA health care.

This is totally absurd, and we end up having hundreds and hundreds and hundreds of different income eligibility standards. So what this legislation does is not open the door—and I hope my Republican colleagues will not continue to say it because it is not true—but it does say that in a State where you have different income eligibility standards based on counties, what we will do is have one income eligibility standard per State, that being the highest level. So we will have 50 different standards—50 different standards for 50 different States—not have hundreds and hundreds and hundreds of different standards. In every State there will be an income eligibility level, but it will not open the door for health care to 22 million veterans.

Second of all, we were very careful in this legislation to say, if a veteran who, under this bill, would be eligible for VA health care, a veteran who can newly access VA health care, we absolutely have to have the medical infrastructure available so that all veterans will get the quality care they need; so that new veterans coming in will not diminish service for other veterans. In this bill we make clear—and we made this clear in our long discussion with the Disabled American Veterans—the priority for the VA remains those veterans who are injured in action, those veterans who need that care. That is the highest priority that we establish.

So when people say we are opening the door to all veterans, care is going

to be diminished, that simply is not true. That is not what the bill says.

Thirdly, let me reiterate some of the provisions in this bill, because before we vote on final passage—and, by the way, I want to take this opportunity to thank every Member of the Senate for voting to proceed. I think it is time we had some very serious debate about VA health care, and now is the time to do it. But let me reiterate a point I made earlier. Senator COBURN raised important issues, Senator BURR before him raised important issues, and we should debate those issues. But in all due respect for the veterans of this country, who have sacrificed so much, let us not politicize this debate on veterans issues by bringing in sanctions against Iran or let us not bring in ObamaCare, let us not bring in the dozens of other issues that are out there. Let us debate this issue on its merits. Let us bring forth amendments which deal with veterans issues.

Senator COBURN and Senator BURR have amendments which deal with veterans issues. I welcome those amendments. Let us have those debates. Nobody ever suggested this bill is perfect. There are a lot of Senators out there, Democrats and Republicans, who have ideas about how we can improve the services and the programs we provide to veterans. I welcome those ideas. But do not destroy this legislation by politicizing it, by doing what we have done month after month, year after year, which is why the American people have so much contempt for what goes on in Congress. Let us focus on veterans issues.

We have differences of opinion. Let us debate those issues. Let us not bring in extraneous matters, poison pills, which will give people a reason to vote against this bill. Let us debate veterans issues.

Let me talk about some of the issues in this bill that my Republican colleagues did not talk about. No. 1, I am proud—I hope we are all proud—that recently we made sure the promises made to military retirees were kept, that we rescinded the 1-percent COLA decrease that was in the bipartisan budget agreement. But we did not go far enough. Men and women who are joining the military after January 2014 are still subject to that decrease in COLA.

Are we in favor of keeping promises to all veterans, including the new members of the Armed Forces or are we not? Let us debate that issue. I believe that we keep our promises to all veterans. That is in the bill. If people want to oppose that, they have the right to oppose that.

We have heard in several instances that the VA does not have the medical infrastructure to take care of the needs of veterans, and that is true. That is why in this bill we authorize the VA to enter into 27 major medical facility leases in 18 States and in Puerto Rico—18 States and Puerto Rico.

So don't come forward and say "gee, VA does not have the infrastructure to

take care of veterans needs" but then vote against a provision that significantly expands VA health care capabilities. I talked a moment ago about what we mean by expanding VA health care. We do away with the absurdly complicated bureaucratic situation that now exists in which there are hundreds of different income eligibility standards in the 50 States of the country. We reduce it to 50. In California or Vermont, you will know whether you are eligible for health care as a Priority 8 veteran.

Does it open the opportunity for more veterans to come into VA health care? It does. The reason is because VA provides good-quality health care to our veterans, which is why the veterans throughout this country whom I have talked to and in patient satisfaction surveys approve and are supportive of VA health care. More want to come into the system.

We heard just how terrible and awful VA health care is, and then we heard: We don't want to open the doors because it is going to be flooded with new people coming into VA health care. You can't have it both ways. If VA health care is so terrible, why are you afraid of new people coming into VA health care? The answer is that if you go out to the veterans community, they will tell you: Yeah, there are problems in VA. But there are problems in every health care institution in this country. Over 30,000 Americans die every single year because they don't get to the doctor when they should because they don't have health care. I don't want any veterans to be part of that number.

Hospitals all over this country are struggling with an epidemic of infections. The VA has done better than many other medical institutions in addressing that.

In terms of telehealth—which is so important to veterans in my rural State and in rural States all over the country—guess which medical institution is leading the country in terms of telehealth. It is the Veterans' Administration. That means a veteran can walk into a VA community-based outreach clinic in rural West Virginia and have a teleconference with a specialist in any other part of the country. VA has been cutting-edge in terms of telehealth.

We talk about medical technology and medical health care records. Guess which health care institution in America has led the effort in terms of medical and health care technology. It has been the VA.

So I find it interesting that on one hand some of my colleagues tell us how terrible VA health care is, and on the other hand they are nervous that hundreds of thousands of veterans may want to access VA health care because, in fact, it is one of the best health care institutions in the country.

Does VA have problems? Of course it has problems. I am not aware of any health care institution in America that

does not have its share of problems. The difference between the VA and many private or nonprofit hospitals is—and it should be this way—by law, every problem at the VA makes it to the front pages. My guess is that if a hospital in West Virginia or Vermont screws up, they don't necessarily make it to the front pages. Because VA is public and by law they have to be transparent, they are on the front pages.

In terms of advanced appropriations for VA, my friends on the other side have a bit of a problem with that. I don't. I find it interesting that when our Republican colleagues in the House shut down the U.S. Government because they don't like and wanted to defund ObamaCare, we were 7 days to 10 days away from preventing disabled veterans from getting the checks they need in order to survive. So I believe advanced funding for the VA to make sure that they are never put in that position again, that there is money in the bank to pay the benefits we owe to our veterans in the event of another government shutdown, is good public policy.

As I mentioned earlier, when we talk about health care, in my view, we have to talk about dental care as well. If people do not have adequate dental care, it impacts their employability, say if they are missing front teeth. People get sick from infections if they don't have adequate dental care. I think we owe it to our veterans to make sure they do.

This legislation provides a pilot project for 30,000 veterans to begin to access dental care within the VA. We will see how that pilot goes. I suspect we are going to see a huge need out there. And if some of my colleagues think veterans are not entitled to dental care, then we have a difference of opinion. That is fine. Let's debate it. But I think dental care is an intrinsic part of health care in general. I think we have a dental care crisis in the United States of America and within the dental community. Right now dental care is available to those veterans who have suffered service-connected dental problems but not available to veterans in general. I want to change that.

I have heard the discussion about the backlog. Every Member of the Senate is concerned about the backlog. We have had hearings in the Senate about the backlog. I am really glad that today people are concerned about the backlog. I just wonder where they were 5 years ago when—before Obama became President—the VA was probably the largest institution in this Nation, if not the world, that still did all of its benefits processing work on paper, not digitally.

When Secretary Shinseki became Secretary of the VA, he said: We are going to bring the VA into the 21st century. We are going to go from paper to digital, to an electronic system.

That is what they have been doing, and what we have seen is real progress.

Is it fast enough for me? No, it is not. But Secretary Shinseki has told me personally and our committee that they are on track, so by the end of 2014 all VA claims will be processed within 120 days with 98 percent accuracy. That is pretty good. Just think for a moment what a huge task that is. Individual veteran files wider than this, with years and years of records, have to be put into a digital system. That is what they are doing, and they are making progress. In this legislation, we have brought forth Republican and Democrat ideas to make sure that they are, in fact, on target and that they reach the very ambitious goals Secretary Shinseki brought forth.

So if you are interested in the claims backlog, vote for this legislation because we have bipartisan language in it to make sure veterans do not have to wait years to get their claims processed.

My friend from Oklahoma said he is not sympathetic to the idea that veterans should pay instate tuition, which is essentially what we meant when we passed the post-9/11 GI educational bill. Every time we bring forth legislation, we hear all of the reasons why we should not go forward in providing services and benefits to our veterans.

I would argue—and many economists would agree with me—that one of the most significant pieces of legislation passed in the modern history of the United States of America was the GI bill of World War II. That bill said to the millions of people who fought in World War II, in that terrible war: When you come home, no matter what your income is, you will be eligible to get a higher education. As a result of that legislation, millions of soldiers who returned were able to go to college. They became businessmen, they became doctors, they became lawyers. And one of the reasons the economy of the United States of America expanded significantly for the middle class was a direct result of that very important GI bill.

What we said several years ago was that we should take that premise and apply it to the men and women who served post-9/11 in Iraq and Afghanistan. It was quite a political debate here. Some of my Republican friends had their doubts. We passed it, and today over 1 million veterans and their family members are now getting a college education. In my view, that was exactly the right thing to do.

One of the problems is that veterans move about. So if they go from the State where they have lived their whole life—for example, they lived in Vermont and go to California—and the GI bill promises them instate tuition, it turns out the tuition in the State they are in now may be a lot higher than in their home State and sometimes makes it impossible for them to go to college.

We agree with virtually all the veterans organizations that the intent of the post-9/11 GI education bill was to

make sure they get instate tuition. So if somebody from California comes to Vermont, they get our instate tuition. If somebody from Vermont goes to California, they get their instate tuition. Not doing so denies many people a higher education.

Previously, this Congress passed language which says that if you served in Iraq and Afghanistan, you are going to get 5 years of free health care, which was the right thing to do. It turns out not everybody learned about the benefit. Four or five years have come and gone. What we say to those veterans is, we are going to give you another 5 years to take advantage of that provision.

Senator MURRAY from Washington—the former chair of the Veterans' Affairs Committee who preceded me—and Senator REID earlier today talked about the employment situation for veterans. I think we all know we are in a tough economy. Real unemployment is close to 13 percent. Youth unemployment is higher. So when somebody who gets out of the service and comes home to look for a job—it is hard to do.

I believe we have to do what we can to make sure that when people leave the service they can find a job. That is what this legislation does. We also want to make sure the skills acquired by the men and women of our Armed Forces while on Active Duty or in the National Guard become applicable to civilian life as well, and we have language in this bill that does that.

There is another issue which I didn't hear my Republican colleagues talking about but which is a very important part of the bill. We have a situation where some 2,300 veterans who served in Iraq and Afghanistan have come back with a variety of wounds that make it impossible for them to have children. I will give one example.

Army veteran Matt Keil of Colorado was wounded by sniper fire in Iraq in 2007. The sniper's round struck Matt's neck, causing severe damage to a vital artery and his spinal cord. Through sheer determination and with the love and resolve of his wife Tracy, Matt's condition improved. He and Tracy began to consider having children. Doctors assured them that having children could be possible with the help of in vitro fertilization. The Keil family paid more than \$30,000 for reproductive treatments.

In the legislation on the floor now, we say that is wrong. If a servicemember who was injured in war wants to have a family and is unable to have a family, we should make it possible for them to do so. If some of my colleagues on the other side disagree, that is fine. Let's have that debate. I think we owe it to the 2,300 men and women who were wounded in battle. They should have the opportunity to raise a family.

We all know that one of the uglier aspects of military service in recent years has been the epidemic of sexual assault. When we send people into the military, we do not want to see men

and women being sexually assaulted. I know the Department of Defense is working hard to address this issue, but the fact is that many veterans who came home from war were sexually assaulted. This legislation contains important provisions that would improve the delivery of care and benefits to veterans who experienced sexual trauma while serving in the military.

This provision was inspired by Ruth Moore. She struggled for 23 years to receive VA disability compensation. This is a woman who was sexually assaulted and had a very difficult time proving that and getting the care she needed. We address that issue in this legislation.

In 2010, the Congress took a very significant step forward in saying to family members who were caring for disabled vets that we understood how terribly difficult it is for them. There are wives, sisters, brothers, and other family members who, 7 days a week, 24 hours a day, are on call for veterans who have suffered serious injuries, and that is tough. That is very tough and stressful. There are wives and sisters and brothers out there who don't get any time off. They are on call 7 days a week.

We passed a caregivers act that provides a modest stipend. It provides training and time off for people who are caring for veterans 7 days a week. It says, you can have a day off. We will send in a nurse. We did that for post-9/11 veterans. The truth is there are tens of thousands of families who are experiencing and going through the same issues and have been doing so for decades. I believe it is appropriate that we expand the caregivers act to every generation of veterans and make sure that those families get the help they need.

I have heard some of my Republican colleagues say this legislation simply opens the door to every veteran in America to come in, and that when they come in, the quality of care is going to be diminished. That is simply an inaccurate statement, and I hope my colleagues read the legislation before they repeat that. It is not true. What we do is end the absurd and complicated situation of having hundreds and hundreds of different income eligibility standards. Instead of many hundreds of standards, there will be one in each State, and it will be the highest standard, which will mean that more veterans are able to come into VA health care. It does not open the door. We have been clear in saying we will not bring more veterans in until we make sure we have the infrastructure to deal with those veterans.

Some people have said: Well, why do you want to bring more veterans into the VA? The answer is pretty simple. I talked to many veterans in Vermont who would like to get into VA health care because of the respect and the knowledge about the needs of veterans and the high quality of care they get, and the fact that there is a strong network of primary health care facilities

all over the country which they can access.

I will conclude for the moment by saying I very much appreciate the fact that every single Member of the Senate—I believe there were 99 votes—voted to proceed on this debate. I look forward to this debate. It is an important debate. I look forward to serious amendments which address the needs of veterans. I think it would be very disrespectful to the veterans community if we started injecting into this debate totally extraneous and highly political and partisan issues.

The issue of sanctions in Iran is a very important issue. People have honest differences of opinion. That is not an issue regarding VA health care. It is not an issue regarding the caregivers program. It is not an issue regarding dental care for our veterans.

Let's respect veterans and have this debate on veterans issues and not on extraneous political issues which will divide us. Let's try to come together and not be divided.

With that, I yield the floor and note the absence of a quorum.

The PRESIDING OFFICER (Ms. WARREN). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

REMEMBERING MAYOR MARSHA OGILVIE

Mr. RISCH. Madam President, I rise today to pay tribute to a distinguished Idahoan, Marcia H. Ogilvie, a loyal and steadfast mayor of Sandpoint, ID.

On January 8 of this year Mayor Ogilvie lost a valiant battle with cancer, and my State lost a good friend, a champion for women and children, and a tireless public servant.

Mayor Ogilvie was born at March Air Force Base in southern California and moved to the great State of Idaho in 1994. In the 20 years she made Idaho her home, she distinguished herself in service to others. As she once said—and many in Sandpoint now say—she won the hearts and minds of the people in Sandpoint.

Elected mayor just 2 years ago, and having served the previous 2 years on the city council, Mayor Ogilvie leaves a giant hole in those hearts and in the broader community. The business and professional experience Mayor Ogilvie brought was wide and varied and earned her the respect of many.

Early in her career, she served in restaurant and retail management. When she and her husband Francis arrived in Sandpoint, they opened a couple of small businesses—the Candy Cottage and All Smiles, a gift shop. But Marsha Ogilvie was not just about business. She cared deeply about the health, welfare, and success of women and children.

Soon after moving to Idaho, and well before entering public service, she established Kinderhaven, a nonprofit

community organization which is dedicated to supporting children in crisis. Founded in 1996, and under the vision and compassionate care of Marsha Ogilvie, more than 1,300 children have found the all-important help they needed in times of their great distress. So important to the Sandpoint community, Kinderhaven was named the grand prize winner in the 2002 Governor's Brightest Stars Awards.

In addition, Mrs. Ogilvie, who crossed paths with many women serving as volunteers in the Sandpoint community, started Women Honoring Women. It was designed to be a one-time event, but it has evolved since 1999 into an annual event to recognize and honor women in Bonner County, ID. It recognizes women 65 or older who are working to make a difference in the lives of others, who love to learn, and who exhibit qualities of leadership.

Marsha Ogilvie recognized these qualities in others because she too possessed them—well, all but one. She was only 64 when she passed away.

If these achievements were not enough, Marsha Ogilvie joined with three friends to co-author a children's book which was just recently published. "Gigi's Enchanted Forest" was a way to honor the life of a mutual friend of theirs who shared their hope for and love of children and a dedication to community service.

Mayor Marsha H. Ogilvie personified a life of giving and caring. Her unparalleled legacy of hard work, reaching out to her community, and recognizing those who help others in volunteer service is indelibly etched on the hearts and minds of those she served in Sandpoint, ID, and far beyond the city limits.

May God bless her husband, her family, and the hundreds of Idahoans who will miss her passion, exuberance, and spirit of joy.

I thank the Presiding Officer and note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. BARRASSO. Madam President, I ask unanimous consent to speak for up to 15 minutes as if in morning business.

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

HEALTH CARE

Mr. BARRASSO. Madam President, late in the day on Friday—after reporters had gone home for the weekend—the Obama administration quietly released its new Medicare Advantage payment rates. The cuts the President wants to make to this program are potentially devastating to millions of Americans.

The next morning the New York Times' headline read: "U.S. Proposes Cuts to Rates in Payments for Medicare."

Politico wrote about it too. They said:

The Obama Administration is proposing a major cut in 2015 payments to Medicare Advantage.

Fifteen million Americans depend on these health insurance plans the President wants to cut.

Instead of listening to seniors and investing in a program that works well, the Obama administration is doing everything conceivable to make sure Medicare Advantage fails.

Back in December the press gave President Obama the Lie of the Year Award for his statement that if you like your health care plan, you can keep it. Millions of people across America have now gotten letters saying their insurance plans are being canceled because of the Democrats' health care law. By cutting Medicare Advantage, I tell my colleagues, the Obama administration is now ensuring that even more Americans can't keep the health care plan they like.

Twenty-nine percent of all Medicare patients have chosen to enroll in Medicare Advantage. There is a reason for that. The Medicare Advantage Program lives up to its name by delivering clear advantages. The plans give extra benefits such as dental coverage, vision coverage, hearing benefits, wellness programs, and other benefits that are important to our seniors. Sometimes they offer smaller copayments, lower deductibles, and less out-of-pocket costs than the traditional Medicare Program does. Sometimes seniors even pay a higher monthly premium for these extra benefits, but often the benefits are financed through plan savings due to the programs and the way they work.

For many seniors Medicare Advantage is a good option. It is the right option for them. These are people who don't have a lot of money but who still want the peace of mind that comes with good health insurance. Those seniors are now facing much higher costs or lower benefits because of the Obama administration's decisions rolled out last Friday night. Because of this proposal and the administration's way to try to sneak it out on Friday, seniors are concerned and anxious about what the administration is also hiding.

Ever since the President and Democrats in Congress passed their health care law, they have been going after seniors who rely on Medicare. They raided a total of over \$700 billion from Medicare—and we discussed that during the debate over the health care law. The money was taken from seniors on Medicare not to strengthen Medicare, not to secure the future of Medicare but to start a whole new government program for other people. There is a whole new bureaucracy, and it has been created by Washington Democrats in the health care law.

ObamaCare specifically targeted the Medicare Advantage Program, significant amounts of direct and indirect payment cuts totaling over \$300 billion.

That is 43 percent of the total Medicare cuts, just for this one program. So 29 percent of America's seniors rely on Medicare Advantage. Because about 29 percent of seniors on Medicare are in Medicare Advantage, they are responsible for 43 percent of the cuts.

Because of these cuts and other changes in the law, fewer private health care plans are going to be able to participate in Medicare Advantage in the future. That means a number of things. It means some people who rely on these plans are going to find out their plan is being canceled entirely. Some people in Iowa—thousands of people in Iowa—have already gotten letters canceling their Medicare Advantage plan.

The Kaiser Family Foundation looked at what the President's health care law does to seniors and they said that about a one-half million patients will lose their existing coverage—seniors on Medicare Advantage. These seniors are going to have fewer options to get the care they need from the doctor they choose at a lower cost. More of these people are going to be forced into a one-size-fits-all government plan. They are going to lose the insurance they had, insurance they liked and that worked for them.

Some people may find their new insurance network doesn't include the doctors they had before. We have seen this happening all across the country. As the major provider of Medicare Advantage had to try to make it all work, they had to eliminate many doctors from their plans, so that those doctors are not going to be able to keep their patients and those patients are not going to be able to keep their doctors, in spite of what the President told the American people when he looked into the camera and said: If you like your doctor, you can keep your doctor.

A lot of these people are going to see their costs increase. The Kaiser Family Foundation says the average out-of-pocket limit for Medicare Advantage plans is going to increase by \$464 this year. The President and Washington Democrats said their health care plan was going to save people money. That is what the President told the country. That is why he said he did this whole health care law. He said it was going to save people money. That is what people wanted. The President told people what they wanted to hear, but he failed to give them what he promised. That is why his credibility ratings are down. That is why people believe he misled them intentionally, and that is why this administration is viewed to be incompetent by a majority of Americans. It turns out costs continue to go up because of the law.

This new round of cuts to Medicare Advantage is just another example of how the health care law is wrecking our health care system, not fixing it. America's health care system wasn't working before, but the President and the law Democrats voted for has made it worse.

Medicare is headed toward bankruptcy, but the Obama administration has rejected bipartisan solutions to reform and to strengthen the program. Through cuts such as the ones announced last Friday, the President's health care law takes money from Medicare and uses it to pay for something else.

There was actually a double data dump that occurred on Friday: the Medicare Advantage cuts that were announced late in the day, and then later than that the CMS—the Medicare/Medicaid services for the country—came out with their report and it reported that two-thirds of small businesses that provide health insurance for their employees would see their prices go up because of the health care law—two-thirds of small businesses. These are ones that by law don't have to provide health insurance—with employees of less than 50, they don't have to, by law, supply it, but they often do supply it. They do supply that insurance. I think about 17 million people get insurance that way, through work—businesses that are not mandated to supply the insurance, but they do it to get good workers. As a result, what they are seeing is that their rates are going up.

So that was part of the double data dump that occurred on Friday.

It was interesting to see a note that came out of the Democrats' lunch meeting today. It was just reported in Roll Call magazine. It said: "A group of Senate Democrats is expected to launch a counteroffensive in favor of ObamaCare on Wednesday, a response to persistent attacks on the law from their Republican counterparts."

First, I will point out the attacks on the law are coming from American citizens all around the country. It is what we hear at townhall meetings and it is what we hear as we travel around the country, people whose families are noting that they are paying more and getting less, losing their doctors and losing their insurance. But the report in Roll Call says:

Democrats discussed the new endeavor touting benefits of the Affordable Care Act during Tuesday's weekly caucus lunch to a warm reception, according to Connecticut's Christopher S. Murphy, who is one of the senators leading the effort. A Senate Democrat aide said the formal rollout will come Wednesday.

I welcome the opportunity to hear what the Democrats have to say because the damage being done by this health care law to people all across the country is significant.

It is interesting because all we need to do is turn to Friday's New York Times, Robert Pear, an excellent writer for the Times, who had, I thought, a fascinating story. He took two pages of the paper: "Public Sector Capping Part-Time Hours . . ." Public sector capping part-time hours. Why? Right here in the headline: "to Skirt Health Care Law."

Let me start: "Cities, counties, public schools and community colleges

around the country"—we are not talking about businesses or fast food chains; we are talking about cities, counties, public schools and community colleges around the country—"have limited or reduced the work hours of part-time employees . . ." Why? "to avoid having to provide them with health insurance under the Affordable Care Act, state and local officials say. The cuts to public sector employment, which has failed to rebound since the recession"—it says right here—"could serve as a powerful political weapon for Republican critics of the health care law, who claim it is creating a drain on the economy."

It is creating a drain on the economy. We have two folks in the picture in Medina, OH, working on a trash truck. One of the gentlemen talks about his hours being limited to 29 hours. He called it "a hit to his wallet."

The President is fighting to talk about raising the minimum wage, when people are actually losing take-home pay. It is impacting their wages, the health care law is. It is impacting how much money they take home at the end of the week.

The next page talks about somebody who works as a clerk in the parks department saw her hours drop from 38 a week to 35 and then to 29. Why? Because of the health care law and the 30-hour limit.

It is interesting to go through the list of the different jobs of people who are losing hours, who want to work. These are hard-working Americans who are having their hours cut—public sector workers, people who work for cities, counties, public schools, community colleges. The list goes on: police dispatchers, prison guards, substitute teachers, bus drivers, athletic coaches, school custodians, cafeteria workers, and part-time professors; office clerks, sanitation workers, park inspectors—all in all, people who are being hurt because of the President's health care law and the mandates and the way it is put together by this President and the Democrats who voted for it.

It is interesting to see the Senator from Connecticut mentioned here as leading the effort, and I would recommend to him this article by Robert Pear in Friday's New York Times, who goes specifically to the core of what is happening in Connecticut, in that Senator's home State. It says:

Mark Benigni, the superintendent of schools in Meriden, CT—a public school, public sector—and a board member of the American Association of School Administrators said in an interview that the new health care law is having "unintended consequences for school systems across the Nation."

This health care law is full of unintended consequences. Now we have someone who is a board member for the American Association of School Administrators saying that the health care law is having unintended consequences for school systems across the Nation. He specifically says, in Con-

necticut, as in many States—this is the article now:

In Connecticut, as in many States, significant numbers of part-time school employees work more than 30 hours a week and do not receive health benefits.

Quoting the superintendent in schools in Meriden, CT:

Are we supposed to lay off full-time teachers? Are we supposed to lay off full-time teachers so that we can provide insurance coverage to part-time employees?

The superintendent goes on to say:

If I had to cut five reading teachers to pay for health benefits for substitute teachers, I am not sure that would be best for our students.

So I would ask the President of the United States: What do you want? These are the choices that because of your health care law, crammed down the throats of the American people, you are asking the public sector of our country to make. Get rid of five reading teachers in Meriden, CT, to pay for expensive health insurance policies for substitute teachers. That superintendent is trying to say, I am not sure that what the law requires would be best for our students.

I think this law was not well-thought-out, was not well planned. So I will be interested tomorrow to see Senate Democrats come to the floor with their ObamaCare PR counteroffensive and explain to the American people why they are being faced with a disastrous Web site rollout 4 days after the President told the American people it will be easier to use than Amazon and cheaper than your cell phone bill and you can keep your doctor if you like your doctor. Let them explain why 5 million people then got letters from insurance companies saying their insurance policies have been canceled; why the Web site failure is just the tip of the iceberg that the American people are seeing right now in terms of premiums going up, canceled policies, can't keep their doctor, higher out-of-pocket costs, higher copays, higher deductibles, all in spite of the President's glowing promises which, in my opinion, were made to deceive the American people in an effort to pass a health care law which many people see as bad for patients, bad for providers, and bad for the taxpayers.

I will continue to come to the floor and talk about what I hear as I go home to Wyoming each week in terms of a health care law which is not providing the patients what they asked for, what they need, and what they were promised.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Madam President, I wish to thank my colleague Senator BARRASSO for coming to the floor, and now I would like to give a second opinion to what he has just said.

He said he wants to wait until tomorrow to hear some success stories about the Affordable Care Act. I am going to give him a preview tonight.

Ray Romanowski—62 years old, city of Chicago, musician, part-time employee, barrel-chested Polish guy who belongs in the city of Chicago—sat next to me at a clinic, patted his wallet and said: Guess what, Senator. I have health insurance for the first time in my life, and it feels good.

Judy takes care of hotel rooms down in southern Illinois, a place that I stay. She is over there in the hospitality room. Same story: 62 years old, worked every day she could and never had health insurance one day in her life. She was diagnosed with diabetes and, thank God, she now has, because of the Affordable Care Act, health insurance.

Those are just a couple of stories.

What the Senator from Wyoming did not tell you is that there are aspects of this Affordable Care Act which American families value. Do you have a child in your family who is sick with maybe asthma, diabetes? Is your wife a cancer survivor? In the old days before the Affordable Care Act, that meant it would be hard to get health insurance and, if you could, it would be very expensive.

So we changed it. We said: You cannot discriminate against families because somebody happens to be sick. Those of us who have raised families know that happens pretty regularly. So that protection is in the law, and it is a protection which some of the absolutists want to repeal. Get rid of it. Let's get back to the good old days when a sick child would basically disqualify a family from health insurance.

It used to be that insurance companies had odd ways of basically rating people when it came to premiums. One of the disabilities they identified was if the person seeking health insurance was a woman. They would discriminate against women seeking health insurance because it is possible they would become pregnant and more expensive. We did away with that discrimination as well.

Then there were lifetime limits. Madam President, \$100,000 in health insurance coverage may sound great, but if you go into the hospital or see the doctor the next day and you are told you have cancer and have to face radiation, chemotherapy, and more, \$100,000 will not last very long, and pretty soon you are into life savings and pretty soon after that you are into bankruptcy, something the Presiding Officer knows very well.

So we eliminated the lifetime limits on health insurance policies as part of the Affordable Care Act. I do not hear the Senator from Wyoming and others suggesting they want to go back to those days. Do they?

The bottom line is this: The Affordable Care Act is a good law. We wrote it and passed it without the help of any Republicans. Not a single one of them would step up and join us in this effort. Now they have done nothing for the last 4 years but criticize it.

I will say this. It is not perfect. It can be improved. I will invite the Sen-

ator from Wyoming, who is a medical doctor and a man I respect, to join us in improving it. Let's find a way to make it better. Let's fix it. There are things that can be fixed into law. That is what people sent us here to do. We can give speeches about how good or bad it is, but most Americans want it to work. They want health insurance that is affordable and available and accessible, and they want to make sure they are going to be treated fairly once they buy it.

I think the marketplaces we will tell you about are working for a lot of families, and we are going to come to the floor to tell those stories. I know the other side spent a long time talking about what they consider to be shortcomings, and there are some obvious shortcomings with the Affordable Care Act. The rollout was a disaster. Anybody who says otherwise was not paying attention. For 60 days we worked to get our Web sites up and running, and some of them still leave room to be desired, leave room for improvement.

But I talked to a businessman in Chicago last week, and he said: It is a good thing my business failures are not on the front page of the paper every day because I have made a lot of mistakes, but I keep going until I get it right. That is what we ought to do, keep going until we get it absolutely right.

We have a good start, trying to bring 60 million uninsured Americans under protection of health insurance, to allow people to shop for the best policy for their family. That is realistic.

I also want to add one thing. The critics of the Affordable Care Act assume that before we passed it, health insurance premiums did not increase. We know better. Particularly for those who had small businesses and individuals, their policies were canceled on average once every 24 months, and their health insurance premiums went up 12 to 20 percent.

A friend of mine has a small trucking company. He tried to cover his employees who worked for him and their families until one of the employees had a sick baby, and then the health insurance premiums went through the roof and they all were out on their own. With the help from the employer—what he used to pay each month—they had a helping hand looking for health insurance.

He went to buy health insurance for himself—himself, the owner of the company—and his wife. It turned out that if you turned in a claim this year for a problem you had with your foot, next year that company health insurance plan—the one he bought—would not cover anything related to your feet. So you slowly exclude all the possible claims that can be made for profitability. Then, in the end, you have a worthless health insurance policy.

Those were the old days. I would say to the Senator from Wyoming and his friends, we are not going back to the old days. We can improve this law. Let's work together to do it. But we

are not going back to the days of discrimination based on preexisting conditions, lifetime limits on policies, discrimination against women, excluding children from the health insurance of their families—the things that really were wrong with the system.

Help us make it better, but do not just come here and complain. I think people expect us to be more positive and constructive.

Madam President, I rise in strong support of the Comprehensive Veterans Health and Benefits Act of 2014. Chairman BERNIE SANDERS of Vermont has put together a comprehensive improvement, which I support. He is new as chairman, but he is off to a flying start.

The bill reminds us of our obligations to veterans. I especially appreciate that he worked with me on a few priorities. It authorizes a new \$10 million initiative in prosthetics and orthotics. Limb loss is one of the signature wounds of Iraq and Afghanistan. There are not enough medical professionals with the expertise needed to fit veterans with the best orthotic or prosthetic for their injuries.

Now the Department of Veterans Affairs can partner with universities to expand the number of master's degree programs so our wounded warriors continue to receive the best care.

This veterans package also addresses a problem I have been working to fix that allows veterans to consolidate student loans or participate in student loan forgiveness without penalty.

Congress capped the interest rate for servicemembers at 6 percent several years ago, but a loophole has prevented servicemembers from keeping that protection if they consolidate their student debt or enroll in the Public Service Loan Forgiveness Program. This bill closes that loophole.

The bill makes sure veterans using their GI bill education benefits will pay in-state tuition rates. Senator SANDERS has a good bill when it comes to student loans.

There is one provision in it of special interest and importance to me. Several years ago one of our colleagues, a Senator from New York by the name of Hillary Clinton, came up with a great idea. Senator Clinton said: We ought to help the caregivers for disabled vets. I liked the idea a lot and was kind of envious that she came up with it first. Then she moved on to be Secretary of State. So I called her at the State Department and asked: Hillary, is it OK if I take up your bill on caregivers? She said: Be my guest. And I did. I introduced the Hillary Clinton caregivers bill, and ultimately, with the help of Senator Akaka and others, we passed it.

Here is what it says. If you had someone who was injured after 9/11 and disabled and you were prepared to give them care, we are going to help you. For that wife who stands by her husband, a husband who stands by his wife, a mother or father helping the disabled

vet, here is what we will offer to you: first, the very best in skilled nursing training so you know how to take care of your veteran and do it the right way; secondly, a respite. Two weeks out of the year you get a vacation. We are going to send in some skilled nurses so you can go off and relax. You deserve it after spending 50 weeks caring for this veteran. Third, if you are in a bind economically, financially, we want to make sure you are going to have enough money to survive. So we offered a monthly stipend to those caregivers who are helping.

Let me tell you some stories that I think illustrate this so well, why it is important and why it is working.

In 2005, Eric Edmundson was a 26-year-old Army sergeant when he survived a roadside blast in Iraq. He went into cardiac arrest while waiting for a transport to a military hospital. His brain was deprived of oxygen for almost 30 minutes. He became a quadriplegic as a result of the injuries.

The VA basically told Eric's parents Ed and Beth that there was no hope and no place to turn. The doctors said Eric would spend the rest of his life in a vegetative state and he should be sent to a nursing home. His dad said not only no, but hell no, this is my 26-year-old son, and I am not giving up on him.

So Eric was transferred to the Rehabilitation Institute of Chicago, which is where I first met him. His recovery was incredible. His mom and dad stayed by their son's side until the day when we proudly watched Eric, with a helping hand, literally walk out of the hospital in his dress uniform—a sign of dramatic progress in just a few months.

Today, he is living in North Carolina with his wife and two children—beautiful kids. His parents are his full-time caregivers, and they share their home with Eric and his wife.

But even these family caregivers like Ed and Beth need a helping hand. They told me about Hillary Clinton's bill, and they got me started. I am glad they did. Because now that it has become the law, 12,000 families just like theirs across America are getting the helping hand of the caregiver program. It helps the veterans from Iraq and Afghanistan, with their families, be where they want to be: at home with their families. If you want to get down to the bottom line, it saves the government money. It costs a lot more money to put people in VA facilities than to help these families keep the veterans at home where they want to be.

Let me show you one other one, which I think is a great story. This is the story of Yuriy Zmysly, who was a marine serving in Afghanistan and Iraq. He returned to the United States for what was going to be a routine surgery at a military hospital, but because of complications from the surgery, from an appendix procedure, he was left with a severe brain injury.

Aimee—who is shown right here in this picture—was his fiancée at the

time. When Yuriy reached the point where he came out in a state where he was in a wheelchair and struggling, Aimee said: I promised you I loved you and I was going to marry you and we are going through with it. And she did. She married Yuriy and stood by his side. They have a beautiful daughter Adelina, whom I met just a couple weeks ago in Chicago. She is 4 months old. It is for caregivers such as Aimee, who dropped everything and even dropped out of school to help care for this disabled vet Yuriy that this program is designed.

I am proud of this program. I think the 256—I think that is the right number—caregiver families in Illinois have a special helping hand as they help our disabled vets. We need to expand it. BERNIE SANDERS does just that. He expands this program beyond those veterans who were afflicted after 9/11 to those who were afflicted before, from previous conflicts, from previous service to our country.

This caregivers program is the right thing to do. These men and women who care for our disabled vets are truly saints and angels, and we ought to stand by them. Giving them a helping hand through this expansion of the caregivers program is right for America, it is right for our vets, and it is right for us to do for the men and women who risked their lives for our country.

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

Mr. BURR addressed the Chair.

The PRESIDING OFFICER. Will the Senator withhold?

Mr. DURBIN. I withhold.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Madam President, I thank my colleague from Illinois, and I should have told him I was going to come out to be recognized. Let me thank him because he has raised a very important issue on caregivers.

I also want to thank him for the interest he took in Eric Edmundson, who is from North Carolina. I might add to the story, for my colleagues, there was not a caregiver program when Eric Edmundson's dad took over his care. He did what I think parents have a tendency to do. He said: It can be better for my son if I take control of it—and he ended up in Illinois at his dad's request. Although he has not made a full recovery, he has made a spectacular recovery from the prognosis. I know my good friend from Illinois has to go, but I appreciate him highlighting that.

Let me just say that I think all Members of the Senate would like to expand the caregivers program. I wrote the caregivers program. Senator Akaka, who was then the chairman, came to the floor and it was passed. As written, section 303 would expand the caregivers program to veterans of all eras. Let me say that again: Veterans of all eras we would extend the caregivers program to if the Sanders bill was passed.

I have the alternative bill, which is in the process of being filed. It does not expand the caregivers program—a program I am passionate about. I wrote it. It does not do it for a reason, and I want to turn to Senator Akaka's comments on the Senate floor when we passed this bill, where Senator Akaka, the chair of the Senate Veterans' Affairs Committee, said this:

[O]ne, the needs and circumstances of the newest veterans in terms of the injuries are different—different—from those of veterans from earlier eras; two, the family situation of the younger veterans is different from that of older veterans; and three, by targeting this initiative on a specific group of veterans, the likelihood of a successful undertaking is enhanced.

To me, the most important of these reasons mentioned by Senator Akaka was the belief that the VA would not be able to implement a program of that magnitude. That is why caregivers was crafted to be a program that we ramped up over time. It was targeted at a very specific population, and we envisioned that as the VA got more proficient at actual training and implementation of this program, it would be ramped up.

The VA has proven us right. They have had trouble in implementing this program in what is a very limited program. Their rollout and management of the program has been flawed in several areas and has been a disservice to those veterans in need of these critical services. Since the start of the program 2½ years ago, several problems have been brought to my attention. These problems include decisions regarding eligibility for the program which are inconsistent across the country—no quality assurance program to monitor the quality, consistency and timeliness of those decisions, and no formal process to appeal the decisions of eligibility for caregiver assistance.

Let me highlight the issues with this program. I want to share some stories of veterans' experiences. A veteran applied to the program at the VA in Colorado. His application was denied. Yet, after moving from Colorado to Florida, he applied again using the exact same information he had previously submitted in Colorado. The VA in Florida granted his application. How can this happen? It is because we have an agency that has yet to draw on the consistency needed to apply equally to our veterans.

Another veteran in Florida suffered from multiple gunshot wounds resulting in paraplegia. VA denied him entry into the program because he did not require assistance with at least one activity of daily living or ADL. He was being compensated through an aid and assistance or A & A program. I find it interesting that this veteran did not qualify for caregivers. He was actually compensated under the aid and assistance program because what he needs is ADL services, not just the one required under the caregiver program.

In addition, I have also heard many veterans and their caregivers were

treated rudely by the VA staff when applying to these programs for a PTSD diagnosis. VA staff have told them that PTSD—get this—that PTSD is not a disability that requires assistance with ADLs or activities of daily living.

Assistance with the activities of daily living is only one of the four criteria needed as having a serious injury. Under the law, a veteran needs to meet one of the four. Even the appeals process does not seem to be well thought through. You see, we can write the laws, but it is the agency's regulations that they write that dictate how these programs are run.

VA says that they have an appeals process. However, it is vastly different from the appeals process at VBA, the Veterans Benefit Administration. It leaves Veterans Service Officers or VSOs at a disadvantage to help veterans and their caregivers. VSOs have been told that VA considers it a medical decision and they cannot question the denial. The only recourse veterans and their caregivers have is to appeal to the medical center director. The problem with this is that it was the medical center director who denied the appeal in the first place.

I am going to go on as the days go on, describing the things in this program that we would all like to embrace, things that I think every Member of the Senate says: Yes, we ought to do this for veterans. Here is the problem. If we have a broken system, jamming more people into it is actually the worst thing we can do.

As I said earlier, there is nothing in the Sanders bill to fix the things that are broken at VA. There is nothing in the alternative bill to fix things in the VA. But the one thing that I do not do in the alternative bill is I do not jam millions more veterans into the system. Caregivers should be expanded as VA perfects how to implement it, to educate the caregivers, to be able to address the concerns, and, more importantly, the intent of why we wrote the program.

Enrollment or access to VA should only open if we have the health care professionals or the facilities to handle them, but not to crowd out those current veterans who leave the battlefield today and need the services that only the VA can provide. So, even though in everybody's wish list we would like to expand to every veteran, in the caregiver program we would like to expand to everybody who wants to care for a loved one, the truth is, we do the ones who are in the system an injustice if we are not prepared to be able to implement it, to handle it. That is the difference between the Sanders bill and my alternative. We simply look at the things that have bipartisan support, but do not necessarily grow the problem worse than it is today.

I said earlier, my regret—and I see my colleague from South Carolina is here. My regret in this debate is that we are not on the Senate floor debating reforms to the Veterans' Administra-

tion. I think the presiding officer would agree that there are areas—these are areas that do not have a partisan leaning. When we look at our Nation's veterans, we do not see one side of the aisle or the other. We see a promise we made to them and a commitment we have got to fulfill.

To ignore the things that need reform really is a mistake. To talk about expanding the population without reforming these areas, quite frankly, is disingenuous to the veterans to whom we owe so much.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. GRAHAM. Madam President, I ask unanimous consent to speak for 15 minutes.

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

Mr. GRAHAM. Madam President, one, I would like to compliment Senator BURR for trying to find a way to improve veterans health care. I think the comment he made is pretty accurate. Before you expand a system that is clearly broken, it looks to me like you would want to fix it.

There is a bipartisan view that it is broken. A lot of solutions have bipartisan support. But we are where we are. I know Senator SANDERS is very genuine about wanting to expand veterans' benefits. I certainly understand where Senator BURR is coming from. We want to, one, pay for whatever we do, because we are \$17 trillion in debt. But, two, we have to look at the broken system. If you include another 14 million veterans, people who are not service connected and make them overnight eligible for VA health care that is in short supply, you will frustrate the ones who need it the most and take a weak system and completely break it. It seems to me that is not helping veterans at all.

But part of the package that Senator BURR has authored also deals with another problem of great and immediate concern: imposing sanctions on the Iranian nuclear program if the negotiations fail to deliver the desired result.

This is an unfortunate moment for me. Senators MENENDEZ and KIRK have been a team for a long time working to impose sanctions on the Iranian government as they march toward a nuclear weapon. We have imposed 16 rounds of sanctions since 1987; 9 U.N. Security Council resolutions since 2006, demanding the full and sustained suspension of all uranium enrichment related and reprocessing activities and its full cooperation with the IAEA.

This body has been bipartisan when it comes to the Iranian nuclear program and our support for Israel. Senator MENENDEZ has been one of the leading voices in the entire Congress. He deserves lots of credit. He is my friend. We have a new round of sanctions that are bipartisan. We have 17 Democratic cosponsors. We have all but two Republicans. So we have 59 cosponsors that would allow sanctions to

be available and in place if we do not reach a final deal in this round of negotiations in the P5+1.

Why is it important that the Congress reimpose sanctions through new legislation if there is failure? No. 1, the sanctions are designed to get the end game right. I believe that the only successful outcome through negotiations would be to dismantle the plutonium-producing reactor. The Iranians do not need a plutonium-producing reactor for a civilian nuclear power program to comply with the U.N. resolution that requires the removal of all highly enriched uranium. A lot of highly enriched uranium is now in the hands of the Iranian government. The U.N., of all bodies, has asked for it to be removed and turned over to the international community.

I worry that if you leave this highly enriched uranium in place in Iran, we will live to regret it. A dirty bomb becomes a real possibility. The other aspect of a final deal that has to be accomplished, in my view, is that the Iranian regime should be out of the enrichment business.

There are 15 nations that have nuclear power programs that do not enrich uranium. Mexico and Canada are two of those nations. We are objecting to the South Koreans who want to go into the enrichment business. I do not mind South Korea having a nuclear power program, but we really have to watch the spread of nuclear proliferation through the enrichment of uranium.

It is imminently possible to have a nuclear power program and have the fuel cycle controlled. You do not need to enrich to have commercial nuclear power. If you were going to make a list of countries that are unreliable and dangerous, and you would not want to give the right to enrich, I think Iran would be at the top. Just look at how this regime has behaved over the last 30 years. I do not have to time to go into all of the "list of horrors," but our resolutions regarding the Iranian nuclear program list them very well.

So we are at an impasse now. The Republican position is that we should have a new sanctions vote on the bipartisan sanctions bill now while the negotiations are going on to reinforce to the international community that we are very serious about pressure being applied to the Iranians until we get the deal that we all can live with. I think it is fair to say that the Iranians would not be in negotiations without crippling sanctions.

I want to give credit to the Obama administration for implementing a sanctions regime that really did cripple the Iranian economy, and it has gotten them to the table. Unfortunately, the interim deal has absolutely undercut all of our gains. I will give you some details as to why all we have accomplished has been undercut and the sanctions regime that got the Iranians to the table is crumbling before our eyes.

Here is what our allies in Israel say. The prime minister of Israel said: "Iran got the deal of the century, the international community got a bad deal." I think he is absolutely right. Under the interim deal, not 1 ounce of highly enriched uranium is required to be taken out of Iran. Some of it would be chemically altered, and you can reverse that chemical process so that it could be processed for weapons use later down the road.

Not one centrifuge has been destroyed. Of the 16,000 to 18,000 centrifuges, not one has been destroyed. The plutonium-producing reactor is not being dismantled. It has been mothballed, for lack of a better word. I am not so sure it is even in a mothball status.

So the prime minister of Israel says: "Iran got the deal of the century, the international community got a bad deal." Again, I would agree. Nothing has been accomplished in the interim deal. The interim deal is so far away from a final deal, I do not see how you get there.

We have to dismantle the plutonium reactor completely, not just stop its construction or delay its construction. We should remove all of the highly enriched uranium out of the hands of the ayatollahs because it is too dangerous to leave it there. The U.N. agrees with that. That is the end position. They should not be allowed to enrich. If the Iranians want a peaceful nuclear power program, I will be the first to say: That is fine. Build a reactor in Iran. Build a couple of reactors if you like. Have the Russians help the Iranians construct their reactor, as long as the international community can control the fuel cycle.

There is no need to enrich in Iran for a peaceful nuclear power program. We would be crazy as a nation and a world to give this regime the right to enrich uranium and have a breakout, to go from low-level enrichment to 90 percent, to make a nuclear weapon. I think that is what they are trying to do. I would like every Senator to be able to answer a question from their constituents about this issue. Do you believe the Iranians have been trying to build a nuclear bomb rather than a nuclear power program?

It is clear to me they have been trying to build a nuclear bomb for a very long time. They get right up to the edge. They have one of the most sophisticated enrichment programs in the world. I do not think it is designed to produce peaceful nuclear power.

Here is what the head of Iran's nuclear agency said last night:

The iceberg of sanctions is melting while our centrifuges are also still working. This is our greatest achievement.

He is right. I mean, what more can I say? The head of the Iranian nuclear agency, said on Iranian state television:

The iceberg of sanctions is melting while our centrifuges are also still working. This is our greatest achievement.

This is what the foreign minister said:

The White House tries to portray it as basically a dismantling of Iranian's nuclear program.

The interim deal—

We are not dismantling any centrifuges, we're not dismantling any equipment, we're simply not producing, not enriching over 5 percent.

They are telling us and the world, with this interim deal, they are not dismantling a damn thing.

President Rouhani, the new moderate—if you believe that, I have some property I want to sell you—said on CNN: "So there will be no destruction of centrifuges—of existing centrifuges?" President Rouhani said: "No. No, not at all."

Well, if you believe, as I do, they should be out of the enrichment business, then all the centrifuges should be dismantled and destroyed. Because to allow this regime to continue to enrich is dangerous and, quite frankly, will lead to a military conflict between Israel and Iran and maybe others.

President Rouhani tweeted:

Our relationship with the world is based on Iranian nation's interest. In Geneva agreement, world powers surrendered to Iran's national will.

Well, maybe that is bluster. When you look at the evidence, it's not so much bluster. The Deputy Foreign Minister said of the interconnections between networks of centrifuges that have been used to enrich uranium to 20 percent, so that they can enrich only to 5 percent:

These interconnections can be removed in a day and connected again in a day.

So he is basically saying all we have done is basically pull the plug and we will just put it back in if we need to.

Here is what has happened since the interim deal with the sanctions regime. President Rouhani declared:

We have struck the first blow to the illegal sanctions, in the fields of insurance, shipping, the banking system, foodstuffs and medicine and exports of petrochemical materials.

He tweeted:

You are witness to how foreign firms are visiting our country; 117 political delegations have come here.

France, Turkey, Georgia, Ireland, Tunisia, Kazakhstan, China, Italy, India, Austria, and Sweden. The French chamber of commerce led a delegation to Iran not long ago with the head of Michelin Tire Company. I have been talking to the Michelin Company. They are not going to violate the sanctions, but they do believe that after this interim deal the smart money is that the sanctions are behind us.

The International Monetary Fund predicted Iran's economy could turn around due to the interim agreement. Listen to this:

The economy in Iran that was crippled because of the sanctions could turn around based on the interim agreement that doesn't dismantle or remove anything. Prospects for 2014 and 2015 have improved with an interim

P5+1 agreement. Real GDP growing by 1 to 2 percent in 2014-2015. Inflation would potentially climb 15 to 20 percent. India's oil imports from Iran more than doubled in January from a month earlier. China has emerged as Iran's top trading partner, with nonoil trade hitting \$13 billion over the last 10 months. U.S. aerospace companies are seeking permission to sell airline parts to Iran for the first time in three decades. Iran has signed a deal to sell Iraq arms and ammunition worth \$195 million, according to documents seen by Reuters. At least 13 major international companies have said in recent weeks they aim to reenter the Iranian marketplace over the next several months.

These sanctions, my friends on the other side, are crumbling. If we do not reset what is going on, the leverage we have gained is being lost. We are marching toward a disaster. Having a new round of sanctions passed by Congress would tell the international community from our point of view this is not behind us, we are not going to take the pressure off until we get a result that makes our country and our allies in the region safe, particularly Israel. If we do not act now, it will be too late.

To our friends at the White House: When you threaten to veto legislation and you accuse people who want to impose sanctions if the deal fails as wanting to going to war, I am afraid you completely misunderstand the situation as it really exists. I am willing to give you credit for imposing the sanctions in a forceful way, but you are naive and dangerous in your thought process if you think we can now negotiate with the sanctions crumbling and get the right answer.

The Iranian monetary unit, the rial, has appreciated by over 25 percent. The Iranian economy is rebounding after the interim deal. They are back in business. Inflation is down, the value of their currency is up, people are lining up to do business in Iran, the sanctions are crumbling, and the U.S. Senate sits quiet.

All I can say is that we have a chance to turn this around before it is too late. I believe the best thing we could do as a body is for Republicans and Democrats to pass a new round of sanctions that would only take place at the end of the 6-month period if a final deal is not achieved that results in the things I have outlined.

The bipartisan sanction bill reinforces the end game of basically dismantling the ability of the Iranians to develop a nuclear weapon. We have specific language in the sanctions bill that would get us to a good outcome. I am afraid by the time the 6 months is up, the economy in Iran will have rebounded and the will of the international community to go through this process again will have been lost.

Right now the smart money is that Iran is a place you can soon do business, the sanctions are history, and our European allies, I am afraid, will accept a deal with the Iranians that is not in our national interest and will certainly not be good for our allies.

I am very worried the P5+1 has already conceded in their own mind some

enrichment capability in the hands of the Iranian regime for the purpose of face saving, supposedly. We should not worry about allowing the Iranians to save face, given what they have done to our soldiers in Iraq, the amount of terrorism they have spread throughout the world, and the way they have behaved. I am not in the face-saving business when it comes to Iran. I am in protecting America's national security interest business.

I do not mind the Iranians having a nuclear power program for peaceful purposes, as long as you control the fuel cycle. But if they want more than that, that tells you all you need to know about what their ambitions are.

I say to my colleagues on the other side: If you allow any enrichment capability left in the hands of the Shia Persians in Iran, the Sunni Arabs are going to insist on a like capability. And I am here to tell you if you want to turn the Mideast into the ultimate powder keg, allow the Iranians to have an enrichment program. Because every Sunni Arab nation that can afford one will want a like program. If you think you can allow the Iranians to enrich uranium and the Sunni Arabs will sit on the sidelines and do nothing, you don't understand the Mideast. If you want to set the world on the road to Armageddon, that will be the end of nonproliferation in the Mideast. The interim deal is a bad deal for the world, according to the Prime Minister, and a great deal for Iran. The Prime Minister of Israel is right.

If this administration is contemplating a final agreement that does not remove all the highly enriched uranium in Iran, consistent with the U.N. resolution, it is making a mistake for the ages. If this administration is going to sign on to a deal that allows enrichment to continue in Iran, where they now have a class of centrifuges that can take less than 5 percent uranium and spin it up to 90 percent, that will be a mistake for the ages.

This is North Korea in the making. But unlike North Korea, where they eventually went nuclear after the international community, through inspections and sanctions, tried to stop their program, Japan and South Korea have yet to feel the need to obtain a nuclear weapon to counter the North Koreans. I can assure you the Sunni Arab nations in the Mideast will not put themselves in that position. All you have to do is ask them.

I challenge every Member of this body to get on the phone and call the major Sunni Arab states and ask them a simple question: If the Iranians are allowed to enrich, will you insist on the same right? See what they tell you.

We have a chance here, if we are smart, to reset the table before these sanctions completely crumble, and they are. If you think you can wait 6 months, have them completely crumble and reimpose sanctions, you are kidding yourself, because the world is not going to go down that road.

What will happen if this negotiation with Iran fails to deliver what I think is the right outcome—a peaceful nuclear power program without any capability to make a nuclear weapon—I think the people throughout the region are going to respond forcefully and in kind and our friends in Israel and the world are hurt.

Can Israel tolerate the ayatollahs in Iran having the ability to develop a nuclear weapon and the only thing between the State of Israel's security is a bunch of U.N. inspectors? Now think about that. Would you put America's national security at risk, and the only thing between a hostile nation having a nuclear weapon and threatening to wipe us off the map and success is a bunch of U.N. inspectors? How well did that work in North Korea? That is not a viable outcome.

We have to stop this program completely. It must be dismantled, not mothballed. It has to be dismantled. If the Iranians want a nuclear powerplant for peaceful purposes, they can have one as long as somebody responsible controls the fuel cycle.

We are headed toward a disaster if we don't act pretty quickly. I don't mean to be so dire, but look at the Mideast. Look at the Syrian effort to contain the Syrian chemical weapons program. These thuggish regimes are not going to turn over the advantages they have until the regime itself is threatened. I believe the Iranians, after Syria, do not believe anymore that our country has the will to use military force as a last resort to stop their nuclear program. No matter what President Obama says, his actions speak far louder than his words. We could change things if the Congress would impose new sanctions, bipartisan in nature. It would actually allow the administration some leverage they do not have today.

The reason for the bipartisan bill, as in the Burr alternative to the Sanders bill, is that many of us believe now that time is not on our side. And to my friends on the other side, I hate the fact we have now split on what to do about Iran and how to impose sanctions. I have enjoyed, as much as anything in my entire time in the Senate, working with my Democratic and Republican colleagues to craft policies designed to get the right answer when it comes to the Iranian nuclear threat. But we are now in a different spot.

As much as I hate it, I feel compelled, from my point of view, to use every opportunity this body presents to bring up the issue. If you do not believe the sanctions are crumbling, I would love to hear your explanation as to why they are still working, given the information that is overwhelming.

So I hope in the coming days we can regain that bipartisanship. The majority leader, several months ago, promised a vote on Iran sanctions if we could find a bipartisan bill. He made that promise, and I will quote that later in the week. What has happened between then and now is the President

has weighed in. He has tried to lock his party down and he has threatened to veto this sanctions bill.

Now is not the time to turn the Senate over to the Obama administration, which does not have a very good track record when it comes to policing the Mideast. Actually, we are helping them, whether they believe it or not. The last thing I want is a conflict anywhere in the world that can be avoided, but here are our choices: If the negotiations fail, Israel will not stand for a nuclear-capable Iran. If you attack Iran, you open Pandora's box and many bad things can happen.

I can tell you this, if there is a war between us and Iran, they lose, we win. This is not much of a debate militarily. But it is always a terrible thing to go to war unless you absolutely have to. So if the Iranians believe we are serious about sanctions and we are serious about using military force as a last resort, we may actually still get the right answer.

If they don't believe that, we are putting Israel and our allies in a terrible spot. If the Iranian program survives these negotiations and they march toward a nuclear weapon as the North Koreans did, if the U.N. inspections fail and they achieve their goal of a nuclear weapon, then we have emptied Pandora's box, because every Sunni Arab state will follow in kind. Then only God knows what happens next. We have a chance to avoid that.

But Israel will never stand for the proposition that the only thing between the ayatollahs having a nuclear weapon and the State of Israel's survival is a bunch of U.N. inspectors trying to control a program with a live capability; and Sunni Arab states will not allow the Iranians to enrich without them claiming an equal right. All this can be avoided if we act decisively. But if we continue to wait and allow the sanctions to crumble, God help us all.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

MORNING BUSINESS

Mr. SCHUMER. Madam President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

TRIBUTE TO ED KOREN

Mr. LEAHY. Madam President, late this week, Vermont will recognize the noteworthy legacy of Ed Koren, who