

they choose at lower costs, without the outrageous, expensive side effects of the President's health care law.

I thank the Presiding Officer.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

BURWELL NOMINATION

Mr. WYDEN. Madam President, after months and months of polarizing and divisive debate in the Senate about the Affordable Care Act, I rise today to strongly support the nomination of Sylvia Mathews Burwell because I firmly believe she will help the Senate come together to jointly work to improve American health care.

The reality is both political parties have had valid points on this critical issue. My party believes passionately, as I do, that everyone must be covered. Republicans feel equally passionate about having a real role for the private sector to help hold down costs and promote innovation. The Affordable Care Act does both. Working together, working together under the leadership of a talented official like Sylvia Mathews Burwell, we can build on that.

Ms. Burwell has earned much respect here in the Congress on both sides of the aisle. She had our distinguished colleague from Oklahoma TOM COBURN and our friend from West Virginia JAY ROCKEFELLER at the witness table together talking about how she had worked with both of them. She is a leader with a head and a heart, and she is qualified and experienced for this critical job at this critical time.

She is a graduate of Harvard and Oxford, where she was a Rhodes Scholar. Early in her career, she showed a commitment to service by becoming part of the Clinton administration. She was the Staff Director of the National Economic Council beginning in 1993. Soon she transitioned to be Chief of Staff to the Treasury Secretary. In 1997, she became Deputy Chief of Staff to the President and moved the following year to become the Deputy Director of OMB.

She has extensive experience in the nonprofit sector. She led efforts to address some of the most pressing global health challenges of our time. In 2011 she became the head of the Walmart Foundation.

I noted Sylvia Mathews Burwell's support, but here are a couple comments from the other side of the aisle. Senator BURR had this to say about Sylvia Mathews Burwell: "She comes with a portfolio of experience that would make her a tremendous asset at addressing some of the challenges that that agency specifically and uniquely has."

Here is what Senator COBURN had to say: "The fact is, when you have somebody that's competent and also has strong character, you find a way to get past your differences to try to solve problems."

So she has strong, vigorous support from both sides of the aisle.

Now, we all understand that the Affordable Care Act is going to be a central focus of her work every day as Secretary. Once she is confirmed, I am convinced—and Senator HATCH and I have talked about this again on a bipartisan basis—that we can come together to make the law work better.

For example, my colleague from Utah has done very good work in fixing the dysfunctional reimbursement system for Medicare known as the SGR. With Sylvia Mathews Burwell at the helm, we will get that done, and we will improve Medicare transparency because the public and taxpayers and seniors should not be in the dark about critical services.

I know Senator BEGICH is going to be making some important remarks about veterans, and I just appreciate my colleague giving me this quick minute or two because I wanted to bring a bipartisan case for Sylvia Mathews Burwell to be confirmed. We will have the beginning of the process go forward today and more discussion about her and, I am sure, the Affordable Care Act as well.

I strongly, strongly urge my colleagues to advance her nomination and to support her when we go to a final vote.

With that, I thank my colleague and yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

PROTECTING VETERANS

Mr. BEGICH. Madam President, I thank the Presiding Officer and thank my friend from Oregon.

I appreciate the opportunity to be on the floor today to talk about veterans care. It is an important issue that is not only critical to my State but across the country. As we know, it has been in the papers, on the TV, on the Internet, and everywhere else you can imagine.

There are few more important issues that we work on that have such a critical potential for impact on so many people, when you think about it. These folks have sacrificed so much for us—our veterans—and now it is important for us to make sure they have the proper care for all of their service.

Of course, the VA system is all over the national news, as I mentioned. Whatever you read, everywhere you turn, there is something about the system and what is going on. But I want to talk about Alaska's veterans programs that we are doing up there, especially around health care. For me, veterans are a big deal. It is a big deal because Alaska has so many.

Just to give you the lay of the land, we have over 77,000 veterans in Alaska. Almost 10 percent of the population of my State is veterans who have served this country in many different aspects throughout their careers and coming to Alaska to make it their home.

Along with the 77,000 veterans in Alaska, across the Nation the VA has

more than 11 million veterans registered or enrolled.

I have in the Chamber this picture of some rural veterans in Bethel, AK. I enjoyed being out there, and I have a story I will tell in a bit about the impact of some of the things we are doing in rural Alaska.

I think of these veterans like my uncle, U.S. Army Infantryman Joe Begich from up in the Iron Range of Minnesota, who will be there this weekend on an Honor Flight from Minnesota. My family is very proud of his service and the service of my late father-in-law Lou Bonito, who was an Army colonel in Vietnam.

We need to listen to their stories—not just on Memorial Day, not just on the D-day anniversary, which is this Friday. We need to listen to our veterans every single day. They deserve to be heard, just as they deserve to receive the benefits for which they fought.

Make no mistake about it. When I hear from veterans, the vast majority love the VA health care system and what is being provided to them.

I was in Alaska last week and met with veterans from all over the State. We do not have to wait for some headline or for CNN to run some story about what is wrong with the VA system.

My staff and I know what is going on with our care. We have regular meetings with the VA. As a matter of fact, when I first came to the Senate, some of the first issues we dealt with had to do with the VA and trying to make sure the Veterans Administration is dealing with Alaska's unique situation of how diverse it is and how far apart many of these services are in getting to our veterans.

When this issue started coming up on a national level this last week and over the last few weeks regarding the problems, especially in Phoenix—don't get me wrong. I am outraged, as is every American and every Alaskan, about what was going on there and what probably is happening in other VA facilities around the country as we hear about more internal audits being done. But we saw this problem. I saw this problem growing in Alaska. It was clear to me there was inadequate staffing in Alaska, along with some other programmatic problems, and systematic delivery system problems. What it meant was in Alaska, when I saw this problem, we had over almost 1,000 people waiting 2, 3 months for just their initial appointment to get VA health care services. This was unacceptable. So I convened a field hearing in Alaska to look at these issues and figure out what we could do to improve the system.

Today, the average wait time for our VA veterans, our veterans in Alaska, to get their initial appointment is now down to 9 days. As a matter of fact, the list, which we monitor on a regular basis from our office, is down to less than two dozen. That fluctuates from

day to day, but from 900-plus down to a few dozen is an incredible system change.

We didn't sit around and wait, as I said earlier, for some story to bust loose or someone to get some bumper sticker out there or make some political hits. We saw the problem and we took action. I was aggressive about it. I didn't sit around and wait for the Veterans' Administration to come up with an answer; I participated, as did my staff, because these results are real. As a matter of fact, Alaska is a model around the country on how to do this, because we figured out how to partner with folks around the State to make sure the highest priority—delivering health care to our veterans—was done, and especially in our very rural areas.

I know the State of the Presiding Officer is like my State: very rural, small population, people spread all over the place. Trying to get to their clinic or their hospital for VA care is not as easy. The Presiding Officer is more fortunate because she has road access to a lot of the places. In my State, 80 percent of the State cannot be accessed by roads, but we have veterans throughout Alaska who desperately need to get care. We solved the problem. We didn't sit around and talk about it and do nothing. We actually talked about it and came up with a solution.

When I ran for office, we had the heroes health card, and then we modified it to make sure we could access all we wanted to do. For example, here is a beautiful hospital in Nome, AK. It is way up north. It is a beautiful hospital. Indian Health Service, our tribes, runs an incredible delivery system. It is one of the best in the country when we talk about health care delivery systems. Our Indian health care systems in Alaska are rated in the country as one of the best. But I have 800 veterans, Native and nonnative, who could not access that care in that building. They lived near it. They might live right here, but they couldn't go there. They had to fly hundreds of miles to Anchorage to go to a clinic and if the service wasn't there, they would have to fly to Seattle. Outrageous—800 veterans.

So what did we do? We sat down—and I dragged General Shinseki to Alaska to some very rural areas to give him a little experience about what was going on. Nome, AL, is up north and Anchorage is down here, as we see on this map. Seattle is not even on the map, because it is kind of small, anyway; it is not like Alaska in size. There are hundreds of miles people have to travel. It was not right.

So what did we do? We partnered with our Indian health care services delivered by our tribes—incredible care. Instead of just here and here, it is now everywhere that they can access health care. So that means the veterans have a choice—a choice they did not have before we put this program into place. It is unique to Alaska, and only in Alaska right now. But those 800 veterans now have a choice. They can go

to Nome or they can go to Anchorage or to Fairbanks or down to Seattle if they want, but they get a choice now. They don't have to fly hundreds of miles.

What does this do? It saves money for the VA system not paying for airfare, and guess where that money goes: health care for veterans.

I will give an example. The earlier photo I had up here with all of those veterans in Bethel—that was a couple of years ago. I remember telling them about this idea we were trying to implement. They were a little skeptical; they didn't think it would work. This weekend I am in Bethel, AK, in the same VFW hall. This one guy pulls his hand out and shows me all of these scars where he had to get work done, and he says, I had to go to Anchorage to get this done. I thought he was going to get mad at me because that is where he had to go. He says now—these are the Bethel folks up there in the post—now he can go right down the street to get his therapy on his hand.

Do you know what he said to me? He said, MARK, I am able to save my airfare and give more care to my brothers and sisters who served with me in the military. Because he doesn't have to fly to Anchorage. He has a choice. He gets to get his care right there. We went after this issue aggressively, because we knew these veterans fought for our country and deserved the best—the best—and we knew we could offer it through this system.

The other thing: We have been aggressive, as members of the Veterans' Affairs Committee, about bringing more resources to veterans and the VA organization. Just in Alaska, in 2010, we had about a \$160 million budget. Today, it is over \$260 million in 4 years. Why? Because we are implementing programs that have success, that work, that deliver care. Is it perfect? No. Is it better than what they had 5 years ago? Absolutely. We didn't, again, sit around.

It is always amazing to me to go around this place. So many new ideas pop out because they read about it in the paper. Well, do your work. I did. We are getting results. Care is better today than it was 5 years ago. That one veteran—for him, it was incredible. The Presiding Officer knows what it is like when we are out traveling and meeting constituents and they are going to say things and we are not sure they are going to be very nice and friendly. He was a little intense about it. But when he showed me his results, I said, I want to take a picture of your hand, because that hand is the result of the work we are doing, to take 1,000 people off the primary list of waiting, down to a couple of thousands. Instead of waiting 120 days, now it is 8 days. As a matter of fact, when a veteran is enrolled in our delivery system in Anchorage through our tribal delivery system or our community clinic there, a veteran could potentially get—the likelihood is same-day service. They

walk in, they get service, no delay, because we have a system that is maximizing our Federal resources. All of those are paid by Federal tax dollars. Why not use them? Use them for the betterment of making sure our veterans have the care they need.

There are a couple of other things we could do right now, and I have written to the VA about this. For example, we have Public Health Service doctors who work in the community health service programs, but they are not in the VA. They have the ability to do it under title 38, I think it is; they just have to make it happen. This is important because we have over 5,000 of these folks in many different professions serving our country. Let's put them to work even more. They are working hard now, but maybe we could deploy them in ways to help our VA.

I also support the proposal in Senator SANDERS' bill to increase loan forgiveness for these folks who want to participate in our Public Health Service. Senator PRYOR introduced a bill that would increase support for psychiatric services for vets through a pilot program offering loan forgiveness for a gap in our service. We don't have enough.

One thing we also did, to speak about another program for our veterans in rural parts of our country—what did we do? Because sometimes the copay for accessing telehealth medicine is enough to tell people, I don't want to do it. I had a bill on the floor, or a bill that I introduced, but again General Shinseki decided to do it. So now there is no copay if veterans want to access mental health through telemedicine. Why? Because it has proven to be very successful. In remote communities such as in my State and the Presiding Officer's State, we want them to have access to mental health services. We have a limited amount of mental health dollars. So why not create an opportunity to use technology and limit the cost to the VA or to veterans, and give them the services they need? It is critical.

As I said earlier, what happened in Arizona is unacceptable. If it continues, if we see other places where these lists were falsely put together, then people need to be held accountable and prosecuted. But just dealing with that does not solve the problem. Solving the problem means being innovative and thinking out of the box. I have to say, if we can do it in Alaska, in the most remote area of this country, we can do it anywhere. We have a model that is working. We have veterans who like their care, they love their care, they have access they never had before. It is important that we figure out a solution.

I know Senator SANDERS' bill is an important bill. I hope we will have it on the floor and we can debate it and ultimately we will get to a bipartisan decision. Because if the Presiding Officer will remember, this bill failed before by two votes. They complained it

cost too much. These are veterans who served our country, who went to war for us to be in this Chamber, to be able to have free education, public education, to be able to have an incredible country. People are for veterans or people are against veterans. It is not a complicated issue. The bill that failed told me where some people were. Some were for veterans and some were against veterans. We had two wars unpaid for, trillions of dollars. Now it comes time to pay the bill for the people who have served our country, and we debate that we can't do that.

We are going to have a bill in short order on providing all kinds of tax extenders for horses in Kentucky to get special tax breaks, but we are not going to pay for that. We are not going to pay for that. But when it comes to veterans: Oh, we have to pay for that. Too bad. No. When that bill comes forward, it is time to see who is for veterans and who is against veterans. It is not complicated. In the tax bill there are special deductions for horse racing. We are not going to pay for it. Somehow, horses are important.

Veterans are important. This is an issue we take care of. Complaining about what it will cost—veterans have paid the ultimate price. They have served our country. And the people who are not coming back have served and paid the ultimate price.

My poor staff sometimes wonders where I am going with my presentation. I get pretty outraged about this, because in Alaska veterans are an important issue. This country is important. And for us to debate the few couple billion or a few hundred million that we are complaining about—some people have—we have spent \$2 trillion-plus on wars. It is time for us to pay the debt to these veterans.

I know we are going to have a hearing this week in the committee. We will be working on the bill that Senator SANDERS has put together and I have participated in, as has every other member of the Veterans' Affairs Committee. It is time to do the right thing for our veterans.

I appreciate the opportunity to be on the floor. As an Alaskan I recognize the importance of our veterans. I believe everyone in this Chamber recognizes the importance of our veterans. But they will have a chance. They will have an opportunity to decide if they are for veterans or if they are against veterans. If they come down with convoluted Washington, DC, doublespeak about how they can't do the bill because of this or that—people are fed up in this country. I know when I go back home, they just ask me a very simple question: Can we get better health care for our veterans? Can we access the GI bill to make sure veterans get an opportunity to get a better education? Is there an opportunity for them to take the skill they learned in the military and put it to work to get a job? These are the things we should be fighting for.

I have a feeling we will be down here with some Members quibbling over some small detail because they really don't want to pass the bill. Again, they are for veterans or they are against veterans. It is not complicated.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Madam President, I ask unanimous consent that the quorum call be dispensed with.

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

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. REID. Madam President, I ask unanimous consent that notwithstanding rule XXII, the Senate proceed to consideration of Calendar No. 796, the Selig nomination, and the Senate proceed to vote on confirmation of that nomination; further, that if confirmed, the motion to reconsider be considered made and laid upon the table, with no intervening action or debate; that no further motions be in order to the nomination; that any statements related to the nomination be printed in the RECORD and that the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. REID. Madam President, we expect this nomination to be confirmed by voice vote, so we expect four rollcall votes at 11 a.m.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

NOMINATION OF MARK G. MASTROIANNI TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF MASSACHUSETTS

NOMINATION OF BRUCE HOWE HENDRICKS TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF SOUTH CAROLINA

NOMINATION OF TANYA S. CHUTKAN TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF COLUMBIA

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider

the following nominations which the clerk will report.

The bill clerk read the nominations of Mark G. Mastroianni, of Massachusetts, to be United States District Judge for the District of Massachusetts; Bruce Howe Hendricks, of South Carolina, to be United States District Judge for the District of South Carolina; and Tanya S. Chutkan, of the District of Columbia, to be United States District Judge for the District of Columbia.

The PRESIDING OFFICER. Under the previous order, there will be now 2 minutes of debate equally divided in the usual form prior to a vote on confirmation of the Mastroianni nomination.

Mr. LEAHY. Madam President, today, the Senate will vote on the confirmation of three nominees to serve on the U.S. district courts in Massachusetts, South Carolina, and the District of Columbia. The Senate Judiciary Committee reported two of these nominees unanimously to the full Senate, and the third nominee with strong bipartisan support.

These nominees are not controversial and in past years would have been confirmed weeks, or even months, ago. Instead, Republicans continue to refuse to give consent for votes on any judicial nominee, irrespective of their qualifications or the support of home State Senators. As a result, yesterday the Senate was forced again to waste valuable time voting to end the unnecessary filibusters of three highly qualified nominees. The Senate has now voted to end the filibusters of 44 judicial nominees so far during 2014. It is every Senator's right to demand continued debate on any measure or nomination before this chamber. But I would say to any Senator who requires a cloture vote on a qualified, consensus nominee to at least speak about the nominee and not to obstruct for obstruction's sake.

I hope that this partisan fever will break in the near future, and that Republicans will stop reducing the Senate's constitutional role of advice and consent into a tool of obstruction. These delays should stop.

Mark Mastroianni has been nominated to fill a judicial vacancy on the U.S. District Court for the District of Massachusetts. He has served since 2011 as district attorney in the Hampden district attorney's office and previously worked in private practice. Following law school, he served as an assistant district attorney in the Hampden District Attorney's Office from 1990 to 1995. Mr. Mastroianni has the support of his home State senators, Senator WARREN and Senator MARKEY. The Judiciary Committee reported him favorably to the full Senate by voice vote on March 6, 2014.

Judge Bruce Hendricks has been nominated to fill a judicial vacancy on the U.S. District Court for the District of South Carolina. She has served since 2002 as a U.S. magistrate judge for the