

provided about the importance of graduating on time to avoid additional borrowing and the impact of adding an additional year of study to the total indebtedness.

Finally, the bill requires that a student manually enter either in writing or through electronic means the exact dollar amount of the Federal direct loan funding the student desires to borrow. The current process almost makes borrowing the maximum amount the default option. If you want to borrow less than you need to borrow, you have to ask for less. Students may wrongly assume that the Federal Government has determined this is the appropriate amount for them to borrow when in fact the government doesn't know anything about that student's situation. Surely the Federal Government would not lend them more than they can afford to repay, right? No, that is wrong. This provision will ensure that students make a conscious decision about how much they borrow rather than simply accepting the total amount of Federal student loans for which they are eligible.

I should add that good college financial aid counselors can and do advise students not to borrow more than they need, but the process itself needs to be reformed to give them the proper tools.

In fact, the reforms I have outlined were inspired by efforts already underway in my home State of Iowa. Grand View University in Des Moines, IA, has a financial empowerment plan where students and families construct a comprehensive 4-year financing plan. Under this plan, borrowing is based on the student's future earning potential in the student's field of study. The 4-year plan also helps ensure students graduate on time, and tuition is capped at 2 percent a year over those 4 years.

Iowa Student Loan—our State-based nonprofit lender—also has a program called Student Loan Game Plan, which is an online, interactive resource that calculates a student's likely debt-to-income ratio. It walks students through how their borrowing will affect their lifestyle in the future and what actions they can take now to reduce their borrowing. As a result, in the past year over 15 percent of the students who participated decreased the amount they had planned to borrow by an average of \$2,536, saving Iowa students over \$1 million in additional loan debt.

Finally, my own alma mater, the University of Northern Iowa, has a program called the Live Like a Student Program. This involves a number of resources to help students learn to manage their finances better, including 3-week courses, one-on-one counseling, and workshops.

We often tell prospective college students that they will earn on average \$1 million more during a lifetime. It is true that college generally is a good investment; however, when a student's academic dreams become a nightmare—and usually upon graduation that happens because they borrowed

more from the Federal Government than they can afford to repay on their starting salary—they understandably feel that they have been had. And by whom? Their own government.

The Federal Government, as the lender making these loans, has a responsibility to at least ensure that students know what they are getting themselves into before they get in over their heads. This legislation I described that will be introduced will do that.

I would urge my colleagues to take a look at that piece of legislation. I would ask them to support it and join as a cosponsor so collectively we can help prevent more students from drowning in Federal student loan debt. I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

VETERANS HEALTH CARE

Mr. WHITEHOUSE. Mr. President, I very much appreciate the efforts of Senator MCCAIN and Senator SANDERS to get the VA health care bill through the Senate. However, I was somewhat disappointed with how abrupt and abbreviated the amendment process was; to wit, there was none. As a result, I think some very good amendments never had a chance to be considered. One of those amendments was mine, and I would like to discuss it briefly because I think it is something the Senate should pursue.

I will note that everybody I spoke to about it—Republicans and Democrats alike—liked the amendment and thought it made sense. So I will describe it.

A little background: Some time ago, as we entered the computer age, we figured out that there were better ways to maintain health records than in cardboard file folders stuffed away in file drawers. One of the leaders in solving that problem—lost information buried in file folders—was the Veterans' Administration. They developed one of the best electronic health records in the country. For years they were leaders in the technology of electronic health records. To this day, the VA electronic health record system is one of which they can be proud.

It has one flaw, and that flaw is that it is limited to Veterans' Administration medical facilities and Veterans' Administration medical providers. If a veteran in Rhode Island is walking through Providence and trying to cross the plaza in Kennedy Square and gets hit by a vehicle and rushed to the Rhode Island Hospital emergency room, the Rhode Island Hospital emergency room has no access to that veteran's electronic health record.

At the same time a number of States have really stepped up not only to have electronic health records but to have a hub that exchanges the information in an electronic health record. So when you go to get an MRI or go to see a specialist or are taken to an emergency room or have a lab test, the results of

that encounter are loaded automatically into your electronic health record. That can only work if you have the whole system pulling together, and some States are doing that.

Now you have the difficult situation where there are States that are building an information network for health records and the Veterans' Administration, which has one of the best electronic health records in the country, is not participating in that local effort to tie the medical system together for the benefit of local folks. That is an oversight that needs to be corrected, and my amendment would encourage and support the Veterans' Administration in taking its electronic health records and connecting them to the information exchanges that are growing.

In Rhode Island it is called Current Care. It is run by the Rhode Island Quality Institute. It does a phenomenal job. We are reaching out to veterans to do it voluntarily, but it has been a real chore to work with the Veterans' Administration to move this along. It has taken an enormous amount of time despite the goodwill of the people involved. There has not been much in the way of resources available. We have had to go to private and nonprofit and charitable sources to try to fund this. That doesn't make sense.

This bill is particularly important—where we are providing more out-of-network access for veterans and more ability for veterans to go to doctors that will not be in the electronic health network record—because it would allow the very good electronic health record of the Veterans' Administration to connect with these emerging electronic health records information networks. It is simply leaving veterans behind to leave them out under these circumstances.

I hope I will have a chance to move this legislation on some other vehicle, but I have to say, as important as this bill was, it was disappointing that a piece of legislation as simple as mine—an amendment that would have enjoyed extraordinary bipartisan support and probably would have been agreed to on a voice vote—never had a chance to see the light of day because, as I said, of the abbreviation and abruptness, to put it mildly, of the amendment process.

I yield the floor.

The PRESIDING OFFICER (Mr. WHITEHOUSE). The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I wish to begin by thanking a number of my colleagues, most especially our good friends who are very active Members of this body, Senators SANDERS and MCCAIN, for acting in a very bipartisan and courageous way to enable us to reach a compromise and vote on a truly historic step forward—as we did recently—to begin to bring an end to this crisis in our health care system and the VA.

I also thank my colleague from Rhode Island for his amendment, and I

hope it has some support in some form—as it and other amendments deserve as well—because as commendable as the bill is, it certainly does not solve all of the problems in the VA health care system, let alone the VA.

Let's recognize that the disability claims backlog persists. The bureaucratic rigmarole and sclerotic bureaucracy of the VA in many parts of the country continue to plague our veterans, and we need to recognize that top to bottom the VA needs an overhaul in its culture as well as its management. But this bill represents a good faith and effective way to respond initially—the beginning of a solution to a health care crisis that is decades long in the building. The delays in the VA health care system are well known and longstanding.

I spend a lot of time, as a member of the Veterans' Affairs Committee as well the Armed Services Committee, listening to veterans. I have a veterans advisory council that gives me extraordinarily insightful and important advice. I make a point of visiting the VA health care facilities all around Connecticut, and I spend a lot of time in places where veterans gather, such as the Veterans of Foreign Wars, the American Legion, and others. Listening to them is a major source of information for me in forming my judgment about what should be done with the VA health care system. What I hear from them—most commonly—is that the health care is good, but it takes too long to get it. The doctors, nurses, and health care providers do very good work, but it takes too long to see them. The delays are what our veterans find most troubling about this system.

What we have seen—disclosed first by CNN and then by others—is not only delays but false record keeping to disguise those delays and falsification of documents and lists to hide a failure to meet deadlines—in fact, to provide timely care. That kind of falsification of records and destruction of documents, and, in effect, cooking the books and then covering it up goes beyond simply delaying health care. It is, in effect, a form of fraud. We have taken a first step here to meet the immediate needs and help end the delays.

This bill will enable veterans to seek private health care at private facilities or private clinics or private hospitals if they have to wait too long or live too far away to make use of the VA facility.

It also increases resources—a longer-term effort to provide more doctors and fill the 400 vacancies that exist right now. Those resources are vitally necessary, not only to provide more providers but also to rebuild, renovate, and construct new health care facilities.

In providing more resources, this bill will also aid 26 VA facilities, such as the Errera clinic and facility in West Haven.

It also imposes accountability. It makes sure that officials in the VA

who are incompetent or corrupt can be fired more easily and that bonuses or promotions can be stopped for those officials who betrayed a trust. It also shows that what is necessary here is more money and better management—not one or the other. Both together are necessary to really serve our veterans with the health care they deserve, which is first class, world class health care and nothing less. That is what our Nation's heroes truly deserve, and more and more of them will be making use of that health care—2 million more over the past 5 years and millions more over the next 5 years. That burden is not something to be addressed at the margins. It has to be addressed head-on and fully and generously because that is the promise we made to our veterans—first class, world class health care, and nothing less.

I will close by saying that accountability means something more than just firing corrupt or incompetent officials. It means holding them responsible for criminal culpability when they cook the books, falsify records, make false statements, and in effect lie to the American people as well as to their superiors in the VA. That will require a criminal investigation by the Department of Justice, which is the only law enforcement agency that has the resources, expertise, and authority to conduct a prompt and effective criminal investigation on the scope and scale that is required.

There are more than 50 locations where evidence of criminal culpability has been found. Thirteen percent of VA schedulers have indicated to the auditors that they were coerced or threatened into adopting, in effect, improper practices. Another 8 percent kept secret or unofficial lists, and many at those facilities and others may have cooked the books. I am not jumping to conclusions. I am not rushing to judgment. That is why an investigation is necessary and appropriate.

Only the Department of Justice can convene a grand jury. Only the Department of Justice has the FBI resources. The VA inspector general has 165 investigators for the whole country, and that is not enough. That is simply not sufficient for this investigation.

The VA is overwhelmed and overworked in its health care facilities, caseloads, and the needs that VA clients and patients are bringing to these facilities. The VA does some things very well when it comes to amputees, post-traumatic stress, traumatic brain injury, and many kinds of injuries associated with the battlefield. Combat medicine is more advanced than it has ever been before, and the VA is part of a very progressive effort to increase and to deliver health care more efficiently to that population.

But the population of veterans who have fought in the longest wars in our history—although they may be a smaller part of our population than ever before in our wars—has been through multiple deployments, and

they deserve the kind of intensive and comprehensive health care that the VA has committed to provide, and that will take more resources.

This bill is a beginning. It is only a downpayment on what we owe our Nation's finest and bravest. We owe them the best that we can provide in health care and nothing less. That is part of what we promised, and that promise must be fulfilled. Thanks to the action of this body today we have begun on that path.

I urge the House of Representatives to adopt this measure and to help us fulfill that promise. I hope they will do it soon.

Thank you, Mr. President.

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

The PRESIDING OFFICER (Mr. HEINRICH). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

WORLD REFUGEE DAY

Mr. REID. Mr. President, I rise today in recognition of World Refugee Day on June 20. On December 4, 2000, the United Nations General Assembly decided to designate June 20 as World Refugee Day. Each year on this day, we have an opportunity to honor the women, men, and children who have faced such extreme persecution, conflict, and violence that they have been forced to flee their homes and their communities. I am as saddened by their losses as I am impressed by the strength, courage, and resilience demonstrated by their commitment to protecting their families and building new communities around the world.

There are more than 45 million refugees and internally displaced persons globally. With so many people unable to return to their homes, I am proud to be part of a nation that was built on the basic principle that all men and women were created equal and that all people have basic rights, no matter where they come from. Since 1975, our great Nation has welcomed more than 3 million refugees, and we continue to allow thousands of refugees to permanently relocate here every year. The United States is also the world's largest donor to the Office of the United Nations High Commissioner for Refugees.

Today, we recognize that every minute, eight people leave everything behind to escape war, persecution, or terror. We recognize that nearly half of all refugees are younger than 18 years old. We recognize that, even after fleeing from conflict and persecution, refugees continue to face numerous challenges, from providing food for their families to persevering through homesickness and loss. We recognize that we are a nation that shares our home with those who cannot return to their own.