

what Democrats did with their health care law, but it is what Republicans are offering. We have suggested ideas to get people the care they need from a doctor they choose at lower costs—not higher costs with a subsidy for some people, but actually lowering the cost for everyone.

Republicans are going to keep coming to the floor. We are going to keep offering real solutions for better health care without all of these tragic side effects.

I am sure that tomorrow there will be another headline and another one the day after that of people who have been harmed by the health care law as we see more and more and hear from more and more Americans who feel the President has not kept his promises, that the Democrats who voted for the health care law have failed the American people and have failed to answer the concerns of the American people, which was affordable quality care.

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

RECESS

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

Thereupon, the Senate, at 12:31 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Ms. BALDWIN).

BIPARTISAN SPORTSMEN'S ACT OF 2014—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. Under the previous order, the time until 3:15 p.m. will be controlled by the majority and the time from 3:15 p.m. to 4:15 p.m. will be controlled by the Republicans.

The Senator from Vermont.

COST OF WAR

Mr. SANDERS. Madam President, I wanted to say a few words about the conference committee in terms of legislation protecting the health of our veterans. We are working hard on it in the Senate, the House is working hard on it, and our staffs have been meeting. I have been in touch often with Chairman MILLER in the House. We had, I thought, a very productive conference committee before we left.

As we continue to proceed, if there is anything I have learned since I have been chairman of the Senate Committee on Veterans' Affairs, it is that I think as a people, as a nation, we underestimate the cost of war, and before anyone votes to go to war again I think they should fully appreciate the repercussions of that vote.

What going to war means is not—as in the case of Afghanistan and Iraq—losing some 6,700 brave men and women. That is a terrible loss, but I also want people to remember the families, the wives, the kids, the mothers, and the impact that loss has had on their lives and the need for us to pro-

tect those wives and those children to make sure they can have the quality of life they are entitled to despite their loss.

But it is not only loss of life. We have had in this war a horrendous epidemic of men and women coming home with post-traumatic stress disorder. I am not sure of exactly the number, but it could be as high as 500,000 men and women coming home from war with PTSD and that is a very difficult illness which needs a lot of care and that illness, again, impacts the entire family—wives, kids. It impacts the ability of a worker to go out and get a job to earn an income. That is a cost of war.

Needless to say, the cost of war is the many who came home without legs, who came home without arms, who came home without eyesight. The cost of war is a high divorce rate for folks who come home who cannot readjust well into their family life. The cost of war is an extremely high rate of suicides. The cost of war is widows who are now having to rebuild their lives. And on and on it goes. The bottom line is the cost of war is enormous in terms of human suffering and the impact on not only the individual who fought in that war but on the entire family.

As I think our colleagues know, several weeks ago Senator MCCAIN and I put together a proposal to deal with the current crisis at the VA, and I am very proud that legislation passed the Senate by a vote of 93 to 3.

What are we dealing with? What is the cost of this proposal? This is an expensive proposal because the cost of war is expensive. What a VA audit told us is that more than 57,000 veterans are waiting to be scheduled for medical appointments. These are the folks who are on these waiting lists, some of which were secret, some of which had data manipulated. These are folks who should have been getting into the VA for timely health care but who were not. On top of that, there is an unknown number of veterans who are on no lists because of poor work being done at the VA. They were not on any list. How many there are we don't know, but many of those people need to be seen.

So what our legislation does is say we are going to make certain that all of these veterans who are waiting for health care—who have waited far too long for health care—will, in fact, get health care as soon as they possibly can, and they will get that health care either through private physicians, they will get that health care in community health centers, they will get that health care at the Department of Defense military bases, they will get that health care at the Indian Health Service, but they will get that health care in a timely manner, and that is going to be an expensive proposition. We cannot provide health care to tens and tens of thousands of veterans in a short period of time outside of the VA without spending a substantial sum of money.

No. 2, long-term, what is clear to me and I think to anybody who has studied the issue is that if we are serious about eliminating these waiting lists and getting people into the VA in a timely manner, we have to make sure that at every facility in this country the VA has the requisite number of doctors, nurses, and other types of personnel they need in order to accommodate the growing numbers of people who are coming into the VA.

If we are talking about hiring thousands of doctors in a moment, by the way, where we have a very serious doctor shortage in this country, that is going to be an expensive proposition, as well as hiring the nurses and other personnel and building or leasing the space we need. That is issue No. 2. That is going to be expensive, but long term, if we are serious about keeping our commitment to the men and women who put their lives on the line to defend this country, that is exactly what we have to do.

The third area in this legislation which is going to be expensive is we have now for the first time said to veterans that if they are living a distance away from a VA facility, more than 40 miles, they are going to be able to go to a private doctor. That will cost us some money as well.

Mr. DURBIN. Will the Senator from Vermont yield for a question through the Chair?

Mr. SANDERS. I am happy to yield the floor to the Senator from Illinois.

Mr. DURBIN. I don't ask the Senator to yield the floor, but I would, through the Chair, address the Senator from Vermont.

First, I thank the Senator for his bipartisan effort with Senator JOHN MCCAIN which led to an overwhelmingly bipartisan vote on the floor of the Senate to address what we consider to be a crisis in the Veterans' Administration. Press reports have suggested in the most extreme situation that some veterans' lives were being compromised because of the failure of providing timely care to these veterans. It resulted in an investigation of VA facilities all across the United States. It resulted in the resignation of the Secretary of the Veterans' Administration and promises for dramatic reform, but I have to say to the Senator from Vermont what he has accomplished with Senator MCCAIN is tangible.

I would like to ask him two or three questions about the current state of affairs. How long ago was it that we passed on the floor of the Senate this bipartisan measure?

Secondly, did this measure involve emergency spending to deal with the emergency in the Veterans' Administration?

Third, did the House version of their VA reform include the resources the Senator from Vermont mentioned, the new doctors, the new nurses, the new facilities to accommodate this wave of veterans. Those are the three questions that I think are critical.

I close by saying thank you again and again, because as chairman of the Committee on Veterans' Affairs, the Senator has reminded us of the real cost of war.

There are many people who vote quickly to go to war who will not vote quickly to pay for the care we promised our veterans when they come home. Thank you for caring.

Mr. SANDERS. I very much thank the Senator. Let me answer the very last question first, and I will go through the others.

I think throughout the history of this country, not only in Iraq and Afghanistan, I think as a people we have underestimated the real cost of war. There was no word called PTSD at the end of World War II, but anyone who thinks that men and women did not come home from war suffering from that ailment would be very mistaken. So the cost of war is real, and it is not just missiles and tanks and guns. If this country means anything, we take care of all of those who serve, to the last day of their lives, when they need that care. I don't have the date in front of me, but I think it was about 3 weeks ago when we passed that legislation by a huge vote. I think there were only 3 people who voted against it. It was a vote of 93 to 3—huge bipartisan support for the bill.

But equally important, to answer the important question raised by the Senator from Illinois, there was also an overwhelming understanding that paying for this bill is a cost of war. It has to be emergency funded, and in a strong bipartisan vote the Senate said, yes, that is how we are going to pay for it.

In terms of the House bill, the House bill was a reasonable bill, but they did not go into the detail we did in terms of how it will be paid. But the major point I do want to make—I was just going to get to that and I appreciate the Senator from Illinois raising it. This bill is not going to be paid for by cutting education or food stamps. That isn't going to happen. That isn't going to happen, first of all, because it is not going to happen and, second of all, it would be grossly disrespectful to the veterans of this country. The veterans of this country need help. They need help now. This legislation must be passed as soon as possible, and it must be passed in terms of the emergency funding. This is a cost of war.

I would ask my friend from Illinois, the whip, can he recall what kind of programs were offset and what kind of taxes were raised to pay for the wars in Iraq and Afghanistan?

Mr. DURBIN. Through the Chair, I would answer the Senator, without asking him to yield the floor, and say this: When we decided to embark on the invasion of Iraq and the invasion of Afghanistan, it was with at least the understanding of then-President Bush that these would be costs that would be added to the deficit of the United States. We would not be paying as we

fought. We would be waging a war, spending the money necessary to wage it successfully, and we would deal with the cost of it at a later moment in time. Many of us, even those of us who voted against the invasion of Iraq—and I was 1 of 23 on the floor of the Senate voting against it—voted for the resources to wage the war, saying if our men and women in uniform are risking their lives, we will stand by them, equip them, and bring them home safely. I also believed and understood that I had an obligation to every one of those men and women in uniform, having promised them that if they would risk their lives for America and come home needing our help, whether it is health care or education or the basics of life, we would be there.

I say to the Senator from Vermont thank you for reminding us of the pledge made by America to these veterans and I believe the pledge made by Republicans and Democrats in Congress to stand by them when they came home.

Mr. SANDERS. The Senator is exactly right. While no one is quite exactly clear how much those two wars will end up costing us, the estimate is between \$3 and \$6 trillion. The point Senator DURBIN made is even those who voted against the war—and I did as well—understood that when we sent men and women off to battle they would have to have all of the resources they needed to do their mission. Equally important, what we are saying now is when they come home wounded in body, wounded in spirit, we need them to have the resources they require to make their lives whole again. That is a moral obligation. I thank the Senator for raising that point.

I will yield the floor in a second, but first I will conclude by saying that I want to see this bill passed as soon as possible. We are working as hard as we possibly can, but anyone who magically thinks the only problem facing the VA is more accountability and better management is not correct. We do need better management at the VA, we do need more accountability at the VA, and this legislation will provide that.

People who are incompetent and people who are dishonest should be fired. There must be more transparency, and there certainly must be a much clearer chain of command that goes from Washington to regional hospitals and facilities and back up again.

At the end of the day, the best management in the world is not going to provide the quality and timely health care veterans need unless we have the doctors, nurses, and other medical personnel, and that is the simple fact. Excellent management, yes; transparency, yes; fire incompetent people, yes; but we also need the doctors and nurses to provide quality and timely care to the veterans of our country.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Madam President, it has been 2 weeks since the House and

Senate Veterans' Affairs Committees held our first conference meeting to fix the VA health care system. It is a disservice to our veterans that we have not met again. My fellow conferees and I should be at the table actively negotiating a path forward.

Chairman SANDERS is right when he says the situation at the VA is an emergency. I had the opportunity to meet with veterans last week in Hilo, HI. My discussion with them underscored the urgency of addressing the longstanding issues at the VA.

For those who have not visited Hawaii, Hilo is on the Big Island of Hawaii, and it is home to volcanoes, rain forests, and just about every other climate. It is also twice as big as the rest of Hawaii's islands combined. In fact, it is roughly the size of Connecticut but with only a fraction of the population. It can take hours to drive from Hilo to the second largest town, Kailua-Kona. Of the roughly 143,000 people living on the island, 15,000 are veterans.

I am raising these facts because I want my colleagues to understand that veterans in communities like those who live on Hawaii Island need our help and they need it now.

The veterans I met in Hilo expressed to me that they cannot get care anywhere other than the VA on the Big Island, as private physicians are few and far between. In fact, while 90 percent of Hawaii Island residents have health insurance, there is a serious physician shortage. This results in long wait times for non-VA health care. Given these long wait times for private physicians, Big Island veterans rely on VA for their primary care. Those Hawaii Island veterans who have private insurance have, out of their own pockets, paid for flights to the island of Oahu to get the care they need. This means over \$300 out-of-pocket just to get to their medical appointments. The \$300 does not include any costs associated with the care itself.

This is another reason that expanding access to non-VA providers is needed to immediately address the VA health care emergency. With this expansion, we must ensure that every veteran in our country, whether rural or urban, can more easily get the care they need if the VA is unable to accommodate them. Rural and urban veterans in Hawaii and across our Nation deserve better.

A recent audit of the VA in Hawaii found that veterans were waiting over 140 days to receive care. A more recent update found that while progress is being made, the wait is still over 100 days. Nationwide, nearly 60,000 veterans are waiting simply to get an appointment, and of course that is unacceptable. This is why I stand eager and ready to work with my Senate and House colleagues to ensure that the veterans of this country get the care they need and the benefits they have earned.

This conference committee must reconvene as soon as possible to move

forward on the important task to finalize legislation that does three important things: No. 1, directly addresses the emergency circumstances that have been uncovered at the Veterans' Administration; No. 2, ensures that all of our veterans receive access to the care they deserve; and No. 3, begins the long-term work of restoring veterans' trust not only in the VA but in Congress's ability to effectively oversee the VA and provide the resources necessary to care for our veterans.

Nearly the entire Senate agrees that the current VA situation is an emergency and that Congress must act. I am hopeful we can all agree on that point, but my fellow conferees need to be at the table now, face to face, to work out solutions to make the VA work for our veterans.

I hope we will include provisions in the Senate-passed legislation that will provide for 26 major medical facility leases and provide for the resources and authority to expedite hiring of VA doctors and nurses.

In addition, while I agree that accountability of executives is needed, we should avoid politicizing the non-appointed civil service process and allow some due process for VA employees.

Furthermore, our veterans rely on the services of qualified, committed professionals at the VA. In fact, the veterans I met with last week indicated that they really liked VA care; however, they were concerned that VA doctors were already overstretched in terms of patients. I don't believe that simply telling VA doctors to see more patients is the only or best answer, nor is it enough to allow veterans to seek care from private providers. We should be doing more to attract more health professionals to VA, especially primary care providers. We have to recognize the long-term benefits of attracting a high-quality workforce to VA and that we can improve accountability in a carefully balanced way.

Investing in the VA is an essential step toward building back the trust of our veterans.

I understand my colleagues' concerns with the cost of the proposals before us, but inaction will not overcome those concerns. Those of us serving as conferees need to sit down and discuss how to get our veterans what they need quickly. The time for action is now. Veterans in Hawaii and across the country are counting on us and deserve no less.

I yield the remainder of my time and note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

GUN VIOLENCE

Mr. BLUMENTHAL. Madam President, I wish to begin by thanking my

colleague, the senior Senator from Illinois, for his very eloquent and powerful remarks on the need to address gun violence in this country and to do it as part of our consideration of the Bipartisan Sportsmen's Act. I look forward to joining with him in the coming days—in fact, perhaps in the coming hours—in offering commonsense, sensible measures that will give us the opportunity to help stop gun violence in this country, addressing domestic violence as well, which so often leads to gun violence. Women are five times more likely to be killed in domestic violence when there is a gun in the home. The Senator from Illinois also addressed straw purchases and issues relating to drug trafficking. We have raised those and other issues in the past but have not yet successfully passed legislation in the Senate, not even addressed it in depth.

So I hope we will have the opportunity in these next couple of days to consider these kinds of measures, because the scourge of gun violence is continuing in our neighborhoods and on our streets, just as it took the lives of 20 beautiful children and 6 great educators in Newtown, CT, almost a year and a half ago, and 2 more people on Sunday on the east side of Bridgeport alone, and tens of thousands of others. It continues to cause death and injury and costs in lost lives and dollars throughout this country. We have an obligation as part of this measure to do better than we have in dealing with this tremendous, horrific, and unspeakable problem. It affects so many innocent children, particularly the children who are affected in urban neighborhoods where there are driveby shootings; in rural neighborhoods all across the country; in our cities and on our streets and in our schools.

We have an obligation to do better and to put priorities first when it comes to the use of guns. I understand the reasons for expanding or providing more opportunities in this bill that may involve firearms, but first things first. Let's cure the safety of the country. Let's consider commonsense, sensible measures on gun control before we expand the use of guns and firearms in this country.

VETERANS' HEALTH CARE

I am here as well to address the separate, unrelated issue of doing better to care for our veterans. The Veterans Access to Care Through Choice, Accountability, and Transparency Act of 2014 is now in conference. I am on that conference committee. This body passed that bill by an overwhelming bipartisan majority of 93 to 3 on June 11. It is a comprehensive bill to start addressing the problems that came to our attention so dramatically. There were reports of deadly delays, destruction of documents, manipulation of data, and falsification of records, as well as tragic reports of unacceptable wait times that were concealed at VA health care facilities. Books were cooked and criminal wrongdoing was covered up.

That is the reason I have called for a criminal investigation, and one has now begun. I hope it will produce accountability from the health care system of the VA.

More fundamentally, we have an obligation in the Senate and in the Congress to address the underlying issues that led to those deadly wait times and delays, the cooking of books and covering it up that has so dramatically undermined trust and confidence in the VA health care system. If anything, since June 11, the problem seems to have worsened. In fact, comparing May to July, the recently released figures of July 3—just last week—the numbers of medical appointments delayed for longer than 30 days has tripled in Connecticut and doubled nationwide. Nationwide, that number has gone from 242,069—roughly a quarter of a million veterans whose appointments were postponed by 30 days or more—to 636,436. That is the number of veterans waiting longer than 30 days for an appointment. In Connecticut, the comparable numbers are 998 to 2,727—a tripling of the appointments delayed for longer than 30 days. In other parts of the country at other clinics and facilities, those numbers quadrupled.

The possible good news is that maybe—just maybe—the doubling, tripling, quadrupling of those numbers of appointments longer than 30 days delayed means the numbers are more accurate and truthful. We don't know. I have demanded an explanation. I have written to the Acting Secretary of the VA, Sloan Gibson, calling for a public explanation for these numbers and the very alarming and astonishing trends, drastic and dramatic increases in those numbers of appointments suffering from delays.

Justice Brandeis once said:

Publicity is justly commended as a remedy for social and industrial diseases. Sunlight is said to be the best of disinfectants.

These chronic failings at the VA demand a better explanation. Veterans deserve to know if things have gotten worse or is the reporting just better. All of us—the public whose taxpayer monies fund the VA—deserve the same kind of explanation. There should be a criminal investigation if there has been obstruction of justice and destruction of documents and falsification of records which involve Federal criminal wrongdoing.

The act we now have in conference committee will help address many of these problems looking forward, moving ahead, by providing more access to private doctors and private hospitals outside the VA system to minimize and reduce and perhaps even eliminate those unacceptable waiting times of longer than 30 days for an appointment. It will provide more doctors—more than \$500 million for that purpose alone. It will impose accountability by enabling easier firing and seeking to, in effect, claw back, or at best stop, some of the financial incentives that may have driven the false reporting.

In those ways and a variety of others, this bill will help us move forward and achieve progress.

No one should be under any illusion that this bill alone will solve all the problems. It is not a panacea. It is not a permanent solution to the VA's problems. We need, for starters, a new leader. The VA has no permanent Secretary. The confirmation of a new one is imperative. But tough questions are absolutely essential to determine whether the President's nominee should be the one to lead this agency, and I am certainly hoping he will be.

The Veterans' Affairs conference committee met on June 24. I emphasized the importance at that hearing of honoring the commitment of our men and women in uniform by addressing the VA challenges with adequate funding and essential legislation. I am hopeful we will move quickly and effectively after that first June 24 meeting now to present to both Houses a final version of this bill so we can truly address the problems our veterans deserve to have solved and the VA has an obligation to eliminate. We need to assure that the differences between the two bodies are resolved and send this bill to the President for his signature. A country that really values its veterans, truly honors their service, should not subject them to waiting delays, secret waiting lists, and false records. This broad, bipartisan, historic bill to ensure that delays in treatment are eliminated and bad actors at the VA health centers are held accountable is a critical step to keep faith with our veterans and let us move forward quickly and responsibly with this bill.

Thank you, Madam President. I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

AFGHANISTAN

Mr. INHOFE. Mr. President, there are a few of us who want to come down and talk a little bit about specific things in our States that are reaching a crisis point by having to participate in ObamaCare. But before doing that I want to make just one comment to make sure it is in the RECORD and that we can talk about the election that took place over in Afghanistan.

We have had quite a time over there. We have lost actually 2,197 of our own troops in Afghanistan, and we have had about ten times that many who have been injured. So it has been a real crisis for a lot of people. For a long period of time things had been going well. I think when the decision was made by this President to pull everything out at a given time things started turning

around a little bit. Now they are in the middle of a—in Afghanistan the election took place. I know we are not supposed to say this, and there is no official position—I want to make that clear—by the United States of America, but to me there are two people running against each other. There is a good guy and a bad guy—that holdover from the old administration, whose name is Ashraf Ghani, who is Karzai's chosen one, who is one who would continue to go in a lack of leadership and not take advantage of the opportunities they have right now; then Abdullah Abdullah is the other one.

My concern with this—and I expressed this concern on the Senate floor about 3 weeks ago. I said: I know we have deadlines. We are going to have a primary, which we already had. Then we are going to have a primary runoff. Then on June 22, which is 2 weeks from today, there will be an official declaration as to who won the primary runoff.

The Presiding Officer is fully familiar with this. We talked about that this morning. Well, in this runoff situation, we have found a lot of discrepancies. It seems to me that while I consider one guy to be the good one and one to be the bad one, all of the mistakes that were made and the irregularities that were found were found in favor of Ashraf Ghani, as opposed to Abdullah Abdullah.

Let me give you an example. In one of the provinces—it was the Wardak Province—Ghani's vote count went from about 17,000 in April to 170,000 in the runoff. Stop and think about that. That is almost mathematically impossible. When you consider the number of registered voters there, this number actually exceeds the number of registered voters. So you went from 17,000 in the same province when they went through the primary back in April, and then that jumped up by tenfold to 170,000 in the runoff. That is an increase of 1,000 percent over April's result. All of those, of course, were in an area where—it is in a part of the country where Ghani's vote was more favorable.

Then the other thing I think is unprecedented, I think we all know in our own States, whether it is in West Virginia, Oklahoma, or any of the rest of them, the vote percentage turnout is less in rural areas than it is in urban areas. In urban areas you have to go next door to vote. It is very convenient. In many rural areas, certainly in my State of Oklahoma, you have to drive maybe 30 or 40 miles to vote. So the percentage turnout is less. It happens that Ghani's support comes from the rural areas. In this runoff election that just took place, they had a 75-percent turnout in those areas. At the same time, in the urban areas, they only had a 24-percent turnout.

First of all, I do not think we can name one election in history that had a larger turnout in a rural area than it did the urban areas in the same elec-

tion. So we are looking at something that could not happen and logically it did not happen. That was something that certainly worked in the favor of Ghani's election.

Right now everyone agrees on one thing; that is, that the election was at least falsified. If not, it was just a rigged election. There are a lot of organizations out there—the European Union, for example, and the U.N. and other groups such as OSCE, which is the Office of Security and Cooperation in Europe—that all agree we should have an audit of this election—at least an audit which should include some independent source. So I want to get on record now, because I fear if nothing is done in the next 14 days, he will be declared the winner, with these discrepancies, I think that would be doing a great disservice to the people of Afghanistan. They would lose faith in their system, because what I am saying here on the Senate floor they already know.

HEALTH CARE

Let me jump into another area I am very interested in, as is every Member of this body. I can remember back in the 1990s we had what was referred to as "Hillary health care." At that time, there were several members of Parliament—one of them was up here and we had a hearing. That person said: You know, it is hard for us in the United Kingdom to understand why we have had this type of socialized medicine for as many years as I can remember—this is his quote. He said:

Yet we are now finally realizing that your system over in the United States is a much better system. We are now starting to discard the whole socialized medicine system.

That is something we saw way back in the 1990s. It came again with the Affordable Care Act or ObamaCare. We have a lot of examples in my State of Oklahoma, heartbreaking accounts. Since the rollout last fall, my office has been flooded with stories from Oklahomans who found ObamaCare to be one massive broken promise from President Obama.

These stories include a woman from Broken Arrow, OK, who reported a 20-percent increase in her monthly premiums.

A father from Owasso, OK, shared a story—I talked to all of these individuals personally—of his son and daughter who serve as missionaries in Indonesia. Their health care deductibles in the United States have more than doubled from \$1,200 per person to \$2,600 a person.

One teacher, a public schoolteacher from Copan, OK, who teaches—actually not in public school, it is adjunct college classes. She shared that not only did she have her work hours cut but is now paying \$950 a month in premiums for health care with a \$6,000 deductible.

Another teacher from Sallisaw, OK—that happens to be the strawberry capital of the world in case you guys did not know that—shared that her deductible increased by \$1,000 from last year.

A man from Noble told us his company modified health plans to match the ObamaCare requirements. It is a company he owns. He says these changes cost him a 40-percent increase in his out-of-pocket expenses and his premium costs.

A man from Tulsa who lives actually in my same neighborhood has a family of five. He works for a small business. He shared with us that he is now paying \$4,000 more for insurance than he had paid a year ago.

This November, a new open enrollment period will begin in at least one State, Virginia, which has already reported an astounding 22-percent increase over the past year.

All of that is happening. People from any State, any of the 50 States, could come down and talk about the individual cases in their States. We have one good thing that is going on right now. We have a great attorney general by the name of Scott Pruitt. Scott Pruitt, the attorney general from Oklahoma, has a lawsuit. It is called *Pruitt v. Burwell*. Oklahoma has standing to proceed on a case that the IRS acted beyond Congress's intent in its effort to impose penalties in States that have Federal exchanges.

We have 36 States that have Federal exchanges. These exchanges are—well, first of all, the administration had a motion to dismiss. It was overruled 11 months ago, so this is a real case. The State has asked for summary judgment.

Success in this case would mean the dismantling of the ObamaCare employer and individual mandates for all 36 States that have at least a partially federally facilitated exchange. I guess you can say it might end up being our attorney general from the State of Oklahoma is going to be the one who is going to be the most successful in doing something about this thing we should have learned a long time ago was not going to work.

I have a personal interest in this, having had—there are states or countries that have socialized medicine. We have Canada, we have Great Britain, we have many other countries. In making a study of these, you find there is limited coverage for people when they reach a certain age.

I see our good friend from Wyoming who is a medical doctor. He has given his second opinion many times. In one of those he talked about you get past a certain age, you are unable to get the treatment. I happen to have had occasion to have four bypasses at an age when in some countries I would not have qualified.

It is something we have been very active in. We are going to hopefully be the heroes from the State of Oklahoma in offering relief to at least 36 of our States.

I yield the floor.

THE PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, I appreciate the comments from the Senator

from Oklahoma who, like the Senator from Wyoming who is on the floor here with us here today, has heard from many of his constituents about the impact ObamaCare is having on them, the real-world economic impact.

I have received countless letters from my constituents in South Dakota telling me about the challenges they are facing because of ObamaCare. Those challenges consist of the economic costs associated with the new health care law: higher premiums, higher deductibles, higher copays, the loss of the doctors they like, the burden the law is placing on their businesses if they are an employer, and less control and less freedom, which is something that is important to so many Americans, particularly when it comes to their health care.

I want to take a few moments to highlight some of the stories that constituents of mine have shared with me. I know the Senator from Wyoming is here to do the same, to talk about the impact not only in his State of Wyoming but all across the country.

One person named Erik from southeast South Dakota wrote to me to tell me his family's health care plan was cancelled thanks to ObamaCare. His old plan was \$448 a month, with a \$5,000 deductible and a 20-percent copay after that. The cheapest bronze plan he could find was \$987 a month, more than double what he was paying before, with a \$6,500 deductible and a 40-percent copay. He said, "This means that I would need to incur about \$26,000 in eligible medical expenses each year before insurance is a benefit to me."

Then there is Megan from McCook County, SD, who contacted me to tell me the cheapest plan she could find for her family of 4 would cost her a staggering \$17,000. Seventeen thousand dollars. That is more than some people pay for their mortgage in an entire year.

Randy from Hot Springs, SD, contacted me to tell me an exchange plan similar to his old insurance plan is \$1,222 a month, almost 2½ times the cost of his old insurance plan.

Sheri, from a small town in Minnehaha County, said:

Next year, our insurance is changing, and I will lose my family practice doctor of 22 years—the doctor that delivered all my children and that has cared for our teenage children all of their lives. We'll also lose all of the back-up doctors our family has seen when we couldn't see our regular doctor. . . . I was happy with my insurance, and now I have to lose my doctor.

Then there is Denny from Rapid City, SD, who told me the following:

My insurance company cancelled my policy. I am currently paying over \$800 a month for a family of four. . . . If I sign up for ObamaCare, I would be paying over \$2,500 a month. I cannot think of any way this is considered affordable health care!

Linda, a small business owner and operator from a small town along the Missouri River, wrote this:

We need your help. . . . We have one full-time employee, and we provide health care

coverage for him, his wife, and their children. . . . Our monthly premium in 2013 was \$2,964.20 or \$35,570.40 annually. Our monthly premium—as a result of the "Affordable Care Act"—for 2014 is \$3,524.75 or \$42,297 annually.

A huge increase from what they were paying before, from 2013 to 2014.

She says:

I have been told by our agent to expect even more substantial increases in 2015. This is very frightening for us.

Lyle from Brookings, SD, said that thanks to ObamaCare, his monthly premium almost doubled and his deductible doubled.

He says:

I'm a small business owner, and would like to hire an employee next spring. Well, that's not going to happen!

We were told that ObamaCare would lower costs and make health care more affordable. Instead, it has driven up costs for these Americans and for many others. What middle-class family can afford to spend \$17,000 a year on insurance? How can a small business with one employee afford a \$7,000 yearly hike in insurance premiums? The answer is they cannot.

As if high health care prices were not enough, ObamaCare is also damaging many Americans' job prospects.

There is the 30-hour workweek rule, which is forcing many employers to cut their employees' hours. There is the medical device tax, which has already resulted in thousands and thousands of lost jobs in the industry and will likely result in many more if it isn't repealed. There is the employer mandate, which is discouraging many employers from expanding and hiring new employees. And there are the many rules and regulations that are placing a huge financial and logistical burden on small businesses.

ObamaCare isn't working. It was supposed to help Americans. Instead, it is hurting them. It is time to start over and to replace this law with real health care reforms—reforms that will actually lower costs for Americans, give them back their health care choices, and improve access to care.

That is what we ought to be doing. But, unfortunately, we have lots of folks here in this Chamber who are trying as desperately as they can to run away from the issue without fixing it.

So as we get into these November elections and the run-up to them, a lot of vulnerable Democrats who voted for this are looking for a way out. But in many cases this was their signature achievement. This is the President's signature law. So they own it. They own that vote. Yet they are trying to figure out a way to spin it to the American people so that it will come across in a different way than the reality the American people are experiencing.

This is the headline in Politico from yesterday: ObamaCare "War Room Prepares for Sept. Surprise." They know there is more bad news coming out in September of this year when the new insurance rates are announced to kick in.

So what is the White House doing? They have six people assigned to congressional Democrats to help do damage control in their States or their districts when this bad news comes out. And it inevitably will because there is no way that all the new mandates and requirements associated with this law don't lead to higher prices—in addition to all the higher taxes that go with it.

So the headline is the “War Room Prepares for Sept. Surprise,” and it goes on to detail how they are trying their best to spin this in a way that confuses the American people into thinking it is something better than it is. Unfortunately for the spinners, the reality that most Americans are confronting and experiencing is a very different one—and that is the reality I talked about earlier: higher premiums, higher deductibles, higher copays, fewer choices when it comes to doctors and hospitals, fewer full-time jobs and more part-time jobs as employers look for ways to avoid dealing with these mandates and requirements that are imposed under ObamaCare. But it is forcing more and more people onto part-time jobs when they would like to be working full time. That is why last week when the jobs numbers came out and people were hailing the numbers—sure, there was some good news there. But there was an awful lot of bad news, and one of the bad news items was that a good majority were actually part-time and not full-time jobs.

Why? One of the reasons is the mandates and requirements under ObamaCare and the institution of a 30-hour workweek, which is forcing employers to hire employees for fewer than 30 hours so they don't get stuck with having to provide government-approved health care, which would dramatically increase what they are paying for health care today.

That is the reality that most Americans are confronting. I hope at some point, as these realities continue to sink in with the American people, their elected officials here in Washington will come together and realize this isn't working; it is not working for employers; and it is not working for middle-class families in this country who are increasingly squeezed by these higher costs; and it certainly isn't working for our economy.

I know the Senator from Wyoming, Mr. BARRASSO, who has been mentioned by the Senator from Oklahoma, is a physician and understands these issues very well and has spoken at great length here on the floor about ObamaCare and its impacts. I know he is going to share some of the stories that he has received from not only the people he represents from the State of Wyoming but from those around the country who are feeling the impacts of this law.

So would I yield for the Senator from Wyoming.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, I join my colleague from South Dakota and

agree with what he is seeing in South Dakota and I am seeing in Wyoming and that people all across the country are seeing with regard to the President's health care law. People are very concerned because it hits them in their pocketbook.

What we are seeing is that people's premiums are going up. The deductible that they have to pay before they get to use their insurance is going way up. The copay that they have to make has gone way up.

So in terms of people's actual pocketbook issues and the things that concern them, they are paying more and getting less, and it is because of the mandates in the Obama health care law.

The President of the United States says: “Forcefully defend and be proud” of this law. Yet day after day, I don't see Democrats who voted for the health care law coming to the floor to forcefully defend or be proud of it. And there is very little to be proud of.

We all get letters from people in our home States. I was home over the Fourth of July visiting around the State, going to many communities. I haven't run into anyone who says this has actually significantly helped make their life better. People have come up to me at parade routes, rodeos—all the different places we have been—and they have great concerns about the health care law and the impact on their own personal life, what money is left over at the end of the day to help put food on the table, to get the kids off to school, clothing for the kids, and how the impact of the health care law is making it harder and lowering the quality of life in spite of the President's promises, which they say are just not true.

I got a letter from a young woman, Shelly in Worland, WY, in Washakie County, in the center of the State. I know the community very well. She writes to me:

I know you have heard my story a hundred times, but I feel maybe one more won't hurt.

She wanted to share what is going on in her specific life in Wyoming related to the health care law.

Yesterday in the mail I received a notice that my . . . health insurance will go from \$637 to \$897, and my \$10,000 deductible is now \$11,000.

So her premiums have gone up and the deductible has gone up. It is a double whammy hitting her. But, she says:

My plan now meets the requirements of the health care reform law.

And let's be serious about this. The requirements of the health care law mandate that many people all across the country end up buying much more insurance than they ever will need, ever will want, and will ever use. But it has to comply with what the Federal Government says they need.

The families of Wyoming have a better idea of what they need for their health insurance than Barack Obama has in terms of what he thinks they might need. The families of Wyoming

know what they need much more so than the Democrats in this body who voted the mandates onto these people and said they have to have all of this insurance. This woman doesn't need it, doesn't want it, and is not going to use it. Yet she is paying more out of her pocket, impacting that family's life so it can comply with the health care law instead of what is best for her and her family.

She goes on to say:

My husband is self employed on the family farm, and I am also self employed at a beauty shop. Needless to say we have always pinched our pennies. My children are all grown, my two daughters are both kindergarten teachers in our wonderful state, and my son is working with us on the farm. We have worked very hard not to use any of the government assistance raising our children on less than \$30,000 a year.

We are talking about hardworking families from all across the country pinching their pennies, making sure that they use their money wisely, not relying on the government. That is what we have here.

So now I am forced to enter the health care reform circus.

That is what this is. This is a circus forced down the throats of the American people by the Democrats in this body and by the President of the United States who forced this onto the American people, this health care reform circus.

I know I missed the deadline because I was determined to not be a part of this, but now I simply cannot afford this insurance. I tried to navigate the website last night and finally gave up after being kicked off three times.

To make matters worse my insurance was offering one decreasing deductible that we were counting on. We also lost that in our new policy. We had our deductible down to 3,000. We have been saving in an HA, but I'm afraid it won't last long. I have just been told I have a rare bone disease called fibrous dysplasia. It is causing some eye issues, and I am facing some sort of surgery to remove the diseased bone behind my eye.

This hardworking Wyoming family:

After working so hard to take care of ourselves my husband and I are faced with having to have help. This makes no sense to us. We were doing fine until the government stepped in.

There has to be an answer somewhere. Thanks for your time.

I practiced medicine for 25 years in Wyoming and took care of many families just like we have here with Shelly, knowing how hardworking people are—and the Presiding Officer knows that as well—in rural communities, people who roll up their sleeves, go to work every day, and don't want assistance from the government. They just do their job. And this is a family that has been hurt by the President's health care law—hurt dramatically. They had gotten their deductible down to \$3,000, and now it is up to \$11,000. Their premiums are higher than they were before, and she has a lot more insurance than she is ever going to want, need, can afford or will ever use.

But we are seeing this all around the country. It is not just in stories from

Wyoming. CBS Money Watch in the middle of June came out with a report called "For some, Obamacare delivers sticker shock."

It is interesting, just trying to follow the press from around the country. These aren't isolated cases. We are seeing this all across the country.

The article goes on:

... Obamacare is delivering a hefty dose of sticker shock.

What did the President of the United States promise the American people? He promised the American people that under his plan insurance premiums would drop \$2,500 per family by the end of his first term—not stay flat, not go up a little—would actually go lower \$2,500 per family per year by the end of his first term. "Obamacare is delivering a hefty dose of sticker shock."

Now, who is getting hurt by this? All Americans are getting hurt, but the Washington Post had an interesting story on June 24. I wish the President would pay attention to this. The President of the United States needs to know that it is "Older women who bear the brunt of higher insurance costs under Obamacare"—the headline in the Washington Post June 24.

The new government report is out:

... women age 55 to 64 will face a huge spike in cost when they go out to buy individual insurance on the federal exchange. These women bear the brunt of the increased premiums and out of pocket expenses after the Affordable Care Act.

Winners and losers—and President Obama has chosen older women to bear the brunt of higher increased insurance costs under the President health care law.

We are going to hear that again and again as Democrats stand up to talk about the issues facing our country. It is older women who are bearing the brunt of the higher insurance costs under the President's health care law, as reported in the Washington Post.

Then, how incompetent is the Web site? Let's take a look at what the New York Times said July 1: "Eligibility for Health Insurance Was Not Properly Checked, Audit Finds."

An independent audit of insurance exchanges established under the health care law has found that federal and state officials did not properly check the eligibility of people seeking coverage and applying for subsidies, the latest indication of unresolved problems at HealthCare.gov.

I remember listening to President Obama talk and be interviewed by President Clinton in September of last year in New York City at the Clinton Global Initiative, or something like that. President Obama said: Easier than shopping on Amazon. Cheaper than your cell phone bill.

This is in a report to Congress on Tuesday:

In a report to Congress on Tuesday, the inspector general for the Department of Health and Human Services ... said that the exchanges ... did not have adequate safeguards "to prevent the use of inaccurate or fraudulent information when determining eligibility."

Moreover, in a companion report, the inspector general said that the government had been unable to verify much of the information reported by people applying for insurance coverage and financial assistance to help pay premiums.

We are talking about the Inspector General of the Department of Health and Human Services of the Obama administration.

"As of the first quarter of 2014," [the Inspector General] said, "the federal marketplace was unable to resolve about 2.6 million of 2.9 million inconsistencies"—

—because the Web site that President Obama has said would be easier to use than Amazon, cheaper than your cell phone was not fully operational. What kind of government incompetence are we talking about?

The Associated Press on July 1: "Health law sign-ups dogged by data flaws." Unable to resolve 2.6 million so-called inconsistencies—it is astonishing. And they call it "another health care headache for the White House." The problems continue out of sight. The President is trying to hide these problems—trying to hide them from the American people. The President says one thing, tries to sell a story. The President now has his own war room set up—not to solve the problems. Oh, no. He is not trying to solve the problems. He has a war room to try to spin the information so the voters don't get to see what they are not being deceived by. They can see through this. You have a war room with six people trying to spin the health care numbers rather than trying to solve the problems, trying to lower the cost of care, trying to help patients get care—not empty coverage and expensive coverage. There are so many problems in the world, and what the White House has decided to spend its time and money on is set up a war room to try to spin the issues of the Obama health care law, not to solve the problems.

Go around the country, State by State. California: ObamaCare massive backlog stalls medical expansion. Connecticut: Anthem seeks 12.5 percent rate increase. Back to California: Confusion over doctor list is costly for ObamaCare enrollees in the State.

You can work your way around the country, and State by State, whether you do it from east to west, north to south, do it in alphabetical order, in every State there are horror stories about the impact of this health care law.

Connecticut again: ObamaCare glitch leading to canceled policies. Constituents calling to talk to their State representatives say their insurance policies have been canceled because the subsidies that helped discount the premiums hadn't been paid—hadn't been paid. According to people involved with the insurance companies, the issue of mistaken policy cancellation "is real." So the insurance companies are saying it is absolutely true, it is absolutely real.

I see other colleagues on the floor.

I would say that in Colorado, a State that I go through every weekend at

least twice going to Wyoming and coming back to DC from Wyoming, people in Colorado are very concerned. "Colorado health exchange site needs surgery." This is NBC 9 News, Colorado. A reporter said:

I'm not going to sugar-coat this: The official state website where Coloradans can shop for health insurance is a mess. Sure [the web site] looks pretty slick at first glance. It lets you window shop for plans and offers some (but not all) good info about the health care law. But when you actually create an account and start shopping, the site offers an experience that is clunky, counter-intuitive, and often confusing.

That sounds to me like the Obama administration—clunky, counterintuitive, and often confusing.

That's the web product being offered to Coloradans after receiving more than \$179 million in federal grants to develop the state exchange.

This reporter says:

If you are looking for a passionate argument of the pros and cons of [ObamaCare], as a reporter I avoid making public policy arguments.

However, if this is the official system the people of Colorado are getting to shop for individual coverage, it should be a good one. Nine months after it began selling health plans, this website is not a good one. It should be upsetting to everyone in the state of Colorado, especially supporters of the healthcare law.

I would apply that to anyone from Colorado who is on this Senate floor or in the House of Representatives who voted for the health care law.

He said:

It should be upsetting to everyone in the state, especially supporters of the healthcare law. My family obtained a health plan despite the website.

By way of background, I am not remotely anti-technology. I grew up in Silicon Valley. I built my own computers as a kid. I once had a job working in tech support for [a dot-com company], a sophisticated e-commerce platform ... My goal in this review is to shine a light on some really basic (and deeply frustrating) problems that any commercial dot-com would be pulling all-nighters to fix.

Well, that shows you the difference between a commercial dot-com and the government of the United States.

It says:

For some reason, these issues have been allowed to hang around for the better part of a year by the Connect for Health Colorado.

And then today, the Denver Post: "Colorado exchange expects more to drop health coverage"—giving up, not paying their premiums, not renewing their coverage. They are expecting double what was initially anticipated of the number of people who aren't paying their premiums. They realize this empty coverage they are paying a lot of money for isn't actually good for them. They are paying too much in premiums. Their deductibles are high, their copays are high.

I can go on and on. The people of America know what they wanted with health care reform. They wanted to be able to get care they need from a doctor they choose at lower costs. That is not what they got from President

Obama's health care law that the Democrats in this body voted for. What they got are higher premiums, higher copays, higher deductibles, maybe cannot keep their doctor, cannot keep their hospital—not what the President promised, not what people wanted, and it is time to go back and start over to work on a health care system that gives the American people what they truly want, truly need, and deserve.

Thank you, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. I thank my friends who have been here talking about this. Both Senator THUNE and Senator BARRASSO spent so much time on figuring out ways this could work better and obviously it is not working as well as people hoped it would.

There is a series of headlines I saw on my desk today. CNN Money said: "Were ObamaCare applications accurate? Who knows?"

Reuters says, "Obama care exchange is not properly verifying applicant data."

The New York Post: "Obamacare data errors could jeopardize coverage for millions."

The Washington Times: "ObamaCare markets foul up eligibility and verification parts in applications."

The New York Times: "Eligibility for health insurance was not properly checked audit finds."

Wall Street Journal: "Reports Fault Controls of Health Exchanges."

This is simply not working. It wasn't as though there was a lot of time to make it work either. It was from early in 2010 until the law was implemented in the end of 2013, and there is one problem after another, which is a good indication of what happens when the government tries to do more than the government is capable of doing, when the government tries to prescribe all kinds of decisions that would be so much better left to individuals as long as the government has done what it could to ensure a more aggressive, active, competitive marketplace. But that is not what happened here.

The Associated Press this weekend had a headline that read: "Senate Democrats try to pull focus from ObamaCare." Of course they would, because every Democrat who is in the Senate when this bill passed voted for the bill.

You know, if there is one long-term political lesson to learn here, surely it is that when you do something this big, you should do it in a way that no matter what you have to do you find a way to get people on both sides involved. Don't do this in a way that shoves it down the throats of the country or your colleagues.

More bad news, more broken promises, higher premiums. The anticipation this fall is that premiums, notices of which are going to go out later this year, are going to go up. They are going to go up in double digits. The

promise in 2009 was not only that families would pay less money but they would pay \$2,500 less money. Somehow the people who were for this bill in the administration knew so much about health care and so much about the impact of what government having more control of people's health care would do, told us not only that the premiums were going to go down, but that they were going to go down \$2,500 per family. Now most families are finding that there is a \$2,500 number, but it is the number that you would feel lucky to have if your insurance for your family just went up that much.

July 1, Health and Human Services Office of Inspector General released a report that was the subject of all those headlines I just read. The report said they didn't do enough to verify, haven't checked this closely enough, don't know if people are eligible for the government assistance they are getting for their insurance. It said the administration was unable to put safeguards in place to protect taxpayers and prevent incorrect subsidy payments from happening.

The report also found the administration didn't even follow its own eligibility verification in many instances. They didn't go through the procedures they had set up for themselves. In fact, of the 2.9 million verification inconsistencies, they were unable to resolve 2.6 million of them. They wind up with 2.9 million problems when they find out their verification inconsistencies, and 2.6 million of the 2.9 million—hey, we cannot figure this out. We didn't get enough information. We don't know why the system is not working, but it is not.

In January 2014, the Secretary of Health and Human Services, Secretary Sebelius, certified to Congress that the ObamaCare exchanges could verify that individuals receiving tax credits and cost-sharing assistance were actually eligible to receive taxpayer-provided assistance. Now apparently by July of 2014, 6 months later, the people who check to see if that was true or not find out it is not true at all.

Middle-class Americans have enough pain with this law already without finding out their tax dollars are going to pay bills of people who don't qualify to have that much of their bill paid or maybe not even any of their bill paid. Recently I spoke on the floor about a contract in Missouri and three other States with a British company, Serco, about the lack of transparency and accountability in the act. As the St. Louis Post-Dispatch recently reported: "Whistleblower allegations last month claimed that workers slept, read or played games at Wentzville"—this is the Wentzville facility—"played games at Wentzville and provoked a flurry of questions from congressional delegation[s]."

Further quoting, "We played Pictionary. We played 20 Questions. We played Trivial Pursuit," one employee told the Post-Dispatch. She estimated

she processed six applications the entire month of December.

CMS didn't acknowledge these allegations but they said they had "adjusted Serco's work to accommodate changing operational needs."

Two months ago Senator ALEXANDER and I called these reports into question and we sent a letter to CMS and said: What are you doing there and why is this not working? I don't know if we said it in the letter but we could have said: Why did you contract with a British company that was already in trouble with the British Government for not providing these services?

These are not particularly technical services. If there is only one country in the world that can provide services to the United States, we found the one place in the world where we found a company that was already in trouble with their own government for not providing services and said you're the company for us. We want you to be the ones that provide these services for people who cannot apply over the Internet and send in their applications in some other way.

So to Senator ALEXANDER I say: What about these charges that people simply don't have anything to do and rather than admit that they have nothing to do, you see library books stacked up on the table. Here is the Trivial Pursuit game. Touch your computer every once in a while. Refresh your computer once every 10 minutes so it looks as though you are doing something.

Two weeks ago we finally received a reply after 2 months of having this question out there, and I think I put that reply in the CONGRESSIONAL RECORD. It was so much of a non-answer answer. It was more like: We got your letter. We are going to look into this and see if we can figure out what's happening.

I don't think it would be that hard to figure out.

I recently learned that CMS determined that Serco had met the terms and conditions of the contract which apparently involved, if you believe these employees, playing board games and reading library books, and CMS decided this British company does such a great job they were going to exercise the first option of the contract and on June 28 they awarded an extended contract to the company through what they said was "a full and open competition" to provide these services.

The lesson here is that the government needs to think long and hard before it gets into the world of making decisions for people that people can better make for themselves. The government doesn't need to think long and hard to believe there is a government responsibility to ensure a certain amount of consumer protection, that what companies say they are going to do they are required to do, that they clearly tell you what they are going to do. Families can decide what they want in their insurance policy better than

the government can decide what they want in their insurance policy.

I am sure every Member in the Senate gets stacks of letters—I know I get them—from those who are retired and don't understand why they need pediatric dental care and policies that cover a half dozen things they could never possibly use. They don't understand why those policies are now so expensive that they can no longer afford to have the policy they had. They don't understand the reason for cutting Medicare and starting a new government program. It doesn't make sense to them. It doesn't make sense to cut funding to a program—a program which is clearly facing challenges as our society gets older—by \$600 or \$700 billion over 10 years in order to start a new program where the costs will be so much more than anybody anticipated.

I am pleased to join my friends today who have been here for the better part of this last hour talking about the challenges we face. We know there are better solutions. More competition and buying health care insurance across State lines would have been a couple of solutions. Associated health plans where a small business or an individual can find some group to become part of—the government could have made that easier instead of making it illegal and impossible.

There should be more transparency by providers. I would like to know what hospitals and doctors charge and what their results are. And they know. There is no reason that cannot be made available. In fact, one of the better provisions in the Affordable Care Act said the government is supposed to do that, but of all the things the government could have done, that is something the government has not found time to do.

They could address medical liability reform. There was a double handful and maybe even just a single handful of things we could have done to say: Let's try these things and see if they don't make the system work better and see what lesson we learn by injecting these two or three or four or five things into a health care system that was the best health care system in the world; it just didn't have the amount of competition, transparency, and access it needed to have.

I will continue to hope we will move forward, learn the hard-learned lessons of the implementation of this plan, and go back and find what was working so well and figure out what we need to do to make that work even better.

I yield the floor.

THE PRESIDING OFFICER. The senior Senator from Texas.

IMMIGRATION

Mr. CORNYN. Mr. President, yesterday I came to the floor and spoke about President Obama's reluctance to see firsthand the ongoing and growing humanitarian crisis occurring on the U.S.-Mexico border.

Today I come to the floor to renew my call—as other elected officials from both sides of the aisle have done—urg-

ing President Obama to please come to the border, where this humanitarian crisis is unfolding. It has been reported that the President will be in Texas for 2 days starting tomorrow. He will be there Wednesday and Thursday on a fundraising trip.

I am not suggesting a handshake on the tarmac or a roundtable 500 miles away from the border, but please come and see it with your own eyes, as I have. Talk to the Border Patrol. Learn from not only the migrants who have traversed Mexico at the risk of their own lives to come to the United States, but find out what we need to do to deal with the ongoing crisis and what we need to do to solve it.

I urge him to do so not as a political statement but so he can witness what is a very sad and in many ways tragic situation and one that could have been mitigated if not prevented. Unfortunately, this is a humanitarian crisis that his policies and the perception about his commitment to enforce our laws have helped create.

Given the recent White House announcement that the President refuses to visit the Rio Grande Valley this week, it unfortunately appears that my request today will fall on deaf ears and therefore suggests to the American people that either the President doesn't really understand this border crisis or he simply doesn't care.

To give the President a fair shake, I was with the President after the tragic shootings at Fort Hood in 2009 and last year. I was with the President at the memorial service in West, where first responders were tragically killed as a result of an explosion. Why he is so stubborn and hardheaded that he refuses to visit the Rio Grande Valley and witness this ongoing humanitarian crisis with his own eyes is really mystifying.

Governor Perry has been doing what I have been doing and urging the President to visit the border. He happened to share with the media—Governor Perry, that is—last night a White House letter inviting him to an immigration roundtable in Dallas. This crisis is unfolding on the border and not in Dallas. I brought a map of Texas with me so the President can see this for himself. This is Dallas. This is where the crisis is unfolding in the Rio Grande Valley, which is about 500 miles away.

Thankfully, the President doesn't have to fly commercial; he flies on Air Force One. My guess is that it would probably take him an hour out of his scheduled activities in Texas to go to the border and maybe another hour on the ground to talk to the Border Patrol, as I did last week. If he did that, he would see these children jammed in detention facilities at the Border Patrol detention stations. It would give him an opportunity to talk to some of them, as I did in my visit last week. I think it would be helpful to the President.

I think one of the biggest problems Presidents have is they end up living in

a bubble. They only get access to information that is filtered through their advisers and counselors, and sometimes Presidents simply don't understand; they are tone deaf to the problems which confront the country. That is why it would be in the best interests of my constituents in Texas, it would be in the best interests of these children who are part of this humanitarian crisis, and it would be a contribution toward a solution to this crisis if the President would simply travel 500 miles from Dallas, TX, where he invited Governor Perry to a roundtable, down to the Rio Grande Valley.

As I said, the President's trip to Texas will focus on fundraising, and I understand that. But the problem is his policies have had a disproportionate impact upon my constituents who live along the U.S.-Mexico border. In fact, it is my recollection that the President of the United States has not once visited the Rio Grande Valley, where a majority of this ongoing crisis is taking place.

He did come to El Paso back in 2011. When people suggested we had a problem with security at the border, he ridiculed them by saying: Well, maybe we ought to build a moat along the border. That is actually insulting coming from a person who has never actually been to the border, particularly the Rio Grande Valley, where a majority of these children are crossing.

Indeed, over time what has happened is much of the illegal immigration that comes across the border has migrated from Nogales, AZ, to the Rio Grande Valley. You can't see it on this map, but if you understand the geography here, most of these children are coming from Central America. The shortest distance from Guatemala and Honduras to the United States is through the Rio Grande Valley of Texas.

The President should also visit Brooks County, which is a place I have visited. This is where the Falfurrias checkpoint is located. They have found many dead bodies of immigrants who died from exposure while trying to circumvent the checkpoint at Falfurrias. What happens is coyotes, as they call them—human smugglers—will bring them across the border, put them in stash houses on the border, and many of those conditions are inhumane in and of themselves. What will then happen is that the coyotes—smugglers—will bring them in trucks up the highway, and before they hit the checkpoint in Falfurrias, they will tell them to get out of the truck, give them a milk jug full of water, and tell them they will see them on the north side of the checkpoint.

So dozens, if not hundreds, if not thousands of immigrants over time try to walk—some in the 100-plus-degree Texas weather—around this checkpoint, and some simply don't make it. If you understand where they have come from—some from Central America—many are terribly dehydrated, already ill from exposure, and for many

of them their last steps are in Brooks County while trying to walk around this checkpoint in Fallfurrias.

I think the President would benefit from doing what I have done. He should visit the residents in Brooks County, talk to the Border Patrol, and learn more about the problem and how we might effect a solution. If he refuses to go out of stubborn pride or whatever the reason is, then he will simply be ignorant of the best ways we can work together to solve this underlying problem.

In recent weeks I have shared only a few of the many horrific stories regarding the dangerous journey countless numbers of children take to get to the United States from Central America. They call the train that many of them ride in the corridors controlled by the cartels who treat human beings as a commodity—like drugs and guns. They treat human beings as a commodity that makes money for them. These immigrants go through the corridors on a train system they call The Beast.

There is a chilling book written by Salvadoran journalist Oscar Martinez about The Beast. In it, you find out that 6 out of 10—maybe more—women who come up along this train system known as The Beast are sexually assaulted. Migrants are routinely kidnapped and held for ransom by the gangs and cartels that patrol this area, and many of them simply don't make it.

I shudder to think of how many of the young children—some as young as 5 have been detained at the border region—never make it to the border because they die in the process. That is not humanitarian. That is not friendly. That is cruel. We ought to be telling the truth about this horrific journey and discouraging parents from sending their children from Central America up through Mexico on the back of The Beast only to die in the process or to be assaulted, kidnapped, or horribly injured and maimed.

Well, this is one of the many reasons why I think the President would benefit from a visit. It is hard to ignore the facts, especially when you see them with your own eyes and you get a chance to talk to our hard-working professional Border Patrol, doing an incredible job with limited resources.

When you have 52,000 children coming across the southwestern border at the Rio Grande sector since October and 39,000 women with minor children detained in the Rio Grande sector, unless you go and talk to the Border Patrol and learn about this with your own ears and eyes, you may not realize that drug interdictions are depressed because our Border Patrol is basically trying to change diapers and deal with the humanitarian crisis. They are overwhelmed and are unable to do one of their principal jobs, which is to interdict illegal drug importations into the United States.

So I hope the President will reconsider. He is not going to Texas until to-

morrow. My understanding is he will be there for 2 days, and certainly he has an hour or 2 hours out of his schedule that he could dedicate to seeing the crisis for himself and learning more about it, and then coming back and working with us to try to stop it.

Of course, we all feel nothing but sympathy for the children and families who sacrifice their lives trying to make it to the United States but fail because of the impression that our immigration laws simply will not be enforced. Many of my colleagues have come to the floor and said, If we would pass the comprehensive immigration bill the Senate passed last year, that would do it. Well, I would say, with all respect, that is demonstrably false, because even the President and Secretary Johnson of the Department of Homeland Security have conceded that none of these children would be eligible, under the President's deferred action Executive order—none of them would be eligible for entry and to stay in the United States. So passing that law would have nothing to do with this current crisis.

Between President Obama's failure to enforce our immigration laws and his ever-shifting explanations, it is no wonder he has lost credibility on this issue. Many Americans simply don't have confidence that the President is willing to faithfully execute the laws of the United States, including our immigration laws. No wonder Speaker BOEHNER and so many of our House colleagues have gotten so frustrated they have decided maybe the only alternative is to take the President to court. We know the President has had a pretty bad couple of weeks when it comes to overreach, and he has been rebuked several times recently for unconstitutional acts such as trying to determine when the Senate is in recess and evade the confirmation process in the Senate.

If the President wants to know why we haven't been able to pass immigration reform, all he has to do is look in the mirror. All he has to do is look at his own policies which have created an enormous amount of distrust between not only Congress and the executive branch but in his agencies so that they will actually do what they are supposed to do, such as the Department of Homeland Security, Immigration and Customs Enforcement—ICE—and the other components of the Department of Homeland Security.

Given all the differing narratives coming out of the White House concerning this surge of unaccompanied minors, it is time for the President to directly address the problem.

I know the President has sent over today a \$3.7 billion request for more money. I have no doubt that some pieces of it are justified. For example, we need enhanced detention facilities. We need more immigration judges and other people as part of that process so hearings can be conducted on a timely basis and a legal determination made

according to existing law whether people can stay or whether they have to be returned to their country of origin.

Visiting the border is just one in a series of steps the President could take to regain some of his own credibility but also to help address this crisis.

This is not just a humanitarian crisis; this is also a national security crisis, as recently testified to by the head of Southern Command, General Kelly, a Marine general who is head of that combatant command. He is in charge of that area of the globe from Mexico south known as Southern Command, and he says because of inadequate resources and equipment and manpower to deal with the drug cartels moving illegal drugs from South America up through Central America through Mexico to the United States, 75 percent of the time, General Kelly said, they simply have to sit and watch because they don't have the resources. I would hope that some of the money included in this \$3.7 billion request would be dedicated to making sure that General Kelly and our law enforcement agencies have the resources and equipment necessary to stop the drug cartels from moving drugs from South America through Central America and up through Mexico.

As General Kelly said, we have this intersection of criminal conduct and terrorism that sometimes takes place with organizations such as Hezbollah, for example, that has established a presence in South America, historically, and it doesn't take a rocket scientist to figure out this vulnerability can be exploited by other people and not just the drug cartels.

The question remains, if one has enough money, can one make it into the United States? Unfortunately, I think we have to answer that question in the affirmative. Last year alone, 414,000 people were detained on our southwestern border from 100 different countries—100 different countries. So this isn't just about people who have no hope and no opportunity trying to come to the United States from Mexico and trying to get a job; this is about uncontrolled immigration through our southwestern border from all over the world. Admittedly, most of them come from Mexico and Central America, but this is a vulnerability where people can come from Pakistan, they can come from Afghanistan, they can even come from Iran—countries of special interest, countries that are state sponsors of international terrorism. So this is worthy of the President's attention and worthy of a Presidential visit, and I hope he will change his mind and do that.

I think President Obama needs a wakeup call. He needs to realize that the situation along the border is not as rosy as perhaps he is under the impression it is. Only by visiting the border and visiting firsthand and seeing with his own eyes and listening with his own ears to the professionals who are working there so hard and are simply overwhelmed will he be able to get a good

idea of not only what the problem is but what the solutions are. Then and only then, I believe, will he be ready and will we be ready to sit down and work together through this request the President has sent us and figure out how we can solve the problem.

Once again, I hope the President will reconsider his decision, since he is going to be in Texas anyway on Wednesday and Thursday, and go to the border, just 500 miles away. On Air Force One it is easy to get there. It won't take much time. He could spend an hour on the ground, and then I think he will come away glad he has taken advantage and accepted this invitation by Governor Perry and me and other Texans to come see the problem for himself.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak as in morning business.

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

VA HEALTH CARE

Mrs. MURRAY. Mr. President, I believe when it comes to caring for our Nation's heroes, we can't accept anything less than excellence.

As have many of my colleagues, I have been very troubled by the most recent allegations of the VA failing to provide veterans timely health care. The VA generally offers very high-quality health care and does many things as well or better than the private sector. But when you are caring for our Nation's heroes and you have the backing of the full resources of the Federal Government, "just as good" is not enough. We expect more. So I am very frustrated to be here again talking about these deeply disturbing issues and the Department's repeated failures to change.

GAO and the inspector general have reported on these problems many times over the years. Last Congress we did a great deal of work around wait times, particularly for mental health care. I think the VA is starting to see that business as usual is not acceptable.

The administration has taken steps to begin addressing some of the major systemwide problems, but much more needs to be done. Tomorrow, when I meet with the President's nominee for the VA Secretary, I am going to ask him how he plans to make these changes. That is why I am very glad to be serving on the veterans conference committee, because Congress needs to act as well.

The most important thing we can do right now is to pass responsible and effective legislation to bring much-needed reforms to the VA, and we need to do it soon.

There have been major bipartisan efforts in both the House and in the Senate to move legislation addressing these problems. Many Members have been part of those efforts, and I commend them all for their commitment

to bipartisanship and for putting the needs of our veterans first. It is vital that we continue to build on this bipartisan momentum and to continue making progress if we are going to address some of the immediate accountability and transparency concerns that are plaguing the VA and to fix its deep-seated structural and cultural challenges.

I know Members have a wide range of concerns with the bill, and I believe we can address those concerns responsibly and in a way that puts our veterans first and gives the VA the tools it needs to address the challenges it faces. That means building and strengthening the VA system so it delivers the best care for the long term. But it is important for us to act quickly to start making these changes. We cannot allow this process to break down. Veterans are still waiting to get the care they need.

Many of us were rightly outraged the VA did not act to help veterans because the Department ignored all the information and did nothing. This Congress must not do the same and fail veterans by not acting.

I urge all of our colleagues to work as hard and as quickly as possible to finalize an agreement and get it to the President. More problems will be uncovered and the investigations will proceed, and we will need more action from the VA, the administration, and Congress, because our Nation made a promise to the men and women who answer the call of duty, and one of the most important ways we uphold that is by making sure our veterans can get access to the health care they need and they deserve, no matter what it takes.

HIGHWAY TRUST FUND

I also wish to speak about another important issue Congress needs to act on, and that is the looming crisis with the highway trust fund.

As is the case with other States around the country, my home State of Washington relies on the highway trust fund to pay for construction projects. These are projects that ease traffic on our highways, repair bridges, and make safety improvements. This year, for example, officials in Washington State plan to use money from the highway trust fund to improve safety at railroad crossings in Centralia. They plan to replace anchor cables on bridges in Seattle, and they plan to repave roads across the State to fix potholes and to make roads smoother for our drivers. But here in DC, the Department of Transportation and many of us in Congress have been warning for months that the highway trust fund needs more revenue to pay for these critical projects in my home State and across the country. Without that revenue, the trust fund is going to reach critically low levels next month.

This is coming now just a few months after Republicans pushed us into a government shutdown. If Congress fails to act soon, families and businesses and States would see another shutdown,

this time with highway projects around the country.

I had hoped we would be able to get this done by now. The last thing, I can tell my colleagues, the American people want to see right now is another countdown clock on the evening news. But we still have a chance to get this done before it is too late. Instead of lurching to yet another crisis and putting our construction projects at risk, let's work together and do the right thing for our families and our workers and the economy.

The clock is ticking for Congress to find the much-needed revenue. Starting August 1, the Department of Transportation said it will start delaying payments to our States for projects that ease traffic on clogged highways and make important repairs to our bridges. On average, States will lose 28 percent of their Federal funding. Without that money, many States are going to have to delay or stop work on their construction sites. Officials in my home State have said up to 43 highway projects could be threatened, and across the country more than 1,000 construction projects could be at risk, according to the Department of Transportation.

If there is one thing Democrats and Republicans should be able to agree on, and usually do, is that we should be investing in and improving our transportation infrastructure, not letting it crumble. A construction shutdown would threaten jobs and businesses. If States have to scale back their plans, companies are going to hire fewer workers to repair and improve roads and bridges across the country. Without a fix, nearly 700,000 jobs will be at risk next year, according to the Department of Transportation. And let's remember, the construction industry was one of the hardest hit sectors after the economic downturn and has not yet fully bounced back. In fact, weakness in the U.S. labor market is actually due to the lack of growth in the construction sector, according to the Federal Reserve Bank of St. Louis. Allowing our highway trust fund to dip to critically low levels would deliver another blow to the construction sector as it is struggling to recover.

Last fall, families and communities across our country were forced to endure a completely unnecessary government shutdown. That shutdown, we all know, hurt our people and threatened a very fragile economic recovery and shook the confidence of the American people who expect their elected officials to come together and avoid such an unnecessary crisis. I was proud to work with Democrats and Republicans at the end of last year to pass a bipartisan budget deal that prevented another government shutdown. It restored critical investments in families and the economy and it put a halt to the constant budget crises.

I was proud to build on that bipartisan momentum and work with my friend Senator ISAKSON and others on a

workforce investment deal that passed the Senate with strong bipartisan support. We hope, by the way, that will pass the House tomorrow and get signed into law.

We know bipartisanship work is possible. We know the country is better for it when it happens. We know it is what families we represent expect from all of us. So today I am calling on Republicans to work with us in good faith to do the right thing and help us avoid this construction shutdown. I know Republican leaders once again are worried about their tea party fringe pushing them into another unnecessary crisis, but I hope they are able to push them aside and work with us to get this done. Republicans saw how devastating it was for them—and their constituents—when they hurt the country with the government shutdown. I am hopeful that gives them any additional incentive they may need to work with us this time.

State and local governments, workers, businesses, and drivers are looking to us to resolve this crisis and avoid another shutdown. States cannot afford important highway construction projects without this important highway trust fund. Families cannot afford to have a few Members of Congress putting jobs at risk again. With the clock winding down fast, we cannot afford to put this off any longer. So let's resolve this looming crisis. Let's work together and prevent a construction shutdown this summer for our economy, for our businesses, and for our families across the country.

Thank you.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. CASEY. Mr. President, I ask unanimous consent to speak as in morning business.

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

SUMMER FOOD PROGRAMS

Mr. CASEY. Mr. President, I rise this afternoon to talk about the challenge we have to make sure every child in America who is eligible for one of the programs that help children have enough to eat and have nutritious food is getting served. The problem across the country is we have a number of children who are receiving meals during the school year, either school breakfast as part of the School Breakfast Program, or the School Lunch Program. So at some point in time they are getting a meal at school, and maybe more than one meal. Then they go home for the summer, and even though they are eligible for the summer programs, which tend to be in different locations, may not be at one

school or one central location, a lot of children do not get the benefit of those programs. The program name is the Summer Food Service Program. Many Americans may have heard of the School Lunch Program, the School Breakfast Program, probably have heard less about the Summer Food Service Program.

We know that even though children are taking a summer vacation from school, hunger does not take a summer vacation. Hunger is always a clear and present danger, a reality for children, especially children in low-income communities from low-income families. This is a reality for so many children, millions of them across the country and their families. But it is also preventable. It is a tragedy when a child does not have enough to eat. But this is preventable if we do the right thing.

We know that during the school year, when you add up all of the children who receive a meal at school, it amounts to about 21 million. That is the good news, that that many children are being served. The bad news is when they go home for their summer vacation, by one count, the last count we have, only 3 million children are getting a summer meal, even though as high as 21 million are eligible—or 21 million receive that kind of help during the school year.

In my home State of Pennsylvania, the dropoff, the last number we have, is during the course of the year, just about 777,000 children received a meal, about three-quarters of a million children. The problem, though, is the summer number goes way down to, at last count, 105,000, just a little more than 105,000, so there is a little more than a 7-to-1 difference between the school year and the summer program.

One of the things we have to do is to get the word out. That is why I brought along this poster that highlights this. To find a site in your State, in your community—there are many sites, tens of thousands of them across the country—you may need to inquire about it. You may need to make a phone call to find out about the sites—1-866-3-HUNGRY, and then a different one, 1-877-8-HAMBRE.

We want to make sure that in addition to knowing the 800 numbers, you have a Web site. It is pasummermeals.com. That, of course, applies to Pennsylvania, pasummermeals.com. So if you live in Pennsylvania, that is your Web site.

These numbers are national numbers, the 1-866-3-HUNGRY, and then 1-877-8-HAMBRE. That is one way to find out, for families to find out, for advocates, anyone who is concerned about this or wants to know more about what their community has available for them, because, as I said before, it is different than the circumstances during the year. During the year, children go to a school and that school has a School Breakfast Program and/or a School Lunch Program. In the summer, you have the same services available, the

same opportunities, same eligibility for children, but the sites are—there are more sites. And sometimes, when people do not know, when they cannot be served by a school, they may have to go to another place in their community.

This is a major issue. Because we know that all the science tells us if we want children to learn more now and earn more later, that is what we all hope is not just the right thing to do, but if you have enough to eat you probably learn better. Obviously if you can learn more, you are going to earn more, literally, in your lifetime. This is not just a rhyme, it has a scientific foundation.

We want to make sure that in addition to having the best possible educational programs for children to learn, we want to also create the best circumstances for them to learn. I do not know about people here, but in the course of my day, if I do not eat breakfast and then it gets to noontime or 1:00 and I have not had something to eat, it is pretty hard for me to be as functional and as effective as I want to be. I can only imagine what it is like for a child who does not have enough to eat, not just on one particular day of the week but maybe more than one day or a couple of days in a row. I do not know how they can function, let alone learn and study, take tests and achieve and be successful over time. They need the same kind of help in the summer as they have during the year.

So if we are making it possible, if our government and communities around the country are making it possible for a child to have a school breakfast and/or a school lunch, why would we not make sure they have meals during the summer as well, especially when there is a program in place they are eligible for?

We have to call attention to it. I know this is a challenge in all of our States. We want to make sure we are highlighting, getting information out so our children can have opportunities not only to have enough to eat but to eat meals that are nutritious.

I was at a site in Philadelphia yesterday, the Gesu School, which is in north Philadelphia. I taught there as a volunteer 31 years ago. I actually not only handed out the lunches to the children at that site, but I was able to see what was in them. They were good meals, but they were also very nutritious, something that can help a child grow and learn and move into the future. We are grateful we have these programs. But if we do not tell people enough about them, we are going to continue to have that terrible dropoff from the number of children served during the year—again, as I said, 21 million children, dropping off to only 3 million children served in the summer. There is no reason why we should allow that to happen. There is no reason why we should say that is anything other than unacceptable.

I am grateful to have this opportunity and grateful for the support this

program has across the country. We need to get the word out. We need to get these 800 numbers out as much as we can.

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

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

The legislative clerk proceeded to call the roll.

Mr. GRASSLEY. 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. GRASSLEY. Madam President, I ask unanimous consent to speak as in morning business for 10 or 12 minutes.

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

RESEARCH MISCONDUCT

Mr. GRASSLEY. Earlier this year I learned about a case of research misconduct that happened at Iowa State University. A team of scientists was working on a vaccine to fight HIV. One of the researchers, Dr. Han, committed fraud to make it appear as though the vaccine for HIV was working. He purposely spiked the testing samples so it looked as if the vaccines actually fought HIV. Dr. Han's fraud helped his team get \$16 million in national grant money from the National Institutes of Health or around here we refer to that as the NIH. NIH is part of the Department of Health and Human Services or what we refer to as HHS.

HHS gives out billions of dollars in research grants every year. In 2013 NIH gave out over \$20 billion in research grants. Obviously that is a huge amount of money by any standard.

The government has a responsibility to make sure this money is well spent. Unfortunately, it looks as if the government is relying on the grant recipients to do oversight instead of the government seeing that the money is well spent.

In this case officials at Iowa State University were unaware of the fraud until another team of scientists couldn't duplicate the results. Iowa State University took the problem very seriously and notified Health and Human Services. I compliment them for that. But if it weren't for Iowa State University's actions, I doubt the Government ever would have found out about this tremendous amount of fraud.

The Office of Research Integrity at Health and Human Services was created for the specific purpose to prevent and investigate research misconduct. The Office of Research Integrity investigated the allegations of misconduct at Iowa State University and in fact confirmed that Dr. Han knowingly committed fraud. Dr. Han even admitted to the fraud. The Office of Research Integrity imposed only a 3-year ban on Dr. Han from receiving any more Federal grant money.

That is basically a slap on the wrist from the Office of Research Integrity. It makes absolutely no sense that

someone who admitted to that level of fraud could be eligible for another Federal grant in just 3 years.

I asked the Office of Research Integrity why the penalty for Dr. Han was so light and if it would try to recover any of the \$19 million in research grants. The taxpayers subsidized what was supposed to be promising HIV research, but it was based on Dr. Han's fraud. His phony results were the basis for those grant applications. The Office of Research Integrity says it considers a 3-year ban a very strict penalty. To Iowans, that doesn't sound like a very commonsense penalty.

In fact, the Office of Research Integrity says that 3 years is the maximum penalty it can give unless there are aggravating circumstances. That 3-year limit is set by the White House Office of Management and Budget. So the Office of Research Integrity claims that somehow its hands are tied. But in this case the Office of Research Integrity did not even try to demonstrate aggravating circumstances to enforce a longer debarment than 3 years against Dr. Han.

The Office of Research Integrity admitted that there is nothing to keep Dr. Han from conducting research again funded by American taxpayers after those 3 years. The Office of Research Integrity claims it does not have the authority to recover funds in case of research conduct.

Now, think about that for a minute. This Office of Research Integrity, with the responsibility to make sure money is wisely used and research is honest, says it does not have the authority to recover funds obtained by fraud.

The Office of Research Integrity—we are talking about research integrity—says it is the responsibility of the agency that issued the research grant to recover money obtained by fraud.

So I asked the National Institutes of Health about its involvement in this case. The National Institutes of Health first said that only \$500,000 of the \$19 million in research grants would be recovered. The National Institutes of Health also claimed it was not responsible for recovering the fraudulent grant money. According to the National Institutes of Health, oversight is the responsibility of the educational institution receiving the money. NIH said:

ISU as grantee is legally responsible and accountable for the use of funds provided for the performance of grant-supported project or activity.

It looks as if each office I asked just simply passes the buck along to somebody else. But a pass-the-buck attitude doesn't work when it comes to government oversight.

I also asked Health and Human Services about the case. Health and Human Services said that:

Grant recipients have the primary obligation to conduct investigations of their own researchers.

Universities need to be responsible and accountable with Federal research

grants. By taking action when it learned of the fraud, Iowa State University did that in this case. But that does not give the government an excuse not to do oversight. And if the government is relying on universities to report fraud instead of doing the oversight, there are probably other cases of fraud that are never caught.

If someone writes a taxpayer-funded check, they should be responsible for making sure the money is being well spent. The funding agency, and Health and Human Services as a whole, should do more to protect taxpayers' dollars, especially when many are calling for even more taxpayer funding for the National Institutes of Health.

The Office of Research Integrity has a clear mission to prevent and investigate cases of research misconduct.

But I am concerned not only about this case but allegations about the Office of Research Integrity made by its former director, Dr. David Wright. Dr. Wright resigned only days after I started my investigation.

In his resignation letter, Dr. Wright said that bureaucratic red tape was keeping him—Dr. Wright—from doing his job. He said up to 65 percent of his time was spent “navigating the remarkably dysfunctional HHS bureaucracy to secure resources and . . . get permission for ORI to serve the research community.”

We ought to take his allegations very seriously, and HHS should do so as well. When researchers abuse the public's trust, the Office of Research Integrity should use all the powers at its disposal to resolve the problem.

I recently learned that Dr. Han has been indicted for four felony counts of making false statements. Regardless of the outcome of this indictment, it is encouraging to see an effort to increase accountability for spending of taxpayers' money.

Also earlier this week the National Institutes of Health confirmed for the Des Moines Register that it would stop the final grant payment. That of course will save taxpayers \$1.4 million.

So it is good news that the National Institutes of Health is taking action to recover taxpayers' money in this fraud case. But this is only one case, and the National Institutes of Health's actions came after months of public attention and my investigating. I worry that more cases may go unnoticed and even unaddressed if there isn't a public outcry. We can't afford that. We can't afford to have cases like this go unnoticed and unaddressed.

Federal oversight of research funds is far too weak. The government is doing far too little to recover money lost to fraud. We can't afford a “fund it and forget it” attitude. Fraudsters need to be held accountable, and people handing out taxpayers' money need to know that if they are careless with that money, Uncle Sam will come knocking at the door for a refund.

Although Secretary Sebelius recently left Health and Human Services, I expect the new Secretary Sylvia Mathews

Burwell to take this issue very seriously. Ultimately, the Secretary of HHS has the responsibility to ensure that health research grants are not abused. She needs to ensure that agencies within HHS have all the tools they need to recover money lost to fraud and to prevent it from happening in the first place. Secretary Burwell should investigate Dr. Wright's allegations about the Office of Research Integrity and fix the problems that Dr. Wright outlined before his resignation.

Oversight is an extremely important part of the government's role. Unfortunately, it is often ignored and taxpayers' dollars are abused. When researchers abuse the public's trust, Health and Human Services and its components should use all the power they have to investigate, resolve the problem, and get the money back. They owe it to the American taxpayers.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

TRIBUTE TO SPECIALIST EARL WILSON

Mr. MCCONNELL. Madam President, this past Wednesday, July 2, I was extremely pleased and honored to be a part of the awarding of the Purple Heart Medal with Bronze Oak Leaf Cluster to a brave soldier Kentucky is proud to call one of its own. SPC Earl Wilson of Liberty, KY, received his Purple Heart with Bronze Oak Leaf Cluster for wounds suffered while serving our country in Vietnam. I want to share the honor and majesty of this event with my colleagues and so therefore ask unanimous consent that the full text of my remarks at the ceremony to award SPC Earl Wilson his Purple Heart with Bronze Oak Leaf Cluster, as well as the text of the two proclamations for the Purple Hearts, be printed in the RECORD following my remarks.

There being no objection, the remarks were ordered to be printed in the RECORD:

SENATOR MCCONNELL'S REMARKS AT AWARDING OF PURPLE HEART WITH BRONZE OAK LEAF CLUSTER TO SPECIALIST EARL WILSON, JULY 2, 2014

Thank you for that kind introduction. It is my great honor to be here for the presen-

tation of the Purple Heart Medal with Bronze Oak Leaf Cluster to Army Specialist Earl Wilson of Liberty, Kentucky, for wounds received in action while in service to our country in Vietnam.

It's a long-overdue honor that is finally upon us, thanks to Earl's many family and friends who helped make this moment possible. This event today is a testament to the unbreakable bonds of family and friendship.

Because this ceremony is a high honor and a prestigious occasion, we have several dignitaries with us who I want to recognize, including State Senator Jimmy Higdon and Casey County Judge-Executive Ronald Wright. Casey County Sheriff Jerry Coleman and the county circuit court clerk, Craig Overstreet, are with us. And I'm pleased to welcome Casey County Attorney Tom Weddle and Liberty Mayor Steve Sweeny.

It's a pleasure to have Chris Smrt of the Kentucky chapter of the Military Order of the Purple Heart here today to welcome Specialist Wilson into their ranks, as well as VFW Post 5704 Commander Claude Wyatt. Both organizations are strong advocates for our veterans.

I'd like to recognize Glen Phillips, a veteran who played an important role in today's ceremony.

Let me also say a special hello to my longtime friends, Betty Lou and T.M. Weddle.

It's also an honor to recognize Sergeant Jesse T. Wethington, fellow resident of Liberty and fellow member of the Military Order of the Purple Heart, here today. Jesse, welcome.

Finally, I'd like to welcome the members of Earl Wilson's family who are from right here in Liberty and came to join us today, including Earl's wife, Brenda, and family members Crystal and John Davis; Melissa Wilson Durham; Addison and Ian Davis; Tanner and Blake Durham; Jimmy Couch, Cierra Couch, and Dave Brown.

The original Purple Heart was established by General George Washington himself, and as such the Purple Heart is the oldest existing military award that is still given to servicemembers.

For a period in our country's history, however, the honor fell into disuse. In 1932, to mark the bicentennial of Washington's birth, it was General Douglas MacArthur who spearheaded its revival.

We remember MacArthur for many things, not least of which are his words. To an audience at West Point Military Academy, he once said:

"'Duty, Honor, Country'—those three hallowed words reverently dictate what you ought to be, what you can be, what you will be. They are your rallying point to build courage when courage seems to fail, to regain faith when there seems to be little cause for faith, to create hope when hope becomes forlorn."

As it turns out, these words have particular meaning for the life and service of Specialist Earl Wilson. In the jungles of Vietnam, he found courage where we could have not blamed him for his courage failing, he found faith where there was little cause for it, and he created hope when it might have been lost.

Earl's time of service ended nearly 40 years ago, but our admiration of it has not. Earl was drafted into the U.S. Army and inducted on November 17, 1969. After completing basic training, he was sent to Fort Polk, Louisiana, for infantry school. Earl has said that in those days, if you went to Fort Polk, you knew you were going to Vietnam, because Fort Polk was the hottest, most miserable place there was. It was like training for the intense heat.

Sure enough, Earl was deployed to Vietnam and served there for one year, from July

1970 to July 1971. Traversing the mountains and jungles of Vietnam, in an entrenched battle with the enemy, was hazardous duty. Earl spent as long as 40 days on patrol in the sweltering jungles, without hot food, without showers, without any of the luxuries or amenities so many of us take for granted here at home.

Deployed with Company D, 1st Battalion, 6th Infantry Regiment, 23rd Infantry Division, Earl and his unit came under attack one night in January 1971. As daylight broke on the morning of January 7, Earl's unit went in pursuit of the enemy. Following a blood trail, they were in hot pursuit when they came upon a gate along their path.

One of Earl's fellow soldiers tried to open the gate. It was stuck, so he yanked on it, not knowing the gate was booby trapped. A hand grenade went off, knocking Earl and several other soldiers clean to the ground. Earl got pieces of shrapnel lodged in his leg, and had to be flown out for medical treatment.

Earl may have been down, but he was not out. After receiving care for his wound, he was back in action with the 1st Battalion, and was present on January 25 later that year on patrol in Quang Ngai.

As his unit proceeded on foot patrol, Earl was at the point. Earl circled back to the rear to check on his fellow soldier and best friend Specialist William Creech Jr. of Paris, Illinois. Earl's entire company had trekked the same path through the bushes, but as Specialist Creech entered the bushes along the same path he stepped on a hidden landmine and was killed.

Shrapnel from the landmine struck Earl in his head and arm and threw him backwards onto the ground. Earl suffered not only the loss of his best friend but also a severe hearing loss, which he still carries to this day. But Earl's injuries could have been worse. The landmine was so powerful it tore down trees that were up to five inches thick within the blast radius. Earl is lucky to be alive today.

Earl spent another six months in Vietnam before shipping out on July 8, 1971. It's ironic that as he was handed a four-inch thick stack of paperwork to process out of Vietnam, Earl accidentally dropped one of the folders—and learned from one document that he had received the Bronze Star Medal for bravery. But Earl never received the Purple Heart he earned with his blood and sacrifice—until now.

It is thanks to the unbreakable bonds of family and friendship that Earl is receiving his Purple Heart with Bronze Oak Leaf Cluster today. Earl's daughter, Melissa Wilson Durham, wrote me to ask for help getting her father the medals he deserved. Thank you, Melissa, for honoring your father's service.

Earl was also helped by his friend and fellow soldier, and friend to Kentucky soldiers everywhere, retired Staff Sergeant Glen Phillips. It was Staff Sergeant Phillips who helped gather the facts in order for Earl to receive his Purple Heart today.

Glen, who is also from Liberty, has helped look out for many veterans in the area over the years. Thank you Glen, for your service and for your efforts on behalf of Earl and so many other fellow veterans.

Earl, I know you accept this award with humility and grace, and with reverence and respect for your fellow soldiers who fought alongside you in the jungles of Vietnam, including the many who did not make it home, such as Specialist William Creech.

We're grateful for your service, Earl, and we're grateful to celebrate your sacrifice. It's never too late to honor the brave.

By the way, for those who do not know, the Bronze Oak Leaf Cluster is to signify that