growing financial crisis for many Americans who either cannot afford quality health care coverage or are struggling to keep the insurance they currently have. When combined with the aging of our population, health care costs are driving the country's long-term fiscal challenges, challenges which we must address in a bipartisan way.

Unfortunately, many proposals being offered to achieve universal health care coverage are pushing us toward a system based on expansive government control, which will eventually lead to rationing, a reduction in the quality of care, and increased health care spending. That is absolutely the wrong way to go.

So, today I join Senator WYDEN and Senator BENNETT as a co-sponsor of the Healthy Americans Act, bi-partisan legislation to overhaul the nation's health care system, in an effort to make quality, affordable health insurance available to all Americans.

I congratulate Senator WYDEN on his leadership in advancing this cause and pulling together this strong bipartisan blueprint that goes a long way towards empowering consumers and the private market to extend health care coverage to all Americans.

Mr. WYDEN. I thank the Senator. I appreciate the co-sponsorship of the Senator from New Hampshire. The only way to produce enduring health reform is to work in a bipartisan manner. Unlike past efforts, through the Healthy Americans Act, there is bi-partisan agreement on the principal issues. Republicans have moved to support covering everyone and Democrats have moved to support private choices.

Mr. GREGG. In addition to the private market approach to expanding coverage, the bill attempts to reduce the growth in health care spending by providing incentives for preventive health care, wellness programs, and disease management, as well as a stronger focus on health care cost containment measures. These measures include lowering administrative costs and focusing on chronic care management, health information technology and medical malpractice reform as tools to control costs.

In addition to his commitment to enact comprehensive health care reform in a budget-neutral manner, I also would like to commend Senator WYDEN on his willingness to work with me to make improvements on last years' proposal. In particular the removal of the Medicare part D price negotiation language, the enhanced language to ensure stronger state flexibility, and the elimination of the non-health related tax provisions are strong improvements to the bill.

Mr. WYDEN. I appreciate Senator GREGG's commitment to moving this process forward and the thoughtfulness in his suggestions. I am happy to work with you and all of our other co-sponsors to continue to make improvements to the bill. While there are challenges on the specifics, as Senator GREGG has said, there's a lot to work with. Senator GREGG and I agree on fiscal responsibility, prevention, wellness, chronic care management, modernizing the tax code, improving the quality of care, containing costs, personal responsibility, and the importance of covering everyone.

Mr. GREGG. I look forward to working with the Senator to make further improvements as well. As I have told the Senator from Oregon in the past, I have some serious concerns about several elements of this plan, including the imposition of mandates; subsidies for higher income individuals; the impact on current market competition; the FDA labeling language regarding comparative effectiveness studies; and the issue of how to determine the appropriate level of coverage offered as part of a health care reform regime.

As you know, the bill uses the Federal Employee Health Benefit Plan, FEHBP, Blue Cross Blue Shield, BCBS, standard plan as he actuarial equivalent for the Healthy Americans Private Insurance, HAPI, plans. As the bill moves forward, our goal should be to create a more cost-effective benchmark that focuses on preventive care and core health care services to encourage greater individual responsibility on over-utilization of care.

Mr. WYDEN. I think Senator GREGG's arguments on these points make a lot of sense. There's more to be said for reviewing alternative proposals such as a default enrollment policy instead of an individual mandate and the role of FDA labeling in comparative effectiveness.

In light of the reports earlier this week that President Obama's health reform plan is estimated to cost more than $1.5 trillion over the next 10 years, it is better not to overpromise and undermine cost containment. It is important that the Congress find an appropriate benefit standard that will ensure quality coverage for all Americans that will not undermine our efforts to contain costs. I want to thank Senator GREGG for his thoughtful contributions and his willingness to work with me, Senator BENNETT and our bipartisan group. It's our plan to work closely with our leaders—Chairman BAUCUS, Ranking Member GRASSLEY, Chairman KENNEDY, and Ranking Member ENZI—to end 60 years of gridlock.

Mr. GREGG. I appreciate Senator WYDEN's comments and I am hopeful that by joining forces with colleagues on both sides of the aisle on a private market approach, we can begin a bipartisan dialogue, work through our differences, and find workable solutions that will result in a better health care system for all.

SUICIDE IN THE ARMED FORCES

Mr. FEINGOLD. Mr. President, today, on the sixth anniversary of the invasion of Iraq, I want to speak about an epidemic facing the Nation's Armed Forces; namely, the alarming rate of suicides in the services. Yesterday, the Personnel Subcommittee of the Armed Services Committee held an excellent hearing on this topic, and I would like to thank the chairman and ranking member for taking on this important issue. I would also like to discuss an issue that we have so far paid far too little attention to, and that is the way the strain on the force caused by the rate of deployment is compromising our ability to care for servicemembers struggling with mental health concerns.

We have come a long way in addressing this issue. Only a generation ago, Vietnam veterans struggled to get care for the long-term consequences of the trauma they survived during the war. They were trailblazers, and thanks to them the VA has revolutionized the way it cares for veterans. We now have, among other things, counseling centers where combat veterans can go to speak with experienced counselors who are also combat veterans about their difficulties in readjusting to civilian life. I commend the President for emphasizing the need for additional centers and have been a strong advocate for just that in the State of Wisconsin. But more remains to be done.

It is not sufficient to wait until a servicemember is discharged from the Services and transitioned to the VA to respond to the crisis. Let's be honest. There is a conflict between the responsibility to both maintain the readiness of the Armed Forces and adequately respond to the needs of servicemembers struggling with mental health issues. During this time of tremendous strain on the Armed Forces, our noncommissioned officer corps is under incredible pressure to ensure that the servicemembers under their command are ready to meet the demands of combat. We must create the space for them to identify those soldiers who are in need of extra assistance and provide a means for them to provide that assistance.

We must begin by asking men and women in uniform about their experiences and what we can do to support them. I was disappointed that the hearing yesterday did not include the testimony of servicemembers about their personal experiences, so I would like to take this opportunity to talk about what I have been hearing from servicemembers and their family members from my home State of Wisconsin.

Over 2 years ago, I was approached by a family whose son had taken his own life while serving in Afghanistan. After an investigation of the situation, I learned that the soldier was struggling to meet the grueling demands of his duties and had, perhaps as a result, become isolated from his unit. It was a tragedy for all involved.

Last year, my office was contacted by a soldier who immediately thereafter took his own life. A subsequent investigation revealed that he, too, had become isolated from his own unit. Due

to his ongoing struggle with mental illness, his leadership became understandably frustrated with him and repeatedly disciplined him. His doctors decided he was not fit to deploy with his unit which was headed to Iraq. This was a major blow for him. He desperately wanted to deploy with his unit. He became angry and isolated. He sought to be transferred to a wounded warrior transition unit where he could focus on his recovery. Unfortunately, his leadership failed to get him transferred in a timely manner. If they had, he might still be with us today.

I was recently approached by a Wisconsin veteran who lost three of his peers to suicide during his time in the Army. He has informed me that in all three instances one of the main problems was a breakdown in leadership. He has given me a list of recommendations for the Armed Forces to train our noncommissioned officers in suicide prevention. I will ask to have these recommendations printed in the RECORD.

Listening to the voices of these men and women serving in uniform, a consistent pattern has emerged. Our Armed Forces, which are under tremendous pressure due to two ongoing major contingency operations, are struggling to meet the needs of their members while completing their mission.

I suspect that the single most important thing our country can due to address this epidemic is to redeploy from Iraq so that we can take the time to care for the psychologically wounded without putting additional strain on those who have already completed multiple tours. Redeploying would also serve our national security needs by allowing us to better focus on the global threat posed by al-Qaida and its affiliates.

Secondly, we must review the strategy we embraced which has led us to rely so much on the continued sacrifice of so few. We must not make the same mistake again of engaging in a mistaken war of choice. We should not ask those who volunteer to serve their country to bear the burden of a 6-year war absent a compelling need. We, the civilian leadership of this country, owe it to the men and women in uniform to be more responsible stewards of our Armed Forces.

It is far past time to redeploy U.S. troops from Iraq. I am pleased that the President has set a course for such a redeployment. Now, we can turn to the task of rebuilding our Armed Forces.

Mr. President, I ask unanimous consent to have recommendations to which I referred printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. ARMY SUICIDE PREVENTION PROPOSAL

ABSTRACT

The following correspondence is a proposal consisting of recommendations members of Congress should consider regarding the high numbers of suicides occurring within the Army. Even though this proposal is emphasized towards the structure of the Army, other branches should be able to utilize this proposal in order to improve suicide prevention tactics as well. If measures within this proposal are already being taken, I apologize for the redundancy. This proposal is also not intended to interfere with other preventive measures being considered by the Army. Its sole purpose is to implement ideas, based on my experiences, that should improve the health and welfare of soldiers, increase education for leaders at all levels to utilize while counseling subordinates, and to develop measures commanders should take should leaders abuse their authority, or commit any other acts of misconduct that may hinder health, morale, and welfare of soldiers within the United States Army.

INTRODUCTION

The high numbers of suicides within the United States Army are extremely disturbing. Ever since combat operations commenced in Afghanistan in October of 2001, the suicide rates have been increasing. However, statistics from 2007 and 2008 reveal numbers of suicides that are the highest since the Army began recording numbers of suicides in its history. In January of 2009, 24 soldiers took their own lives. The number of soldiers killed in action was lower than those who committed suicide. In February of 2009, another 18 soldiers committed suicide. Even though the Army has a very serious problem pertaining to suicides by soldiers deployed overseas, a high abundance of soldiers stationed within the United States are committing suicide as well.

I commend the Army's initial and recent efforts intended to handle this serious problem. Increasing the numbers of mental health experts, operating a suicide-prevention hotline, and encouraging soldiers to seek help if symptomatic are steps in the right direction. However, as a 13-year veteran who has dealt with a significant number of soldier suicides in the past, I am aware of other problems that require immediate attention. If these problems are not assessed and corrected, the aforementioned measures will make little difference in the pursuit of suicide prevention. Based on my observations and experiences, the primary core of problems involving suicides by soldiers involve breakdowns of leadership at the lower levels. Therefore, the following proposal will detail recommended improvements of leadership training for younger leaders.

ARMY RECRUITING COMMAND

Army recruiters have perhaps the most arduous duty within the enlisted ranks. They are required to meet specific standards in regards to attracting individuals to contemplate enlisting into the Army. They work very long hours each day, and often work six days a week. They are under constant pressure to secure enlistments so that the entire Army meets recruit quotas and goals. Overall, the duties they perform are extremely stressful. Recruiters either volunteer to perform recruit duty, or are selected to do so by the Department of the Army. Even though recruiters are noncommissioned officers who are normally more responsible and mature, they too are human beings who are subject to mental health problems due to the nature of their duties. Weeks ago, four recruiters in Houston committed suicide, most likely from extreme pressure from their chains of command. Recruiters normally have no one to turn to in times of stress. Their leaders want them to produce, not complain. Therefore, if they are experiencing any types of mental health problems, most are likely to keep it within themselves. Fellow recruiters must look out for each other, and pay attention to stress that appears beyond the normal stresses associated with recruiting duty. Like others, they should not be ridiculed or chastised should they request treatment. Also, even though it would probably be a difficult task, the Army needs to expand the recruiting command. The more recruiters, the less stress will be placed on recruiters performing their duties today. Also, stigmatization shall not be tolerated if a recruiter feels the need to seek mental health treatment. The fear of stigmatization is a very potential reason for the four suicides that occurred in Houston.

DRILL SERGEANT SCHOOL

Drill Sergeants are perhaps the ''elite'' of the noncommissioned officers throughout the Army. Like recruiters, they either volunteer to perform this duty, or are selected to do so by the Department of the Army. They are responsible for turning civilians into soldiers. Molding a typical individual into a motivated, highly-disciplined warrior is no walk in the park. Being a drill sergeant requires high levels of dedication and commitment to their duties. Drill Sergeant training is simply the same as going through basic training all over again. They learn what they are going to teach. Since they are the first true soldiers recruits are going to follow, drill sergeants must set an extremely high example at all times. Like recruiting, drill sergeants work long hours. They receive a limited number of days off. Drill sergeants are required to pay extra attention to detail due to the ''culture shock'' new recruits receive once entering initial-entry or one-station unit training. Basic training is normally a recruit's true separation from family and friends from home. Therefore, they are typically prone to suffering home sickness while being pushed to their limits. Drill sergeants must be adequately trained in recognizing changes in behaviors of their recruits. They must be proficient counselors, especially when recruits appear more stressed than normal. In 1995, a recruit at Fort Benning, Georgia shot himself to death after rifle training. The recruit had apparently hid a round after the training, and went to an isolated area with his weapon after cleaning it. He then used the live round in his possession to commit suicide. The incident was an example of dereliction that can occur if drill sergeants do not perform their duties with high levels of attention to detail.

INITIAL ENTRY TRAINING (IET)/ONE-STATION UNIT TRAINING (OSUT)

As mentioned earlier, entry into the Army is normally a level of ''culture shock'' for a new Army recruit. Even though they expect initial, or basic training to be a true test, they do not know what to truly expect until they initially experience the high levels of stress at the commencement of training. Drill sergeants are tasked to mold civilians into soldiers in a short period. Therefore, the operational tempo is very high. The stress can be so high that certain recruits may act out of normal character. However, one positive aspect of this level of training is that new recruits are treated the same way. They often turn to each other for support and encouragement. However, separation from loved ones is very difficult. If something negative happens within a recruit's family while he or she is in training, his or her behavior or mental state will most likely change. One of the first blocks of instruction recruits receive should involve the importance of the ''buddy system.'' Drill sergeants must inform their recruits that it is alright to report signs of problems. Even though drill sergeants are hard on their recruits, the last thing they want is for a recruit to feel alienated in any sort of way. If a recruit is suffering from mental distress, immediate intervention is a necessity. It is alright for

drill sergeants to demonstrate compassion towards the men and women they are training. Recruits are taught how to pay attention to detail just as much as drill sergeants are. Therefore, unusual behavior, or warning signs of potential suicide must be reported immediately. In the Army, all soldiers, regardless of rank, are safety officers. Recruits must be properly counseled by their cadre. If initial entry trainers cannot solve problems, recruits demonstrating signs of mental distress must be command-referred to mental health services upon immediate signs of problems in order to prevent a catastrophic event from happening.

THE ARMY NONCOMMISSIONED OFFICER EDUCATION SYSTEM (NCOES)

The initial phase of the NCOES involves the Warrior Leadership Course (WLC), which is designed to prepare Army specialists and corporals to become sergeants. Sergeants are normally ''team leaders,'' who have a span of control consisting of two or three subordinate soldiers. This four-week course is military occupation specialty (MOS) non-specific, and covers basic leadership skills. Students receive enhanced proficiency on physical fitness training, teaching skills, drill and ceremony, land navigation, field and garrison leadership, and a written examination. It also involves a situational training exercise (STX) designed to teach hands-on leadership in a battlefield environment. My recommendation is that a thorough block of instruction be implemented that focuses on overall suicide prevention. Students need to be taught what warning signs to look for, and how to properly counsel troubled soldiers, as well as carrying concerns up the NCO support channel and chain of command in order to prevent a crisis from occurring. The block of instruction should consist of classroom instruction and role-playing activities. The role-playing training would be the most beneficial part of the training. It must be as realistic as possible and should give students hands-on experience on listening to soldiers, demonstrating compassion and caring towards a subordinate's problem(s), and providing reassurances that problems can be resolved.

The next phase of the NCOES is the Basic Noncommissioned Officer Course (BNCOC), which is specific to a sergeant's MOS. The course is mandated for current or future staff sergeants. The length of BNCOC varies by MOS, and is a live-in learning environment conducted in two phases: Phase I, which is a review of blocks of instruction learned in the WLC, and Phase II, which is MOS-specific. This course provides opportunities to acquire the leader, technical, tactical, values, attributes, skills, actions, and knowledge required to lead a squad-sized element of nine soldiers. Like the WLC, a thorough block of instruction should be implemented regarding mental health and suicide prevention. It should involve the same classroom instruction and role-playing activities learned in the WLC. Once again, proactive and realistic role-playing would provide enhanced skills designed to identify warning signs of suicide, tactics to provide compassion towards the troubled soldier, and necessary measures to immediately inform the squad leader's NCO support channel and chain of command.

Promotable staff sergeants or newly-promoted sergeants first class must complete the Advanced Noncommissioned Officer Course (ANCOC) in order to lead a platoon-sized element. The course builds on the experiences gained in previous operational assignments and training. It emphasizes skills complementing commissioned officer counterparts. By the time NCOs reach this level of education, they should have adequate knowledge of mental health, soldier human nature, warning signs of suicide, and tactics required to ensure prevention measures are taken.

The final phase of the NCOES is the Sergeants Major Academy (USASMA). Noncommissioned officers (normally master sergeants) attending the academy, are instructed on how to implement policies, procedures, and training techniques and tactics. They are the primary NCOs who would be responsible for the oversight of suicide prevention training within the NCOES. Sergeants major are instructed to oversee operations within a battalion, brigade, division, or other element. Command sergeants major oversee the training and operations of all companies, battalions, brigades, divisions or other higher elements, and serve as the enlisted advisor to commanders of the aforementioned elements. Command sergeants major are the NCOs most responsible for ensuring NCOs are performing their duties properly and professionally. They should mandate suicide prevention training be a part of subordinate unit's training schedules. Suicide prevention training should be conducted by chaplains, and/or installation psychiatrists or psychologists. The same blocks of instruction should be utilized during these training sessions. My recommendation is that command sergeants major mandate one day of training be conducted by each unit quarterly during a fiscal year.

WEST POINT AND OFFICER CANDIDATE SCHOOL

Specific curriculums pertaining to mental health and suicide prevention must be implemented if they do not already exist. Suicide prevention training for officers is extremely important since they make final decisions as to how to handle soldiers who are demonstrating warning signs of committing suicide. More importantly, they must be prepared to initiate investigations within their units that should reveal why a soldier is contemplating suicide. Every unit has a safety officer designated by the unit commander. Safety officers must conduct thorough investigations as to why potential crises arise, who may be responsible for misconduct, and what measures must be taken in order to rectify the situation without any harm done to anyone.

THE MEDIC SCHOOL AT FORT SAM HOUSTON, TEXAS

On average, most Army companies have one medic per platoon. Medics, MOS 91W, are enlisted soldiers normally supervised by a medic NCO. Medics can be excellent counselors because many soldiers potentially having a crisis situation often do not feel comfortable talking about their problem(s) with their leadership for fear of stigma. Therefore, any suicide prevention training conducted at the Medical School at Fort Sam Houston must be very thorough and specific. It should involve the same blocks of instruction recommended within the NCOES. It would be of great surprise to me if a thorough block of instruction pertaining to crisis counseling and suicide prevention did not exist at the Army Medical School. Therefore, the United States Army Training and Doctrine Command (TRADOC) should take any potential immediate action to implement more crisis and suicide prevention training if necessary.

THE UNIFORM CODE OF MILITARY JUSTICE (UCMJ)

I am very aware of some of the potential reasons as to why soldiers resort to suicide. Whether they are experiencing personal problems, are unable to tolerate military stress and operational tempos, or are suffering from depression or any other type of mental illness, soldiers caring for each other are the best preventive measures. Based on my own personal experiences while serving in the Army, I have seen several young NCOs abuse their authority for their own personal satisfaction. I have seen newly-promoted sergeants embarrass subordinates in front of other soldiers just to demonstrate they are in charge, and that any defiance will result in repercussions. In my opinion, the failure to control ''rogue,'' or immature and inexperienced leaders is a significant and contributing factor in soldier suicides. Therefore, more senior NCOs must closely supervise newly-promoted NCOs to ensure soldiers are being cared for and not humiliated. As mentioned earlier, commanders should order investigations be conducted if soldiers are being mistreated. Not only can mistreatment of soldiers increase likelihoods of suicides, they will most likely affect the overall morale and cohesion of an entire unit. Therefore, I recommend commanders adopt and enforce ''no tolerance policies'' for acts of cruelty or maltreatment of subordinate soldiers by superior NCOs. Such actions violate Article 93 of the UCMJ (Appendix A). If complaints are made, and investigations reveal misconduct has occurred, commanders should either exercise their authority to discipline under Article 15 of the UCMJ (non-judicial punishment), or to order discipline under Article 32 for more serious offenses. However, soldiers must also know and understand their right to file a complaint against their commanding officer if he or she is performing wrongful actions against a soldier. Article 138 of the UCMJ (Appendix B) protects soldiers from wrongful disciplinary action being exercised by a commanding officer. If a soldier believes his or her commander is in violation of Article 138, a soldier should have full right to consult with the next highest commander within his or her chain of command. If no action is taken by that individual, the soldier should seek assistance from the post Inspector General (IG), or the post Staff Judge Advocate. For example, many soldiers are being separated under Chapter 14 of Army Regulation 635-200 (Appendix C) for acts of misconduct. However, these acts of misconduct may stem from mental health problems such as PTSD. Therefore, soldiers should exercise their rights under Article 138 to request medical separations. Chapter 14 separations normally result in ''other than honorable discharges.'' Such discharges often hinder a veteran's VA health benefits upon separation. Soldiers who served in a combat zone do not deserve such an act of injustice. Appendix D outlines examples of service members separated for misconduct. Another problem involves service members separated for personality disorders. According to Army Regulation 635-200, only a psychiatrist, or any other mental health professional may make such a diagnosis. Based on my experiences, commanders take such action to simply separate a soldier as soon as possible. Separations under Army Regulation 635-200 are performed much quicker than medical evaluation board (MEB) proceedings. While stationed at Fort Stewart, Georgia, I observed an NCO harass a subordinate on several occasions. However, even though the NCO was not properly performing his duties and abusing his authority, the commander declared the soldier as ''substandard,'' and had him transferred to another unit, alienating him from his friends and his overall support network. He eventually committed suicide shortly after the transfer. Such aforementioned abuses by NCOs are examples of abuses of authority. They cannot be tolerated. Even though an individual committing suicide is committing a selfish act that cannot be rectified, improper treatment of soldiers does nothing to help the situation. A new clause must be

added to Article 93 of the UCMJ. Since females do not deserve to be harassed sexually, or in any other manner, soldiers, regardless of sex, do not deserve to be harassed or chastised for being mentally ill. They deserve treatment. Therefore, I recommend Article 93 be amended to emphasize that any forms of stigma towards soldiers, regardless of rank, be a violation of the article.

MEDICAL EVALUATION BOARDS (MEB)

Medical evaluation board (MEB) proceedings should be commenced for all soldiers demonstrating symptoms of mental illness, regardless of the symptoms or the illness. An MEB establishes a disability rating, and the soldier is separated under honorably. Subsequently, he or she is able to obtain VA medical care for a service-connected disability, and may request disability percentage increases if his or her condition worsens. If a psychiatrist diagnoses a soldier with a ''personality disorder,'' the soldier should not be separated under the provisions of Army Regulation 635–200 governing personality disorders. He or she shall be medically separated with a disability rating.

CONCLUSION

As mentioned in the abstract, this correspondence involves recommendations and proposals that may already have been taken into consideration, or implemented within the Army. This correspondence is not intended in any way to insult the Army in any way. Its primary purpose is to attempt to assist with the prevention of suicides within the Army, regardless of whether soldiers are deployed or not. Too many soldiers have taken their lives over the past few years for unknown reasons. However, I have seen first hand soldiers take their own lives due to failed leadership. It is time to be proactive, and ensure more preventive measures are taken. Soldiers are human beings, not super heroes. Hence, missions cannot be completed without healthy soldiers on the front lines.

HEALTH CARE REFORM

Mr. BAUCUS. Mr. President, our next big objective is health care reform.

We have a unique opportunity to move forward on health reform this year. Now we must act. We simply cannot afford to wait any longer to fix our Nation's health care system.

We must work together to reduce health care costs, improve quality, and make coverage affordable for all Americans.

In the Finance Committee, we have held 13 hearings to prepare for health reform. Last week, we held a hearing on our Nation's health care workforce. The hearing examined ways to address our current workforce needs. The hearing considered ways to prepare our medical providers for health care reform.

At our hearing, four experts in the field testified about current health care workforce shortages, especially in primary care and nursing, and the witnesses told us that we must address these health workforce needs to meaningfully reform our health system.

Dr. David Goodman, the director of the Center for Health Policy Research, said: ''The workforce we train today will shape, for good or bad, tomorrow's health system.''

Dr. Goodman continued, ''It will be hard to improve access, achieve better health outcomes and decrease health care expenditure growth rates unless we get workforce policy right.''

I could not agree more.

Our efforts on health care reform are only as strong as our Nation's health care providers—the nurses, doctors, and other professionals—who are on the front lines caring for patients.

Investing in our health care workforce is critical as we work to expand health insurance coverage to millions of currently uninsured Americans.

During our hearing, Dr. Allan Goroll, a primary care doctor and professor at Harvard University, told us about the Massachusetts experience following the enactment of State health reform. Dr. Goroll said that some newly insured people in Massachusetts are waiting up to 2 months to get a doctor's appointment. That is simply unacceptable.

For our health care reform efforts to succeed, we must directly address these health workforce challenges.

It starts with primary care. Our current system greatly undervalues primary care. As a result, fewer students are going into the field. A recent study found that only 1 in 50 medical students plans a career in primary care internal medicine. That is down from more than one in five in the early 1990s. This trend is especially troubling, because it is clear that a strong primary care system is a key determinant of high quality, efficient medical care.

During our hearing, we learned that areas of the country with a high proportion of primary care doctors spend less money on health care. And patients there have the same or better outcomes.

We need to invest in our Nation's primary care providers to help improve the quality of our medical care and to bring down health care costs.

Our workforce challenges extend beyond primary care. Our Nation's hospitals continue to face a nursing shortage. Recent news reports tell of shortages of general surgeons and dentists in rural areas. Many parts of the country need more mental health practitioners. And the list could go on.

We need to tackle these challenges head-on. We need to place our Nation's health care workforce on sound footing. And we need to meet the medical needs of all Americans.

This is going to require a renewed focus on the way that we pay for and deliver health care. We must ensure our payment systems reward high quality medical care and encourage medical students to go into critical fields like primary care.

And we are going to need to take a hard look at our national workforce policies to make sure that our health care providers have the right training and skills to deliver excellent care.

This effort is vital for our health reform efforts to succeed. So let's get to work now.

Let's work together to strengthen our Nation's health care workforce. Let's build a health care system that delivers high-quality medical care for everyone. And let's act now.

IDAHOANS SPEAK OUT ON HIGH ENERGY PRICES

Mr. CRAPO. Mr. President, in mid-June, I asked Idahoans to share with me how high energy prices are affecting their lives, and they responded by the hundreds. The stories, numbering well over 1,200, are heartbreaking and touching. While energy prices have dropped in recent weeks, the concerns expressed remain very relevant. To respect the efforts of those who took the opportunity to share their thoughts, I am submitting every e-mail sent to me through an address set up specifically for this purpose to the CONGRESSIONAL RECORD. This is not an issue that will be easily resolved, but it is one that deserves immediate and serious attention, and Idahoans deserve to be heard. Their stories not only detail their struggles to meet everyday expenses, but also have suggestions and recommendations as to what Congress can do now to tackle this problem and find solutions that last beyond today. I ask unanimous consent to have today's letters printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Read below and explain why you or anyone would vote to stop drilling when the country is in such turmoil. Please [tell me why so many people have plenty while] I struggle with student loans that I just paid a company to try and get eliminated. If you want to help me, call the Department of Education and tell them to forgive my student loans. I paid [a company] $399 to get my loans discharged, so make a call and tell Department of Education to just do it without me suing them. It is said you get a denial letter, then you go to a lawyer just like for disability. Well, here is your chance to help an Idaho teacher that just lost her job due to mismanaged funds with [a local school district]. They are $2 million in debt so they [laid off several teachers and para-educators]. So I am asking for help.

BLOCKED IN D.C.

Investors Business Daily estimates there are 1 trillion barrels of oil trapped in shale in the U.S. and Canada. Retrieving just a 10th of it would quadruple our current oil reserves. There is a pool of oil in the Gulf of Mexico that is estimated to be as large as any in the Middle East. There is an equally large pool believed to be in Alaska.

The Chinese are attempting to tap into the Gulf oil supply by drilling diagonally from Cuba. I wonder what environmental safeguards they are using?

The fact is that there are environmentally safe methods of extracting oil from shale and drilling in both the Gulf and Alaska. Congress, however, continues to block these efforts. Just last week, the Senate voted to block any extraction from shale in Colorado. In essence, they voted to make your trips to the gas station more expensive, to make air travel more expensive, and to make heating your home more expensive. That is something to think about in an election year.

Another topic: Social Security

Another issue that concerns many Americans these days is the sustainability of