(The remarks of Mr. WHITEHOUSE and Mr. MENENDEZ are printed in today's RECORD under ''Remembering Senator Edward M. Kennedy.'')

The PRESIDING OFFICER. The Senator from New Jersey.

ORDERS FOR FRIDAY, SEPTEMBER 11, 2009

Mr. MENENDEZ. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m. tomorrow, Friday, September 11; that following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day; that there then be a moment of silence in commemoration of the eighth anniversary of the September 11 attacks; further, that following the moment of silence, the Senate proceed to a period of morning business until 10:30 a.m., with Senators permitted to speak therein for up to 10 minutes each; and, finally, I ask that following morning business, the Senate resume consideration of Calendar No. 153, H.R. 3288, the Transportation, HUD, and related agencies appropriations bill.

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

ORDER FOR ADJOURNMENT

Mr. MENENDEZ. Mr. President, there will be no rollcall votes during Friday's session of the Senate. I ask unanimous consent that following the remarks of Senator CARPER and Senator BENNET of Colorado, the Senate adjourn under the previous order.

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

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

HEALTH CARE REFORM

Mr. BENNET. Mr. President, on this day, the day after the President's speech to the joint session, and on a day when so many of our colleagues have given so many moving tributes to Senator Kennedy, I come to the floor tonight to talk a little bit about health care. What I want to do is share a presentation I have given in every corner of my State—all across Colorado, in rural Colorado, urban Colorado.

I am extremely proud that over the course of the entire recess—though we had townhall meetings all across our State, and though there were lots of different feelings about whether the reform we have been pursuing is a good idea—every one of the conversations we had was a substantive conversation, a serious conversation, about what our working families and small businesses are facing as a consequence of the status quo and also the fiscal problems we are facing as a country and how health care reform, done right, is an important part to fixing our financial health.

So tonight what I want to do is go through some of those slides. I will try to be pretty brief because the hour is late. But I want to give a context of the kinds of conversations we had in our State. I think the overarching feeling people had when we were done was that we do need to change the status quo. The status quo is absolutely intolerable for our working families and small businesses. But there is a deep concern that we have the capacity to make it even worse. I left every meeting saying I think that is too low a standard for the Congress. We need to do much better than that. We need to get this health care reform done. But we need to get it done right, and we need to take the time that is required to get it right.

The first thought I always started with was just to explain to people what the difference was between our deficit and our debt. Our deficit, as this slide shows, is the annual gap between our revenues and our expenses. And debt, which we have far too much of in this country, is what adds up year after year after year if we continue to have our deficits.

The second slide shows that over the years we have actually done a pretty good job of managing our deficit. Anything over 3 percent of GDP is a problem because it is not sustainable. Our borrowing costs will outstrip our ability to catch up to our deficits if we are above 3 percent GDP. This slide shows, over the years, except for in wartime, except in World War II—and more recently during the wars in Iraq and Afghanistan—we have not gone far above the 3 percent of GDP.

This slide just shows us how we have stacked up debt so quickly over the last decade or so. We had about $5 trillion of debt on the country, on the Nation when the last President assumed the Presidency. We are now at $12 trillion. As we can see, there has been an enormous spike between 2000 and today.

This is just a slide that shows how much debt this really is. Our entire economy, our entire GDP, gross domestic product, is $14 trillion. Our debt is $12 trillion today. We can see that these other countries all have a much smaller GDP than we do. That is good news.

Unfortunately, some of these folks, particularly China, own an awful lot of our debt.

We also took the time to say to people: How did this happen? How did we let this happen to the American people and to our kids and our grandkids? How is it possible that in virtually the blink of an eye we went from having $5 trillion of debt on the country to having $12 trillion of national debt?

As we can see here, both parties bear responsibility for where we are. The tax cuts in the early 2000s are responsible for $1.4 trillion of the debt passed on to our kids and our grandkids; $900 billion for the wars in Iraq and Afghanistan, which we did not pay for—we did not make the choices we needed to pay for it; we put it on our kids and our grandkids—the Recovery Act funding, which is roughly $780 billion—40 percent or so in tax cuts, the rest in spending—the bank bailout, half in the last administration, half in this administration, $600 billion, and Medicare Part D, the drug program for seniors, which, again, may be a very legitimate program. It may be a program people would like to have. We did not pay for it. We said to our kids and our grandkids: You pay for it.

These are just CBO numbers that show our steady state. If we do not do anything to change course, the amount of debt will just continue to grow.

Then, finally—and this is going to take us into the health care discussion we had in Colorado over the recess—if we look at the biggest drivers of our future deficits, what we see on this slide is that here is our tax revenue line, and we can see it is pretty flat over time, from 2008 to 2039. But the biggest drivers are our interest on the debt that we are putting on the backs of our kids and our grandkids, and the spiraling cost—or maybe a better word is the skyrocketing cost, given the direction of this line—of Medicare and Medicaid.

The President talked about this last night. The biggest driver, other than interest, is rising Medicare and Medicaid costs. Obviously, the biggest driver of rising Medicare and Medicaid costs is rising health care costs.

So, in my judgment, no matter what one thinks about the health care reform discussion, if you are somebody who takes seriously the idea that we have to get hold of our deficit, we have to get hold of this national debt before it so constrains the choices of our kids and our grandkids that we are not providing them with the kind of choices or opportunities they ought to have, we need to do something about the trajectory of those Medicare and Medicaid lines, and that means health care reform.

This slide shows there is no way we can cut ourselves out of the problem with just discretionary spending cuts. This slide shows if we do not do anything differently now, we are all going to be talking about tax cuts in the future that none of us would ever reasonably support.

So my view is we do face a very significant fiscal challenge in this country and that health care reform is not sufficient to solve that problem, but it is an important step, and, in fact, the problem cannot be solved without addressing health care.

As this slide says, we need to urgently address health care reform to