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Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable MARK UDALL, a Senator from the State of Colorado.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Father of all, we praise and glorify Your Holy Name. You are the fountain of life, the source of all goodness, and the center of our joy.

Today, fill our lawmakers with Your blessings. Bless them with the courage to follow You as they maintain confidence in the power of Your providence. Bless their labors that they will live to see a harvest of justice and peace in our Nation and world. Bless their family members with health and safety, for You are our refuge and strength. Bless us all, that one day we may dwell in Your house forever.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable MARK UDALL led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, October 28, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable MARK UDALL, a Sen-

ator from the State of Colorado, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. UDALL of Colorado thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, there will be a period of morning business for up to 2 hours, with Senators permitted to speak for up to 10 minutes each. The majority will control the first hour, the Republicans will control the second hour. Following morning business, the Senate will proceed to the motion to proceed to H.R. 3548.

I would direct a question to the Chair. What time does the 30 hours postcloture run out?

The ACTING PRESIDENT pro tempore. The time expires at 12:26 a.m. Thursday.

Mr. REID. Mr. President, I hope we can work something out with the Republicans. We are going to have that vote as soon as we can. I am sorry that we might have to do it in the morning. I think we should be able to avoid that. The vote was held later than I wanted it because a Senator was quite ill. I hope we can work something out. We have bipartisan support, and that is just not words.

We have significant numbers of Republicans and Democrats who want to do two things—one, to do something about the first-time home buyers tax credit. There has been general agreement by a significant number of Senators, Democrats and Republicans, to get this done. The legislation is before

this body now. We also have the loss carryback, which is extremely important for businesses at this time, also widely agreed upon. It was originally sponsored by Senator BUNNING, and now Senator BAUCUS and others have agreed to this—not two or three Senators but significant numbers on both sides. We could get those done. We have given the Republicans a request to do it in 2 hours, and Senators said they don't even need that much time to get this done.

Mr. McCONNELL. Mr. President, would the majority leader yield?

Mr. REID. I would be happy to yield.

Mr. McCONNELL. I would just say to my friend, we have a lot of fights around here over things we disagree on, but on this particular measure, this is an unnecessary impasse that we have. We have come very close to a very modest number of amendments. My side would be more than happy to accept time agreements on all of the amendments. I want to second what the majority leader says, that I hope we can indeed work out an agreement for a modest number of amendments with time agreements and wrap up this bill because I certainly share his view that most Members support the underlying measure and the additions to which the majority leader has referred.

Mr. REID. Mr. President, first of all, the other amendments are vexatious. They are argumentative. They are not germane. They are not relevant to this legislation. But it seems that this year, every time we get where we try to get something done, we have had stalling. We had a Senator out here yesterday who had done the work to find out how many times we have been stopped from doing things. Almost 60 times on absolute filibusters we have had to invoke cloture and 30-some-odd times on just objecting to legislation going forward.

The other amendments the Republican leader has suggested are amendments that are not related to this legislation, and there is wide disagreement from Republicans and Democrats.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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Why do we need to do that? We don't need to. It is only an effort to slow things down. We are not going to agree to that. It is not necessary.

Let's get these things done. We will move to something as quickly as we get rid of this, and they can move the nongermane, nonrelevant amendments on those, but let's get this done. I don't know when we can do this legislation for the first-time home buyers. It has been a tremendous boon to real estate all over America today. Has it been a perfect program? Of course not. But the good part of the amendments—two amendments we are talking about—is they are fully paid for. It doesn't run up the national debt by 10 cents—by nothing. Let's get this done and then move on and start arguing about other things. There is nothing to argue about here. We are not going to go to those amendments.

I had a caucus yesterday in which the Presiding Officer and a number of other Senators throughout the Chamber were there. We have done this time after time, and quite frankly we are tired of it. It is not necessary. There is no reason to have these amendments that are just rifleshoots at trying to embarrass people, and these two amendments don't embarrass anyone. They are good for the country. I hope we can get them done.

RECOGNITION OF THE REPUBLICAN LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

GETTING OUR WORK DONE

Mr. McCONNELL. Mr. President, my good friend the majority leader used to say frequently when he was in the minority that the price of being in the majority in the Senate is you have to take votes in order to advance bills in a smooth process.

My understanding is that we were within one amendment of reaching an agreement several days ago. I think we are not that far away from an agreement that would allow us to expedite consideration of the bill, move it along, and be fair to the minority. I think everyone knows it is not uncommon in the Senate—in fact, it is routine—for there to be amendments offered by both sides that are not directly related to the bill. So there is nothing extraordinary about this.

Let me repeat, we would be more than happy to enter into a short time agreement on the amendments we were discussing with the majority and try to wrap up this bill at the earliest possible time, certainly earlier than we would wrap it up if we let all of this time run until after midnight tonight.

HEALTH CARE WEEK XV, DAY III

Mr. McCONNELL. Mr. President, after months of hearing that Ameri-

cans don't want government-run health care, Democratic leaders in Washington have made their decision: They are going to include it in their health care bill whether Americans want it or not.

Supporters of the government-run plan say they are only advocating one more option among many. What they don't say is that the option they are advocating would soon be the only option. The others would simply fade away.

It is not that hard to understand. Private health plans would fade away because a government-run plan would use the deep pockets of the Federal Government to set artificially low prices or absorb a loss, making it impossible for private plans to compete. Private plans would either become so expensive that only the very wealthy could afford them or they would go out of business altogether.

If you want to know what happens after that, just ask somebody who lives in a country that has already gone down the road of government-run health care for all. What we have seen in those countries is what we would see here: rationing, denials, and delay. In the United Kingdom, for example, a government board sets guidelines on who gets to use certain drugs and treatments. This means that even if a treatment is effective, it can be withheld from patients because of the amount of money it costs the government. This is what happens when government gets involved in the health care business.

A government plan won't come cheap either. We don't know all the details that Democratic leaders put into their bill behind closed doors, but we do know it will cost over \$1 trillion in the middle of a terrible recession. It will cost \$1 trillion at a time of near 10 percent unemployment; \$1 trillion just a few weeks after the Treasury Department said the administration ran up the largest annual deficit in U.S. history; \$1 trillion at a moment when the U.S. Government is financing 9 out of 10 new mortgages and already owns most major U.S. automakers, along with large parts of the finance and insurance industries. It will cost \$1 trillion at a time when government spending accounts for a bigger share of the national economy than at any time since the Second World War. It will cost \$1 trillion when Congress is about to make a public admission that it can't handle its own finances by raising the debt ceiling.

Now is not the time for a \$1 trillion experiment in government health care. Now is the time to buckle down financially and to find commonsense reforms in the area of health care that actually save people money by driving down costs.

Americans asked for lower costs, and they didn't get it. What they got instead was more government, more spending, more debt. This is why so many Americans feel as though they

have been taken for a ride in this debate, and it is also why a lot of our friends on the other side are concerned about the bill that is headed to the Senate floor. Americans have issued their verdict. They have been clear. They have said that enough is enough—no government plan, no more debt, no more government takeovers.

Democratic leaders may continue to insist on a bill that most Americans oppose, but it is the wrong approach. A government-owned, government-operated insurance plan was a bad idea before, and it is a bad idea now.

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for 2 hours, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the second half.

The Senator from Alaska is recognized.

HEALTH CARE REFORM

Mr. BEGICH. Mr. President, for the next hour, I will be joined on this floor by my freshman colleagues as we talk with the American people about the importance of health reform. We are committed to ending the status quo. We have had enough of constituents being denied coverage because of existing conditions. We are tired of skyrocketing health insurance premiums hurting small business. We have had it up to here with the lack of choices and affordability in our States. So today my colleagues and I will be talking about why health reform will work and how it is working already.

There are many pilot programs, State initiatives, and private programs showing results right now. There are other very good ideas pending in the health reform bills. Our general theme this morning is innovation that works.

First, we will hear from the Senator from New Mexico, TOM UDALL, who will discuss how we must address the very real health care challenges facing rural Americans. Senator UDALL will share with us rural health innovation that works.

I yield time to Senator UDALL.

Mr. UDALL of New Mexico. Mr. President, I seek recognition.

The ACTING PRESIDENT pro tempore. The Senator from New Mexico is recognized.

Mr. UDALL of New Mexico. Mr. President, let me thank the Senator

from Alaska for being down here and helping all of the freshman Senators work through these health care issues we have been discussing. We have had Senator WARNER play that role, I think, and several others. I think Senator SHAHEEN from New Hampshire has also done that. It is important to realize that all of us in the freshman class believe we need health care reform. We have to have health care reform.

Last week, during our gathering of freshman Senators in this Chamber, I talked about how health care reform must benefit rural America.

As I explained then, rural Americans face unique challenges in finding quality, affordable health care. And rural health care systems face increased strain due to doctor shortages and inefficient and insufficient funding.

Successful reform hinges, in large part, on how we meet the challenges of health care in rural America. But what many may not realize is that rural America, precisely because of these challenges, has become an incubator for the very innovation that will help us achieve our goal.

Rural America is trying to meet these health care challenges head-on with innovative programs in communities across the country. In the process, they are offering a blueprint for the Nation as we work to enact reform that will benefit all Americans, no matter where they call home.

In my home State, several innovative programs are already paying dividends. The two I wish to talk about today are the result of partnerships between our rural communities and one of our key academic institutions, the University of New Mexico, our big teaching hospital in New Mexico.

Academic health centers, such as the one at UNM, have the potential to be hubs of knowledge and expertise, not just for the communities where they are physically based but for the entire State.

UNM recognized this potential and reached out to partners in rural areas throughout New Mexico. They asked two basic but often overlooked questions: What do you need? How can we help?

What emerged from these conversations was the development of a statewide Health Extension Rural Office program. Through this program, which we call HERO for short, agents live and work in communities they serve, and they act as liaisons and resources to health partners in the area. We know this extension model for agriculture, and we are proving it can work for health services too.

Here is one example. In the frontier county of Hidalgo, in southwest New Mexico, HERO agents discovered the community needed help recruiting local health professionals.

To meet that need, HERO helped establish a partnership between UNM and community providers to offer free local housing for UNM medical residents during their regular rural rotation.

It was a win-win for everybody. Hidalgo County got increased access to doctors and other specialists. The doctors got free housing during their rural rotations. UNM increased its profile and reputation in Hidalgo County. The communities got the opportunity to persuade these young doctors to continue their medical careers in that area.

That is just one example of HERO's work.

In addition to increasing the number of doctors in a community, HERO also helps develop plans for addressing health issues such as diabetes and teen pregnancy, for retaining pharmacy services after a community loses its only pharmacist or for establishing a one-stop-shopping model for medical, dental, behavioral health, and social services.

In addition to its work with the HERO project, UNM also is achieving breakthroughs in the delivery of medical care through a project founded by one of its physicians, Dr. Sanjeev Arora. It is called Project ECHO, which is short for Extension for Community Healthcare Outcomes.

Back in 2002, Dr. Arora was a physician specializing in hepatitis C. He had become increasingly frustrated with the lack of treatment options for the thousands of New Mexicans suffering from the disease.

Many of these patients lived in the States' rural and frontier areas. There weren't enough specialists to treat them, and local providers often didn't have the expertise to provide treatment themselves.

What Dr. Arora did was establish what he calls a one-to-many knowledge network, which includes a specialist and up to 40 rural providers. The doctors meet by videoconference to co-manage patients and to eventually teach these rural medical professionals to be minispecialists themselves.

Over the years, what began as a program designed to treat hepatitis C patients has grown and expanded. Today, it includes more than a dozen knowledge networks and telehealth clinics on a wide variety of specialties, including HIV, diabetes, pediatric obesity, and psychotherapy.

In closing, I believe these two programs, along with the other initiatives discussed by my freshman colleagues today, are strong reminders that American innovation doesn't always begin in the Halls of Congress or down the street on Pennsylvania Avenue.

Historically, the greatest American innovation is a grassroots phenomenon, bubbling up from individuals and communities across America, from enterprising folks who recognize a problem and work together to develop a solution that best meets their needs.

This health care reform remains a work in progress. It is our job as legislators to seek out programs such as HERO or Project ECHO, to seek out these best practices, to find programs that work, and to expand that knowl-

edge and ingenuity for the benefit of all Americans.

I thank the Chair and yield the floor.

Mr. BEGICH. Mr. President, I thank Senator UDALL for his comments about ECHO and HERO. It shows what is happening at the grassroots level. We are for innovation that works and brings quality of care, lowers the cost, and getting better delivery of the services out there. I thank the Senator for bringing those examples of what is working in his own State to the American people and stating what we are for in this process.

Next, my colleague from Illinois will join us, Senator BURRIS, who will discuss the important competition in the health care reform debate and how it can improve innovation.

The ACTING PRESIDENT pro tempore. The Senator from Illinois is recognized.

Mr. BURRIS. Mr. President, I thank my colleagues. I join my colleagues this morning to speak out on this very important issue.

I am proud to join my freshman colleagues on the floor once again. And I am glad to be talking about the innovation that will come with meaningful health care reform.

I agree with the points my colleagues have raised on this issue. Health reform will certainly spark employer innovation, to the great benefit of the American consumer. And that is a good reason to support reform. But few people are talking about the kind of innovation that will come about only if we include a public option in our reform package.

So that is what I would like to discuss today.

A public option means competition in the private market. As any businessman will tell you, competition breeds innovation. But this is especially true of the competition we can expect with a public option. That is because a public plan will not only encourage reform and innovation in private companies—it will actually step up and take the lead, just as Medicare has done in the past.

In fact, a recent study shows that many private companies have adopted the innovations, such as improved payment methods and rigorous reviews of technology and treatment, that were developed under the Medicare system.

That speaks volumes about the potential for innovation under a new plan that has the broad base, accountability, and transparency that only a public option could provide.

The public option would be in a position to test and implement meaningful changes to the way health coverage works. These innovations will help to streamline the health care system, save money, and reduce the administrative costs that have run rampant among private insurance providers.

The public sector will lead the way, and private companies will adopt their innovations. We have already seen this with Medicare—and with a broader

public option, this trend is bound to increase. That is because, without competition, private corporations simply don't have any incentive to innovate.

There is no reason to spend money on research when you have a virtual monopoly over the insurance market. There is no reason to develop new ways to improve coverage when you can increase premiums at will without incurring much risk.

Certainly, private companies specialize in finding innovative ways to deny people's coverage—but that is the only kind of innovation we're likely to see from them. And I think America has had enough of that.

A public plan would be entirely different. The recent study indicates that a public option would be at the forefront of improving coverage, through innovations such as:

pioneering technologies and inventive treatments, improving efficiency, expanding access, lowering costs, evaluating the quality of care to help payers and purchasers get maximum value, coordinating care for those with chronic illnesses, and finding better ways to reward high-quality primary care providers.

These are only a few of the innovations we could hope to see with a public option. And all of these developments would be shared with the private sector. This would help reduce costs, restore accountability, and improve health outcomes for every American.

Mr. President, that is why we need the competition and innovation that only a public option can provide. It is time to lower the cost of health coverage. It is time to restore accountability to the system. It is time to make sure every American has access to quality, affordable health care.

A public option will spur new innovations that will help us get there.

That is why I will not back any insurance plan that does not carry with it this major issue of a public option.

I yield the floor.

Mr. BEGICH. Mr. President, I thank Senator BURRIS for his comments. The words he uses—"rewards quality, innovation, reduced costs, accountability, and competition"—are what we stand for. The other side does not. By the comments the Senator has laid out, he has detailed his views and what competition can do in controlling the costs.

Next is Senator SHAHEEN, who will join us to discuss three health care innovations in her State of New Hampshire. She will share the success of the Center for Informed Choice, the medical home pilot and community partnership for improved public health.

I yield to Senator SHAHEEN.

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire is recognized.

Mrs. SHAHEEN. Mr. President, I am pleased to, once again, join my freshman Democratic colleagues to make the case for health care reform. I wish to recognize and thank Senator BEGICH for his leadership and coordination of this effort this morning.

Today, as you have heard, I will discuss three exciting initiatives in New Hampshire that are transforming our health care system. These innovative ideas are shaping the debate and are changing the way we think about health care. They are revolutionizing how we deliver necessary health care services, and they are transforming our payment mechanisms. Most importantly, these initiatives go to the heart of this debate. They focus on the needs of patients, they make the system more efficient, and they use our dollars more wisely.

The Center for Informed Choice at the Dartmouth Institute for Health Policy and Clinical Practice is dedicated to one simple idea: that patients deserve to be equal partners in making choices about their health care.

We know when patients and their families have good information about procedures, treatments, and therapies, they make good decisions. The researchers at Dartmouth found that 40 percent of the time, patients who are fully involved in the decisionmaking process during the course of their medical care choose the less invasive and lower cost medical procedures. Forty percent of the time, patients choose the less invasive, lower cost procedures.

More importantly, their research shows these patients have better clinical outcomes and higher rates of satisfaction as the result of their treatment. The providers at Dartmouth put this research into practice. They recognized it can be hard to decide whether to have surgery, to have a test, or to continue with a treatment. So they offer patients a variety of resources to help. Patients can talk to a counselor. They can do research in the library or talk to medical professionals. They can find out all their treatment options. They can learn what other people have done and fully understand recovery time and the impact on their quality of life. And they can do all of this online.

I have been to the center. It is very impressive what they do. Soon this information is going to be available to the public online.

Armed with information, these patients become empowered and equal partners in their health care. This is the direction that health care reform must take.

Another exciting initiative in New Hampshire is our medical home pilot program. With close to 40,000 patients involved, the medical home is changing the way health care is delivered in New Hampshire. You see, a medical home is about collaboration. It is about a team of health professionals who are working together to provide individualized care for each patient.

In New Hampshire, our medical home pilot has integrated the use of electronic medical records that import hospital, radiology, and laboratory tests directly into the patient's record. New Hampshire medical home model offers two important services to patients, in-

cluding same-day scheduling and secure e-mail communications with their doctors. Unquestionably, the pilot is changing the way health care is delivered in New Hampshire.

My third initiative I wish to talk about deals with changes that are happening at the local level to improve health in New Hampshire. In the western part of New Hampshire is a small city called Keene that has set its goal on becoming the healthiest community in America by 2020. So for all my freshman colleagues, they have to share this with the cities in their States and let them know we plan to be first in Keene, NH.

The citizens of Keene took a look at the data and found out that our State's leading cause of death is heart disease related to tobacco use, poor diet, and physical inactivity. The folks in Keene realized that we spend a disproportionately high amount of money on our medical costs instead of focusing on prevention and wellness.

The citizens of Keene took action. Led by a local hospital, Keene established a coalition of partners from all sectors of the community, including education, private business, nonprofit organizations, and municipal and State government. This coalition, which is called Keene Vision 2020, has made it a priority to engage citizens in healthy lifestyles. They have sponsored educational briefings, screenings, health clinics, health fairs, and Keene's Vision 2020 promotes the local farmer's market, and it has established a local walking group. All of this is done with one goal in mind: to be healthy.

I have no doubt that Keene will be a healthier community in 2020, and I have no doubt that the preventive measures in which citizens have become engaged will lower our health care costs well into the future. We should all applaud and encourage this sort of community-wide commitment to prevention and wellness and to public health.

This is an exciting time. Congress is closer than ever before to passing comprehensive health reform. Time and time again we have heard we cannot continue on the present trajectory. I am pleased to point out these exciting initiatives underway in New Hampshire that demonstrate we can improve the quality of care and lower our health care costs.

I yield back to Senator BEGICH.

The ACTING PRESIDENT pro tempore. The Senator from Alaska.

Mr. BEGICH. Mr. President, I thank the Senator from New Hampshire again for addressing innovative health care, to reward quality, create innovation, reduce costs and making sure we are accountable for our actions in regard to health care. This is what this side of the aisle is for—innovation and new ideas to bring some competitiveness to the process and lowering the cost of health care.

Next, we will hear from Senator MERKLEY of Oregon. My fellow freshman joins us to discuss how critical it

is for the Senate to act now on health care reform because the cost of inaction is too great.

I yield time to Senator MERKLEY.

Mr. MERKLEY. Mr. President, I thank Senator BEGICH.

My colleagues have been pointing out the importance of innovation. Senator BURRIS addressed how competition and the public option would increase innovation. Senator SHAHEEN just noted some of the models and efforts in her State. We need to share the insights of that throughout this Nation so we can take the best practices to produce the best quality results in every corner of our Nation.

I rise to speak about a different aspect of innovation; specifically, that in order for our citizens to benefit from this innovation, health care needs to be affordable. Currently, health care is on a road to unaffordability and inaccessibility. If we do not pass health care reform, costs will eat up a bigger and bigger share of the gross domestic product and our families' budgets.

More families will lose their insurance because they simply cannot afford it. Many other families will be forced into personal bankruptcy as medical bills spiral out of control. And, much worse, some Americans will die because of inadequate or delayed care. We cannot continue on this path.

First, health care has become increasingly unaffordable and will only get worse. This is true whether we look at it through a macroeconomic perspective, the family perspective, or the small business perspective. Looking at the economy as a whole, in 2008, health care spending in the United States reached \$2.4 trillion. It is projected to reach \$3.1 trillion by 2012, and if it continues in that fashion, it will reach \$4.3 trillion by 2016. Add up those 10 years and what we find is we will be spending \$30 trillion to \$40 trillion for health care in just a 10-year period.

If we frame this through the family perspective, the cost increases are felt all over the Nation through double-digit annual increases in premiums. Workers are paying \$1,600 more in premiums annually for family coverage now than they did 10 years ago. To put it differently, for many families, the cost has doubled over the last 8 years, and the cost will double again over the next 8 or 10 years. The result is that families who could afford health care a few years ago cannot afford it today, and many who can barely afford it today will not be able to afford it tomorrow.

Our small businesses feel the pain as well. At the Hawthorne Auto Clinic in Portland, the cost of premiums has gone from 9 percent of the payroll to 18 percent of the payroll in the last 5 years. That is a huge amount of money diverted from hiring more staff or increasing wages for the staff or from investing in more capital equipment. These costs are hurting our families and damaging our small businesses.

Second, as costs go up, more and more Americans will lose coverage. We

are used to hearing there are 45 million Americans uninsured. But a recent study from the University of North Carolina estimates that 6 million Americans have been added to the ranks of the uninsured since 2007—6 million more uninsured since 2007—putting the number of Americans uninsured at 51 million to 52 million.

According to the Kaiser Family Foundation, more than 80 percent of the uninsured are from working families. Members of the family have jobs.

Take Karen Jeffrey from Ashland, OR. When she moved to Oregon from Hawaii, she tried to buy new insurance. Because she had suffered from a broken hip and a bout of cancer 15 years earlier, she could not find affordable coverage. So Karen is simply waiting until she can qualify for Medicare at age 65. If a medical emergency strikes before that arrives, that medical incident will be devastating. If we do not act now, rising health care costs will cause financial ruin for millions of families.

A recent study in the American Journal of Medicine found that 62 percent of all bankruptcies filed in 2007 were from medical expenses. Of those who filed for bankruptcy due to medical problems, about three-fourths had health insurance. Even with insurance, many Americans are underinsured and devastated by a medical emergency. The impact of these bankruptcies reverberates throughout our families, throughout our economy. Every year 1.5 million families lose their home to foreclosure as a result of unaffordable medical costs.

We also know families pay with their lives. In September, a Harvard Medical School study showed that 45,000 people die in the United States each year, 1 every 12 minutes, because of a lack of health insurance and cannot get good care—45,000 Americans each year. That is more than the number of Americans who died in the Revolutionary War. It is roughly equal to the number of our soldiers who died in combat in Vietnam over a 16-year period. It is the equivalent of 30 Titanics sinking every year—Americans dying because of unaffordable health care.

We need health care reform that drives innovation. We have a tremendous number of models around the States to promote and improve, but we need to make health care affordable in order to get that innovation into the hands and benefits of our citizens. That is why we must proceed with health care reform now. There is no time to waste.

Mr. President, I thank Senator BEGICH for moderating this discussion and putting in the spotlight the role and importance of innovation.

The ACTING PRESIDENT pro tempore. The Senator from Alaska.

Mr. BEGICH. Mr. President, I was here at the opening of the session, and I heard the Republican leader say—and I agree with his actual comment—that the American people have been taken for a ride. The Senator from Oregon

just described the ride—the ride right over the cliff of cost of insurance that is no longer affordable, with 45,000 people who die every year because of their inability to access affordable health care. The Republican leader is right, the American people have been taken for a ride—a ride over the cliff.

What we are showing today is innovation, new ideas, new approaches that bring quality, affordable health care to millions of Americans and the 45,000 Senator MERKLEY talked about who die each year because of lack of health care.

I thank the Senator from Oregon for reminding us of those statistics and making sure we do not forget what we are here to do.

Next, I am pleased to hear from Senator KIRK. The Senator from Massachusetts joins us to discuss the Community Living Assistance Services and Support Act, or the CLASS Act. Yesterday, the Senator made his first speech on the floor of the Senate. It was enjoyable, exciting, and very to the point when it came to health care.

Today I look forward again to his comments regarding health care, especially the CLASS Act. I yield time to Senator KIRK.

The ACTING PRESIDENT pro tempore. The Senator from Massachusetts is recognized.

Mr. KIRK. Mr. President, I thank Senator BEGICH for his leadership this morning on important issues that are concerning the American people. I thank the Senator from Alaska and my other colleagues in the freshman class for advancing the important measures that the American people are anxious to see enacted to improve their health security future and their economic future as well. I also thank my colleagues for their kindness and courtesies in welcoming me to the Senate and to be a part of this impressive and distinguished team as we do what is our responsibility for the American people.

This morning I wish to address a legislative initiative that will assist our senior or infirm citizens as part of our health care reform initiative.

Today in the United States, there are approximately 200 million people who are elderly or disabled. These individuals are some of our most vulnerable and often they are forgotten. But they always had a friend and advocate in Senator Ted Kennedy. He was the premier legislative innovator.

Senator Kennedy understood the current system is not working; that it cried out for innovation. He knew it was wrong that in order for individuals with disabilities and the elderly to receive the services and support they needed, they had to stop working, spend down their savings, abandon their dreams, abandon their homes, and possibly go into a permanent facility—all the wrong incentives for individuals who deserve dignity in those fragile years. All this, he felt, was directly contrary to our idea of living the American dream.

Senator Kennedy was not one to sit idly by. He acted. He acted to try to help as many of these men and women as possible. The Community Living Assistance Services and Supports Act—known as the CLASS Act—was at the heart of his efforts to help people with functional limitations and their families obtain the services and support they needed in order to keep their independence and continue as active members of their communities. I am honored to take up that worthy cause.

Here is how the CLASS Act will help the middle class. Under the act, a worker in Massachusetts or any other State can choose to pay into a voluntary insurance program through affordable payroll deductions. After 5 years of those deductions, they would be eligible for a daily cash benefit of \$50 if they became disabled. That money can make a huge difference in allowing a disabled person to live with independence and with dignity. For example, it can pay for having a ramp installed in their home or pay for needed transportation or purchase a computer to work from home and remain self-sufficient.

Some have said this innovation is unsustainable; that it is just another government benefit that will become unaffordable in the years to come. But the Congressional Budget Office and other independent auditing agencies estimate the CLASS Act will be able to maintain its solvency for 75 years. The plan is self-funded and is a cost saver for Medicaid since fewer people would need to push themselves into poverty in order to enroll in Medicaid and receive the care they need. The CLASS Act will correct that disincentive.

The CLASS Act is a realistic answer to the serious problems of our current system and it is important to the lives of millions of Americans. Disability could suddenly strike any of us in the years ahead. As we work to provide health insurance to the tens of millions of Americans who do not have it, it is hard to understand why we should not meet the needs of millions of people with disabilities and the elderly who desperately need our help.

I hope very much that our colleagues will support the CLASS Act as an innovative and necessary part of the current health reform bill, and I look forward to further opportunities to advance this measure, and ultimately as a part of the needed health reform bill that is coming to the floor that will help and serve the American people through its ultimate enactment.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. Mr. President, I thank Senator KIRK for describing the CLASS Act, an important program for long-term care, and the legacy of Senator Kennedy and his work regarding that innovation.

At this time, we will hear from my colleague from North Carolina, Senator

HAGAN, who will discuss how wellness programs are a key component of comprehensive health care reform and how they have an impact on long-term outcomes for American citizens.

Senator HAGAN.

The PRESIDING OFFICER. The Senator from North Carolina.

Mrs. HAGAN. Mr. President, I am joining my colleagues on the floor today to discuss how health care reform will support innovative private sector programs that will save taxpayers money and make our Nation healthier in the long run. I wish to take this opportunity to discuss groundbreaking work at SAS, a software company based in Cary, NC.

Since 1985, SAS has established itself as a global leader in employer-sponsored wellness programs. Although SAS provides health insurance for its employees, almost 90 percent of their families use the company's on-site health care center, and more than 50 percent, including the company's CEO, use the health care center as their primary care provider.

SAS started providing wellness programs to its employees because the company realized the value of having healthy employees—they are more productive, they are more loyal—which translates into low employee turnover and reduced recruitment and retention costs. Disease prevention and wellness also translate into lower health care costs for the company as employees take better care of themselves.

Recently, one SAS employee—a man in his 30s—was told he had early signs of Type 2 diabetes. Through their diabetes self-management program and other onsite SAS resources, this man was able to make real changes in his lifestyle, eating habits, weight and exercise, and now he no longer meets the diagnostic parameters for diabetes.

I also recently visited Lenoir Memorial Hospital in Kinston, NC, where this hospital provides their employees and members of this community with access to a gym and a wellness program. More than 40 percent of the hospital's employees participate because of incentives the hospital provides for basic preventive screenings. People who don't work at the hospital—people in the community—can pay a low monthly fee to use the gym, including its indoor and outdoor track, weights, and yoga classes. Many of the people who use the facility are middle-aged and older. Health care staff monitor the facility and help create a comfortable and safe environment for everyone who comes to exercise. This opportunity is a benefit to the entire community.

Two weeks ago, I visited the showroom of the North Carolina furniture manufacturers Mitchell Gold and Bob Williams. This company currently employs 550 North Carolinians, and for the past 10 years the company has provided their employees with a free annual health fair, where employees can receive preventive exams at no cost. This

spring, more than 200 women received free mammograms from a mobile unit that came to the plant. The company recently started a part-time, onsite medical clinic to address their employees' medical needs.

Companies such as SAS, Lenoir Memorial Hospital, and Mitchell Gold and Bob Williams reap tremendous economic benefits from their investments in these wellness programs. In 2008 alone, SAS saved more than \$5 million in productivity and insurance costs as a result of its onsite health care center.

Businesses across our country can improve worker productivity and save money by encouraging their employees to adopt healthier lifestyles. Obesity, chronic heart disease, and diabetes continue to rise in America at a significant cost to our health care system. The time to be innovative is now.

In the health care reform bill, we are building on these successful wellness programs and encouraging all employers to invest in the health and well-being of their employees. Specifically, in the Health, Education, Labor and Pensions Committee bill, employers can offer their employees who participate in a wellness program a discount of up to 30 percent in their health insurance premiums. Currently, the average employee insurance premium is \$250 a month, or \$3,000 a year. This 30-percent discount would mean a savings of \$900 per year to that employee.

Expanding employer wellness programs will bring the cost of health care down and will make America a healthier nation.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. I thank Senator HAGAN for once again showing this morning another innovative approach to reducing health care costs for Americans today and into the future; and how wellness and prevention are critical for the long-term benefits of the American people in reducing health care costs—not by just a small amount but significant amounts, as she laid out.

Next we will hear from our colleague from Colorado, Senator BENNET, who joins us to discuss how innovation and patient-centered care can improve our health care system.

I yield time to Senator BENNET.

The PRESIDING OFFICER. The Senator from Colorado is recognized.

Mr. BENNET. Mr. President, I thank the Senator from Alaska for organizing this presentation this morning. It is a pleasure to be here with my freshman colleagues to talk about health care reform in this country, something that is long overdue if we are going to end the double-digit cost increases our working families face every year and if we are to see small businesses continue to grow and thrive in this country and lead us out of the recession we are in.

As the Presiding Officer knows, in our State we have suffered a lot from a health care system that doesn't work.

We see more and more of our families losing their insurance and fewer and fewer of our employers able to offer insurance, which is something they want to do for their employees. So it is high time for us to get these costs under control, and that will take innovation. In our State, we haven't waited on Washington. There are great examples of Coloradans who have pulled together to deliver high-quality health care at a lower cost.

A great example of what I am talking about is in Mesa County where Grand Junction is located. They have instituted what they call transitional care, where they have reduced the readmission rates at the hospital to about 2 percent. The national average is roughly 20 percent. One out of every five Medicare patients who is released from the hospital winds up in the hospital in the same month they were released. There are a lot of reasons for that. Those of us who have small children or are caring for parents know how many times we have to tell the same story over and over as we make our way from one doctor's office to the next. Many people forget to fill out their prescriptions or they do not have the kind of instructions they need to be able to take responsibility for their own care. In Mesa County they have solved that problem by creating a transitional model that makes sure when patients leave the hospital they do so with a coach—a coach who helps them go from the emergency room to their primary care physician and their mental health provider to get the care they need over a period of time.

I was very pleased that Chairman BAUCUS included in the Finance Committee version of this health care reform legislation the piece I wrote based on the work in Grand Junction that will compensate—reimburse—providers who set up a model such as the one in Mesa County that actually saves money. That is truly what this is all about—this tortuous path we have been on to try to get health care reform done—to have a very excellent end point which makes sure we are reducing the cost to our working families and, at the same time, increasing quality; that we are making sure we are not devoting a fifth of our gross domestic product to health care when every other industrialized country in the world, with whom we are competing, is devoting less than half that to health care.

There are probably a lot of details in this legislation that still need to be worked out, and I am sure there is room for improvement—there is always room for improvement—but the American people cannot go through one more decade like the last decade of having poorer and poorer coverage at a higher and higher cost. That is not the way our system should work. We can do better than that as Americans. We have shown we can do better than that in Colorado, in our State, and I am so pleased there are going to be commu-

nities all over the country that will have the opportunity to learn from each other and provide better transitional care for patients and more patient-centered care as we move through this health care debate.

I thank the Senator from Alaska for organizing this, and I yield the floor to him.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. Mr. President, I thank the Senator from Colorado for talking about the importance of why we need to do this but also reminding us of the small business component of all this and how important it is not only for the individual policyholder but the small business that is struggling every single day.

I thank him for reminding us, and I will now make my comments, and talk a little about what people have said today but also to hopefully blunt a few of the myths.

I want to thank my freshman colleagues who have spoken this morning. It is truly wonderful to hear the many different ideas, innovative reforms that are already working, and about the new proposals that will help us achieve the overall goal of reform: Tens of millions more Americans covered, with access to more choices and premiums that individuals and small businesses can afford.

In these final few moments of my time, I want to preempt what may come on the floor from the other side of the aisle later today, from those who will have listened to these presentations about innovation and excellence. They are likely to respond the way they have always responded to reform ideas—by just saying no.

The bill is still being written, but we have already seen the tactics of the other side. They say this is a purely partisan exercise and that the Democrats are not listening to Republicans. They bring a big, thick, mock bill to the floor and say it is too big and we will never read it. They say the bills need to be on the Internet or democracy is somehow in jeopardy.

With all due respect to my colleagues on the other side, the Republicans, I beg to differ. For starters, I brought my prop—actually it is not a prop; it is the real deal. What I am holding are the actual Republican amendments that were accepted to the HELP bill; 161 amendments, 300 pages of the bill—almost a third came from them. This is the stack that doesn't even include the additional Republican amendments accepted in the Finance Committee. These are not proposed amendments; these are the Republican amendments that were accepted and reported out of the HELP Committee.

I have two questions. First, are the critics of health reform saying that the size of the eventual bill really matters, that the Senate leadership somehow should be embarrassed because a major piece of legislation that will affect one-sixth of our entire economy is not of-

fered in some big-type Cliff Notes? We are already hearing that. By the way, all the bills have already been on the Internet for weeks, in some cases for months. The merged Senate version will be on the Internet and so will the final bill from the conference committee after the House and Senate work out their differences.

My second question is this: I wonder how many of my colleagues across the aisle have actually read these Republican amendments, because there are some very good ideas. I know the Republicans are quick to say the committee only accepted technical amendments, but that doesn't appear to be true for all cases.

An amendment by Senator BURR says the HELP Committee's community health insurance option must follow State insurance regulation. This is not trivial. It refers to important matters such as solvency, consumer protection, and much more. The amendment helps to ensure a level playing field between the public option and all the other health plans in each State's insurance market. That is hardly technical.

The bipartisan amendment supported by Senators GREGG and ENZI and ALEXANDER allows employers to give bigger incentives to employees who participate in workplace wellness programs, which I think is a great idea. It is something I implemented when I was the mayor of Anchorage, AK.

My own Alaska colleague, Senator MURKOWSKI, had other good ideas to add to the HELP bill, including improving student loan repayments to help medical professionals who agree to work in medically underserved areas—another very good idea.

I hope my point is clear. There is a lot to be done by all of us, and there has already been good work by Members on both sides of the aisle. So let's talk about the merits of health reform, let's debate the policy, and let's lay out our legitimate differences and then work together on solutions.

My freshman colleagues have described it well over the past hour. When it comes to reform, there are many examples of excellence already underway. We need to support such innovation, expand it, and make it part of a nationwide effort to give all Americans access to health insurance and basic medical care. There is still time for all of us to work together. We need health reform now, and we know it will work.

I yield time at this point to the Senator from Colorado, MARK UDALL.

The PRESIDING OFFICER (Mr. BENNET). The Senator from Colorado is recognized.

Mr. UDALL of Colorado. Mr. President, I thank the Senator from Alaska for convening the important discussion we have had here this morning. As you have heard and we have all heard over the last hour, my colleagues and I agree that the point of health care reform is to bring affordable, quality health care to all Americans. The bill

we will debate here on the floor in the coming weeks will include important insurance reforms to make that a reality.

I want to ask you though, Mr. President, and everybody watching, will we have succeeded in our mission if we merely put an insurance card in every American's pocket? Comprehensive health care reform needs to be about a lot more than that. We have heard about the difficult fiscal challenges that await us if we do nothing. Putting our economy on a sustainable path for the future means we have to address this unsustainable growth in health care spending that you so eloquently addressed earlier in your remarks.

One of the best ways we can do that is by preventing illness in the first place. The good news is that many communities and providers all over the country are doing just that. We can recognize their innovative successes and incentivize others to follow in this reform package. If we do that, we will have a big impact on patient health as well as on the Nation's bottom line.

I wish to talk about a program in Colorado that has been getting results. The Northwest Colorado Visiting Nurse Association, which has been working with the Department of Public Health, local physicians, and others, operates the Aging Well program. It focuses on prevention, and it connects rural Coloradans over age 50 with services and information to help them remain active, healthy, in their homes, and out of the hospital. Patients receive health screenings, exercise classes, and courses on managing conditions such as arthritis or chronic pain. Aging Well has been a great success. Listen to these numbers from a recent survey: 98 percent of participants reported improved fitness, 60 percent visited their doctor less often, and 18 percent reduced their medication needs. This saves dollars and improves lives.

Health insurance reform legislation includes funding to start similar programs aimed at keeping those just shy of their Medicare years—I have to confess, like me—active and healthy. The goal is to allow Americans to avoid spending their golden years worrying about illnesses that could have been prevented in the first place. To complement these programs, additional grants would give these organizations the tools to promote healthy living for all ages, reduce obesity, tobacco use, and mental illness.

Health reform would also require insurers to provide full coverage for preventive services at no cost to enrollees. That is music to the ears of any American who has skipped a recommended mammogram or an annual physical exam because the cost was too great.

Let me talk about children as well. There are grants in our health reform package for school-based health clinics so that children who lack easy access to a doctor can get preventive care right at school. These clinics have been shown to save \$2 for every \$1 they

spend. This results in fewer emergency room visits and hospital visits, and we deliver health care before problems become more serious.

Let me turn back to adults in the workplace. Reform would bring wellness programs to the workplace by providing grants for employers. Companies that have implemented wellness programs have already seen big savings. PepsiCo is one such company. They offer onsite screenings, programs to help employees lose weight, exercise incentives, and other measures. As a result, they have saved nearly \$120 per participating employee per month, which has resulted in a 2-year savings of over \$22 million. Even better than the dollars involved here, participants demonstrated lower health risks and better health outcomes. This is one more way reform will pave the way and provide incentives for more companies to follow suit for their employees.

Reform is also a great deal for seniors. For the first time, Medicare will pay for annual wellness visits. Reform would create incentives for Medicare patients who alter their behavior in order to lower their blood pressure and better control their diabetes. Medicare will cover recommended preventive services now, which is at no additional cost to seniors. In sum, contrary to what we have heard from some on the other side, Medicare benefits will be improved by the reform that is being proposed.

Let me conclude by pointing out that this legislation makes the wise choice of building on our wellness efforts that are already working. We know preventive care enables doctors and other health care providers to detect diseases earlier, when treatment is the most effective, averting more serious and costly problems later on. But it also empowers each and every one of us to take charge of improving the quality of our lives, and when done correctly it is a crucial component of efficiently and responsibly addressing health care spending.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska is recognized.

Mr. BEGICH. Mr. President, I thank Senator UDALL for once again pointing out how prevention and wellness works and how some real hard dollars make a difference in health care. As I close, I again thank my colleagues, the freshmen, for once again coming this week and making our point clear on innovation and the impact it will have on bringing accountability and a better product for the consumer, ensuring that we reduce costs through innovation.

I heard this morning some one-liners from the other side that say "rationing, delay, deny" is what we are all about over here. Absolutely wrong. What we are about is ensuring that the current rationing going on by insurance companies, the delay by insurance companies, and the denials by insurance companies stop so our consumers

have good-quality, long-term health care.

As I said earlier when the Senator from Oregon was talking, I heard again this morning that the American people were being taken for a ride. My comment was that I agree with the other side; they are—right over the cliff. It is time to take action and have health care reform.

Is it a perfect bill when we are all here on the floor at some point discussing it? It may not be. But is it better than where we are today? Absolutely, because today is literally taking the American people right over the cliff. So it is in the best interests of the American people to move forward and create a better system that is more accountable with better quality.

I appreciate my freshman colleagues for standing up today and laying out new, innovative approaches that are working across this country.

I yield my time.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. GREGG. I ask to be recognized as in morning business for 10 minutes.

The PRESIDING OFFICER. The Senator is recognized.

HEALTH CARE REFORM

Mr. GREGG. Mr. President, one of the first rules in health care that doctors learn and health care providers learn is to do no harm. So, as we move down the road of this health reform effort, I think we ought to have that as our watchword also. The health reform effort which we pursue should do no harm to a lot of the elements of our health care system which are doing pretty well.

For example, there are a large number of Americans who get health insurance from the private sector—about 170 or 180 million—who are quite happy with their health care. They may have concerns with their insurance companies, legitimately, but they think their health care is pretty good. In fact, American health care is excellent.

As we move down this road toward health reform, we should not harm those folks. We should not push them into a public plan by creating a system which basically disincentivizes their employers to give them health care, incentivizes employers to pay a penalty rather than pay a health care premium, and moves people over to what are called health exchanges in a public plan. But that is exactly what the bill did as it left the HELP Committee, and who knows what it is going to do when it comes out of the secret room where it is being written right now, but I wouldn't be surprised if that is exactly what it does when it returns from this secret room. That will be harmful—harmful to all Americans who have health insurance and like what they have. They like the doctors they see, and they don't want to have the Federal Government basically supplying their health care and putting them

under a bureaucracy where the Federal Government stands between them and their doctors.

There are also a lot of senior citizens in this country today who are on something called Medicare Advantage. They find this to be an excellent Medicare Program. It gives them a lot of options they don't have under traditional Medicare, and they like it.

Under the Finance Committee plan, Medicare Advantage would have been eviscerated. Most Americans who get Medicare Advantage would lose it—that simple—because the Finance Committee is anticipating a \$400 billion reduction in Medicare spending, with the vast majority of that—or the majority of that coming out of the Medicare Advantage program, essentially eliminating Medicare Advantage as an option. People who are on Medicare Advantage would be pushed back into traditional Medicare. I don't think they are going to be very happy with that. That does them harm. That should not happen.

As part of the "do no harm" we should be pursuing in health care, we should not cut Medicare in order to fund a brandnew entitlement for people who are younger and who are not on Medicare, for the most part—who obviously are not on Medicare—and cause people who are on Medicare and who are quite comfortable with what they are getting under Medicare, specifically Medicare Advantage, to lose that option in order to fund a brandnew entitlement with \$400 billion in Medicare cuts.

In the new "do no harm" issue, there is the issue of innovation. Innovation is one of the great advantages our health care system has. You do not see innovation in England, of any significance, where they have a nationalized system. You do not see innovation in Canada, where they have a nationalized system, because innovation takes investment. To bring a new drug to the market requires 12 years and almost \$1 billion. Someone has to put up that billion dollars. Somebody has to be willing to take a risk with their money, that they are willing to invest in this very chancy undertaking of trying to bring a new drug to the market, a new drug which will help millions of Americans, potentially.

But it takes money and it takes a willingness to invest in that type of research. Money follows return. If you set up a government-run program—which, inevitably, in order to reduce costs has to control prices—you reduce returns. It is absolutely guaranteed that if this country moves to a single-payer, government-run system, the innovation that is occurring in the area of pharmaceuticals and biologics, in the area of devices, will be dramatically chilled because there is not going to be the investment capital to pursue that type of innovation.

Granted, the government can try to do it through government research. But we know government research can

never replace the creativity of the private sector and the risk-taking of a broader market that involves billions of dollars of investment.

But we also know investment follows return. If you use a government plan, which essentially can only save money by controlling prices and, thus, reduces returns significantly or reduces the number of years companies have control over the drug they produce, as is being proposed by the majority under the biologics-generic proposal down to 4 or 5 years, then you will not get the initial investment. Those dollars will go somewhere else. They will go into software, they will go into some other technology or some other activity where the return will be something they think is better.

So innovation will be chilled, significantly chilled. That does harm. That will do significant harm because one of the great things about our system, as I mentioned earlier, is that we are bringing these new drugs to the market, these new pharmaceuticals, these new biologics, these new devices which are saving lives and making people's lives better.

No other country is doing that at the rate we are doing it because our country has a system which encourages that sort of entrepreneurship and innovation. But that will be dramatically affected if we go down the road as proposed, at least by the bill that was produced by the HELP Committee, which the majority leader said he endorses, a bill that has a public plan in it.

In the "do no harm" category, who are the people we want to have take care of us? I know when I was in high school and in college, the best and brightest people I ran into wanted to be doctors. I liked that because I knew those folks, who were a lot smarter than I was, were going to be taking care of myself and my family if I went to see a doctor.

Almost universally we know the best and brightest people in our society, for the most part, go into medicine. They become doctors. That has been our culture for a long time. But that culture will change, change fundamentally, when every doctor in this country is working for the government, when basically the doctors become bureaucrats. What sort of incentive is there going to be for the best and brightest to move into medicine then? I think we do significant harm if we undermine that character of our culture.

Lastly—and this is the point I wished to talk about mostly—doing no harm, in a financial sense, means not creating programs which we cannot afford, for which we end up passing the bill on to our children. We know the proposal, as passed by the Finance Committee, costs between \$1 and \$2 trillion.

They will tell you: Oh, it only costs \$800 billion. But that is because they used "Bernie Madoff" accounting. They said: We have a 10-year bill. We are going to spend 5 years on the program.

We are going to pay for 5 years of the program, but we are going to have 10 years of income to pay for it. We are going to score as if it is a real bill over 10 years.

That is absurd. You would go to jail if you did that in the private sector, which Bernie Madoff did. But he has been released. He is on work release, I think, down here working with the Democratic majority on how to score this bill.

But as a practical matter, you have to match the full 10 years of expenditures with the full 10 years of what is alleged to be income. So if you have this plan fully phased in over 10 years, the cost, by our estimate, the Budget Committee staff estimate on the Republican side—and it is a reasonable cost estimate—is about \$1.8 trillion. The income alleged to occur under this bill—remember, it is coming from Medicare reductions and from taxes and fees—is alleged to be about \$900 billion.

If you give them the benefit of the doubt, if they get all the income they claim they are going to get, you are still about \$1 trillion off. Well, who pays for that? That goes on the debt. Our kids pay for that.

By the way, we skipped over one little item, which costs \$250 billion, called the doctors fix. That is not even scored in this exercise, but we know we have to do it—more sleight of hand on the accounting side, a little bit more Bernie Madoffism. The real price of this bill is somewhere between \$1 and \$1.5 trillion, unpaid for. The total bills' real cost is somewhere over \$2 trillion. We are talking 10-year figures here.

So you are going to grow the government by \$2 trillion because you are going to create this brandnew entitlement, and you are going to take \$400 billion from the Medicare recipients and use that to pay for it. Then you are going to take \$500 billion in fees and taxes and you are going to use that to pay for it.

Well, you are about \$1.2 trillion short. So who pays for that? Our kids. More debt. The problem we have today is, we have too much debt. We have too much debt. The debt is the threat to this country.

I ask for an additional 2 minutes.

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

Mr. GREGG. We are facing a situation where our national debt is rising so fast because we are running deficits of over \$1 trillion a year for the next 10 years. That is what is projected in the President's budget. We are essentially going to put ourselves in a position where we are going to be similar to a dog chasing its tail. We can never catch up with the amount of debt we are putting on the books.

Now we are talking about putting a \$2 trillion expansion of the government on top of a government that already has a projected debt of 80 percent of gross domestic national product, which means our kids are going to inherit a

country they cannot afford to live in because their standard of living will be reduced in order to try to meet the obligations we are putting on their backs. It is not fair. It is not right.

Clearly, if we are going to do health reform, it should be done in a fiscally responsible way. It is not fiscally responsible to grow this government by \$2 trillion, take money from Medicare to pay for it, and pass the majority of the cost of that bill on to our kids with more debt. It is not a responsible thing to do.

So in the arena of “do no harm,” what is presently proposed around here is going to do a lot of harm. That is unfortunate.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Mr. President, I ask to be informed when I have spoken for 9 minutes.

The PRESIDING OFFICER. The Senator will be informed.

Mr. KYL. Let me say, the Senator from New Hampshire has it right on target. I asked a bunch of my constituents how many believe, if we create a new \$1 trillion health care program, it is not going to run up the public debt. Not one hand went up.

I think the American people realize what the Senator from New Hampshire said is absolutely right. You cannot create this kind of a new government takeover of health care in this country and health insurance and not have it cost a lot of money, No. 1, and not have it run up the debt, No. 2.

In fact, one of two things is true. You know, half of this is paid for allegedly by cutting Medicare \$500 billion, although we do not know what the final bill will be. Maybe it is \$450 billion, but let's say \$½ trillion to round it off. One of two things is true: Either Congress will end up not making all the cuts in Medicare because we have never had the ability to do that in the past because we know it will cut benefits for seniors, in which case we are going to run up another \$500 billion debt—the American people know that—or, for the first time, we are going to make the cuts and seniors are going to see their Medicare benefits cut.

One of those two things is true. Yet our friends on the other side say: Oh, no, no, no. We are not going to have any new debt. Besides that, we are not going to lose any benefits. Well, one of those two things is going to happen. Either we are going to be more in debt or we are going to lose a lot of benefits for seniors.

This week, of course, all the talk is about a new government-run insurance plan. It has lots of different names. It is called opt-out or opt-in or trigger or co-op or consumer or public option.

The Speaker of the House this morning was talking about this. She said: I do not think we should call it public option. I think we should call it consumer option.

Well, let's dwell on this for a second. Is this being paid for or run by con-

sumers? No. It is being run by the U.S. Government here in Washington. Is it being run by the public? No, it is not being run by the public. It is being run by the government here in Washington. This is government-run insurance. That is what it is. It is a government insurance company that they want to compete with the private companies.

The supporters of this are very honest about this. They say they want them to compete. After all, why shouldn't the private insurance companies have some competition from a government-run insurance company? So let's stop the phony characterization of it in some way that sounds a little better, that sounds like it is not government-run insurance. It is government-run insurance. Let's call it by what it is.

Strangely, when it comes to Medicare, these same people who are all for competition suddenly go silent. They are not so much for competition in Medicare. That is what we created with a program called Medicare Advantage. We have the government-run part of Medicare, and you can have that if you want it or you can buy one of these private insurance plans called Medicare Advantage. Well, people on the other side of the aisle do not like Medicare Advantage because it is private. It is a private insurance company. Usually, they are health maintenance organizations or HMOs. They provide a lot of extra benefits to their enrollees and the enrollees love it.

I get all kinds of letters from Arizonians who are on Medicare Advantage and they do not want us to eliminate it. Of course, that is what is going to happen under this legislation. They cut \$120 billion out of Medicare Advantage because they do not want the private insurance companies that provide Medicare Advantage to be competing with Medicare, the government-run entity.

So we are all for competition in the private sector today. We need to have a new government insurance company competing. But we are not for competition when it comes to Medicare, we want to keep that government run. The bottom line is this: The left, in this body and in the other body and in the country at large, wants a single-payer government system. They know they cannot get there in one jump. So they are going to do it in two jumps.

First will be with all the government involvement in this bill, including a government-run insurance company. Then, when everybody gets covered under that, they can move to a single-payer system and, voila, you no longer have a viable private sector.

This is not just me talking. The Lewin Group, probably the most respected health care consulting firm, had a study earlier this year in which they said 119 million Americans would be signed up within, I believe it is, 2 or 3 years, under this legislation, with the government-run insurance company.

But here is the interesting figure: 88 million of those people already have in-

urance. They do not need a new government-run program. They have insurance provided by their employer. The dirty little secret is, when the President and others say: If you like your insurance, you get to keep it, that is not right. Because all the incentive is for your employer to shift you to the government-run plan. That is a lot cheaper for the employer to do that. So you may like your plan, you may want to keep it, but you do not get to keep it if your employer says: Sorry, it is cheaper for me to put you on the government plan. I am not going to offer you coverage anymore.

Lewin says that will happen to 88 million Americans. This is not a small matter. Of course, it is also true on Medicare Advantage. If you like your Medicare Advantage plan, as my constituents do, Arizona has one of the highest percentages of seniors signed up with Medicare Advantage, well, that is tough.

We are going to cut \$120 billion out of Medicare Advantage and the value of that plan is going to be cut by about— from roughly \$140-something in value down to roughly \$40-some dollars in value, meaning you are going to be losing just under \$100 in actuarial value off your Medicare Advantage plan because of what we are doing here.

All this because those on the left do not like the private sector providing insurance and want it eventually to go all government. The first step to that is this government-run insurance.

On Monday, the majority leader announced a new tweak on this, a new variation. In order to try to placate some who do not like the government-run concept, he will say: Well, we will let the States opt out. What exactly does that mean? Nobody knows. Somebody has written a bill or at least has written a concept. Nobody that I know of has seen it. Certainly Republicans have not seen it. This was cooked up in the majority leader's office with people from the administration and some other Democratic Senators, and they came up with the idea that maybe it would not sound so bad if they let States opt out.

What exactly does that mean? Well, first of all, I do not know. But does it mean everybody has to pay for it, but if you do not want to accept the benefits, you can opt out of the benefits? How many States are going to go for that? Who knows what it means?

Somebody said: Well, how about an opt-in? I said: Well, you ought to ask the Democrats that. It would seem to make more sense than an opt-out if you are going to have the program. Of course, you should not have it in the first place, but at least, if you have it, shouldn't you give people the option of deciding whether they want it and whether they have to pay for it? If they do not want to pay for it and do not want the benefits, well, maybe then it is a little different proposition. But that is not a good idea either, because you are still creating the basic government-run insurance company, and that

is also what is wrong with the so-called trigger.

The idea of the trigger is, well, if the Secretary of Health and Human Services decides in her opinion that not enough people can get insurance at the right cost, then we are going to have the government-run insurance company take over. National, paid for by the Federal Government, created by the Federal Government—this is government-run insurance.

A co-op. That idea seems to have pretty well fallen off.

But all of these ideas—whether it is a co-op or consumer or public or opt-in or opt-out, it all amounts to the same thing: It is government-run insurance. We do not need it. It is bad. It is a problem—or a solution looking for a problem.

There are times where there is not that much competition. Why? Because they are generally small States without very much population. The last thing they need is one more insurance company coming in splitting up the pie. They need a large risk pool to provide the basis for them to be able to write insurance. And you split the risk pool up even more with yet another insurer, and you are not solving any kind of a problem.

The final thing they said: Well, we need the government-run insurance to keep the insurance companies honest. That is what the State insurance commissioners are for. We have several former State insurance commissioners—the Senator from Maine, Ms. COLLINS; the Senator from Nebraska, Mr. NELSON; the other Senator NELSON—all former insurance commissioners, and they know their job was to keep the insurance companies honest. I have not heard anybody say the insurance companies are not honest. I heard them say: Well, they make way too much money. Well, obviously, that to some extent can be controlled by the individual States. But it is also the case—

The PRESIDING OFFICER. The Senator has consumed 9 minutes.

Mr. KYL. I appreciate that, Mr. President. I will conclude with this point: A study that came out in the papers earlier this week demonstrated that insurance companies ranked 35th on the list of the most profitable companies, making a profit of something like 2 percent. So the bottom line is, people say: Well, we either want to punish the insurance companies or give them more competition or keep them honest. All of these are excuses for offering government-run insurance that, at the end of the day, is simply a step toward a single-payer system in this country. That is not the kind of reform Americans want.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, I appreciate the comments of my colleague from Arizona and before him my colleague from New Hampshire in pointing out what happens when you deal

with a Federal Government insurance company. If you want to call it Federal Government, Inc., whatever you want to call it, what you are essentially talking about when the Federal Government takes greater control of any part of our economy but certainly one-sixth of our economy with health care, which is what health care represents—\$1 in every \$6 of our economy is spent on health care in this country—what you typically get is fewer choices and higher costs. That is certainly the case here because you are going to see fewer choices.

I think most Americans realize that if the Federal Government has more control, more intervention, more involvement in health care in this country, it is going to ratchet down the availability of choice and there will be fewer freedoms for people in this country because the Federal Government is going to start saying what has to be in a certain health care policy. It is going to start getting in the way of that fundamental relationship between physicians and their patients. You are going to have more and more governmental intervention, and that ultimately is something I think most Americans have great reservations and great apprehension about.

In fact, if you look at the bills, the various bills that are before the Congress today—and there are three that have been reported out in the House, two now in the Senate—they vary a little bit in terms of particulars, but they are consistent in terms of their overall themes. They are all going to raise taxes. They are going to raise taxes not just on the rich, not just on people with high incomes, they are going to raise taxes on ordinary Americans. All the studies bear that out. The Congressional Budget Office says that. The Joint Tax Committee says that. They are going to cut Medicare for seniors, particularly those who have Medicare Advantage. So Medicare benefits are going to be slashed if this bill becomes law. And they are going to all lead to higher premiums. That is the remarkable thing about this legislation. All these bills that are before Congress right now, which propose to control costs and to lower costs for people in this country, all lead to the same result; that is, higher costs for health care in the form of higher premiums.

I want to point out something in the bill the Finance Committee produced.

By the way, they are still merging these bills behind closed doors. There are a handful of people who are writing this bill. Contrary to the assertions of the President last year when he was campaigning that this was going to be on C-SPAN, it was going to be a wide-open process, and the American public was going to be able to participate and engage in this, this is all occurring behind closed doors. The specifics of this legislation are being written right now and probably will end up being hundreds of pages, perhaps even thousands of pages. But they all come back to the

basic characteristics I mentioned earlier: higher taxes, Medicare cuts, and higher premiums for Americans.

What is interesting about this chart I have in the Chamber is there are Americans who will be able to get some subsidies to help purchase insurance. Obviously, there are a lot of people in this country who do not have access to insurance today, and that is what we all—Members on both sides in the Senate—want to address: How do we provide more Americans access to affordable health care in this country? So there are some who get subsidies and who would be able to buy insurance through an exchange. That is about 18 million Americans. But if you are among the 185 million Americans who currently have health insurance, you will pay higher taxes and your premiums will end up going up.

What is ironic about this is 18 million Americans will get subsidies through these exchanges, but there are still 25 million Americans under the Finance Committee bill who will not have insurance when this is all said and done. So you actually have more people without insurance than would actually get subsidies under this plan that is being proposed by the Finance Committee, financed by the 185 million people who are going to pay higher taxes and also who are going to see their premiums go up. Now, I am not saying that. That is what the Congressional Budget Office and the Joint Tax Committee have said. That is what every independent study that has looked at this has said.

By the way, last week there was an analysis that came out, done by the Actuary at the Department of Health and Human Services here in Washington, DC, that said overall spending on health care under this proposal—and when I say “this,” I am talking about the House proposal. Again, they are very similar in their characteristics, and in some of the particulars they differ. But in the House proposal, it would go up by 2.1 percent. If you remember, today we spend about \$1 in every \$6 in our economy on health care. At the end of the 10-year period, according to the Actuary at the Department of Health and Human Services, we are going to be spending more than \$1 in every \$5. So 21.3 percent of every \$1 in our economy is going to go to health care because under these proposals, health care costs are going to go up over and above the rate of inflation. In other words, if we do nothing today, you are going to have normal inflationary health care costs, which are going to increase the cost of health care. Enacting this legislation would increase the cost of health care 2.1 percent above that, or \$750 billion over 10 years. That is what the Actuary at the Health and Human Services Department said—\$750 billion in spending on health care above and beyond what would be normal if we did nothing with health care inflation in this country. So it would add 2.1 percent to the

amount we spend as a percentage of our GDP, to where 21.3 percent of our entire economy would be spent on health care.

So you have health care costs going up, you have taxes going up, according to the Congressional Budget Office and the Joint Tax Committee, on people who are making less than \$200,000 a year. And even half of the tax burden, over 50 percent, according to the Joint Committee on Taxation, would be borne by those who make less than \$100,000 a year.

The amazing thing about this, from the analysis that has been done, is that someone who is making 150 percent of the poverty level, which is \$32,200 a year, because of the way the provisions in this bill would interact, would actually end up with an effective marginal tax rate of 59 percent—a 59-percent tax rate—because they would lose subsidies as they make more money. So the incentive for someone in a lower income category to make more money is going to go away because with every dollar they make, their effective marginal tax rate is going to go up. It would be 59 percent for someone making \$32,200 in this country today. That is for people whose income is 150 percent of the poverty level.

So to suggest for a minute these tax increases and these tax policies and the way this bill is financed are not going to impact average Americans, working-class Americans, is absolutely wrong. It is false. That is what the Joint Tax Committee and the Congressional Budget Office have said.

But probably the worst thing: If you are one of these 185 million Americans, as shown right here, who are paying the burden in the form of higher taxes, you are going to see, at the end of all this, that after all the promises that we are going to get costs under control, your health care costs are going to go up and your taxes are going to go up. If you are a senior citizen, your Medicare benefits go down. And guess what. Your health care costs, your insurance premiums are going to go up. That is what has been said consistently.

Doug Elmendorf, the Director of the Congressional Budget Office, said:

Our judgment is that piece of the legislation would raise insurance premiums.

He goes on to say:

Those projected premium amounts include the effect of the fees that would be imposed under the proposal on manufacturers and importers of brand name drugs and medical devices, on health insurance providers, and on clinical laboratories. Those fees would increase costs for the affected firms, which would be passed on to purchasers and ultimately would raise insurance fees by a corresponding amount.

That is a direct quote from the Congressional Budget Officer Director, Doug Elmendorf.

He also said, when asked the question about, Would these taxes be passed on in the form of higher premium, that roughly dollar for dollar they would be passed on in the form of higher premiums.

Some of the independent studies that have been done out there suggest that if you are buying in the individual market as an individual, you are going to see up to a 73-percent increase in your health insurance premiums; if you are a small business, up to a 20-percent increase. The studies vary. I have looked at my State. They break it down, some of these analyses, State by State. In my State of South Dakota, if you are buying in the individual marketplace as an individual, you would see a 49-percent increase. If you are buying in the individual marketplace as a family, you would see a 50-percent increase. If you are someone who is in a small group market, you would see smaller increases but still double-digit increases—14 percent, 15 percent above the normal rate of inflation. In other words, if we do nothing, if we do absolutely nothing, you are going to have normal inflationary increases in health care costs, which I think are hurting a lot of small businesses. But if we do what is being proposed here, it is going to be way worse because the overall cost of health care, according to the Actuary at the Department of Health and Human Services, the overall cost of health care above and beyond the rate of inflation is going to be \$750 billion over 10 years or a 2.1-percent increase in overall health care costs. It translates, as I said earlier, into individuals, small businesses, and families paying higher health insurance premiums, higher costs for their health care, higher taxes.

If you are among the 185 million Americans, again, who are not in the exchange, who do not get subsidies, you are going to pay higher taxes and you are going to see your health insurance premiums go up.

There are a lot of people—a total of 282 million people—who are not going to be in the exchange. There are a lot of people who derive their health care through the government: Medicare and Medicaid. So there are a total of about 282 million people in this country who are not going to get subsidies and 18 million who will.

By the way, again, 25 million Americans will still not be covered. There will be more not covered than would be able to get subsidies through these exchanges to buy insurance.

The Democrats are saying: Trust us. They said that on the stimulus. They said unemployment would not go above 8 percent.

The PRESIDING OFFICER. The Senator's time is expired.

Mr. THUNE. I will wrap up with this, Mr. President. "Trust us" is not enough for the American people. The American people need real, meaningful health care reform that will drive costs down, not up. These proposals drive it up.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona is recognized.

Mr. McCAIN. Mr. President, I wish to say that the presentation by the Sen-

ator from South Dakota, Mr. THUNE, is a strong one and a compelling one. I am also very impressed with his knowledge of the facts and his in-depth analysis of what we are apparently facing. I say "apparently" because so far, as has unfortunately been the case, the majority leader has not shared with at least this side of the aisle or anyone I know of on this side of the aisle any of the specifics of the latest proposal. That is very unfortunate.

As the Senator from South Dakota mentioned, the President of the United States, when campaigning, stated categorically that there would be C-SPAN cameras, that there would be Republicans, there would be an open process, and he was specifically addressing the issue of health care reform.

Americans grow cynical from time to time about the things we say during political campaigns. I can only conclude that the statement made by the President during the campaign contributes mightily to not only the issue of health care reform but also the cynicism about real change in Washington. Change has not taken place; the majority rules.

I certainly agree those abuses were committed when Republicans were in the majority in this body, and I saw it, and I fought against it. But it was stated just a little over a year ago that when health care reform came to its period of consideration by the Senate, when the negotiations went on, C-SPAN cameras and Republicans would be present so the American people would be able to see, in the President's words, "who is there representing the pharmaceutical companies and who is representing the American people."

Well, if we open it up now, if we opened the doors not far from here, we would see that already a deal has been cut with the pharmaceutical companies. It is an \$80 billion deal done in return for \$100 million or so in positive ads and in return for punishment to average American citizens because the administration agreed to a prohibition of importation of prescription drugs from Canada that could sometimes save as much as 60 percent on life-saving pharmaceutical drugs; as well as the elimination of or opposition to competition amongst drug companies to provide prescription drugs to Medicare recipients.

So what they have done by buying off the pharmaceutical companies—by the way, according to the latest reports I read this morning, the head of the pharmaceutical lobby makes over \$2 million a year—we have now penalized the American people by preventing them from having choice, as well as seeing the influence of special interests in this country and in our deliberations. It is very unfortunate.

There is a great deal of cynicism out there amongst the American people. It is manifest through tea parties and in other ways. Polling data shows the great dissatisfaction the American people have about the way we do business.

That cynicism has been authenticated by the process we are going through.

I would again urge the majority leader to invite us in to sit down. We have some constructive ideas. We have some thoughts as to how we can reform health care in America. We know there needs to be reform. We have people such as my colleagues, two doctors—Dr. COBURN and Dr. BARRASSO—on our side of the aisle, who have extensive hands-on experience with these issues. Why can't we at least at some point—which we should have done a long time ago—be allowed to have input into the behind-closed-doors process that is taking place as we speak?

H1N1 PREPAREDNESS

Mr. President, I wish to also say a few words this morning about an issue that is of great concern to me and is of greater concern throughout the country; that is, the availability of vaccines in order to combat swine flu, known as H1N1. There are long lines around the country. There is scarcity. There is great concern amongst the American people about this problem. Unfortunately, just last week, in a hearing before the Homeland Security Committee, the Secretary of Health and Human Services assured us that it was no problem and that there would be plenty of supplies on hand.

The previous administration conducted the initial analysis, as we know, and worked with the World Health Organization to estimate the magnitude of this worldwide pandemic. A plan was put in place and stakeholders began executing their roles in protecting the public health.

In the fall of 2005, in response to the government's lessons from combating avian flu, Congress provided \$6.1 billion in the 2006 supplemental appropriations for pandemic planning across several Federal departments and agencies. Since then, annual funding has been provided to the Centers for Disease Control and the FDA and activities in Health and Human Services to continue work on vaccine development, stockpiling of countermeasures, and assistance to States.

In late April of this year, Margaret Chan, the World Health Organization's Director General, declared "a public health emergency of international concern" when the first cases of the H1N1 virus were reported in the United States. National and State plans were in place and orders for vaccines were processed. Among other actions, officials released antiviral drugs from the national stockpile, developed and released diagnostic tests for the H1N1 virus, and developed guidance for the clinical management of patients and the management of community and school outbreaks. The administration requested \$9 billion in emergency supplemental appropriations to address the situation.

On June 26 the President signed an appropriations bill which provided \$1.9 billion immediately and an additional \$5.8 billion contingent upon a Presi-

dential request documenting the need for and proposed use of the additional funds. In total, from 2004 through 2009, Health and Human Services alone has received almost \$9 billion for pandemic flu preparedness. Again, this doesn't account for the other billions to other agencies.

However, for the \$9 billion and counting the government has spent on preparing for pandemic outbreaks, Americans have only experienced frustration at vaccine shortages and the long lines for the limited supply of H1N1 vaccines that are available. This should make all Americans extremely nervous about the government possibly taking control of our health care system.

Three months ago we were told—this is important. Three months ago we were told the CDC expected 120 million to 160 million doses by the end of October. Two months ago the administration's estimate of vaccine availability dropped to 40 million by mid October, with 20 million additional doses rolling out every week. Last week, the estimate dropped again. Now only about 28 million doses are expected to be available by the end of October. Yet the CDC estimates there are at least 45 million high-risk Americans, including pregnant women and children, in need of the vaccine. So according to my math, we are about 20 million doses short.

Unfortunately, the outbreak of the flu is widespread and deaths are accumulating. The Washington Post reported yesterday:

As of October 17, 46 States were reporting "widespread" influenza activity and many doctors' offices have been swamped with swine flu patients . . . The U.S. Government has ordered enough vaccine to make up to 251 million doses if needed, but production has been slower than originally anticipated. A total of 11.3 million doses of vaccine have been shipped to U.S. doctors and hospitals and clinics as of Wednesday, according to the CDC, out of a total of 14.1 million doses that manufacturers had shipped to warehouses by that time. By Friday, 16.1 million doses of vaccine had been shipped to warehouses.

In Arizona, State officials estimated a need of 900,000 to 1 million vaccines for my State's 6.5 million residents.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. MCCAIN. I ask unanimous consent for 2 additional minutes.

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

Mr. MCCAIN. However, Arizona has only received 263,000 vaccines as of yesterday. According to the Arizona Republic, the swine flu vaccine was only available at 35 of the 113 planned clinics in Maricopa County. The article quoted the county's director of public health as stating:

It's a very frustrating situation where we are just not getting what we need. Right now, it is completely out of everyone's control.

On October 24, the Arizona Republic reported:

The lines were long, but the desire intense Saturday as hundreds, possibly thousands, of

people waited up to three hours to get in one of today's rarest experiences: a swine-flu shot.

The doses available represented a little more than 1 percent of Maricopa County's population. People were turned away if they did not fall into the high-risk group.

Congress needs to know more information. Obviously, the hearing we had in the Homeland Security Committee last week was, at best, misleading as to the magnitude of this problem. We need more information from the government, and we need to act now and find out how we are going to get enough swine flu vaccine to take care of the citizens of this country. We have already invested \$9 billion. I don't think we have a lot to show for it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I will be recognized for the remainder of our time. Would the Chair tell me when I have 1 minute left, please?

The PRESIDING OFFICER. The Senator will be informed.

HEALTH CARE REFORM

Mr. COBURN. Mr. President, I listened the last few weeks on the Senate floor to many of my colleagues on both sides of the aisle. I happen to be one of two physicians in the Senate. I still practice. I saw 11 patients Monday morning in an office in Muskogee, OK. I saw some sick kids, saw some women, some senior citizens, saw people having difficulties with pregnancies. I was kind of struck, as I watched and listened, to where we are in the country today.

We have a lot of problems in front of us, including the financial problems, our unemployment problems, the fact that we need to get our economy up and going. But I saw something my staff sent me that explained and gave a great big, huge answer to me. It became crystal clear. It was a guy holding a poster. I have added a few things to his poster, but in essence here is what it said.

On the top line it said: "Medicare is broke." That is true. We all know that. It runs a negative cash balance, total negative cash balance starting in 2017, probably 2014. So 5 years from now, the vast majority of the funds from Medicare are not going to come from Medicare taxes. They are going to come from the citizens of this country through their regular taxes or we are going to borrow it from our kids.

The States are broke because they have Medicaid, and they are all struggling mightily right now, so Medicaid is broke.

What else is broke? The Post Office is broke. We know that. We just gave them \$2 billion to get them out of their cash flow, but they are going to run about an \$8 billion, \$10 billion deficit next year.

The census is broke. We know that. It is going to cost 2½ times what it

cost the last time, and we are not even sure we are going to get an accurate census.

The highway trust fund is broke. We are getting ready to have a bill on the Senate floor in the very next few days or weeks that will extend the life of the highway trust fund. It is going to take \$248 billion from our grandkids with a wink and a nod and say it is not broke. It is not any different from what we were trying to do on the Medicare doctor fix, on the reimbursement fix. So the highway trust fund is broke.

Fannie Mae is broke. Freddie Mac is broke. Medicare is broke. Medicaid is broke. The country is broke.

Here in the midst of all of this, we are getting ready to add a \$1 trillion program run by the very same individuals who have Medicare broken, Medicaid broken, highway trust fund broken, Post Office broken, census broken, Fannie Mae broken, Freddie Mac broken, and we are supposed to trust us to design a system to fix the problem.

There is no question there are some problems in health care. The biggest problem is that it costs too much. I see that every day when I practice medicine. I have seen it for 25 years. It is exacerbated now.

Most people won't agree with my assessment, but one of the reasons the costs are so high isn't just technology—and certainly it isn't the insurance industry—it is the demands we place on the system through Medicare and Medicaid. I get to experience that every day—the added costs that go into the health care system because I have to do something the way Medicare wants me to do it, not the way I would do it normally. I have to cross the T's and dot the I's for Medicare.

It is ironic that right now, as we are sitting here, there is a hearing going on on strategies to address Medicare fraud. We have a bill that is getting ready to come to the floor that doesn't have any of that in it. Why didn't we have that hearing 6 months ago when we asked for it? Or a year ago when we asked for it? Two years ago, we did have one in my subcommittee, where we found out that HHS doesn't even know how much Medicaid fraud there is, and they underestimate their Medicare fraud by 50 percent, according to GAO. We are almost at 20 percent fraud. And now we are having a hearing, after a bill is written, to find out new strategies for it.

Why? It is because there is no defense that we could ever muster or maintain against the accusation that we have allowed a system to have this kind of fraud in it. Yet we are supposed to turn around and ask the American people to trust us to fix what is wrong in health care. There are significant things wrong in Medicare. It costs way too much. It doesn't have to cost way too much. But we have put that into the system.

Let me, for a minute, defend American medicine. If you are sick anywhere in the world, the best place to

get sick is in this country. We have a 30- to 50-percent higher cancer cure rate than anybody in the world. If you have an acute coronary syndrome, heart attack, or stroke, we have the best hope for the best outcome and the best survivability for you. If, in fact, you have an orthopedic problem, whether it is a fractured hip or leg, or you need a new joint, this is the best place in the world to get the best care with the least complications, with the best outcome of anyplace in the world.

There have been a lot of people critical of the bad parts in health care, and they should be. But what we are about to do is to damage the very best health care in the world to fix what is wrong with that system. So rather than to preserve what is good, we are going to take over—we are already at 61-percent government-run health care; 61 percent of all health care is run by the government today. Add it up—whether it be military health care, Indian health care, VA health care, Medicaid, Medicare, SCHIP, or the Federal employees health care, FEHBP. Sixty-one percent of health care is run through the government today. You may say, how in the world can we have the cost go out of line? It is because we have health care bills that will not address the real costs.

Instead of having a monstrous bill that costs \$1 trillion—actually far more than that, about \$2.8 trillion the full first 10 years it is in effect. Rather than doing that, we ought to fix the easy things first, such as the fraud in Medicare. It is not hard to fix. We pay and chase. We have known that for years. We tried to do something about it, but we cannot do anything about it. We assume that when you bill Medicare, you bill them right and we pay you. If you don't do it right, we try to figure out, rather than having active live intervention to determine that you did a certified procedure or used a certified product. So we could save, in health care, \$60 to \$70 billion a year just in government programs if we fix the fraud.

We can save another \$100 billion a year if, in fact, we incentivize or change the tort system in this country, because what we know is that 80 percent of all lawsuits are frauds in health care. They all get dropped. They never get paid attention to. But they get filed, hoping to extort money out of our insurance companies that cover doctors. Of the remaining 20 percent, 89.9 percent of those are found in favor of the providers. So what that says is less than 3 percent of all the suits that are filed are legitimate, and those poor people who win the 3 percent—60 percent of the money doesn't go to them; it goes to the system.

What else could we do? We can change the Tax Code so that if you are an individual, you get the same tax benefit that corporations do when they buy their employees health insurance. No, we won't do that. We have not done that in this bill. So if, in fact, you are

well-to-do or you have the benefit of employer-paid health care, you get \$2,700 worth of health benefit a year; but if you are a single man or woman trying to raise a child, and are self-employed, you get \$100 worth of tax benefit. So we totally side with those who are well-to-do, in terms of the tax benefits in this country, rather than help the people out there trying to buy individual health insurance.

We can create a transparent market. We can mandate tomorrow that for all insurance sold you have to put out the quality, your payment terms, and you have to put out the prices you will pay, and the same with every provider in health care, so that you can know what you are going to get, what it will cost, and the likelihood of the outcome beforehand.

Finally, we could encourage the sale of insurance products across State lines to force competition into the insurance market. There is no question they need competition. They have it inside, but it is mandated down to the State level. So the only way you will ever create real competition and force competition in health care is to make them all compete against each other, which will give you the ability to buy what you want for your family, what you think you need, and get the care you want, at a price you can afford. We are not going to do that with this plan or any of the plans that have been offered. We are going to see the cost of insurance go up, not down.

Finally, we could have group health associations, where businesses can come together across State lines and join an association and have buying power in the insurance industry. That has been blocked in this body for 4 years.

So we can do four or five things, and none of those would cost any money. None of that would require us to steal money from Medicare Advantage and Medicare to create a new program, rather than to fund the sustainable portion of Medicare. So as we look at health care—and there is no question we have problems, and I want to see them fixed—it is important to put it into perspective. We have failed at everything we have done, in terms of being effective stewards, when it comes to health care programs through the Federal Government. They are neither efficient nor highly effective. We are getting ready to ask the American people to trust us with another couple trillion dollars over the next 10 years to create a new system, demonstrating the fact that we don't know how to run and won't be responsible for the systems we have. We are going to create a new system, and the idea is to just trust us. Our actions which have demonstrated a lack of financial stewardship of the health care programs today ought to give us all great caution that somehow the Federal Government knows what it is doing when it comes to health care. The proof is that we absolutely have no idea what we are

doing. That is why there is an \$85 trillion unfunded liability on Medicare. That is why there are over \$100 trillion in unfunded liabilities when it comes to Medicare, Social Security, Medicaid, and SCHIP that we will never be able to take care of, which we will shove over onto our kids and grandkids. But trust us, we can get it right this time.

We can create 88 new programs—that is what is in this—new bureaucracies, new government programs, with 150,000 new employees. And if you think that 150,000 employees won't stand between you and your provider, you have another thought coming. They are going to write rules and regulations that will cripple the ability for you to make decisions about your health care in your family. It is going to slow your access to health care and raise your cost of health care.

There are ways to get out of this. There are ways to lower the costs. There are ways to not grow the government and make more health care available to hundreds of thousands and millions of American citizens. The first health care bill introduced was the Patients Choice Act, filed in this Congress by myself and RICHARD BURR. It saves money rather than costing money. It saves \$70 billion in the first 10 years. It saves the States \$1 trillion in the first 10 years. It is the opposite of what we have coming. It is a patient-centered plan rather than a government-centered plan. It puts patients in charge rather than government bureaucrats and Senators. The last thing I want to happen to my patients and me—I am 61 years old, and it will not be long before I am eligible for Medicare—is somebody in Washington making a decision about what my family and I can get. And whether I can afford it is up to me. But what I can get, and where I can get it, ought to be totally and 100 percent left in my hands as an individual who is free in this country.

I have one final point. In this bill is a mandate that you have to buy insurance. You have to buy insurance. If you own your own home, you don't have to buy homeowners insurance. If you don't want to have general liability on your property, you don't have to do it. If you choose not to drive a car, you don't have to buy auto insurance. By the way, 25 percent of the people who own a car don't buy it or they buy it and they cancel it. We know that. That was the latest statistic. So we are going to tell everybody in America that you no longer have the freedom to make a choice, that if you have the assets and you choose not to buy health insurance, you are going to get a fine—a misdemeanor—from the Federal Government. We are going to take away your freedom to make a decision you think is in your best interest.

I note that I have a limited amount of time. With that, I call on the American public to pay very close attention not to what we say and are going to do in the next few weeks in Washington but look at what we have done in the

past. I don't think you can trust us with health care the way we are going. We have not demonstrated we can do that. The person to trust on health care is you. We can fix what is wrong without bringing another 20 percent of health care into the Federal Government and shackling our children forever.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

UNEMPLOYMENT COMPENSATION EXTENSION ACT OF 2009—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to H.R. 3548, which the clerk will report.

The assistant legislative clerk read as follows:

Motion to proceed to H.R. 3548, a bill to amend the Supplemental Appropriations Act of 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

Ms. STABENOW. Mr. President, I have come to talk specifically about the urgency of passing the unemployment benefit extension.

I want to take a moment to respond to my friend from Oklahoma, who was essentially bashing the Government's ability to provide any kind of structure or opportunity for health care, saying that the Federal Government cannot be trusted to provide access to health care for people. I suggest that the 40 million people who receive their health care through Medicare—seniors over age 65 and people with disabilities—would probably disagree with that. I think my 83-year-old mother would wrestle me to the ground if I tried to take away her Medicare card. She has access to choose her own doctor and procedures.

This is a system that involves the public and private sectors, and it was in fact established in 1965 by the U.S. Government to make sure seniors and people with disability have health care. Also, those who are poor in this country and have lost their jobs and are fearful of losing their health care, families, and low-income seniors who need to go into nursing homes would probably disagree with my friends from Oklahoma about Medicaid, even though there are many challenges that we need to work on in terms of rates and so on.

Medicaid is a safety net for many Americans. That is the difference, in some cases, for seniors in nursing homes between life and death.

I am proud the Federal Government also stepped up on Medicaid. I also

think the Children's Health Insurance Program, which was started in the nineties for low-income working families to make sure that if someone is working in a job and does not have health insurance, at least their children can be taken care of with a low-cost policy they pay for. But we established and created a way for families to get health insurance. I think those folks would probably disagree with the statement as well.

In many regards, the VA—and while there are certainly challenges and issues and we all push through to make sure our constituents are served—has been in the forefront of health information technology, electronic medical records, and so on. The VA is a system that works for our veterans as it should. When it is not well funded, as it has not been in the past with the previous administration, we stepped up to increase the funding repeatedly to make sure our veterans have what they need through a Federal Government health care system.

Finally, I will just say, there are our military and military retirees as well whom, I am proud to say, our country has supported through providing a health care system.

We can talk more about health care at another time. But I do think this ongoing effort to be critical of anything we do collectively as a country, through a democratic process of government, that somehow that is bad, I find that interesting, when we are saying to those around the world they should go to our system. We, together through our system, have made sure there are opportunities for many Americans, most Americans, if you count the employer-based health care system, the tax credits, the incentives for employers, the government policy. In some way, our government has been involved in incentivizing health care. The question now is, Do we complete the job? I am very hopeful we will complete the job for every American and tackle health care costs that are crippling our businesses, our government, and our families.

I wish to speak about something else that is of tremendous urgency for families. I was very pleased that last night, finally, after 3 weeks of blocking our ability to get to this bill to extend unemployment benefits, we have the opportunity to get to a vote. Eighty-seven Members voted to proceed to the bill. I don't understand, when 87 Members vote to proceed to the bill, why we could not have done this sooner.

Since we started to try to get to this bill, to this point today, 143,000-plus people have lost their unemployment insurance benefits—just in the last 3 weeks, over 143,000 people, who have done nothing but work all their lives, play by the rules, the job goes away, they are trying to find another job and, in the meantime, keep a roof over the head for their family, food on the table, turn on that electric, turn on that heating system, which is going to cost

even more to the family budget—just keep things going.

We know 7,000 people today will lose their unemployment benefits; 7,000 people tomorrow will lose their unemployment benefits; 7,000 people the next day. We have been trying to build on what we did in the Recovery Act. I am so grateful our President immediately wanted to extend unemployment benefits. We did not have to struggle, as we did for 8 years, to try to make that happen. President Obama gets it, and it was in the recovery package.

Now we come to a position where we need to extend it. The House passes it, and we spend 3 weeks procedurally trying to get to this bill so we can consider it.

There are amendments that will be offered. There are amendments that are very good amendments that I support, such as extending the first-time home buyers tax credit, help for our businesses in this economy, adjusting tax issues of net operating loss, positive things, bipartisan things. But fundamentally, the question I have is why did it take us so long to get to the substantive discussion on this bill?

That leads me to the second matter about which I wish to talk.

Since the beginning of this year, we have seen 82—yesterday it was 81, now it is 82 times, as of this week, that we have seen Republican objections to moving America forward, forcing us to go to a vote, such as yesterday, where 87 people said yes. Why did it take a vote? Why did it take 3 weeks? If people were sincere about moving this country forward, about solving problems, all the talk of bipartisanship and all our efforts to create that, we would not get no, no, no; I object, I object, I object. That is all we hear as we try to move forward to solve some of the most critical issues facing the country, facing families, facing businesses—the economy, internationally with wars. Over and over again, things that should take 2 hours take 2 weeks.

It is time to say enough is enough. We have done this too long this year. Now is enough. It is time to get on with the business, the people's business, and to, frankly, call it like it is.

I wish to go through a few of the 82—not all of them—a few of the 82 objections because we started the year with efforts to block the President from getting his team in place.

We know there was an election. Somebody won. They have a right to have their team in place to govern. That is how this works. Yet right out of the box, the day after the swearing in, January 22, there was an objection to calling up the Jackson nomination, the Sutley nomination, the Solise nomination, the Rice nomination—objection, objection, objection. We can go on through point by point.

I will jump down to April 21, when there was an objection to scheduling a vote on Christopher Hill to be the Ambassador to Iraq. We are in the middle of a war, years of a war, and there was

an objection to moving that nomination for most of April, but then he was confirmed with 73 votes.

This, obviously, was not about the fact that there was not a majority of people—overwhelmingly, over two-thirds of the Senate wanted to have this vote, wanted to confirm the Ambassador to Iraq, but yet there were objections and slow-walking and slow-walking and slow-walking, trying to slow down the business of governing and getting things done for this country.

Two days later, there was an objection to moving forward to the nomination of Thomas Strickland, the Assistant Secretary for Fish and Wildlife. Ultimately, he was confirmed with 89 votes. What took so long?

Seconds after that objection, there was an objection to Kathleen Sebelius as Secretary of Health and Human Services, right as we were first beginning to respond to the H1N1 virus, and we didn't even have a Secretary of Health and Human Services. Yet there was an objection.

Seconds after that, there was an objection to David Hayes to be Deputy Secretary of Interior. They filibustered this nomination. We had to go through all these procedural votes. In the end, he was confirmed unanimously. So even the person who objected to going to this nomination ultimately supported the nomination, which leads one to ask: What is the motivation of what is going on here?

In May, they objected to proceeding to the Family Smoking Prevention Tobacco Control Act. Ultimately, it passed with 79 votes in June. Twice we had to file procedural motions, cloture motions to get the credit card bill in front of the Senate. Ultimately, it passed with 90 votes.

In July, we had to file again. We had to go through the slow process, start the 30-hour clock, another 30-hour clock, waste time on the floor trying to get the Homeland Security bill up, which passed with 84 votes.

The Defense authorization bill, another absolutely critical bill that everyone agrees must move forward for our troops, for our security, was held up on the floor most of the month of July and ultimately passed with 87 votes.

In September, the Interior funding bill, the same thing. It ultimately passed with 77 votes. Finally, last week, Republicans objected to even going to the conference committee.

When we look at this, we have a bill that passes with 87 votes on Defense authorization, goes to conference committee, comes back, another objection, have to do a cloture vote, run the clock, and then the bill passes with 68 votes.

That leads us back to where we are today. Twice there were objections to bringing up the extension of unemployment compensation for millions of American families, middle-class families who are caught in the middle of an

economic tsunami. They did not create it.

It is our job to create the economic framework to support the jobs that need to be created. We are focused on that, laser focused on that. Every piece we do relates to jobs, whether it is health care, energy policy or financial reform. Whatever it is, it all comes back to jobs. But we take 3 weeks to get in front of us a bill on which ultimately, last night, 87 people voted to proceed.

We have a new President of the United States this year. There was an election. There is a new Congress. We know there are differences on substance, and that is what a democracy is all about, honest differences. I have differences on specific policy issues. But what we see here is a conscious strategy that has to stop. It has gone on all too long. We have many challenges as a country that need to be addressed. We have families in crisis who need us to act, and this has to stop.

We can no longer continue to see this number go up from 82 to 85 to 90. Who knows where this will end, who knows, in terms of objecting to moving forward, objecting to taking up bills.

We have one of the most important issues that I know I will ever address or have worked on in my time in the House or Senate coming before us on health care reform. We have differences. We have people of good will who have differences. We will have a motion whether to even proceed to the bill and debate those differences. Yet my assumption is that almost all—hopefully not all—almost all the Republicans in the Senate will vote no to even proceeding to discuss it.

We are in one of the most important times in our country's history. We don't have time for this. We don't have time for these ongoing antics that just burn the time on the clock, stop us from taking votes, stopping us from getting the team in place so the administration can do their work, stopping us from solving problems, extending unemployment compensation, focusing on jobs, focusing on health care costs, tackling what we need to do for clean energy. We don't have time. The American people don't have time. Our country doesn't have time to waste on items that are blocked that eventually have overwhelming support.

We know there are times when we all feel passionately about something, when there are divisions in the Senate, when we choose to stop moving forward. We all have been in that position, and I respect that decision. I certainly hold that as a right of mine, as it is for each of us. But what we are seeing over and over are efforts to slow-walk the business of this country, of solving problems, and then when we get to the end, such as yesterday, there are 76 votes or 90 votes or it is unanimous. That is what I am objecting to—the strategy of stopping the people's business from getting done. I hope as we go forward on health care and go

into the new year, we will be able to focus on the substance of things, debate that vigorously—as we will—stop what is the gratuitous objection over and over and over just for the purpose of saying no.

I strongly urge my colleagues to support the unemployment extension legislation that is in front of us. There is a sense of urgency. As I indicated before, we have a situation where we have over 148,000 people, just in the last 3 weeks, who have lost unemployment benefits—7,000 people, every day we debate this, every day it goes back to the House, every day before it goes to the President. It is time to get this done.

Mr. President, I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

Mr. MENENDEZ. 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. MENENDEZ. Mr. President, I come to the floor to talk about the pending business before the Senate, the unemployment insurance extension, and I rise today to say that it should come as a surprise to no one that we have a jobs crisis in America. To help fix it in the short term, we need to extend unemployment insurance benefits to help families who are suffering through the worst job market in many years, not obstruct and stonewall to score political points.

I sometimes wonder whether my colleagues understand that people's lives are in the balance. It is not a time for political grandstanding, not a time to once again say no—no to everything, no to the people who need help. This is not a time for amendments about ACORN or E-Verify—amendments that have been offered and voted on on the floor of the Senate time and time and time again. It is nice that those people who offer them get their paychecks direct deposited every 2 weeks. This is not the time to offer those amendments again after the job crisis this administration inherited.

Unemployment in New Jersey is at 9.8 percent, just shy of double-digit unemployment, and the experts tell us it will get worse before it gets better. This is not the time to keep saying no, especially when we are trying to come out of the policies of the last 8 years that brought us to these present economic circumstances, the policies of the last administration that favored the bottom line over the lives of people—Wall Street over Main Street—and sent millions of jobs overseas, leaving us vulnerable to any economic downturn, let alone one as severe as the one we were left with.

When the economy sheds 263,000 jobs in 1 month alone, it is a crisis. When 14.9 million Americans are unemployed, and we know that there are only 3 million jobs available, it is not

the time to say no. When over a third of all unemployed—more than 5 million Americans—have been jobless for 6 months or longer, and 500,000 Americans will exhaust their unemployment benefits this month—1.5 million by the end of the year—we have to say yes to extending unemployment benefits.

We could recite the numbers all day. We could hold up chart after chart showing State by State the unemployment figures. But as the Presiding Officer knows, from his own comments on the Senate floor, the numbers don't tell us what this is all about. It is about people and their lives and their hopes, and the look on their faces when the bill comes due and the fear that they could stand to lose everything. Everywhere I go, when I am back home, someone comes up to me and I see that look on their face. It is a look of panic. It is a look of anguish. They lost their job after the holidays, their benefits are about to run out, they lost their health care, they are behind on their mortgage, their husband or wife is working two part-time jobs to try to make up. The story of these troubled times is not in the numbers, it is in the faces of those families who are looking to us for help.

The numbers are significant, but they are merely a snapshot frozen in time. The truth of joblessness in this country is an ever-changing story of men and women who are one check away from ruin—mothers and fathers who have struggled all their lives to make ends meet, who had a good job for years, made a decent wage, then saw 8 years of government policies that favored Wall Street over Main Street. They watched their companies downsize for greater productivity and send jobs overseas. They watched their friends being laid off. They went to bed at night praying that they would not be next, and then they got the news: They were next.

But they had hope because of the wisdom of Franklin Roosevelt, who on August 14, 1935—74 years ago—signed into law the Social Security Act, which included the first provisions for unemployment insurance. The Republican opposition in his day called him a socialist and they tried everything they could to stop the New Deal, notwithstanding an economy in depression. For F.D.R., the story was not in the numbers, it was in the faces of the people in grainy black and white photographs, of bread lines and old women selling apples on street corners.

Today the faces of the unemployed are no different. Their need for help is the same, and our duty to provide it is the same.

This is about them. It is about real people who maybe, just maybe—if we have the will and the wisdom to do what is obviously right sooner rather than later—will look across the kitchen table tonight, knowing they are able to hold on just a little longer.

I know there are those who have bought into the notion that govern-

ment is the problem for everything; that it can do nothing right and should stay out of just about everything; that the free market should be left to its own devices and everyone should fend for themselves without government oversight or involvement. Those are the same views that fought the New Deal. They fought against Social Security and Medicare and civil rights. They supported Reaganomics. They told us the government was the problem and Wall Street knows best.

I think history, especially recent history, has proven them wrong. Good, well-run, decent, honest government can be part of the solution. This is one of those times when it is government's responsibility to act. Extending unemployment insurance is what we, as responsible government leaders, must do when there are those in the community who have no other option. This is not a time to say no. To delay voting on this bill is to turn our backs on millions across this Nation who are still unemployed and facing financial disaster. To look into their faces and say no is not who we are as a people or what we stand for as a nation. We are a community, united by shared values and common concerns, not a nation of 300 million disconnected individuals. The plight of any one of us should be a concern to all of us.

The Federal Government stepped in at the right time to help companies we determined were too big to fail—not for the sake of them failing but for the sake of what they would do to our national economy. We said they were too big to fail. I say the American people are too big to fail. Now we have to step in and help them. This is America. We do not let the situation get the best of us. We take it as an opportunity, as Franklin Roosevelt did, to renew the promise of this Nation, to recommit ourselves to the concept and spirit of community—one nation, indivisible.

Whether that means 20 more weeks of Federal aid for those who still cannot find a job, those who wake up every day with the want ads in one hand and their resume in another trying to figure out how they can match them up and get that job, or whether it is providing incentives to home owners to boost the economy, we have always risen to the challenge. We have done it before, and we can do it again. This is our chance for each of us in this Chamber to do what is right for every American who is looking to us for a little help and a little hope. It is not the time to say no again.

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

The PRESIDING OFFICER (Mrs. HAGAN). The clerk will call the roll.

The bill clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Utah is recognized.

Mr. BENNETT. 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. BENNETT. Madam President, I ask unanimous consent that I be allowed to proceed as in morning business.

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

HEALTH CARE REFORM

Mr. BENNETT. Thank you, Madam President.

We are in a time when we are talking about money; we are talking about debt; we are talking about taxes; we are talking about stimulus; and we are talking about health care. I wish to put the whole situation with respect to money into some perspective.

Having been a businessman, I did my best to try to draw up a balance sheet for the United States. This is a very simplified balance sheet. It is in summary numbers only. But by going to the Federal Reserve Board and the Social Security and Medicare trustees and the Census Bureau, I have come up with the following balance sheet for citizens of the United States.

We start out with assets and liabilities. These are personal assets and personal liabilities. It is amazing to me that the number of household assets on a per-person basis is this high, but it is. If you take all of the personal assets in the United States, lump them together, and then divide them by the number of people in the United States, you get personal assets of \$218,000 per person, and personal liabilities or household debt of only \$45,000 per person. So the balance sheet looks pretty good.

However, as citizens of this country, we have debt beyond our personal debt. So when we add the national debt and each individual's share of it to the balance sheet, that adds an extra \$37,982, so that the amount of debt goes up when you add each individual's share of the national debt.

The national debt is not the only debt we have. Let's add State and local government debt on a per-person basis, and it goes up another \$7,500. But that is not the only debt we have. We have obligations, each one of us, with respect to Social Security. There is a Social Security liability and the present value of that Social Security liability is another \$17,251 per person.

All right. It still looks like a pretty good balance sheet. With the assets at \$218,000, this is about half. But there are two other liabilities we have to put on the balance sheet. The first one is the present value of Medicare hospital insurance. Over the next 75 years, the present value of that unfunded liability is \$43,616 per person, almost as much as the total amount of debt that each one of us has as an individual. Now the balance sheet is looking a little scarier.

But we have one more item we have to put on the balance sheet, and that is the present value of Medicare supplemental medical insurance, and that is another \$79,095 per person. So when you add it all up, this is the balance sheet we are facing today: \$218,000 in assets, and \$231,000 in liabilities. If this were a corporation with this balance sheet, we

would say the corporation is underwater.

As we begin to break this down, we realize that the Medicare liability is more than everything else put together. The Medicare liability is more than our personal debts, our share of the national debt, our share of State and local debts, and our share of Social Security. The Medicare liability is more than all of that put together. Is it any wonder, then, that the No. 1 issue we should be talking about when we are talking about health care is how to get the health care costs under control; to use the terms that the budgeteers use, how to turn the cost curve downward on health care. We can talk about earmarks. We can talk about spending on appropriations bills. We can talk about holding down discretionary spending on other issues. All of those things are worth talking about, but they are dwarfed by the challenge of turning down the cost curve on health care.

I have said this before, but it still works: One of the statements that has gotten into American folklore is a statement attributed to Willie Sutton. Willie Sutton was a bank robber. Not very many people knew much about his robbing banks, but he kept doing it. He would get arrested, he would get out on parole or he would leave prison and he would rob another bank. Finally someone said to him: Willie, why do you keep robbing banks? He said: Because that is where the money is.

If we are going to talk about the balance sheet that every American faces in debt and debt obligations, we have to talk about health care because that is where the money is: more for health care liabilities than everything else put together.

Let's discuss this question of turning the cost curve down. How good a job have we done as a government in making projections as to the cost of health care? On the second chart, let's look at the years and at the projections. In 1965 when Medicare was first proposed, we made a cost projection. We, the government, made a cost projection as to how much it would cost us, and that is represented by that red bar there on that chart. Then the actual numbers came in, and they are represented by the green bar on the chart. Let's look at 1965 Medicare hospital insurance. That is a separate program. The cost projection is there in the red bar; the actual figures that came in are in the green bar. In 1987, we added Medicaid, and the Congress told the people: Medicaid won't cost much at all. You see, it is hard to find even on the chart. The actual cost was 17 times the projection that was made. In 1988 we added Medicare for home care. It was going to cost a little more. Once again, the gap between the red bar and the green bar—it has always cost more. We did a little better with SCHIP, but SCHIP is still a relatively new program, created in 1997, so the disparity between the projection and the reality is relatively

small, but, once again, the reality has been greater than the projection.

There is one exception, and that is Medicare Part D, and that is the final pair there. The red bar shows what was projected that Medicare Part D would cost and the green bar shows, almost magically, this one costs less than the projection. Why?

I wish to quote from an editorial in the Wall Street Journal where they quote from White House Budget Director Peter Orszag. Peter Orszag was the head of the Congressional Budget Office at the time that cost projection was made. This is what the Journal has to say:

But as White House budget director Peter Orszag told Congress when he ran the Congressional Budget Office, the "primary cause" of these cost savings is that—

quoting from Orszag
the pricing is coming in better than anticipated, and that is likely a reflection of the competition that is occurring in the private market.

I will repeat that: That is a reflection of the competition that is occurring in the private market.

The Journal goes on to point out something I recall, because I was here during that debate. I was part of that debate. The Journal says:

Liberal Democrats fought that private-competition model (preferring government drug price controls), just as they are trying to prevent private health plans from competing across state borders now.

The lesson here is that spending on nearly all federal benefit programs grows relentlessly once they are established. This history won't stop Democrats bent on ramming their entitlement into law. But every Member who votes for it is guaranteeing larger deficits and higher taxes far into the future. Count on it.

The history of cost containment with respect to health care is not a pleasant one. The history of predicting what health care will cost is not a pleasant one. The only example we have where costs have come in lower than projected has been in that circumstance where competition in the private sector has been protected. That has been the core of the bill Senator RON WYDEN and I have introduced as the Healthy Americans Act: private competition absent a government plan. We look at the history and see that will turn the cost curve down. That will begin to save money.

CBO examined our bill. Peter Orszag was the head of CBO when they looked at our bill and said it is revenue neutral—that is a good start—and then likely to save money in the future. They didn't put a number on it, but the Lewin Group has put a number on it and said that the Healthy Americans Act, cosponsored by Senator WYDEN and myself, would save \$1.3 trillion over the next 10 years. I don't know whether that number is right or wrong. I do know. It is wrong. I don't know how far wrong it is. But the point is it demonstrates turning the cost curve down rather than turning the cost curve up. And that is what we have to

do, as our balance sheet reminds us so dramatically.

Let me talk briefly about the idea of a government-run plan, a public option, or whatever it is we want to call it, as the way to turn the cost curve down. Once again, the history of government plans is not encouraging as far as turning the cost curve down as we look at Medicare and how little it was supposed to cost and how dramatically much it has cost.

Let me quote Robert Samuelson from his column that appeared in the Washington Post recently:

Medicare has low marketing costs because it's a monopoly. But a non-monopoly public plan would have to sell itself and would incur higher marketing costs. Private insurers' profits (included in administrative costs) also explain some of Medicare's cost advance. But profits represent only 3 percent of the insurance industry's revenue. Moreover, accounting comparisons are misleading when they don't include the cost of Medicare's government-supplied investment capital.

So we are trying to mix apples with oranges when we say, look at the low administrative costs with Medicare and the high administrative costs with private insurance. Medicare can do it cheaper. Every projection about Medicare doing it cheaper has demonstrated not to work out.

Samuelson says this:

The promise of the public plan is a mirage. Its political brilliance is to use free-market rhetoric (more "choice" and "competition") to expand government power. But why would a plan tied to Medicare control health spending, when Medicare hasn't?

. . . A favored public plan would probably doom today's private insurance.

I think that is true. That is one of the reasons I am opposed to that kind of thing.

Samuelson goes on to make this final comment:

Many would say: Whoopee! Get rid of the sinister insurers. Bring on a single-payer system. But if that's the agenda, why not debate it directly? It's not insurers that cause high health cost; they're simply the middlemen. It's the fragmented delivery system and open-ended reimbursement. Would strict regulation of doctors, hospitals and patients under a single-payer system provide control? Or would genuine competition among health plans over price and quality work better?

That's the debate we need.

I agree. That is the debate we need. That is the debate that focuses on, how do you get this cost curve under control? How do you start to turn it down? How do you get the kind of score that Senator WYDEN and I have gotten from CBO that says our plan is revenue neutral and that others say will save \$1.3 trillion over the next 10 years, compared to the cost history of government-run plans that say they are only going to cost this much and end up costing that much and driving us to this kind of present value liability—twice as much as everything else put together. That is a staggering thing to contemplate, but that brings us back to what I said in the beginning. The core of this debate should be focused on how we turn the cost curve down.

I have one more comment to make with respect to that. As I have worked with Senator WYDEN over the last 3½ years to try to understand this issue and come up with solutions to it that make marketplace sense rather than political sense, I have come to a great truth that we don't seem to be discussing in this debate at all, and that is this: The greatest cost control factor in health care is quality. The best health care is the cheapest. And we have built into the system now incentives that drive us away from the best care. Most of the perverse incentives that drive us away from the best care and to the highest costs are in Medicare. They are in the Medicare system that has gone 10 times, 20 times above its original cost, and they are still there, and the care they produce is less than the maximum care people can get when they go to the places that give us the best health care.

It is parochial for me to repeat this, but I am happy to do it on every occasion. Dartmouth has done a study as to where the best care is available throughout the United States, and they said it is in three cities: Seattle, WA; Rochester, MN; and Salt Lake City, UT. And then they say that if every American got his or her health care in Salt Lake City, UT, it would be the best in the United States and one-third cheaper than the national average, and that is because of a variety of reasons. They practice the best health care, and they have focused on outcomes rather than the kinds of perverse incentives that are built into government-run programs.

We have a lot to do and a long time to go before this health care debate is finished, but I hope we recognize that hanging over us, regardless of everything else we say with respect to health care, is the fiscal reality that our current value obligations for health care dwarf every other debt we have in the United States. Personal household debt, the national debt, State and local debt, and Social Security debt all put together do not add up to the amount of health care debt we are facing.

The challenge of turning the cost curve on health care down is the No. 1 issue we should be addressing as we are talking about this. The irony of it is, if we are successful based on what we know, we can get the cost curve down and produce a better health care outcome and result.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

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

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

Mr. BROWN. Madam President, I will talk about the extension of unemployment benefits, which is as important as health care in the next 2 months to this country, to our economy, and to people's way of life. What we do in the

next day or two on the unemployment extension is paramount.

Some 400,000 Americans across the Nation, in every State—it doesn't matter if it is JOHN MCCAIN's State or Barack Obama's State or if it is a big or small State—400,000 Americans exhausted their Federal jobless benefits last month. More than 14,000 Ohioans are among the 200,000 Americans who will lose their benefits this month if we don't act. By the end of the year, more than 64,000 Ohioans will exhaust their unemployment benefits if there is no extension coming from the House, Senate, and the White House. Despite my Republican colleagues' efforts to dismiss the statistics, these are not just numbers; they are people in every State in our Nation.

Let me tell you about some Ohioans who deserve more consideration than they are getting from my Republican colleagues.

Sandra from Van Wert County in western Ohio, on the Indiana border, wrote this in a letter:

There were more than 300 of us who were locked out of our factory in April 2008—only a handful getting new jobs.

Mr. President, this is a small town where 300 jobs are very hard to replace.

Several of us went back to school for more education, but unfortunately, only one person in our class has even gotten a job.

It is not that we are just sitting around collecting unemployment. We are trying to improve our skills and to be gainfully employed.

I had 30 years of employment at the same company and now I am on my own and my unemployment runs out in 2 weeks. There are a lot of people who are running out of unemployment every day.

I have used all but \$200 of my savings and I know others in the same situation. Please help us.

I thought a lot about this issue as I read these letters in my office and on the floor. Part of the problem is that not very many colleagues really know any unemployed workers. Not very many people here spend time as a single parent trying to make ends meet or spend time with somebody who is laid off because of a plant closing. We don't spend enough time with small business owners, with a mom-and-pop operation, maybe running a store or something, and they cannot make it because people have lost jobs in their community. We don't spend our time with people who are really suffering. We don't see them enough.

Let me tell you about Dawn from Cuyahoga County in northeastern Ohio, the Cleveland area. She wrote:

I lost my job two years ago and my mother passed away 6 months afterward. If not for a friend who allows me to sleep on a couch, I would be homeless.

I have worked hard ever since I was 15, but now I find myself applying for so many positions over and over.

I consider myself lucky when I get the exceedingly rare call for an interview. But if the proposed [unemployment] extension doesn't pass soon, I honestly don't know how I'll survive.

Please, Senator, make whoever's blocking this extension see reason. There are a lot of us in Ohio who are really hurting.

I know there are a lot of people in Charlotte, Raleigh, and Durham in the Presiding officer's State and in Galion, Zanesville, and Xenia in my State who are trying to find jobs. They are barely getting along on their unemployment checks. If the unemployment runs out, they cannot get anything. It has to be extended before it runs out. That is why time is of the essence.

Every day Republicans delay and obstruct, more Americans and their families will slip into poverty. It is not just a human tragedy, it is another blow to the tough economy this country is enduring. Poverty reduces consumer spending and increases the need for public assistance. That is two steps back without one step forward.

Let's not forget that unemployment insurance is not retroactive. As I said a minute ago, once unemployment insurance is exhausted, whether today or last week or last month, they are not eligible for the extension. So we have to do this. Every day we wait hurts another hundreds and hundreds of families in Ohio and North Carolina and all over this country.

The Senate bill would extend unemployment insurance for 14 weeks in all States, plus an additional 6 weeks in high-unemployment States—those States above 8.5 percent unemployment, such as Ohio. This means unemployed workers in Ohio, such as Sandra and Dawn, whose letters I shared, would receive a total of 20 weeks' additional unemployment compensation. They are not choosing to just sit home and get unemployment. As you can see from some of the letters, people are driving from rural areas, driving county by county, to urban areas, knocking on doors over and over to find jobs.

The unemployment insurance in the Recovery Act has kept 800,000 people out of poverty. That means fewer Americans on Medicaid, fewer Americans with income assistance, food stamps, and other public assistance programs. This isn't welfare; this is an insurance policy. Every paycheck, workers pay something into the insurance fund.

It is not just what it does to help workers, but every dollar in Federal extended benefits produces \$1.64 in economic growth. It is not as if they are taking this money, this check of \$200 or \$300 a week in unemployment benefits, and investing in a factory in China. It is not as if they are blowing this money. They are using this money to buy school clothes for their kids, to buy food, maybe even to go to a movie once every month or two. Maybe they are putting a little money in the church plate. Whatever they are doing, they are spending this money, not holding it. That is why it is \$1.64 in economic growth with every dollar we send into a community. In the first 6 months following passage of the Recovery Act, unemployment insurance pumped about \$19 billion into the economy. I wonder how many jobs and how much more economic activity would

have been lost without unemployment insurance putting dollars into workers' pockets, into local communities, boosting consumption, and saving jobs.

How much longer are we going to let people like Melody, from Geurnsey County in east central Ohio, go without the insurance they so desperately need.

Melody wrote to me saying:

We need help in Guernsey County and all around Ohio.

I look for work every week, traveling 75 to 100 miles, going to counties in every direction from Noble, Belmont, Muskingum, Harrison, Washington, Coshocot, and Licking.

She goes to that entire area where she lives looking for a job.

And after making phone calls, I've been told not to call back because there are no jobs.

My unemployment is running out. What am I supposed to do until I find a job?

Again, that is Melody from Guernsey County.

It is unacceptable, irresponsible, and par for the course that the Republicans want to play politics and come up with amendments that don't have anything to do with extending unemployment benefits, but it helps them with messaging for the next election and scores political points with the newspapers back home and scores big political points with talk radio, which cheers them on and says: Keep trying to embarrass the Democrats.

The fact is, these workers at home are not Democratic workers, they are not Republican workers, they are not Independent workers. These are people who have lost their jobs. These are people who need assistance. These are people who want to go back to work. These are people who will benefit not just from the unemployment check they get to keep their heads above water but the money they put into the community so there will be job growth in the months ahead, and the people will, in fact, get back to work so they will not need their unemployment benefits.

We need our Republican colleagues to start putting Americans first, ahead of their reelection campaigns, ahead of their message campaigns, ahead of their appeals to talk radio, and start helping to move us forward on the extension of unemployment benefits not tomorrow, not next week but this afternoon.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Delaware is recognized.

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

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

The Senator from Delaware is recognized.

(The remarks of Mr. KAUFMAN pertaining to the introduction of S. 1959 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

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

THE PRESIDING OFFICER (Mr. BURRIS). Without objection, it is so ordered.

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

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

Mr. DURBIN. Mr. President, 3 weeks ago we came to the floor of the Senate and asked our Republican colleagues to join us in a bipartisan effort to extend unemployment compensation benefits for those across America who have lost their jobs. This fairly routine and common political request was met with opposition from the Republican side. It came as a surprise because we know the unemployment we face in this country is not confined to States represented by Democratic Senators, it is nationwide. The recession has cost us so many jobs and, sadly, I am afraid that, although there are signs of recovery, it will be some time before many unemployed people actually do get back to work.

It is said there are six unemployed people for every available job. The frustration that creates for those who are unemployed is obvious. So the object of our request was to ask our Republican colleagues to join us in extending unemployment insurance benefits for those who are about to see them expire.

Unfortunately, the Republican side objected, and they objected because they said they wanted to offer some amendments. It is not unusual to offer an amendment to anything that comes to the Senate floor, but in the case of an emergency such as this, an economic emergency where people have, within the last few weeks or months, seen their livelihood extinguished because they have no job and no benefits coming in, it is a little hard to understand why some Members on the Republican side of the aisle insist on offering amendments that have virtually nothing to do with unemployment.

Let me give one example. The Senator from Louisiana wants to offer an amendment that would, once again, punish an organization known as ACORN. ACORN is not in Illinois—it has not been for many years—so I don't know on a personal basis, but from what I read, it is an organization involved in grassroots organizing. It helps organize States to pass increases in the minimum wage in each State. They have also organized to register voters in many States. They have been involved in counseling people who are about to lose their homes to avoid foreclosure.

Having said those good things, there were clearly acts of wrongdoing by employees of ACORN. In fact, a couple

were videotaped. What we saw on those videotapes, a few weeks ago, was nothing short of outrageous. The employees involved were fired by ACORN. I have suggested, if there is any criminal activity associated with it, it should be investigated and prosecuted, no ifs, ands or buts. But, unfortunately, this has become a big cause on rightwing radio and TV: go after ACORN. Some Senators are inspired by that to come to the floor on a frequent basis and offer ACORN amendments—one after another after another. We think some four or five different amendments have been offered, ways of punishing ACORN.

The House has already passed an amendment saying ACORN cannot do business with the Federal Government. There have been amendments offered—I have offered one of them—calling for a complete investigation of the organization. Other appropriations bills have limited any expenditures involving this organization. So it is not as if it has been ignored or glossed over or excuses are being made. There is a full investigation being ordered, action taken against it.

But for some Senators, particularly one from Louisiana, it is not enough. We have to go back and debate ACORN again. We have to debate it on a bill for unemployment benefits for hundreds of thousands of Americans.

Another Senator wants to extend a program called E-Verify. E-Verify, conceptually, is sound; that is, you could verify whether a person applying for employment is, in fact, a citizen; that you could have a number or computer contact verifying the name and Social Security number of the person. It is sound in principle, but it turns out in operation it has been a problem. Many times, the numbers have not matched when they should have, people have been disqualified from jobs when they should not have been, and the system clearly needs to be repaired and improved. It will last for 3 more years, this system, if we do nothing. A Senator from Alabama has come to the floor and said he wants to make this a permanent program, despite some of the obstacles and problems we currently have with it.

So a Senator from Louisiana wants to flog ACORN, this organization, again; a Senator from Alabama wants to extend a law beyond the 3 years it is going to be in existence to make it permanent; and they are holding up unemployment benefits for people all across America. We are now doing nothing in the Senate except making speeches because these Senators insist on their amendments and will not agree to unemployment benefits until they get them.

Twenty-one days after we requested an extension of unemployment benefits, the Republican Senators and leadership are continuing to hold us up. Two hundred thousand Americans will lose their unemployment insurance this month if the Republicans continue

to obstruct a vote to extend the benefits. To put it in perspective, around 200,000 people live in Birmingham, AL, and in Montgomery and in Mobile. The Republicans are refusing to help roughly the number of people who live in the three biggest cities in that State, all because a Senator wants to vote to extend, permanently, the E-Verify Program.

Around 200,000 people live in Baton Rouge, LA, and in Shreveport as well. Republicans are refusing to help roughly the number of people who live in those two biggest cities in Louisiana outside New Orleans, all because the Senator from Louisiana wants one more chance to give one more speech for one more amendment about ACORN. Yes, one more.

Meanwhile, here is what I learned from one of my constituents in Chicago who wrote and said:

I have been out of work 9 of the last 12 months. I have applied for over 200 jobs and I still am unemployed. I am educated, worked since I was 15 years old and cannot find work. I have applied for everything from hourly to above my skill level including city and state jobs and have not heard from most.

Further, Peoples Gas cut off my service this week—for months I have let them know what I was able to pay and have paid it, they still cut off my service. What are we citizens to do. . . .

My son and I will be living on the street any day. Where is the help?

That is from one of my writers from Chicago. Here is a letter from a woman in Genoa, IL.

. . . I am currently one of many who is unemployed and almost out of benefits. I have 2 young children I am responsible for and have made a full time effort to look for work. I have applied at gas stations, McDonald's, restaurants, everywhere. There are just no jobs. Can you please tell me if the Senate will be voting on the extension [of unemployment benefits] sometime soon? I am expecting my last check next week and then I don't know what I am going to do about keeping a roof over mine and my children's heads.

Please help us from becoming homeless. Any kind of response on this issue would be greatly appreciated. Thank you.

How can my colleagues on the Republican side hear stories like that, if they are even listening to these unemployed people, and refuse to help so they can come to the floor and debate their amendments? For goodness' sake, tomorrow is another day. There will be another chance to give a speech and debate an amendment. Why wouldn't you let the unemployment compensation benefits go forward for people such as those who have written to me? The unemployment rate in my State is 10.5 percent, and I think it is my duty to help these people with a safety net that will help them get by while they are just one out of six applicants for every available job. While they struggle to keep food on the table and a roof over their heads, we ought to be doing our part in the Senate.

Apparently, yesterday when we voted to go to the unemployment benefits, 13 Republican Senators voted no, against

moving to the extension of unemployment benefits. In case some of those Senators missed it, here are the unemployment rates in the States represented by the Republicans who voted against even debating an extension of unemployment insurance: Texas, 8.2 percent; Mississippi, 9.2 percent; Missouri, 9.5 percent; Alabama, 10.7 percent; Kentucky, 10.9 percent; South Carolina, 11.6 percent. I don't understand it. How could you represent a State with over 10 percent unemployment and vote against unemployment benefits for the people there who are searching for jobs? That, to me, does not represent family values. It doesn't represent what this Senate ought to be about. For goodness' sake, it doesn't represent the kind of bipartisanship that was always behind voting for unemployment benefits.

This Republican obstruction, when it comes to something this basic, is fundamentally unfair. It is way past time. We should not be playing games and posturing. We ought to stop the politics. We ought to be voting in the next 5 minutes so we can respond to the people who write to us in desperation and tell them, in fact, we are moving the bill forward so they will have the basics in life to take care of their families.

HEALTH CARE

I also wish to say a word or two about health care because that is the issue that, while we work on others, is coming to the floor soon for a historic debate. Senator REID, the Democratic majority leader, has sent a bill to the Congressional Budget Office to score it, which basically means to find out will it cost us money. If so, will it add to the deficit? Will it reduce the costs of health care? The Congressional Budget Office is doing that analysis at this current time.

It is clear we desperately need this because we find fewer and fewer businesses offering health insurance across America, and the cost of health insurance is going up so fast people cannot afford it. The New York Times reported that insurance brokers and benefits consultants say small business clients are going to see premiums go up on health insurance an average of about 15 percent for the coming year. That is double the rate of last year's increase. When Republican Senators come to the floor—and they did this morning—and say: Let me tell you, if you pass health care reform, the cost of health insurance will go up, what they don't say is, if you don't pass health care reform, health insurance costs will go up anyway and possibly higher. What we are trying to do is slow the rate of growth in the cost of health care across America.

In one national survey, nearly three-quarters of small businesses that did not offer benefits cited high premiums as the reason. So as the premium costs go up and businesses offer less coverage, individuals have to go out on

their own and it is even more expensive. Small businesses pay up to 18 percent more than large firms. What we have tried to do in the health care reform we are working on is to give small businesses a chance. I joined with Senator BLANCHE LAMBERT LINCOLN of Arkansas as well as Senators SNOWE and COLLINS of Maine in introducing the SHOP bill, which has become part of the health care reform.

It is an effort which we put together with the help of the National Federation of Independent Businesses and the National Realtors Association and the SEIU labor union to try to find a way that small businesses could afford health insurance, allow them to pool into larger groups, allow them to shop from a market of health insurers so they would have some choice to lower the cost, the overhead costs they face, and to lower the premium costs, so small businesses could offer health insurance.

But it is not just small businesses that are stuck. Many Americans actually stay in jobs today because they are afraid that if they move from one job to another, they will lose their health insurance. Even business owners, the risk takers among us who have so often led us out of the recession, are less willing to take that risk when it comes to people who are sick and need employment.

Melissa Wilhelm in Chicago knows what I am talking about. Melissa spent years as a research associate, then decided it was time for a change in her professional life. She felt she had outgrown the position she was in. She said: I did not want to put the widget in the hole every day.

Melissa had good reason to want the most out of each day. Only a couple of years earlier, at the age of 35, Melissa had been diagnosed with stage IV lymphoma, an aggressive type of cancer that affects the lymph nodes. As frightening as her diagnosis was, one thing Melissa did not worry about was how she was going to pay for her cancer treatment. She had a good health insurance policy. In fact, she had two, one through her employer and another one through her graduate school.

In 2006, thank God, Melissa went into remission. It was after her recovery that Melissa decided it was the time for a career change. She wanted to start her own education consulting company.

Knowing her medical history, she knew her first step was to meet with a health insurance agent. Melissa said the agent actually laughed in her face. Getting affordable health insurance as a self-employed cancer survivor is apparently a laughable request in the world of insurance. Melissa was not alarmed at that point. She qualified for 18 months of COBRA coverage and assumed she would have enough time to shop around. But a couple of months later, she came home from vacation to bad news: her COBRA insurance had been terminated. She apparently

missed paying one monthly payment. It had been sent to the wrong place. But for COBRA, since she missed the payment, it was the end of the story, the end of her coverage. She was not refunded the \$2,000 she had already paid in premiums; they just cut her off. Suddenly, she became one of the uninsured, a cancer survivor without insurance.

She had one last option: the Illinois Comprehensive Health Insurance Plan, our State's high-risk pool, a pool for those individuals unable to buy health insurance otherwise. But the coverage would not come cheap; it would cost her \$780 a month, plus a \$2,000 deductible—a price she had no choice but to pay. As she waited for her coverage to be finalized, she put off checkups and CAT scans. It was risky, but, as she said: I did not want to drag myself and my family into bankruptcy. Those apparently were the choices: go to the doctor or face bankruptcy—not much of a choice in modern-day America.

We know health care costs are a major factor in two out of three bankruptcies in our country today. How many families can even entertain the idea of paying \$25,000 a month for chemotherapy? Not many. And none of us should ever be in a position where professional growth is not an option because it means giving up health care coverage.

Melissa said: People do not have the ability to leave their jobs. They cannot afford to be more productive or more challenged. That is not the American spirit. And Melissa is right.

Melissa was living the American dream, pursuing new goals and opportunities with the entrepreneurial spirit we need in this country. But she was stopped—stopped cold because of her lack of health insurance.

Melissa eventually succeeded and started her business as an educational consultant. She is currently helping evaluate Chicago public schools at risk of failure and developing good practices so that students can do better. With a Ph.D. in child development policy, Melissa is certainly up to the task. I think we can use more people like her, determined to improve their lives even though they have to battle cancer and the health insurance companies at the same time. Health care reform will free more people to leave dead-end or unfulfilling jobs and to pursue new goals without fear of becoming uninsured.

Today, many of the unemployed spend countless hours trolling job sites, motivated at least in part by the desperate need for health care. What if these people had a safety net, a health care option outside of employer-provided health care? Maybe, like Melissa, they would strike out on their own, open the restaurant or the business they always wanted to open. Maybe those businesses would grow, employ more people.

It is clear that small businesses suffer in today's health insurance market

more than most. It is extremely difficult for those businesses to compete against big firms that are able to spread the cost of unexpected illness across a large pool.

The bottom line is this: We have a health care reform bill that is now being carefully reviewed, as it should be. It is one we will debate at length. The critics will come to the floor, as they did this morning, and will tell us what is wrong with the bill. But the fact of life is, those who are criticizing the bill have no alternative. Their alternative is to stay with the current system.

The current system of health care in America is too expensive, the cost is going up too quickly, fewer and fewer people are insured each year, and more of us are bearing the costs of the insured as they are treated in hospitals and by doctors who pass along that cost to other people.

We are the victims of health insurance companies which on a whim can deny coverage, can claim there was a preexisting condition unreported or a cap on the amount of money they will pay, or the fact that you are sick, they just do not want to be there. That is the reality of what we face today.

Those on the other side of the aisle who will not participate have opted out of the health care debate and really have little room to criticize unless they want to step forward with their own proposal and their own plan. And the honest answer is, they don't have one. They don't have an answer.

I hear from many of my constituents who ask me what we are going to do to get this economy moving again. That is our highest priority. But in addition to that we have to liberate families and businesses and individuals from the fear they have of health insurance they can't afford, health insurance companies that just say no, or the fact that losing or changing a job can cost them the peace of mind they need to protect their families.

We can do a lot more for the American people. I hope we will have the cooperation of the Republican side in doing this. It would be great if we had a bipartisan bill. I hope my colleagues on the other side of the aisle will come around and be part of the solution.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, first let me thank my colleague and friend from Illinois for, as usual, his articulate, right-on-the-money and right-to-the-point remarks which I agree with.

Right now, many middle-class families are facing the prospect of losing the unemployment benefits they are relying on to get them through this recession. Out-of-work Americans consider these benefits a lifeline. But too many Republicans are treating this like a political football. If Congress does not act to extend these benefits, nearly 2 million Americans will lose their unemployment insurance by the

end of the year—2 million. They have families, people who depend on them. And 90,000 of those are in my home State of New York. That is 2 million people—90,000 in New York—who have been trying to find work and are now going to have their safety net pulled out from under them. Well, we cannot pull the rug out from under so many Americans. We owe it to them to do the right thing and extend unemployment insurance.

It is a mystery to me why so many on the other side of the aisle are blocking passage of this legislation. Everywhere I go in New York—downstate, upstate, large cities, urban suburbs, rural areas—people come up to me with a pleading look in their eyes: Can you please renew, extend unemployment benefits?

What in the heck are we waiting for? Why are we putting people through this agony? So far, Republicans have been opposed to this extension as they seek to extract political amendments out of Leader REID. It is just another example—the latest one—of a stalling strategy. On one legislative priority after another, their motto has been the 1980s slogan “Just say no.” But if there is one thing this recession and budding recovery has taught us, it is that America can’t recover leaving behind our workforce.

There is a general view that since much of the first stimulus package has not yet impacted the economy, a second one is not necessary. But unemployment benefits are the quickest, most effective form of economic stimulus, and they are aimed at the weak point of this economic recovery, which is jobs. The dollars get out the door fast and will be spent by those who don’t have another source of income at a time when we need to boost consumer demand.

So I plead with my colleagues on the other side of the aisle: Stop playing the games, and let’s just pass unemployment insurance. I know there are lots of extraneous amendments on all kinds of issues that you wish to debate. Leader REID has been very generous in allowing debate after debate on these amendments, much to the chagrin, frankly, of many on this side of the aisle. This is one time when we should put the games aside. We should just unite. My guess is that unemployment insurance extension will get a large high vote on both sides of the aisle. Stop playing politics with this benefit extension. Extending unemployment benefits is crucial to ensuring that as our economy picks back up we do not leave the recession’s victims in the dust.

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. WHITEHOUSE. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. WHITEHOUSE. I rise today to join my distinguished colleague from New York, Senator SCHUMER, to express my strong support for extending unemployment benefits for workers around this country who continue their struggle to find jobs in this weak economy.

The problem is especially acute in my home State of Rhode Island, but this is a national problem, and it is creating significant unhappiness, significant distress, and significant woe in families all around the country as they approach the end of their unemployment benefits and cannot find a job. And the end is coming up for so many people. We really need to do something about it.

Right now, we are on a motion to proceed to the Unemployment Compensation Extension Act of 2009. We are not actually on the bill yet because our colleagues on the other side of the aisle are using every available form of procedural delay. It is not hard to figure out why they are doing it. There are only so many days in the year. There are only so many days the Senate can be in session. And when they force these votes and when they force delays, what they are doing is burning the work time of the Senate. They would like to burn the work time of the Senate because that inhibits the President, that inhibits us, it inhibits progress, and that presently is their motivation. They are the party of no. And because they do not have the votes for a lot of this stuff, until they can get to it, they are the party of slow. And we have had innumerable—I think the record right now is that we are at 82 efforts—to filibuster or force the majority leader to file cloture. We have had votes forced on judges. Some of the judges went through with huge margins by the time the vote actually came, but they wanted to burn the time. Indeed, as the Presiding Officer, the distinguished Senator from Illinois, may recall, the other day we voted on a judge, and the vote was 100 to 0. Yet they had to force a vote. Why? To burn the time of the Senate to prevent progress.

This should be one bill where they would stand down from their mission to be the party of no and the party of slow. Because since October 8—when they first put up the procedural obstacles to this bill—to now, 7,000 Americans a day have lost their coverage. They have come to the end of their unemployment coverage. It has expired, and they have lost their incomes.

As the Senator from Illinois, the distinguished Presiding Officer, so distinctly knows, there are millions and millions of families in this country who live paycheck to paycheck and when they lose their jobs, they live unemployment check to unemployment check while they desperately seek work to feed their families and put a roof over their heads.

This bill—if we could get to it, and if we could vote on it—would provide a

badly needed lifeline to those Americans, and I would hope at some point our Republican colleagues would relent and simply let us make this decision, which is in everyone’s best interest. It is inhumane, frankly, to put those families—7,000 a day—through the torment of coming to the end of their income and having to think about losing their houses, losing their cars, not paying for their prescriptions, not paying for their food, worrying about their children—all of that. That is an awfully high price to score political points on this floor and to be the party of slow and the party of no. I would hope their point of view will change.

I want to, first, applaud the efforts of my senior Senator from Rhode Island, JACK REED. He has long been a champion of helping the unemployed, and he has played a critical role in getting this legislation to the floor for the Senate’s consideration. Notwithstanding the fact that our Republican colleagues are interfering with allowing us to pass this legislation, Senator REED’s leadership on this issue has been remarkable, has been commendable, and we in Rhode Island are fortunate to have his service.

One of the reasons Senator REED is so concerned about this is because our home State—the State of Rhode Island—has the third highest unemployment rate in the Nation. We broke 13 percent last month. That is the highest level Rhode Island has seen for unemployment since World War II.

According to the Bureau of Labor Statistics, over 74,000 Rhode Islanders are currently looking for work. There are 74,000 families with a wage earner out of work in a State with just over 1 million people. At that level, there are very few Rhode Islanders who are not touched in some way by our unemployment crisis.

Families are struggling through this recession in every State, but the situation is particularly dire in States such as Rhode Island, Michigan, and Nevada where the unemployment level has hit double digits and is climbing still. People who have worked their entire lives have been unable to find work this year. The economies of the worst hit States are getting worse, and the unemployment benefits continue to run out.

I have heard from hundreds of constituents who fear they will be unable to keep their families fed or keep the electricity on or keep up with their prescription drugs when their unemployment benefits expire. My State is in economic crisis, and we need help.

One of my constituents, Carole, from Centerdale has degrees in architecture and business, but she has been unable to find work for 18 months. She has two children. They are 12 and 15. Her unemployment benefits have run out. Without more help, she may lose her home.

I send out my good wishes to Carole and my thoughts to her for a complete recovery. She has recently suffered a heart attack. She is recovering nicely,

and I wish her well in her health. But we could do a lot for her if we could clear this bill so she did not have to look at her 12-year-old and her 15-year-old and, in this market, say: I don't know where our income is coming from now because this government cut off the unemployment benefits.

Another constituent is Patricia. She is a 51-year-old woman from Warwick. She has been unemployed for 17 months. She spends over \$300 a month for her prescriptions, and she can no longer afford to keep up the COBRA payments that will protect her if she gets seriously ill. Without assistance, she may need to go into bankruptcy.

I tell just these two stories, although there are thousands more from those 74,000 Rhode Island families, because the statistics are sobering—13 percent unemployment, the highest level since World War II. That is a deeply distressing statistic. But behind those statistics are these personal stories, over and over again, thousands of examples of human suffering, human courage, that we must not ignore as we quarrel over irrelevant amendments and do not get to the business of helping these people in their hour of need.

I am pleased that in addition to the 14 weeks of benefits this legislation would provide to unemployed workers in all States, workers in States with the worst job markets would receive an additional 6 weeks. That additional time is desperately needed by Rhode Islanders, who, day after day, week after week, pore through the want ads looking for the job postings and hoping that the next interview will be the one that puts them back on their feet again.

I am confident the economy of Rhode Island and the economy across the country will recover. It always does. But right now it looks as though it will take time. Economists say the stock market tends to be a leading indicator of recovery, while employment numbers are lagging indicators of recovery. This means the recent uptick in the stock market should lead to more jobs being available in the future. But until then, unemployed Rhode Islanders such as Carole and Patricia, unemployed Americans across our country, need their government to help provide the bridge to those better days.

I implore my colleagues to join me in supporting swift passage of this urgently needed and—I hope once we cut through the fuss—ultimately non-controversial unemployment benefits extension.

I thank the Presiding Officer and yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I enjoyed the comments of the distinguished Senator from Rhode Island. He is one of the most thoughtful and intelligent Members of the Senate. I always enjoy listening to him. But I have a different characterization of what we are doing in the Senate.

He pointed out that the majority leader believed it was necessary to cut off debate 82 times; that was a record. I do not believe I would be bragging about that. This is the Senate. What that means is the majority leader has said to the minority: Be quiet. Don't debate. We don't want your amendments—82 times.

The House of Representatives is the place where we have the train that runs through according to the majority. That is not the Senate. Senator BYRD, the senior Democrat, the senior Senator, has written four big volumes about the history of this body and what is unique about the Senate. Our Founders said: We will have one popular body where there is one man one vote, one woman one vote, and whoever has the majority the train runs through. So whatever Speaker PELOSI wants, Speaker PELOSI gets. That was the view of the Founders more than two centuries ago. But we are going to have a little bit different Senate.

Do you know what the idea of the Founders was, the Founders, whom we revere and admire? Unlimited debate. Unlimited amendment. That is the Senate. That is the only reason we have it. There is no need for the Senate if we do not have that.

When Alexis de Tocqueville, the young Frenchman, came to this country in the 1830s and wandered around our Nation and wrote that perceptive book, "Democracy in America," which every serious student of the American Constitution in our country discovers, he saw one thing he worried most about in the new American democracy, and it was, in his words, the tyranny of the majority. He said the Senate was the one institution which helped work against the tyranny of the majority.

So this is the body that protects the minority view. It does slow things down. In the case we are talking about, unemployment compensation, we have already voted to limit debate on unemployment compensation. That is what we are talking about today.

I see the Republican whip on the Senate floor. As I recall, the vote to limit debate on unemployment compensation was overwhelmingly bipartisan, was it not?

Mr. KYL. Mr. President, could I just interrupt?

Mr. ALEXANDER. Of course.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Thank you.

To answer my colleague quickly, I think the vote was 87 to 13, or in that general range. Almost all Republicans voted to conclude the unemployment compensation legislation by getting to the process where we could offer amendments and then have a vote on the final passage.

But I would ask my colleague from Tennessee, have Republicans been afforded the opportunity to offer five amendments? How about four amendments, three, two, one? Obviously not. Have Republicans been afforded the op-

portunity to offer any amendments, I would ask my colleague? Then I have a follow-up question.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the Senator from Arizona and I be allowed to engage in a colloquy on this subject.

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

Mr. ALEXANDER. I believe the answer is no. If I am not mistaken—if I am not mistaken—I say to my friend from Arizona, the Democratic side has a nongermane amendment they would like the Senate to bring up, and I believe the Republican side has a nongermane amendment we would like to bring up. They are saying: Because we are in the majority, we are going to run over you. That is the tyranny of the majority. That is what Alexis de Tocqueville warned against, and we are saying: No, you are not. We are elected from Arizona and Tennessee to represent our constituents. If you are going to run over us, we might as well go home.

Mr. KYL. Mr. President, if I could further inquire of my colleague, is it not the Senator's understanding that of all of the issues the American people are concerned about today, the No. 1 issue is jobs and economic recovery—how do they get back to work?

When our friends from the Democratic side say: We need to hurry up and extend unemployment compensation, my guess is the vote on that will be overwhelming. I will support it. I am sure my colleague will support it. That is not the question. The question is, Instead of just continuing to extend unemployment compensation for all of the increased number of Americans who are out of work, what are we going to do to put people back to work?

Then I have one other question to ask my colleague. I may not be correct that it is the No. 1 issue in public opinion surveys, but I recall it is pretty high on the list.

Mr. ALEXANDER. Mr. President, I think the Senator is exactly right, and we on the Republican side—and I believe some Democrats do as well—have some proposals about how to restart housing. We would like to deal with that on this issue as well. But the Senator is exactly correct. The No. 1 issue for most Americans is what to do about jobs. Unemployment is about at the rate of 10 percent.

Mr. KYL. Mr. President, if I could further inquire, the first thing we want to do is find out how much this unemployment extension is going to cost. I think the number is about \$2.4 billion. The second thing we want to find out is, how is it going to be paid for? I understand it is proposed to be paid for by a continuation of a tax on payroll; that is to say, employers and employees will have to pay a certain percentage of the employee's wage to the Federal Government in order to provide funds to those who are unemployed.

Some of us are concerned if our goal is to put people back to work, to allow

companies to hire more people, that the worst thing we would want to do is impose another tax on hiring, another tax on employees or, to be totally accurate, to extend the existing tax on workers, on payroll, as a way of paying for the extension of unemployment benefits. Perhaps a better way to pay for that would be, for example, to take the \$2.4 billion out of unspent and unobligated stimulus funds, which was \$780-some billion, half of which is not going to be spent for the next 8 years—or over the period of the next 8 years.

One of the amendments we wanted to offer was not just to extend unemployment benefits but to pay for it in a way that would not harm job creation, as is contemplated under the bill. Am I correct in that?

Mr. ALEXANDER. The Senator from Arizona is correct. And as a member of the Finance Committee, he has once again come up with a very good suggestion. He understands better than some appear to that if we add taxes to payrolls, it makes it more likely that payrolls will be smaller or there will be fewer jobs. So if we can find a way to pay for unemployment compensation that does not add to the debt and does not add to payroll taxes, that is worth taking a little time to do.

Mr. KYL. I know my colleague wanted to talk about student loans, so I will close my point here.

The whole point, when colleagues and friends of ours on the other side of the aisle say: Well, Republicans are just trying to slow this down; the answer is: No, we could have been done with this bill 24 hours ago. All that was necessary was a simple agreement between the majority leader and the minority leader that the minority would get a couple of amendments. One of them is an amendment to say, Let's pay for this worthy cause of extending unemployment benefits in a more sensible way with respect to job creation; at least in a way that isn't going to cost us jobs, to prevent employers from hiring more people. Let's pay for it by taking some of the unobligated stimulus funds that won't be spent for another 6 or 7 years and achieve our goal in that way. But no, no agreement to do that. The majority says no amendments, take it or leave it.

If you ask for amendments, then you are slowing the process down and somehow standing in the way of those who are unemployed. The benefits haven't run out yet. We are going to pass this before the benefits run out. That is not the question. You can either come down here and make a pitch to people to make it sound as though you are trying to help them and the other side is not or you can try to do things the right way. I submit that on this, the right way is to pay for it in a way that doesn't cost jobs because our goal here ought to be to put people back to work.

I would also say that if the majority were serious about getting this legislation completed, they would not in the middle of the process have parachuted

onto the floor a bill that around here was called the "doc fix"—a most unfortunate term—a bill that was going to add \$250 billion to our debt in relationship to the reimbursement of physicians who provide Medicare benefits. The minority didn't do that. Republicans didn't do that.

My point is that a week ago we could have had an agreement to conclude work on the extension of unemployment benefits that would have taken maybe 24 hours, maybe 48 at the most. We would have had the benefit of voting on a couple of amendments, which I think are very well taken, directly relating to the subject, germane amendments, but for some reason the majority has not seen fit to permit that to happen.

So as friends around the country consider what is the reason for this being slowed down, I hope there would be a better appreciation of the reason why this has been delayed. A, we didn't ask for the delay. The delay was occasioned by action by the majority leader by, first, going to another bill and, secondly, by filing cloture and, third, by not agreeing to allow the minority to have a couple of amendments.

Finally, I would say I wish we did have that opportunity because I think when we do support this, it will be a better bill by not only taking care of those who find themselves without a job today but helping to find a way to get them back to work, and that ought to be our primary goal.

I thank my colleague for yielding.

Mr. ALEXANDER. Mr. President, if the Senator from Arizona has another minute, I thank him for coming to the floor because he has pointed out the value of taking a little time on these important pieces of legislation. He has suggested a way we can not only extend unemployment compensation benefits, which almost all of us want to do, but a way to pay for it in a way that creates more jobs rather than fewer.

There is another example. The Senator from Rhode Island was complaining about the 82 times that the majority leader has invoked cloture, and I was saying that was nothing to brag about. We should be complaining about that, because that is 82 times he has cut us off. In general, he has allowed during this year a fair amount of amendments, a fair amount of debate. But take the health care bill for a moment. It takes a little time. Over in the House I hear they may run that through in 3 days. That is not going to happen here. When we have time to stop and think about it—the same thing happens on this floor that happened last week. We had our first vote on health care and the question was, Shall we raise the debt ¼ trillion dollars?, and 13 Democrats joined all Republicans and said no.

We have another important vote coming up soon that might be called a procedural vote but, in fact, is a vote for or against a bill.

Mr. KYL. Mr. President, if I could comment on that, that is another very

important point. I think Americans very much want to engage in a debate about health care reform. I think Republicans are anxious to engage in that debate here on the Senate floor. But, first you have to have a bill. You can't just have a debate on the floor; you have to have a bill you are debating.

We are told there is a bill. It was written in the majority leader's office with some people from the White House and a couple of other Democratic Senators, and then the bill was sent to the Congressional Budget Office to be scored, for a cost estimate to be developed. I know several people have said, Could we see the bill? Could you share that bill so the American people can see what we are talking about here? So far, no luck. No bill. If we are talking about getting this debate going on health care, one would think that we would get the bill written, we would get it out there, we would all get a chance to read it, our constituents would have a chance to understand what is in it and, by the way, know how much it costs.

I ask my colleague from Tennessee, are Republicans doing anything to slow down the bill or making it public or understanding it?

Mr. ALEXANDER. We are here every day. We want to do what the Senator from Arizona said. We want to read the bill and we want to know what it costs because when we hear about it—and the Senator from Arizona was a part of the Finance Committee that developed one bill; I was a part of the HELP Committee that developed another bill. What we hear is that instead of lowering premiums, which is the idea for 250 million Americans, it will probably raise premiums; that it will raise taxes; that it will cut Medicare by \$450 billion.

Now we learn from the majority leader this week that there will be a new government-run insurance program. We are going to put the government in the insurance business with a "State opt-out," whatever that might mean. I am a former Governor. I am wondering, Does that mean we can opt out of the taxes as well as the benefits? So the Senator from Arizona is right. We are here. We are ready to go to work. We are anxious to read the bill, but it is being written behind closed doors.

Mr. KYL. Mr. President, I would say to my colleague, the minority leader yesterday in a press conference talked about this bill that has been written. I am not actually even sure it has been written. Obviously, we have never seen it. All the majority leader has chosen to talk about publicly is the so-called public option. So maybe that one feature of it has been written.

My point is it isn't Republicans who are slowing anything down. As far as this health care debate is concerned, I think we are very anxious to engage in that debate now. As my colleague from Tennessee pointed out, we are not going to be in debate on a bill which is going to raise taxes, raise premiums,

cut benefits under Medicare, increase the deficit, reduce the quality of our health care, and I am not going to vote to begin work on that kind of a bill, but I certainly will vote to begin work on a bill which meets the primary objective.

There are two primary things we need to try to resolve. One is to make sure we could get insurance to about 18 million Americans who can't afford it and don't have it, and the other is to keep premiums from going up. As the Senator from Tennessee pointed out, under the legislation that came out of the Finance Committee and out of the House of Representatives, insurance premiums go up more than they otherwise would have—according to who? The Congressional Budget Office, the nonpartisan entity that we all ask to analyze these things. There are many other studies that came to the same conclusion.

So I am not anxious to begin working on a bill that does those things, but so far we haven't seen any bill.

Mr. ALEXANDER. If I could ask one more question of the Senator from Arizona, who is giving a lot of time to this discussion. I thought this health care debate was supposed to be about reducing costs—the cost to the government and the cost to people buying premiums. Whatever happened to that goal?

Mr. KYL. Well, I would say to my colleague, something happened to it on the way to the Senate, I guess. Because, first, the bill is going to cost somewhere between \$800 billion and \$1 trillion. That is obviously money that isn't being spent today that will be spent tomorrow. I don't know of any American who believes you can have a \$1 trillion new government program and not add to the debt, but we are told: Wait for the details; we will show you.

There is only one way to make sure it doesn't add to the debt: Raise taxes so much that you cover the costs of it. Then that gets to the other half of the equation. What about for the American people? Are we going to be better off? No. It turns out we are going to have our taxes increased by \$400 billion, Medicare cut by almost \$500 billion—by the way, if it is ever cut. There is a question about whether we will ever achieve those savings; we never have in the past—in which case the bill is then out of balance by \$500 billion; \$500 billion in debt. So either there is going to be a big debt there or seniors are going to see their benefits lost.

But I wandered off the point. My colleague was asking, Wasn't the exercise here to reduce costs. Yes. And what will the bills do? It will increase costs for the Federal Government so, therefore, the taxpayers. It will increase costs for all Americans in the form of higher taxes, some imposed directly on us. For example, if we don't comply with the government forcing us to buy insurance, the Congressional Budget Office says other taxes will be passed

directly through to us. For example, there is a tax on the manufacturers of medical devices. If you have an angioplasty or some kind of heart problem and they put a little stint in there, one of those very high tech items, that is going to get taxed. Why should you be taxed on something that makes you well? I can't understand that. But in any event, the tax is first on the manufacturer and it will be passed on to the consumer, so increased taxes.

Finally, my colleague asked about premiums. According to CBO, the premiums will go up over what they otherwise would have been. The Oliver Wyman study that I think is very credible on this said the average would be \$3,300 per year per person. In my State of Arizona, it was over \$7,000, an increase in insurance premiums over what it otherwise would be. When Americans see that, they are going to say, Where is the reform? This is a lot worse than it was before.

Mr. ALEXANDER. I thank the Senator from Arizona. All of this got started because the Senator from Rhode Island had complained that the Democratic leader had to cut off debate 32 times, and my response was that was nothing to brag about; that is what the Senate is for. That is how the Founders created it.

I appreciate the Senator from Arizona pointing out that in the case of unemployment compensation, we all want to extend the benefits. We think we may have a way to do that in a way that creates more jobs rather than taxes on jobs. In the case of health care, yes, we want to go slow enough to be able to do two things: Read the bill, know what it costs, because we want to make sure that if we pass a health care bill, we are not the Congress of higher premiums, higher taxes, Medicare cuts, and adding to the debt. I think the American people want to make sure we do that as well. So I am grateful that we have the Senate. We are always a little more grateful for those rules when we are in the minority, because they protect our rights to represent the people who elect us and to ask us to offer amendments. But the American people have been served very well by a Senate that has different rules and procedures.

STUDENT LOANS

I wish to say a word about a subject which has nothing to do with health care and nothing to do with climate change, which is the other subject I have been in hearings on today, but it is a subject that will affect millions of families in America, and that is the question of going to college and student loans.

All of us can imagine the anxious moments in our family lives—and there are a number of them, including when a baby is born or when the daughter goes out on her first date; when someone is sick; when a child goes off to college. But one of the most anxious moments comes just after the first of every year when, in millions of homes

across America, students and their parents wait to see if they have been admitted to college and to which college. The next anxiety comes when they turn to the various options they have to see whether they can afford to go to that college.

Fortunately, in America we have the best system of higher education. We not only have the best colleges; we have almost all of the best colleges. We have 6,000 autonomous institutions of one kind or another—public, private, religious, secular, profit, for-profit—among which students may choose. Second, even though prices have been going up, we have bent over backward in this country to try to make it possible for the largest number of Americans to attend college. Seventy-seven percent of Americans who attend college—nearly 20 million—have a Federal grant or Federal loan to help them do that.

So just after January—and I want to paint this picture—in homes across America, we have millions of students, millions of families who are waiting for their college admissions and then will turn to the question of: Can I get some help paying the bills. Specifically, we have 14 million—if next year is anything like last year and the year before—14 million of those students who will be going to college on 35 campuses who will be borrowing \$60 million through the Federal Family Education Loan Program—what we call the traditional student loan program.

We have two types of loan programs. We basically have one through two thousand lenders, profit and nonprofit, across the country. For example, we have an organization called Edsouth in Tennessee that is nonprofit. It offers a variety of student loan options to Tennessee students. It has five regional outreach counselors to provide college and career planning, financial aid training, college admissions assistance, and financial literacy. It makes 443 presentations at Tennessee schools through college fairs, guidance visits, and presentations. It works with 12,000 Tennessee students to improve their understanding of college admissions and the financial aid process. Last year, Edsouth provided training to over 1,000 school counselors and distributed 1.5 million financial aid brochures.

The various lending institutions—profit and not-for-profit—are usually in these communities and easy for these 14 million students to get to. There is another group of students—about a fourth to a third in total—who choose to go another route in getting a student loan, called direct lending. They borrow directly from the government. This was set up as a pilot program when I was the Secretary of Education in the early 1990s. It was set up to see whether the traditional student loan program, which is through your local bank or nonprofit, was working right, and what was best for students.

Students and colleges have voted over the years with their practices. For

example, in Tennessee, most Tennessee campuses and most Tennessee students choose the traditional student loan program. At the University of Tennessee, where I was once president, in Knoxville, there are 30,000 students, and 11,000 have a Federal loan. They get that through the traditional loan program, not the government direct loan program. At Maryville College, in my hometown, where my parents went, 824 of 1,100 students have a Federal loan. They get that through the traditional loan program. At Carson-Newman, at Jefferson City, where I am going Friday to help inaugurate a new president, with 2,000 total students, 1,259 have a Federal loan. I can go through each of the institutions in our State. You can see the number of families that any change in the student loan program affects, and if you add the anxiety that comes with receiving your college admission and worrying about whether you can pay the bill—you can see the problem that causes.

The reason I came to the floor is that for those 14 million students—more or less—who, in January, February, and March, would be expected to turn to the traditional student loan program, we are about to have a 14-million car pile-up on the interstate highways of American education because of action taken by the U.S. Department of Education.

The Secretary of Education—a man I greatly admire—has sent a letter to the various schools—3,500 or so campuses—that now use the traditional loan program, and he said you better get ready for the government-run program, and you need to do it because I may not be able to continue to offer the traditional loans.

That is a big mistake. I want to point out the reasons. First, there is not time to switch, even according to a New York Times article.

I ask unanimous consent to have printed in the RECORD the Secretary's letter to the campuses and the New York Times article.

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

WASHINGTON, DC,
October 26, 2009.

As this academic year moves forward, it is hard to believe we already need to consider the 2010-2011 year to come. In doing so, I am writing to seek your assistance and offer mine in taking the necessary steps to ensure uninterrupted access to federal student loans by ensuring your institution is Direct Loan-ready for the 2010-2011 academic year.

Eighteen months ago, uncertainty in the financial markets seriously threatened the availability of Federal Family Education Loan (FFEL) Program loans for the upcoming 2008-09 academic year. Congress acted quickly to provide the Department of Education with unprecedented temporary authority to directly finance loans made through FFEL Program lenders. The goal was to ensure that every student or parent with a need for a federal loan would be able to get one, whether or not the student's educational institution had taken the steps to provide loans through the Direct Loan Pro-

gram (where loan access was not affected). This stopgap measure, the Ensuring Continued Access to Student Loans Act (ECASLA), was helpful in assisting FFEL Program lenders in making \$61.3 billion in new loans to students and their parents this past year. And the bulk of those funds—some \$46.3 billion—was provided by the Department of Education.

While many institutions like yours continued to use the FFEL Program loan delivery process last year, more than 500 others responded to the uncertainty by switching to the Direct Loan Program. These colleges' move to direct lending happened in an efficient and effective manner, without any interruption of service to students, and the number of Direct Loans increased by nearly two-thirds compared to the previous year. As you know, the Direct Loan Program provides students with the same types of loans, with essentially the same terms, as those made in the FFEL Program.

I do not anticipate any major loan access problems during the remainder of this academic year because Congress's temporary measure remains in effect. However, while there are encouraging signs that the financial markets are rebounding, the most prudent course of action is for you to ensure that your institution is Direct Loan-ready for the 2010-2011 academic year. That way, loan access for your students will be assured. As you may know, President Obama has proposed that Congress make the loan system more reliable by moving to a 100 percent Direct Loan delivery system. In any event, under current law, ECASLA will expire, and the continued participation of FFEL Program lenders will be in question.

The Department of Education stands ready to assist with any questions you and your staff may have about becoming Direct Loan-ready. Many institutions have already taken the initial step of contacting us to ensure the appropriate transition steps have been taken at Federal Student Aid to begin the process. If your school has not taken this initial step, we recommend that you do so. Please also reach out to your technology, financial aid, and business offices to make sure they are working together to ensure federal loan access for your students and their parents. If they are unsure of the steps to take, please have them contact our school relations center, or e-mail us with questions.

Thank you for your attention to this important matter.

ARNE DUNCAN,
Secretary of Education.

[From the New York Times, Oct. 27, 2009]

COLLEGES ARE PUSHED TO CONVERT LOAN SYSTEM

(By Tamar Lewin)

Congress has not given final approval to legislation ending federal subsidies for private student loans for college. But Secretary of Education Arne Duncan sent a letter Monday to thousands of colleges and universities urging them to get ready to use the government's Direct Loan Program in the 2010-11 school year.

The House of Representatives last month passed the Student Aid and Fiscal Responsibility Act, expanding the government's direct lending and ending the current program of government subsidies and loan guarantees for private lenders. Under that law, all colleges would be required to convert to the federal Direct Loan Program by July 1.

But the Senate has yet to take action on the legislation, and it is uncertain whether it will do so before the health care debate is resolved.

Meanwhile, most of the nation's 5,000 colleges and universities have not taken the

necessary steps to convert to direct federal lending. The letter, sent to some 3,000 campuses that have never used direct lending, was an effort to prod them into action.

"Some campuses are thinking they'll wait until Congress acts, but to wait is to endanger loan access for students," said Robert Shireman, the deputy under secretary of education.

In the past year, Mr. Shireman said, about 500 institutions have switched from the subsidized program, the Federal Family Education Loan program, into direct federal lending.

A year and a half ago, when uncertainty in the financial markets threatened the availability of private loans, Congress passed a stopgap law to ensure that families with financial need could get student loans, even if their college was not in the federal direct loan program.

But that temporary legislation, which colleges used to make billions of dollars worth of new loans in the past year, will expire in June. And even if Congress does not act to end the subsidized lending program and require direct federal lending, there is no guarantee that any lenders will continue with the private loan program.

Private lenders are fighting to stop the switch to direct federal lending. And at their third-quarter earnings conference call last Wednesday, executives of Sallie Mae, a private lender, spoke of the "transition risks," saying many schools' financial aid offices are thinly staffed, have only just finished processing loans for this academic year and would have trouble making the transition to a new lending system in time for next year.

Mr. Shireman said that for most colleges and universities, it takes three weeks to four months to make the switch, which requires changing computer programs and retraining financial aid administrators.

Mr. ALEXANDER. The Secretary's assistant says it takes at least 3, 4 months for colleges to switch their computers around, so instead of offering aid through a traditional program, they offer it through the government direct loan program. There will be a lot of confusion in January, February, March and April. There is not time to switch.

Second, the Secretary has gotten ahead of himself. The President has proposed a Washington takeover of the student loan program, but this Washington takeover requires congressional approval. We have more than one branch of government in this town. I know the House of Representatives has passed the President's request, but there's one more—the United States Senate has not approved the President's request, and I hope it does not. It is a bad idea.

So I hope the Secretary will write another letter and say I have changed my mind, given the lateness of the situation in the year—we are almost to November—and the fact that it takes up to 4 months for any college to make a changeover, and because most students will begin to receive their college admissions in January and February, et cetera. I hope the Secretary will say I am going to take a little different approach and work with Congress, recognizing that the Congress has to approve this proposal as well.

First, we are going to extend the law that was passed a couple of years ago,

which provides emergency financing to back up all of the traditional student loans that are made. That has worked out very well. The institutions participating have paid large fees to the government and students have gotten their loans. We can extend that another year. It doesn't expire until June.

Second, the Secretary might say that I am going to work with Congress to make some changes in the existing student loan program to make it right. We can talk about ways to do that.

Third, I hope he will say I am going to work with Congress to set up a transition time that is appropriate for any colleges that want to move from the traditional student loan program to the government-run direct loan program.

When time comes for us to debate and act on whether there should be a Washington takeover of student loans, I am going to say, no, there should not be. I have a little history here. I think the American people have had enough Washington takeovers—banks, insurance companies, General Motors, et cetera. The President can argue that he inherited a lot of that. But this takeover is truly voluntary.

Nobody is asking the Secretary of Education to become the banker of the year. I would rather he become the Secretary of the year. I think he could do that. I think he is an outstanding Secretary, one of the best appointees—maybe the best—of the new President. The Presiding Officer is from Illinois, and he knows Arne Duncan very well. I would like to see him reward teachers and setting higher standards, instead of making 20 million student loans every year. I want him to be the educator of the year, not the banker of the year. Deep in his heart, maybe he wishes that as well.

The administration has told us about this latest Washington takeover that is starting next year, and that the nearly 20 million students who want government-run direct loans should all line up at offices designated by the U.S. Department of Education. This will, the argument goes, save taxpayers \$87 billion in subsidies that now go to greedy banks. In anticipation, Members of Congress—we—have already spent the \$87 billion for more Pell grants, community college improvements, and other new programs. That sounds very good. Banks are punished, students are helped and, most important, Congressmen look real good.

Here is what they have not told you. Your friendly government, for all this, will overcharge you, the student—and use the profit to pay for the new programs that make the Congressmen look good. Yes, those of you who borrow student loans—the 20 million—the Education Department is going to borrow the money at 2.8 percent from the Treasury and loan it to the students at 6.8 percent, and spend the difference on administrative costs and new government programs. That means a student

will spend a few more months or years working to pay off the student loan in order to help pay for someone else's education and help the Congressmen's reelection.

There are a few other things the government ought to tell you. The \$87 billion isn't real. According to a letter in July from the nonpartisan CBO to New Hampshire Senator GREGG, the savings are closer to \$47 billion. If we use the same cost scoring analysis that the CBO required when we passed the Troubled Assets Relief Program, or TARP, the savings I think are less than that, since the government assumes it can make 19 million loans each year for what it now costs to make 4 million loans.

Finally, the government needs to disclose to these 20 million students who are thinking about going to college next year that getting your loan will become about as enjoyable as waiting in line for your driver's license. Today there are 2,000 lenders—banks and non-profit institutions—competing to offer government-backed students loans at 4,400 campuses. I mentioned earlier the kinds of services they provide. That is all about to change. There will only be one student loan banker under this proposal, the U.S. Secretary of Education. I wouldn't have wanted that job when I was in that position, and I cannot imagine any Education Secretary wanting that job. There will be no competition to make it easier to get your loan.

Imagine 20 million students and families trying to call a Federal call center to make their arrangements to go to college. It is true that during the last 20 years subsidies the government paid to lenders to make student loans were excessive. Congress took steps to correct that 2 years ago. If there is still \$87 billion, or \$47 billion, in real savings, then the subsidies are too high and we should lower them and give the savings to students, not trick students by overcharging them to pay for more government programs and run up the Federal debt in the process. Seventy-eighths of the students who applied for Federal aid using the Free Application for Federal Student Aid had an average loan of about \$25,000. Assuming a standard 10-year repayment at 6.8 percent, which is the rate set by Congress, these students would pay roughly \$9,400 in interest. But we could use the savings to reduce the interest rate by as much as 1.5 percent—down to 5.3—and those students would pay only \$7,100 in interest, a savings of \$2,200.

If this Washington takeover goes through, every one of the 19 million-plus student loans made in 2010 should carry this warning label: Beware, your Federal Government is overcharging you so your Congressman can take credit for starting a new government program. Enjoy the extra hours you work to pay off your student loan.

Mr. President, I see my colleague from South Dakota on the floor and my colleague from Nebraska, so I will conclude.

The Secretary of Education should change his mind, withdraw his letter, and work with Congress to extend the temporary law and improve the student loan program and reassure students that they don't have to be anxious about standing in line in January for a loan.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin is recognized.

AFGHANISTAN

Mr. FEINGOLD. Mr. President, in 2002, then-Senator BIDEN chaired a series of Senate Foreign Relations Committee hearings on U.S. policy toward Iraq. These hearings challenged many prevailing assumptions and called into question the wisdom of invading Iraq. To the detriment of our Armed Forces, our counterterrorism efforts, and the standing of the United States around the world, our government ignored those prescient warnings.

Our country is again contemplating sending tens of thousands of troops into battle, this time as an escalation of the 8-year war in Afghanistan. In fact, the escalation has already begun, with an additional squadron to begin deploying in November.

Sadly, the impact of our expanding military engagement in Afghanistan is becoming increasingly and painfully clear, as October has become the deadliest month for U.S. troops since the war began, and more servicemembers have been killed this year than in the first 4 years combined.

I commend Senator *John Kerry* for holding a series of exceptional hearings in the Foreign Relations Committee over the past month on U.S. policy in this critical region. Expert witnesses have provided a sober analysis of the situation there.

I urge my colleagues, if they have a chance, to read the transcripts of these hearings and consider the opinions of this diverse group of former military officials, intelligence officers, diplomats, academics, and experts in the region. Of course, a handful of the witnesses supported an escalation of our military involvement in Afghanistan, but the majority of the regional experts—including CIA veterans who have deep experience in the region—questioned whether the stated aims of our military strategy are achievable or necessary in order to deny al-Qaida an uncontested safe haven in Afghanistan. Many expressed concern that our current military-focused approach may be making things worse.

President Obama has refocused our attention on the Afghanistan-Pakistan region, and for this I give him great credit. I am also pleased to see this administration is taking the time to have serious discussions about our strategy and the many possible alternatives. We must find a way to relentlessly pursue al-Qaida's global network without destabilizing this critical region, overstretching our military or needlessly spending money we do not have. This will require a smaller, more targeted,

and sustainable military strategy combined with far more robust regional diplomatic engagement.

I would like to go over what I consider to be some of the myths that are being used to support the notion of a significant buildup of troops in Afghanistan.

One is that preventing a potential al-Qaida safe haven in Afghanistan is more important than addressing existing safe havens elsewhere. That is not what we heard at the hearings.

The committee's hearings have revealed that calls for an open-ended or increased military presence in Afghanistan are based upon several flawed assumptions or myths. The first common myth is that preventing a potential al-Qaida safe haven in Afghanistan is more important than other potential safe havens. Again and again, we hear that if we do not send more troops, the Taliban will regain control of Afghanistan and again provide a safe haven in which al-Qaida could reestablish training facilities or launch attacks on the United States. That statement may be true, but it contains a number of assumptions that need to be closely examined. Will more troops make a difference? How likely is it the Taliban will actually regain control of Afghanistan? Even if it does, what will its relationship be with al-Qaida? But the biggest unasked question is: What are the costs of pursuing this strategy and is it necessary to address the very real threat posed by al-Qaida?

Al-Qaida already has a safe haven in Pakistan and is operating in other countries around the globe. Addressing this global threat requires a smart and sustainable use of our resources around the world, including in Afghanistan, rather than disproportionately directing our resources toward only one of many potential safe havens.

Several witnesses called into question even the likelihood that the Taliban would overrun Kabul. Even if the Taliban were to continue to exert control over certain areas, experts challenged the simplistic assumption that al-Qaida would then be able to reestablish the kind of operational freedom it had in Afghanistan prior to 9/11.

Moreover, sending more troops to Afghanistan may not prevent an al-Qaida safe haven there. As General McChrystal noted in his own assessment, even if we send additional troops, they would necessarily be focused on limited areas and would still leave substantial portions of the country outside the control of the Afghan Government or U.S. forces.

Several witnesses questioned whether we can afford to dedicate so many resources to one country when we face a global adversary. Instead, as Robert Grenier, the former CIA station chief in Islamabad during the 2001 invasion in Afghanistan, testified:

The best that we can hope for is not a permanent elimination of a safe haven [in Afghanistan] . . . but rather the elimination of an uncontested safe haven. [W]e need to be in

a place where we can continue to play the game, which means that we need to be able to do that on a sustainable basis. . . . What we are currently doing I believe is not sustainable either by us or by the Afghans.

We have to have a sustainable, targeted counterterrorism strategy that can contest potential safe havens and, thus, prevent al-Qaida from regaining the footing they had in the 1990s. Trying to achieve total elimination of such safe havens through a large-scale, open-ended military mission is not only infeasible, it is physically and politically unsustainable and could provoke even greater instability in the region. It is time we develop a counterterrorism policy for Afghanistan that places it in the context of al-Qaida's many current and potential safe havens, including in Yemen, Somalia and North Africa and many other places around the world.

A second oft-cited myth is, we already tried engaging in such a limited counterterrorism operation in Afghanistan after the 2001 invasion and the situation on the ground only deteriorated.

On the contrary, the strategy of the United States in Afghanistan, over the past 6 years, has been uncoordinated and neglected and much of the limited resources went to pursuing militants in Afghanistan while al-Qaida was rebuilding in Pakistan. This strategy failed not because it was targeted at al-Qaida but because it generated resentment among the local population and created a groundswell of opposition. It also failed because it turned a blind eye to the corruption and lack of legitimacy of both the Afghan and Pakistani Governments. The previous administration's extreme reliance on Pervez Musharraf not only failed to achieve our immediate counterterrorism goals, but it undermined the perception among the Pakistani population that we were working with them against mutual threats. As a result, we lost a crucial opportunity to eliminate al-Qaida and the Taliban from, and bring stability to, Afghanistan.

By contrast, the Obama administration has focused on Pakistan and supported the emergence of a civilian government that shares our counterterrorism goals. We have a strong interest in Pakistan's continued military operations. We must remain engaged so any tactical successes are accompanied by rules of engagement that protect the civilian population and ensure humane treatment of displaced persons, which are essential to ensuring that these successes actually result in strategic victories.

Much more remains to be done, including efforts to strengthen responsive civilian governance and encourage Pakistan to tackle the deeper socioeconomic problems that the Director of National Intelligence has testified are driving instability in that country. None of this will be easy, but counterterrorism in Pakistan will not be achieved through our escalation in Af-

ghanistan. One thing is certain. At no point in the last 8 years has this kind of comprehensive, focused strategy for Pakistan been attempted.

In Afghanistan, I am not suggesting we would necessarily just limit ourselves to what some have called an over-the-horizon presence. We may need to maintain bases and consider a range of counterterrorism options. But we will never return to the neglect and strategic drift of the pre-9/11 period, nor should we resume the unfocused mission we saw for much of the previous administration.

This recognition is why several witnesses testified that a targeted counterterrorism strategy, which has never been tried before, would likely succeed in denying al-Qaida an uncontested safe haven. This sustainable strategy, along with a flexible timetable for the withdrawal of troops of the United States from Afghanistan, could easily reduce the perception that we are engaging in an open-ended military occupation of that country.

As to a third myth, there are many who argue that a larger military presence is required in order to stabilize Afghanistan. However, many of the experts testified that an increase of foreign troops in Afghanistan will likely provoke additional militancy.

Reports indicate that militancy in both Afghanistan and Pakistan has increased over the years. According to Milt Bearden, the former CIA station chief in Islamabad: "40,000 troops will beget 40,000 more enemy . . ." We must appreciate that our military presence may well be counterproductive and, in fact, driving the conflict, creating more militants than it is eliminating.

Indeed, it may even be undermining our ability to divide our enemies. CIA veterans Robert Grenier and Mark Sageman testified that, in Mr. Grenier's words, Afghans "tend to coalesce against what is perceived as an outsider."

It is not surprising, then, that many of the witnesses who appeared before the Foreign Relations Committee agreed that a political solution is essential to stability in Afghanistan. As Mr. Bearden testified, there is no "military solution—for us or the Afghans."

We can and will relentlessly pursue al-Qaida. We have to find a way to do so that does not further destabilize the region. Increasing our troop levels in Afghanistan will only make this more difficult.

As to a fourth myth, another frequently cited myth is we must maintain a large military presence in Afghanistan in order to prevent the destabilization of Pakistan. In reality, our massive military footprint in Afghanistan has contributed to instability in Pakistan.

Several witnesses agreed the majority of Pakistanis would not welcome an increased military presence in Afghanistan. Mr. Grenier stated:

I think that a large increase in U.S. presence in Afghanistan would not be welcomed by the majority of Pakistanis. I think that it would make the struggle seem all the more starkly one of the U.S. against Muslims as opposed to the U.S. supporting Afghans in their own struggle.

As former British diplomat Rory Stewart testified, the “stabilized Pakistan” rationale for a military presence in Afghanistan also ignores “the real drivers of the problems in Pakistan. Pakistan will not stand or fall on Afghanistan. It’s about the Pakistani government, it’s about the Pakistani military, it’s about the Pakistani economy and the Pakistani society . . . by and large, Afghanistan is far less important to the future of Pakistan than we’re suggesting.”

In fact, our presence in Afghanistan could be counterproductive. CIA veteran Paul Pillar recently testified in the House that “an expanded U.S.-led counterinsurgency in Afghanistan would be more likely to complicate rather than to alleviate the task of Pakistani security forces insofar as it succeeded in pushing additional militants across the Durand line.” We need to carefully consider the unintended consequences of sending additional troops to Afghanistan, lest we further destabilize its nuclear-armed neighbor, Pakistan.

The Afghanistan hearings provided a crucial forum to question conventional wisdom, justifying our current and proposed military strategy. These expert witnesses have challenged many of the assumptions underlying many of the myths I outlined.

In his testimony before the House, Pillar warned that:

An expanded military effort in the cause of counterinsurgency in Afghanistan would be unwarranted. The benefits in terms of ultimately adding to the safety and security of the American people would be marginal and questionable. At best, the difference such an effort would make in the terrorist threat facing Americans would be slight. At worst, the effort would be counterproductive and would not reduce the threat at all. Even at its best, the benefit would be, in my judgment, outweighed by the probable costs of the counterinsurgency.

There is strong consensus that we must not abandon Afghanistan, and the lack of strategy and focus on this region that occurred over the past 6 years must not be repeated. But there has also been significant agreement among the witnesses that we continue to greatly overestimate the potential benefits and underestimate the risks associated with maintaining or expanding a large, open-ended military presence.

I urge my colleagues, again, to review this excellent testimony from these hearings. We need to reduce our unsustainable military presence in Afghanistan in order to pursue al-Qaida without further destabilizing the region and work through diplomatic channels and the provision of assistance to support the emergence of legitimate, competent governments in both countries that will be effective partners in fighting terrorism.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. JOHANNIS. Mr. President, I rise this afternoon to speak to the pending issue, which is the extension of unemployment benefits.

The pending proposal basically says we would extend benefits for 14 weeks for all States. There would be an additional 6 weeks attached for those States that had unemployment that exceeded 8.5 percent.

You don’t have to look very far around this country to see people are struggling. In fact, just an hour or so ago, I was pulled aside by a member of the media. He said: There are numbers coming out tomorrow that indicate some improvement here and there. What would your reaction to that be?

I said: You know, until we see improvement with unemployment, we will never convince the American people that things are better.

We are hearing 10 percent unemployment. I hope not, but some predict we will actually go over that number around Christmastime or the first of the year.

People across this country are struggling. Jobs are being cut. People are being laid off. As I said, many experts are predicting that unemployment could get into the double digits before we see any improvement.

I am not here to say the extension of unemployment benefits is the wrong course of action. Not at all. I am not here to dispute any of these assertions about how difficult this economy is for people. But what I am here to do today is to say this: If we are going to consider a bill of this nature, of this importance to people, I believe it is important that we, as Senators, have the ability to come to the floor to submit an amendment, to make our best case on that amendment, to ask for a vote on that amendment, and then see where it ends up.

The original stimulus bill—and again I emphasize, the stimulus bill—extended unemployment benefits for 33 weeks. So very clearly the majority of this body, considering the issue of extending unemployment at the time the stimulus was passed, said we should use stimulus funds. I would argue that the same logic applies today. This extension should also be from stimulus funds, and that is what my amendment would simply say.

Here are the reasons why: The stimulus bill, quite simply, did not provide the jobs that were promised. Put forth whatever excuse you want to put forth. Argue that maybe you didn’t think the economy was as bad as it is, although I must admit I find that hard to imagine. But whatever the argument, the stimulus bill did not provide the promised jobs. The bill in front of us today would do this: It would levy a tax on our job creators—our businesses—of \$2.4 billion to finance it. It is an 18-month tax on small businesses, which are the backbone of our job creators

and certainly the backbone of our economy in the State of Nebraska.

The interesting thing about this extension of unemployment benefits is that it would expire in December but the taxes would live on for month after month after that expiration.

So you see, I think it is appropriate to come to the Senate floor to make the case that we should not be taxing the job creators in order to support those who are out of work and looking for a job. We should be encouraging those job creators to do all they can to add another job to bring these people back to employment.

To make this relevant to the citizens back home in Nebraska, this will have a \$17 million impact on our businesses. That is \$17 million that will not be spent on creating a single new job. It is \$17 million that won’t be spent to hire new workers.

I have talked to many of these businesses in our State, and they are saying to me: MIKE, we are doing all we can to try to keep people employed. I don’t want to do layoffs or any more layoffs, they tell me. But what we are saying to businesses is: We know you are struggling, we know you are fighting this brave battle to keep these families with a job, but here is another tax extension, and could you also go out and hire some new workers? This is simply out of touch—exactly what Washington was criticized for during our August townhall meetings.

A lot of jobs could be created if we expand this from my small State of Nebraska to a nationwide phenomena. Think of the jobs that could be created with \$2.4 billion spent on salaries instead of on taxes.

I have this amendment which basically says this: A more sensible approach would be to use a very small portion of the unspent stimulus money to finance this extension. Don’t tax these small businesses. The stimulus was sold as a shot in the arm. It was going to jump-start the economy. But that goal has proven very elusive. In fact, it has even been very difficult to get the money flowing. And don’t take MIKE JOHANNIS’ word on this. The Congressional Budget Office says that some of the stimulus money won’t even be spent until 2018, 9 years from now. CBO predicts \$22 billion will be spent in 2014, about 5 years from now. I don’t know a single person who could argue that is a shot in the arm.

The Chair of the President’s Council of Economic Advisers, Christina Romer, recently said:

Most analysts predict that the fiscal stimulus will have its greatest impact on growth in the second and third quarters of 2009.

She goes on to say:

By mid 2010, the fiscal stimulus will likely be contributing little to growth.

This baffles and frustrates the American people.

Piling more taxes on people who hire to help those without jobs makes no sense when you recognize that originally a portion of the stimulus money

was set aside to extend unemployment. Why not use a small—very small—portion of the overall sum to provide an extension?

Mr. President, I just want the opportunity to have an amendment that we can vote on, to be able to make the case that my amendment is a better alternative than what we are doing today. It uses unobligated stimulus funds to pay for the extension. It just simply says to the Office of Management and Budget: Go to the unused accounts—and having been a Cabinet member myself, I will tell you that those funds will be found—and allocate that money to help these people instead of taxing the job creators. My amendment requires only 1 percent—I repeat, 1 percent—of the original stimulus to pay for unemployment benefits. Why not use the money parked in these accounts—which literally is years away from being allocated—to stimulate this economy?

I would respectfully argue that my option gives all Americans a break. It allows the unemployed workers to have that important safety net while they struggle to find a job; it helps businesses that are fighting to stay open and to keep their employees in place, to keep that job in the family, and, my hope, to hire new workers; and it allows us to use taxpayer dollars—taxpayers who are tired of seeing their tax dollars wasted—in a way that I believe they would approve of.

Given the opportunity to submit this amendment on the floor of the Senate, I could ask for its support and we could send a message to the American people that we are listening to their concerns. This amendment immediately puts money back into the economy to pay the bills or wages and to put food on the table. Unfortunately, it appears increasingly likely that I will not be allowed to offer the amendment.

Mr. President, I have not been here a long time. I have been here about the same time as the Presiding Officer. But I have to tell you, one of the things that impresses me so much about this great body, this deliberative Senate, is that we have the ability, whether we are in the majority or the minority, to offer an idea, to craft an amendment—oftentimes that we get from a citizen back home—and to come to the floor and offer that amendment, make our best case, and then get a vote. It is a remarkable system. But what is happening these days is that precious right is being taken away from us.

I think this amendment makes sense. There may be many who will disagree with me. There will be many who will agree with me. All I am asking for is that I be given the right to offer the amendment, to make the case, and then to get a vote on this idea.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, let me begin by suggesting that at a moment in American history when we probably

have more serious problems than at any time since the Great Depression, I find it rather sad and distressing that time after time the response of our Republican colleagues is no, no, no; filibuster, filibuster, filibuster. In fact, what we are seeing now is that the filibuster is the norm. Most Americans think it takes a majority to pass something. Not around here. Our Republican friends, I think, have broken the all-time world's record for bringing forward filibusters—my understanding is 81 in this session alone.

So here you have a crisis in health care, a crisis in the economy, a crisis in global warming, a crisis in foreign policy, a crisis in terms of our national debt, and yet our Republican friends say: No, no, no; filibuster, filibuster, filibuster. So it is easy to understand why the American people are extremely frustrated with what is going on here.

The election in November was all about the American people saying very loudly and clearly: We did it their way for 8 years. We gave the tax breaks to the billionaires that these folks wanted. We went into a war we should never have gotten into. We drove up the national debt to a recordbreaking level. We ignored the crisis in global warming and forfeited enormous opportunities to create jobs addressing that. We did it their way.

Now let me tell you the results of having done it their way.

During the Presidency of George W. Bush, over 8 million Americans slipped out of the middle class and into poverty. Today, nearly 40 million Americans are living in poverty.

During the 8 years of the Bush administration, 7.8 million Americans lost their health insurance. Today, these guys still do not want to address the issue of soaring health care costs and 46 million Americans uninsured.

Under President Bush, 4½ million manufacturing jobs in this country were lost in the Midwest and other parts of this country. We are seeing desolation in areas where workers used to earn good wages, producing real products. In my own small State of Vermont, we have lost 10,000 manufacturing jobs over the last 6 or 7 years.

During the Bush era, 3.2 million American workers lost their pensions—pensions they were dependent upon in order to provide some security when they retired. Incredibly, during that period, median household income declined by over \$2,100.

My colleagues may have seen an article in USA TODAY recently which mentioned that from 2000 to 2008, middle-class men experienced an 11.2-percent drop in their incomes. Do you believe that—11.2 percent? That is a reduction of \$7,700, adjusting for inflation, during the Bush era. Middle-class women in this age group saw a 4.8-percent decline in their incomes as well.

We did it their way, and the middle class is on the verge of collapse, poverty is increasing, more and more peo-

ple are losing their health insurance, and the national debt has exploded. And then, after hearing President Bush tell us how robust the economy was, Secretary of the Treasury Paulson saying how strong the economy was, they walked into Congress over a year ago and said: Seems we made a little bit of a mistake. The economy is not actually robust. If we don't get \$700 billion within the next couple of weeks, the entire world's financial system will collapse. Sorry about that. We not only have many hundreds of supervisors and the Fed, we have the whole Federal bureaucracy looking at what is going on—we kind of missed it. We are sorry about that.

What ended up happening, as everybody in America knows, the economy plunged as a result of Wall Street greed and illegal behavior and recklessness; the conversion of Wall Street to a gambling casino, to all the deregulation that these guys fought for for years—both parties, by the way, not just Republicans—we ended up with the greatest economic decline since the Great Depression.

Let me tell you a little bit about where we are today when we talk about the need to extend unemployment benefits. We hear the official unemployment statistic of 9.8 percent. That is bad. But that only tells literally half of the story. If we add to the 9.8 percent who are unemployed all those in high unemployment areas who have given up looking for work or who are not part of the official statistic, and we add to that number people who want to work full time but are working part time, do you know what we end up with? We end up with 27.2 million Americans who are unemployed or underemployed. This is over 17 percent of our population.

That is a disaster. That is an absolute disaster causing massive suffering for working families all over this country.

I rise today in the midst of that economic disaster in strong support of the Emergency Unemployment Compensation Act. I am proud to be an original cosponsor of this legislation. I thank Majority Leader REID and Senator BAUCUS, the chairman of the Finance Committee, for their leadership on this legislation. We are in the midst of the worst economic crisis since the Great Depression, and the suffering, from California to Vermont, is enormous.

I am sure my colleagues get the same letters I get:

I lost my job, I am looking for a new job, there is no job available.

I lost my job, I got a new job, but it only pays half of what my old job did.

I lost my job and I lost my health insurance and maybe I am 1 of the 1 million people this year who are going to go bankrupt because of medically related illnesses.

I am a young person, I graduated high school, I want to get a job. I can't find a job.

I graduated college, I can't find a job.

That is what we are looking at. We have to address that problem.

As bad as the current situation is, what we also understand is that long-term unemployment is soaring. It is a bad thing if somebody loses their job. That is always bad. If they get a new job in a couple of weeks, that is one thing. But what is happening now is we are looking at 5.4 million Americans who have been unemployed for over 6 months. That is the highest on record. We have a crisis of long-term unemployment. The average length of unemployment is now 27 weeks, the longest since World War II. In the midst of serious unemployment numbers, the fact we are looking at long-term unemployment at record-breaking levels tells us it is absolutely imperative to extend and increase, expand unemployment benefits.

There are fewer jobs in America today than there were in the year 2000, even though the workforce has grown by over 12 million since that time. We now have the fewest manufacturing jobs at any time since April of 1941. Can you believe that? We have fewer manufacturing jobs, blue-collar jobs, the jobs that made the middle class, since April of 1941.

The American people need our help. That is why it is so important that we pass this legislation and why it is so important that we do this in a bipartisan way. I hope our Republican friends will finally stop saying no and say yes to American working families. This bill provides an additional 14 weeks of unemployment benefits to all 50 States. That is important to me. It is important to me because while I do understand there are States which have a lot higher unemployment rates than the State of Vermont, the truth is there is long-term unemployment in 50 States in America, and I believe we should be extending unemployment for all of our workers.

If we do not pass this legislation, by the end of this year nearly 2 million Americans will see their unemployment benefits expire, including some 2,000 people in the small State of Vermont. In the midst of the worst economic crisis since the Great Depression, and at a time when long-term unemployment is extremely high, we cannot turn our backs on jobless Americans by letting their unemployment insurance expire. That would be driving people into the abyss. We cannot do that. This bill will allow workers who have lost their jobs during the severe recession to get the help they deserve while they try to find new jobs to support their families.

The American people are looking to the Congress for help. These are tough times all over this country. We cannot turn our backs on hard-working Americans who are trying as best they can to keep their families above water. I hope we pass this legislation and we pass it as soon as possible.

I yield the floor.

Mr. THUNE. Mr. President, I want to speak to the bill before the Senate

right now and also to an amendment I would like to have voted on as a part of the underlying legislation. But I do want to also react to some of the remarks made by my colleague from Vermont.

When it comes to some of the legislation some are trying to jam through the Congress this year, we believe it is OK to say no to some things. We think it is OK to say no, for example, to 1,500-page bills written behind closed doors, in secret. We think it is OK to say no to higher health care premiums for our constituents in our home States and most Americans in this country who currently have health insurance. It is OK to say no to trillion-dollar spending bills that don't do anything to create jobs. We think it is OK to say no to higher taxes for small businesses and working families who are going to get hit by many of the proposals in front of the Congress, including the health care bill which, according to the Congressional Budget Office, more than half the tax burden is going to fall on families making under \$100,000 a year.

We think it is OK to say no to energy taxes that will kill jobs and wreck the economy. We think it is OK to say no to a \$2 trillion expansion of the Federal Government in Washington to create a new health care entitlement that will be financed with higher taxes, Medicare cuts, and borrowing from future generations. We think it is OK to say no to a \$½ trillion in Medicare cuts that are going to impact senior citizens across this country. It is also OK to say no to the extension of what has become a TARP slush fund, what has become a political slush fund that is now being used for lots of things for which it was not intended.

I do not apologize for saying no to bad policies that are going to wreck the economy, cost Americans jobs, and put more and more of our future generations at risk because we are saddling them with a burden of debt that they will be carrying forever into the future. I think it is OK for people in this Chamber to stand up to bad policies and to say no.

I am going to continue to defend the right of my colleagues in the Senate, whether I agree with them or not. A lot of my colleagues on the other side, they have things they want to do. Some of them I do not agree with. That is why we have the Senate. It is to come here and resolve our differences and try to reach common ground if that is possible. But if there are bad things being proposed, I don't think there is anything wrong with saying no—to higher taxes, higher health care premiums, more borrowing, and more debt we are putting on future generations. I don't particularly have a problem with that.

I do think it is important, however, that we act on legislation that will create jobs, that will provide a better, stronger economic future for people in this country, and that will address the needs of the people who are hurting be-

cause of this economic downturn. The legislation we have before us will do just that, and I voted to proceed to that legislation last night so we could have this debate, so we could get on this bill, so we could provide an additional 14 weeks of assistance to people who need unemployment benefits because of what is happening in our economy and this country.

I do not think we will find a lot of disagreement that we need to take those steps that are necessary. I will say the amendment offered by the Senator from Nebraska, Mr. JOHANNIS, is a germane, legitimate amendment that ought to be voted on. All he is saying is, if we are going to do this, we ought to figure out a way to pay for it that doesn't lead to higher taxes on small businesses.

I think that is a fair vote to have. It is totally related to the underlying bill. But the underlying bill that would provide and extend unemployment insurance benefits to people in this country who are suffering as a result of the economic downturn, we are not objecting to that. Nobody here is. In fact, we could finish that in the next hour or two if the majority would agree to allow a couple of amendments to be voted on.

Having said that, I do have an amendment on which I think it is important to get a vote, and the reason it is important to get a vote on it now is because we are not going to get many opportunities. The TARP program expires at the end of this year. If Congress doesn't take steps to end it, the Treasury Department can extend it. The reason that is important is because the TARP program has gotten far afield from anything it was designed to do. It was designed to stabilize the economy last year at a very difficult time. So we voted to extend \$700 billion in this authority for the Federal Reserve to go out, to buy some of these troubled assets in various financial firms. They decided to take equity positions.

I think it is a very different use of the funds than what many of us intended when we voted for it, but that having been said, it was done to stabilize the financial system in the country. That was a year ago. I think it is fair to say it is not an emergency anymore. In fact, many of the TARP funds that have been extended are now being extended to other types of industries. We have seen the auto industry, to the tune of about \$80 billion, come in and get TARP assistance. We have seen insurance companies get TARP assistance. We have even seen TARP assistance made available to help modified home mortgages in this country to the tune of \$50 billion, on which the Congressional Budget Office says we will never see any return.

The TARP has become—I hate to call it a political slush fund. I hate to refer to it that way, but at a minimum it has become a revolving fund that can

now be used by the Treasury for all kinds of purposes. In fact, I think from statements that have been made by the Treasury Secretary, the indications are they expect to reuse a lot of those funds even after they are paid back by some of the institutions that have gotten assistance.

So we have the \$700 billion TARP authority out there. With payments that have been paid back, there is now over \$300 billion that is unused. This is about \$213 billion that was never used. And with payments that have now come back from some of the institutions that received assistance, there is a little over \$300 billion of unobligated funds in the TARP account. Why is that significant? It is significant because if we do not use those funds for some other purpose than for which they were intended, those funds will be to retire the Federal debt. To me, that is probably as good a use of funds as we could possibly find right now.

We had a deficit last year of \$1.4 trillion. We are looking at trillion-dollar deficits as far as the eye can see. If the predictions of the Congressional Budget Office are accurate, in the next 5 years we will double the Federal debt. In the next 10 years we will triple the Federal debt to the point where every American, every household in this country is going to owe \$188,000 of debt.

So as a young couple gets married and starts out in their life together, they are going to get a wedding gift from the Federal Government, a big fat IOU for \$188,000. The best thing we can do in addition to extending unemployment benefits to people who have lost their jobs and whose coverage is running out is to try to get this debt under control so we are not passing on this enormous liability to future generations.

I would argue if we allow this situation to go unabated, if we continue to borrow money at the rate we are borrowing it today, and we continue racking up debt at the rate we are today, it is going to create all kinds of economic consequences down the road in the form of, perhaps, higher interest rates; we could see inflation pick up down the road. Nobody sees that in the near term, but in the long term, when we start having to print money to monetize our debt, and we are paying back our debt with cheaper dollars, the people who are buying our debt are going to start saying: Wait a minute. I want a better return on my investment.

So the interest rates start to pick up, and that could have some very disastrous consequences for our economy when it comes to homeowners and small business owners and people who are trying to get student loans. There are all kinds of consequences from this incredible binge of borrowing that we are on as a country.

I think the best we can do if we have got unobligated funds in the TARP authority right now is use those funds to pay down that Federal debt. That is

what my amendment does. I am co-authoring it with the Senator from Utah, Mr. BENNETT. But we believe we ought to end the TARP authority this year when it is set to expire. If Congress is not heard on this, then the Treasury has the authority to extend it.

I wish to at least have Congress heard. Congress, after all, created the TARP fund. It seems to me that if it is going to be extended, Congress ought to have a vote on that. As I said, that extension or that expiration date is looming. It is December, the end of December of this year. So if Congress is going to be heard, that is going to have to happen in the very near future.

So I wish to see a vote by the Senate on whether we believe that TARP ought to be extended, ought to continue to be used for all of these other ancillary purposes I mentioned that are unrelated to the underlying purpose for TARP when it was created a year ago, and whether we are going to say we think it is a priority that we start paying down this gargantuan Federal debt that is growing by the day, and the interest payments are growing with it.

I wish to see, on this opportunity, this legislation that is moving through here, a vote on whether we can extend TARP. My amendment is one page. In fact, it is only four lines long. It is very simple. It is here for everyone to take a look at. It will not take very long to figure out what it does. I cannot imagine why the majority would not want to have a vote on whether we are going to allow a \$700 billion authority of the Federal Government to continue to use these funds, why Congress would not want to be heard when, in fact, it was the Congress that created this program in the first place.

My amendment is very simple. All it says is when TARP expires at the end of the year, it ends. That does not mean that the Treasury does not have the authority to wind down some of the assets in some of the places where it has already invested those TARP dollars. Not at all. All it simply says is the moneys that are not expended out of that account will be used to pay down the Federal debt and no additional moneys will be extended to other programs or other uses.

Some people might say: Well, what if we have another emergency? If we have another emergency, Congress can act again. That is what we do. We are the legislative branch of the government. We have the power of the purse. There is not any reason to think that if for some reason it became clear that a TARP-like authority was necessary down the road that the Congress would not take the necessary steps to address that emergency.

But in the meantime, we have a \$700 billion out there which, as people are making payments back in, are now going back out. We have got about \$300 billion right now of head room in that fund. It seems to me we ought to take

that \$300 billion and apply it to paying down the Federal debt, so that future generations of Americans are not having their future mortgaged because we have not been able to live within our means.

It is a one-page amendment, four lines long. The bill that I am told is being written on health care, which is 1,500 pages, the last version of it that I heard or saw—we have not seen the current version of it. But that 1,500-page bill is being written behind closed doors.

This, on the other hand, is one page, four lines long—a very simple, straightforward amendment. It would not take us probably but a half an hour to debate it and vote on it. If the majority does not want to have a vote on this amendment, I am not sure why, because it would seem to me that the Senate would want to weigh in on one of the most important issues of the day, and that is whether we are going to take some of these unexpended funds and use them, apply them to paying down the Federal debt.

With regard to the debate before us on unemployment insurance, it needs to be extended. There is no debate about that. In fact, I think there will be a big bipartisan vote when it happens.

But why wouldn't we, in the interest of having a vote, a fair debate and a vote on amendments, allow amendments such as this which, as I said, because of the expiration date being December 31, it is unlikely, in my view, that Congress is going to get an opportunity, if we do not vote on this now, to vote on whether a \$700 billion expenditure of taxpayer dollars is going to be extended. And, if in fact, it has served its purpose—and it has not—then why would we not use that unexpended authority, that unobligated balance to pay down the Federal debt which, I would argue, I think most Americans would agree is one of the most difficult and protracted problems that is going to face the country going forward.

I guess I would simply say that this, in my view, is related to the debate we are having. Because the debate we are having is about the economy. It is about people who have been displaced and who have lost jobs and extending assistance to them, which they need and which we are all supportive of doing.

But if you are talking about things we can do to bring greater stability to the American economy, to provide a better and a brighter and more secure future for future generations, and to try and get this economy back on track, I think it would be a great message to send to the American people that the TARP, which was created for a specific purpose for a specific time, has accomplished that purpose. We do not believe it ought to become a slush fund for other activities. The unexpended balances in that fund ought to be used to pay down the Federal debt

and to provide a better and a brighter future for the taxpayers of tomorrow, unencumbered by a huge mountain of debt that is going to be passed down to them if we are not able to get our fiscal house in order.

I hope the majority will come around to the view that let's have a vote, let's have a 30-minute or hour debate on a couple of these amendments. Let's pass this bill and be done with it. But it seems to me, at least, for some reason—I am not sure what that is—the majority does not want to have a vote on what I think is a very consequential issue of our time, and a very consequential issue for the future of this country.

I yield the floor.

The PRESIDING OFFICER (Ms. STABENOW.) The Senator from Texas is recognized.

Mr. CORNYN. Madam President, I ask unanimous consent to speak for up to 15 minutes.

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

Mr. CORNYN. Madam President, I wish to talk about another one of those consequential issues of our day that we have been talking about a lot lately. That is health care reform. I wish to start by asking a question of my colleagues and anyone who is within the sound of my voice, and that would be: Before we create a new government-run health care plan, why don't we fix the ones we already have? Why don't we do more to fight fraud, waste, and abuse in Medicare and Medicaid?

Of course, Medicare is a government-run plan for seniors. It is part of a commitment we made that people who have achieved a certain age will have health care available to them, and that is a commitment we need to keep. Medicaid, conversely, is for low-income individuals. It is a State-Federal Government share program. But like a new government plan could be dressed up in many different ways, kind of like a child on Halloween, like some calling a government plan a public option, or some talking about opt-outs, opt-ins, and triggers, once the mask comes off, what we are left with is plain and simply another government-run health care plan.

When I was on the floor on Monday and talking about our current government plans, Medicare and Medicaid, I pointed out the very serious fiscal problems that both of these programs have and ones that we should attend to before we go creating another government-run plan with perhaps its own set of fiscal problems.

For example, Medicare, which is health care for our seniors, has \$38 trillion in unfunded liabilities and will go bankrupt in 2017 unless Congress acts sooner.

Medicaid, we know, has its own share of problems. It actually reduces access to health care. It promises access on the one hand but denies that access because of unrealistically low reimbursement rates to health care providers. So

many health care providers in my State, in Texas and elsewhere, simply will not accept a Medicaid patient. What good is Medicaid, what good is Medicare, if you cannot find a physician who is willing to see you? It is not much good at all.

I agree with our colleague, Senator LANDRIEU of Louisiana, who has asked why don't we fix the two public options we have now instead of creating a new one. This afternoon I wish to talk about how we need to fix another problem with our government plans; that is, how we should do more to fight waste, fraud, and abuse.

I noted earlier this week that both Medicare and Medicaid combined have, by some estimates, as much as \$90 billion lost in taxpayer dollars each year, stolen from the intended beneficiaries of those two important government plans.

"60 Minutes" ran a story on this on Sunday which included the story of a former Federal judge who discovered that someone had billed the government for two artificial limbs on his behalf, even though he still has the ones God gave him when he was born. Someone is using his name and in this instance his billing number in order to defraud the American taxpayer. We ought to be doing more to stop it.

This morning in the Judiciary Committee, we discussed health care fraud. We listened to some witnesses from the Justice Department. Basically what I concluded from that hearing is there are more bad guys than there are good guys, and we are stuck with a lack of resources to deal with this. We need to change the way we approach it to prevent fraud and waste on the front end rather than on trying to chase it down on the back end.

According to the Department of Health and Human Services, \$32.7 billion—\$32.7 billion—of Medicaid funds were consumed last year by waste, fraud, and abuse. That is about 10 percent of Medicaid's total costs, which were \$333 billion.

Medicare has similar problems. Medicare fraud may consume up to 15 to 20 percent of the \$454 billion in the Medicare budget. According to Harvard Professor Malcolm Sparrow, that means the amount lost to fraud would be between \$70 to \$90 billion each year.

Some of the examples of waste, fraud, and abuse should be embarrassing. For example, between 2000 and 2007, more than \$90 million of claims were ordered by dead doctors. According to a report of the Senate Permanent Committee on Investigations last year, some of these dead doctors have been very productive. They have been ordering Medicare benefits for up to 10 years.

This past August in Houston the FBI discovered that a doctor and his wife had defrauded health care providers of more than \$31 million, one doctor and his spouse, \$31 million. They claimed to have administered a number of injections and other treatments that never, in fact, occurred but they still charged

the taxpayer for them and were paid because of Medicare fraud.

Defrauding the Federal Government and the Federal taxpayers through their health care programs is so lucrative that Mafia figures and other criminals are getting into the act. According to the Associated Press this month, members of a Russian-Armenian crime ring in Los Angeles were indicted for bilking Medicare of more than \$20 million. A week after the FBI issued search warrants related to Medicare fraud in Miami, the body of a potential witness was found in the back seat of a car, riddled with bullets.

Violent criminals are moving into defrauding the government and the American taxpayer because the risks and rewards look better to them than, for example, the drug trade. According to this same AP story, a Medicare scammer could easily net \$25,000 a day, while risking a relatively modest 10 years in prison if convicted on a single count. A cocaine dealer, by comparison, could take weeks to make that amount, while risking life in prison. So it is a matter of incentives, risks, and rewards. Apparently, the risk of committing Medicare and Medicaid fraud is so low and so lucrative that it has continued to grow and grow.

We know vulnerability in government programs also facilitates drug abuse. According to a General Accounting Office study of five States released last month, the General Accounting Office found that about 65,000 Medicaid beneficiaries in these States each visited 6 or more providers for the same type of controlled substance. Each of these 65,000 Medicaid beneficiaries visited 6 or more providers for the same type of controlled substance. These controlled substances included Valium, Ritalin, and various amphetamine derivatives. Together, these 65,000 Medicaid beneficiaries charged taxpayers \$63 million to feed their habits—in just 2 years.

Sometimes providers aid and abet these drug addicts. The GAO reported that a Florida physician was sentenced to life in prison after writing multiple prescriptions for controlled substances to patients who he knew were drug abusers. Tragically, five people died as a result of the drugs this doctor prescribed.

We know there is a better way to deal with the fraud in the two public options or government-run plans that currently exist. We do not have to accept the 3- to 10-percent loss in taxpayer dollars because of fraud, waste, and abuse. That is 3 to 10 percent of the taxpayer dollars.

Let's just compare that for a second to another industry that deals with huge amounts of money and millions of transactions: the credit card industry. According to the Center for Health Transformation, the credit card industry processes more than \$2 trillion in payments ever year from 700 million credit card transactions, used at millions of vendors. Yet fraud in that industry is a fraction of what exists with

Federal Government programs. It is at least 100 times higher.

Then—more close to home—private health insurance companies do a much better job of fighting fraud, waste, and abuse than do government bureaucrats. I know everyone likes to bash the insurance industry, but in this area they sure beat any government plan I have seen. Fraudulent claims in the private sector are much lower. They are roughly 1.5 percent of all the claims submitted, according to a new book called “Stop Paying the Crooks,” edited by Jim Frogue. This is because the private sector operates with a different paradigm, a different strategy. They use a “detect and prevent” strategy, as opposed to the Federal Government, which will pay first and then we will chase the crooks later on. Because, as I said earlier, there are more bad guys than good guys and our efforts to combat fraud are underresourced, this “pay first and chase the crooks down” is not working at all. We need to change that paradigm to one that more closely follows the private sector strategy of “detect and prevent” rather than “pay and chase.”

So why isn't the Federal Government doing a better job of fighting fraud? We heard testimony this morning, as I said, from representatives of the Department of Justice and the Department of Health and Human Services. I congratulated them, first of all, for their service to our country. They have had some modest successes with stepped-up investigations and prosecutions for health care fraud. I say “modest” because the volume of the problem, the enormity of the problem, dwarfs any of their successful efforts. Still, the administration—I will give them credit—is trying to get their hands around the problem.

Regarding Medicaid, for example, the inspector general of HHS released a report in August. He said the data collected by the Medicaid Statistical Information System was not timely or accurate enough to help fight fraud, waste, and abuse. Data from the Medicaid Program takes a year and a half to be publicly available, by which time the crooks will have already gotten the money and escaped, perhaps long retired in the Caribbean.

This morning, the administration told us they were going to conduct a national fraud summit. I can tell you, sometimes having a meeting is a substitute for doing something about the problem. So having a summit is fine in and of itself, but I do not have a whole lot of confidence that another meeting or summit is going to solve this problem. Instead, we need to give the Federal Government—and our law enforcement personnel, in particular—and those custodians of the Federal tax dollars better tools to be able to solve the problem.

I have offered a number of pieces of legislation designed to help fight health care fraud in Medicare and Medicaid. For example, earlier this year, I

introduced something I call the STOP Act, which is called the Seniors and Taxpayers Obligation Protection Act. This legislation would give Federal agencies greater tools and authority to detect waste, fraud, and abuse before they happen. The STOP Act has bipartisan sponsors, and I believe its provisions should be a part of what we do to reform our health care system.

I had also offered an amendment to the bill in the Finance Committee that would have made sure we fixed the fraud already existing in Medicaid before we expanded the program. Specifically, my amendment would have said that Medicaid had to reduce its improper payment rate to 3.9 percent. That may sound like a lot, and it is still too high, but it is actually the average of improper payment rates across the Federal Government. So my suggestion in my amendment was, just be average. Yet my amendment was voted down largely along partisan lines.

Fraud is not the only problem we see in government health care programs, but it is one reason I am skeptical of the so-called public option or government insurance companies or government takeovers of the rest of the health care sector that they do not currently control. It is a serious problem we ought to address rather than just creating a new plan with a similar set of problems and see 3 to 10 percent of the amount of money we spend on this new program lost to crooks and other criminals.

Madam President, 61 percent of the American people, in one poll, said they believe the issues of fraud and waste in Medicare and Medicaid should be addressed before—before—we create a new government-run program. I believe we should listen to the American people. I believe we should fix the current government-run programs before we create another one.

So, Madam President, I leave with a few more questions that I think must be addressed, will be addressed over the weeks and months ahead.

First of all, we know Senator REID, along with help from Democratic leadership, has merged the Finance Committee bill with another Senate committee bill behind closed doors and sent it to the Congressional Budget Office to be scored or a cost estimate provided. I would like to ask, why can't we see the bill? Why can't we see the bill? Why can't the American people see the bill so they can read it for themselves online and they can tell us how they will either be positively or negatively affected by the provisions in another thousand-page bill?

Secondly, I would like to ask—and I guess we will find out sooner or later, but we do not know now—how much will it cost? Will this be another trillion-dollar-plus bill?

Third, I would like to know how much this bill will raise premiums on people who already have health insurance coverage—as virtually every opinion we have heard surveying the Fi-

nance Committee bill, the HELP Committee bill, and the House committee bills has said that Federal controls on health insurance plans will actually raise premiums. So we need to know how much the Reid bill—that is going to come to the floor, that has been written behind closed doors, that we need to see posted on the Internet—we need to know how much it is going to cost. We need to know how much it is going to raise insurance premiums for people who already have health care coverage.

The next question is, How much is it going to raise taxes on the middle class? I know some people around here think you can impose taxes on insurance plans, you can impose fees on medical device providers, you can do all of this, and it will be absorbed by those entities, by those companies, when expert after expert tells us what we know, what our common sense tells us; that is, those costs will be passed down to the consumer and they will be passed down to the taxpayer to pay for them, middle-class taxpayers. How much will this bill raise taxes on the middle class?

Then I think the American people would like to know—and this was in the Finance Committee bill; we will find out, I assume, at some point whether the Reid bill does the same thing—there was roughly \$½ trillion in cuts to Medicare. Yes, that is right. It is the same Medicare plan that is scheduled to go bankrupt by 2017. Yet the proposal is, let's take another half-trillion-dollar chunk out of this fiscally unsustainable program, with \$38 trillion in unfunded liabilities. We are going to take that, we are going to cannibalize from that plan to create yet another government plan or a public option, as some like to say around here.

Well, I think these are all important questions, and I wish I had the answers to them. I know constituents call my office. They write me. They e-mail me. They tell me in person: We are pretty worried about what we see coming out of Washington these days—with the spending and the debt, the responsibilities we should be meeting today, ourselves, but which we are kicking down the road and going to ask our children and grandchildren to pay for.

This particular subject is one that will affect all 300 million Americans. I know they will be paying close attention, as they should, to the debate as we go forward.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. KYL. Madam 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. KYL. Madam President, I wish to talk for a moment about health care

since, hopefully, one of these days we will be able to begin a debate on a piece of national health care legislation. I wish to make it clear that Republicans support sensible health care reform, but we believe the bill the majority will bring to the floor could create a whole new set of health care problems. We don't have the specifics yet, but I think we can be sure that certain things are true.

First, the bill is a Washington takeover of health care that will raise taxes, cut Medicare by nearly $\frac{3}{2}$ trillion or more, and increase premiums as new taxes on the insurance industry and medical device manufacturers are passed on to consumers. This much we know. Before any bill is considered and as we debate the legislation, we think it is important to remember Americans have some rights in this process.

They have the right, for example, to have access to all the specifics of the bill and to have time to weigh it and to give us their reactions, their concerns. Let's not forget we function as a result of their consent, the consent of the governed.

Americans also have the right to know what the legislation is going to cost them and their families, including what it will cost their children and grandchildren 10 or 20 or 30 years from now. They have a right to know what it will cost the Treasury and how much debt will have accrued. By the way, if Medicare is a model for the new Washington-run health care program, how can anyone believe it is going to be deficit neutral? In fact, I asked people at a townhall meeting: How many people here believe you can have a \$1 trillion health care bill and not add to the national debt? Not a single hand, of course, was raised.

We also have the right to know about the unintended consequences of the bill. A lot of my constituents are concerned because of a Lewin Group prediction that 119 million people will end up on the Washington-run insurance plan. That is of great concern to them, among other things. They also are concerned this will interfere with their sacred doctor-patient relationship. They have a right to have their concerns taken seriously.

I think one of the guarantees we need to give to our constituents is that the President can keep his pledge not to raise taxes on the American people, as he pledged not to increase taxes by one single dime on middle-income Americans. Yet as we read the legislation that has come out of the various committees, taxes are raised on Americans.

Republicans will insist on these protections, these guarantees for our constituents: protections from increased premiums, from Medicare cuts and from increased taxes and, perhaps most importantly, protection from rationing of health care, the delay and denial of care that comes from things such as Medicare cuts of $\frac{3}{2}$ trillion.

We support legislation that features cost-saving measures Americans can

support, things such as medical liability reform. But what we want to ensure is that our constituents do not have to suffer high taxes, high premiums, a bill that cuts Medicare and ends up rationing their health care. Americans deserve better.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. BINGAMAN. Madam President, I wish to speak about jobs and unemployment. I know we are in this period postcloture on the effort to extend unemployment benefits. Frankly, I have great difficulty understanding why we should have to be going through this kind of procedural obstacle in order to extend unemployment benefits to the many Americans who need those benefits. So I hope we can get through that. I hope we can go ahead and pass the extension of unemployment benefits. Frankly, that does not begin to address the overall employment and job needs of the country. I think we all recognize that. I wish to talk a little bit about that today.

Frankly, we need additional policies to create jobs. Even as Congress and the President focus on other critical challenges facing the country, including health care reform and climate change and energy, at the same time those issues are being discussed, we need to also prioritize job creation.

While there has been considerable debate about whether the Recovery Act is working, whether it has raised the gross domestic product, whether it is creating jobs, most economists tell us the Recovery Act has boosted the gross domestic product by 2 to 4 percentage points during the past 6 months. With two-thirds of the funds not yet spent, the Recovery Act certainly has the potential to create or save 4 million jobs, as the administration has expected it would and as all of us hope it does.

I have divided my remarks into three parts. First, I wish to describe the scale of the job-creation problem the country faces. Because of the anemic job creation we have seen in this country over the last 9 years, the economy is short by about 12 million jobs from what we actually need in order to have reasonable employment. Second, there is considerable evidence—and this is the second subject I will address—there is considerable evidence that this recession is much worse than it was expected to be. Critics of the Recovery Act are missing this fundamental point. The Recovery Act is working, but the recession is more severe than the Recovery Act was designed to address. Accordingly, we need to do more.

Finally, I will propose four ideas to create jobs I think Congress should hold hearings on and fully debate. These are, by no means, the only good ideas, but given the size of the problem we face, Congress should consider all ideas that have a potential to create jobs.

I have two charts that illustrate the scale of the job-creation problem. Let me start by putting up this first chart.

The black line on this chart shows the monthly change in the number of jobs since January of 2001. The red number, which is right here, this red area represents 100,000 jobs. That is an important number to understand. It is the break-even number. Because our population is constantly growing, we need to create about 100,000 new jobs every month just to maintain our unemployment and our employment level. That is 100,000 jobs per month just to keep unemployment from going up. Every time the black line—this black line you see here—every time that black line is in the red area, which is most of the time in the last 9 years, we are not creating enough jobs to break even and the jobs deficit is getting larger and more Americans are out of work.

As my colleagues can see, for most of the past 9 years, the number of new jobs has been far short of where it needs to be. From 2001 to 2004, the jobs deficit grew by 5.8 million jobs. Even when job creation was above the break-even level—and that is this period where this black line is above the red area on the chart—even in that period, it was never high enough to dig us out of the hole we had created in the previous years.

The second chart I wish to show is labeled "The Jobs Deficit." It shows the total jobs deficit that has accumulated over the past 9 years. It illustrates the cumulative effect of 9 years of slow job creation and job losses. The country had 132.5 million jobs in December of 2000. If job creation had kept pace with population growth, today we would have 143 million jobs, but it has not. Today, we are 12 million jobs short of that number. The chart shows how that has happened. Today we have only 131 million jobs. We actually have fewer jobs today than we had before President Bush took office.

The takeaway from these charts is this: The job situation for Americans is dismal. Congress needs to act quickly so new job-creation policies will overlap with and will complement the remaining Recovery Act funds that will be invested this next year. There is no danger of doing too much to create jobs, as I see it. We should learn from Japan's lost decade. Japan was plagued by weak economic growth and lackluster job creation all through the 1990s. Its lost decade, as that period is referred to, was caused by the bursting of an asset price bubble similar to what triggered the financial crisis we experienced last year. The primary lesson from Japan's lost decade is, intermittent stimulus policies are ineffective. We need to take sustained and overwhelming action to reenergize our economy.

Let me speak for a moment about the current recession and data about the current recession. In January of this year, the prospects for the economy were truly grim. The country had lost jobs in every month in 2008—over 3 million jobs in total. Over 1.6 million jobs were lost in just October, November,

and December of 2008. The financial system had suffered a massive self-inflicted wound, causing the biggest crisis since the Great Depression. The prognosis was far from clear. American families in every State were worried about their jobs, their homes, their children's futures, and economists were making dire predictions about what would happen in 2009.

So that was what was happening when we began January of this year. Yet, in January, while the Recovery Act was being designed, these predictions still substantially underestimated how bad the recession would turn out to be. The 54 economists regularly surveyed by the Wall Street Journal said, on average, gross domestic product would shrink by 3.3 percent in the first quarter of 2009. There were only 4 of those 54 economists who predicted the gross domestic product would decline by as much as 5 percent. Yet now we know the economy actually contracted by 6.4 percent in that first quarter, twice as much as the economists had projected. Over the entire year, that is a difference of \$420 billion or more than half the size of the Recovery Act.

The effect on jobs and on unemployment was also underestimated. This same group of 54 economists thought job losses would average 154,000 per month in 2009. There were only 3 of those economists who thought it would be more than 300,000 per month. So far this year, the country is losing, in fact, an average of 458,000 jobs every month—3 times more than economists predicted.

In January, these same 54 economists thought the unemployment rate would be 8.2 percent in the first half of 2009. Mark Zandi, at Moody's economy.com, estimated unemployment would be less than 7.5 percent in the first quarter of 2009 and 8.5 percent in the second quarter if the Recovery Act was not enacted. The administration said, if the Recovery Act was not enacted, unemployment would be less than 8 percent in the first half of this year and would peak at 9 percent in 2010. Those were the estimates if the Recovery Act was not enacted. Yet we now know the unemployment rate was already 8.1 percent in February. It grew to 8.5 percent in March and 9.5 percent in the second quarter. Even with the Recovery Act, the unemployment rate is worse than anyone predicted it would be without the Recovery Act.

In January, the administration said that enacting the Recovery Act would keep the unemployment rate below 8 percent. Critics are trying to score political points based on that estimate. But as I have said, the unemployment rate was already 8.1 percent in February, when there had hardly been enough time for the ink to dry on the Recovery Act, let alone for the stimulus funds to be obligated and spent.

In short, with perfect hindsight, it is obvious this recession is much worse than economists had predicted it would

be. More jobs have been lost than economists predicted. I say this not to disparage those professionals, only to point out we need to do more to create jobs because the situation is worse than almost anyone thought it would be.

The Recovery Act is working, but the problem is bigger than the Recovery Act was designed to solve. We must all recognize this. Congress and the administration need to work together to enact additional policies to create jobs. We need a combination of policies both to encourage hiring and to increase the demand for goods and services.

I want to talk briefly about four ideas that have been proposed that Congress needs to look at, and look at them hopefully sooner rather than later.

First is a job creation tax credit. Last week, the Economic Policy Institute released a new and noteworthy version of this idea, developed by John Bishop of Cornell and Timothy Bartik of the Upjohn Institute. The EPI proposes to give businesses a tax credit worth 10 to 15 percent of the cost of creating new jobs. Such a credit would help businesses choose to take the risk of expanding and hiring more workers. The authors estimate their job creation tax credit would create 2.8 million new jobs in 2010 that would not otherwise be created. In addition, 2.3 million jobs would be created in 2011 under their proposal, as they predicted, for a total of 5.1 million new jobs over a 2-year period. Their proposal is to put this job creation tax credit into place for 2 years. According to EPI, the cost to taxpayers for each job would be between \$4,600 and \$15,000. That is expensive, but it is well worth considering if their analysis is correct.

Critics say the job creation tax credit will not work, that only more demand for a business's products and services will cause the business to hire more employees. While there is some truth to this, it is also the case that entrepreneurs frequently start new businesses or expand existing businesses before having a steady stream of new orders. This is the fundamental idea behind innovation. In other words, businesses often create new jobs before there is a confirmed increase in demand. Moreover, a similar but more difficult-to-use tax credit was enacted in 1977 and is thought to have created 700,000 jobs by the end of 1978.

Critics also say that businesses will use tricks to game the system and fraudulently claim the tax credit. This is certainly possible. If Congress pursues this idea, we need to take care to design the credit to eliminate that problem. Already the authors of the proposal recommend that the credit be based on the increase in a business's Social Security wage base, so that a business could not fire and rehire employees in order to claim the credit.

Some of these criticisms may be valid, but there is enough promise in this idea that we need to take the time to fully explore and consider it.

The second idea I want to mention is the possibility of enacting an investment tax credit for manufacturing. Such a credit would subsidize the cost of building new factory space or purchasing new machinery. This credit could be tied to research and development that has been done in the United States in order to ensure Americans get the maximum benefit from that R&D or the credit could be more broadly designed and made available for all manufacturing investments. Manufacturing jobs are critical to the long-term health of our economy, and we need additional policies to create those jobs.

Third, we in Congress need to consider providing additional aid to States. This could be accomplished through the expansion of the Federal role or the Federal share of Medicaid, as we have done in the past. It could be done through additional education funds or other direct grants. The Recovery Act included \$144 billion in aid to States and localities, but now we know the total budget shortfall of States is projected to be nearly \$360 billion over the next 2 years. Thirty-nine States will face budget shortfalls in 2011. Without additional help, States will have to cut services and raise taxes, making the recession worse and slowing job creation even more. As Nobel laureate Paul Krugman has written, there is a real danger that the States will become "50 little Herbert Hoovers" by cutting back on spending, laying off workers, and raising taxes all at the worst possible moment. Enacting additional aid to States could have immediate benefits by curtailing plans to cut State programs. Direct aid to States would complement the new tax credits I have mentioned. It would be a fast, effective way to stabilize and increase demand for goods and services.

Finally, Congress should explore the idea of providing emergency bridge loans to families to help families stay in their homes. The government did provide bridge loans to Wall Street. American homeowners should get the same assistance. The amount of the loan would be equal to up to 2 years of mortgage payments and could be repaid over 10 or 15 years. These bridge loans would also complement the job creation tax credit and the manufacturing investment tax credit by preventing a fall-off in the demand for consumer goods and services. Senator Jack Reed and Congressman Barney Frank have proposed similar ideas to provide bridge loans to homeowners. All of these ideas should be fully discussed and considered.

Over the longer term, Congress and the administration need to consider proposals that address the structural flaws in our economy, including reforming financial regulation, fixing our unemployment compensation system, so that it assists more workers in our economy, and creating additional countercyclical economic policies that

would automatically be triggered during a recession. I hope to discuss some of these issues in the coming weeks.

The four proposals I have outlined today are ideas that could create jobs in the short and medium term. Congress should hold hearings on these and other job creation proposals. We should act quickly to address this issue. If the trend this year continues, another 15,000 jobs will be lost each day we wait. If we do nothing, unemployment is projected to climb past 10 percent next year, more families will lose their homes, our economy will grow weaker, making it more difficult for the United States to compete in the global market. Even as Congress continues working on other strategic challenges such as health care, energy, and climate change—and I support taking action in those areas—we must give renewed priority to job creation in order to strengthen the long-term competitiveness of the United States and the prosperity of the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. NELSON of Florida. Madam President, I ask unanimous consent that I be able to have a facsimile of the successful rocket test brought onto the floor for demonstration purposes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. NELSON of Florida. Madam President, I ask unanimous consent that the Senator from Nevada be able to follow in the order. He was kind enough to let me go ahead so I might be able to then sit in the chair and preside at the appointed hour.

The PRESIDING OFFICER. Without objection, it is so ordered. The Senator from Florida is recognized.

SUCCESSFUL ROCKET TEST

Mr. NELSON of Florida. Madam President, this is a facsimile of the rocket that was a successful test today, called the Ares I rocket. The test flight was the Ares IX—X for “experimental.” It wanted to show all of the flight control systems. It was an exceptionally successful test. It was only intended to go into suborbit.

The stages that were live were the first four of the five stages of the solid rocket booster, which presently are identical to the solid rocket boosters—the two big candlestick-type things on either side of the space shuttle orbiter and the big external tank, what makes up the stack that we refer to as the space shuttle.

In the design of the new rocket that was extraordinarily successful today, they have added a fifth segment. Instead of that being loaded with solid propellant—which, by the way, has the consistency of a pencil eraser—a dummy fifth stage was constructed, with the same weight and flight characteristics, along with the second stage of the rocket—again, designed and configured and weighed to be exactly what would be the second stage of the rock-

et. And then, with the upper part here, the capsule looks a lot like the old Apollo capsule, but instead holding six or seven astronauts instead of the three in the Apollo—the crew being known as Orion. And then we have the escape rocket, these rockets here, so that if you had a malfunction and explosion at any time in the first couple of minutes of flight, you could eject the capsule with the humans on board, and it would parachute back. We don’t have that capability, for example, in the space shuttle today because, for the first 2 minutes of flight, you are basically married to those solid rocket boosters. If anything goes wrong, there is no escape possibility on the space shuttle. The new rocket is designed so that it has that increased safety factor.

What I wanted to point out to the Senate is that, with this success today—and there is some question about whether it is this rocket—the President will decide, along with his NASA administrator, Marine GEN Charlie Bolden, whether they want to complete this rocket in its present architecture, as the way for us to get into space after the space shuttle has shut down or if they want some other kind of configuration.

But the fact is we had a very successful test today. What I want to say to the Senate is that it is another example of the ability of this country and its people, in science and technology, in its engineering prowess, in its can-do spirit, in its ability to build on experiences that we have had in the past, in order that we can create machines we can marry up with humans and explore the unknown.

Most every child in America in school knows of the Hubble space telescope. That was put up by an astronaut crew. Remember, its lens had been erroneously ground, and it was blind once it was put up. We had to send a second astronaut crew up in a space shuttle, retrieve it, put new glasses on it, and they have had three servicing missions on the Hubble space telescope over the course of the last decade and a half. Of course, Hubble has peered out into the unknown, back to the origins of the universe, to the light that was emitted shortly after the big bang. And with the new upgrades to the Hubble space telescope, we are even going to be able to look back further in time in the universe. This is the prowess, the genius of America. This is what we do not want to give up.

I congratulate the team at NASA for the tremendous success they had today. Whether it is this rocket for the future or some other derivative, America has exhibited her can-do and successful spirit again this morning.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada is recognized.

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

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

POLICY CZARS

Mr. ENSIGN. Madam President, I rise today to talk about the growing number of so-called policy czars in the current administration and the impact it is having on the Senate’s oversight function over the executive branch.

I will begin by saying that I am not here to question the President’s constitutional or statutory authority to name advisers. I think we all can agree that the President is entitled to surround himself with experts to help coordinate policy and to provide advice. However, as many of my colleagues are aware, there are some 18 new policy advisers, or czars, in the White House whose job descriptions may be a bit blurred.

While some media reports cite more than 18, I think we can reasonably say that there are at least 18 new positions that have not been established by statute, are not confirmed by the Senate, and have not existed before.

Early in his administration, President Obama sent a memorandum to the heads of the executive departments and agencies stating that “a democracy requires accountability, and accountability requires transparency.”

Despite this charge, the President has taken it upon himself to nominate a number of advisers who appear to wield a great amount of power and who are seemingly without public accountability.

I am not the only one who is concerned with this lack of accountability. We have seen members of the President’s own party express concerns over this unusually high number of policy advisers in the White House.

In February of this year, Senator ROBERT BYRD, the constitutional conscience of the Senate, wrote to the White House and said:

The rapid and easy accumulation of power by the White House staff can threaten the constitutional system of checks and balances.

Like the senior Member of the Senate, I too am concerned that the Obama administration is creating what can be perceived as a shadow Cabinet by creating policy positions that do not follow the same advice and consent of the Senate as other relevant policy positions in the White House.

In September, Senator FEINGOLD, the chairman of the Constitution Subcommittee of the Senate Judiciary Committee, sent a letter to the White House requesting information on the roles and responsibilities of the czars in question. His letter was specifically focused to ensure that these advisers are not in violation of the appointments clause of the Constitution.

Article II, section 2 of the Constitution says the President “shall nominate, and by and with the Advice and Consent of the Senate, shall appoint Ambassadors, other public Ministers and Consuls, Judges of the supreme Court, and all other Officers of the United States, whose Appointments are not herein otherwise provided for, and which shall be established by law. . . .”

Unfortunately, because we know so little about the roles and responsibilities about the czars in question, it is simply not possible to determine whether the czars are actually officers and, therefore, constitutional.

In response to Senator FEINGOLD's letter to the administration last month, the White House claimed that the one and only role of the 18 positions in question is to advise the President. Yet when we look at the press releases and Executive orders announcing these policy advisers, they seem to have far more authority than strictly advising the President.

Take, for example, Executive Order No. 13507 on April 8, 2009, announcing the establishment of the White House Office of Health Reform. The order states the office, run by a director, will "develop and implement strategic initiatives" and "work with Congress."

Is it not the role of the Secretary of Health and Human Services to implement strategic initiatives? In the White House press release announcing key members of his energy and environmental team, President Obama announced that Carol Browner, the new Assistant for Energy and Climate Change, would be "indispensable in implementing an ambitious and complex energy policy."

Again, the administration is leaning on its newly created czar positions to implement policy. This question of policy implementation was brought up during a hearing last week in the Homeland Security and Governmental Affairs Committee which I attended. Senator COLLINS, who also wrote the White House with others in September questioning the increasing number of czars in the administration asked the panel of constitutional law experts about the issue of implementing policy.

Dr. James Pfiffner, a university professor at George Mason's School of Public Policy, testified that "with respect to the implementation of health policy, I think that's very troubling."

Lee Casey, a former attorney-adviser in the Office of Legal Counsel at the U.S. Department of Justice, testified that "by law," these czars "cannot implement." Casey did suggest, however, that Congress could ask what the administration means by "implement."

I believe that is the true question here. What exactly are these czars doing? Are they simply advising the President, or are they actually implementing policy?

A few of my colleagues have come to the Senate floor to offer amendments prohibiting funds to these czars if they are directing actions to the Cabinet officials who have been confirmed by the Senate. Other amendments would ensure that the czars will respond to reasonable requests to testify before Congress, therefore, allowing our proper oversight in this body. Unfortunately, these amendments were defeated on procedural grounds.

I even offered an amendment during the Finance Committee's health re-

form markup that will require the czar handling health care issues be subject to Senate confirmation. My amendment was defeated on a party-line vote.

What is the answer? How can Congress and the American public feel confident the people who are appointed by the executive branch are appropriately carrying out the duties they are supposed to?

More importantly, how can we be sure the balance of power does not get out of balance? I think we all have the right to know exactly what these policy czars are doing, to whom they are reporting, and who is responsible and accountable if something goes wrong.

If the President can answer these questions for us, I think we will all feel better about this process.

HEALTH CARE REFORM

Madam President, I wish to talk briefly about the health care reform bill that is going to be coming before this body in just a couple of short weeks.

There are certain facts that we know. We have not seen the bill because it has just been written and given to the Congressional Budget Office for the official scoring to be done. What we do know about the bill, though, is that there is over a \$400 billion cut in Medicare. We know that. We know that people who currently have health care, their premiums will go up. That is according to the Congressional Budget Office. We know for many Americans—and mostly this will fall on people making less than \$250,000 a year—their taxes will go up. We know also there will be government bureaucrats making decisions on health care. We also know people who currently have policies they like, especially those who have Medicare Advantage, millions will lose their current policy because over \$120 billion is being taken out of the Medicare Advantage Program.

We need to ask ourselves a couple of very fundamental questions. Does anyone really believe we can have a trillion-dollar health care bill and not add one dime to our deficit, as the President promised? Does anybody seriously believe that? How does adding a government-run plan, this so-called public option, which mirrors the Medicare Program, actually fix the health care problem when Medicare itself is going bankrupt?

Everyone agrees Medicare is going bankrupt. Yet we want to add a new government entitlement program into our health care system? That is going to fix the problem?

Do the American people really trust Washington, politicians, and bureaucrats to run their health care system? I believe we need to design a patient-centered health care system instead of a government system or an insurance company system. Let's design a health care system which makes health care more affordable and more accessible by encouraging people to make healthier choices, such as quitting smoking, eating better, and exercising more. That

will improve people's quality of life, but it will also lower the cost of health care for all Americans.

Let's enact real medical liability reform to stop the practice of defensive medicine which, once again, will lower the cost of health care in the United States. It will save the government over \$50 billion, and it will save the private sector a similar amount, and these are both conservative estimates.

Lastly, instead of taking \$400 billion out of Medicare to fund a new entitlement program, let's work on getting the fraud out of Medicare and let's use that savings to preserve that system that has been so incredibly important for seniors for the last several decades.

I believe we need to start over. We do need to take a bipartisan approach to health care reform. We need to actually forget about whether we are Republicans or Democrats and let's just be Americans. Let's sit down together ahead of time, not based on ideology but based on what systems can work in America for the American people to achieve better quality, lower costs in our health care system today that puts the patient at the center of our health care system instead of a government bureaucrat or an insurance company.

I yield the floor.

THE PRESIDING OFFICER (Mr. NELSON of Florida). The Senator from Arizona.

Mr. KYL. Mr. President, I ask unanimous consent that at the conclusion of my remarks, the Senator from Pennsylvania, Mr. CASEY, be recognized.

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

Mr. KYL. Mr. President, I thank him for his courtesy in allowing me to precede his remarks this evening.

HEALTH CARE REFORM

A little more than a year ago, President Obama said:

I can make a firm pledge. Under my plan, no family making less than \$250,000 a year will see any form of tax increase. Not your income tax, not your payroll tax, not your capital gains taxes, not any of your taxes.

We have not seen the bill yet—the bill written in the majority leader's office—but it is probably fair to assume that the Finance Committee bill will cover most of the tax provisions.

So how does the President's commitment fare under the Finance Committee bill? It turns out that the bill will raise your taxes. In fact, it will raise them in several ways.

First, the Finance Committee bill would levy a host of new taxes on millions of Americans—and I am not just talking about the wealthy—in fact, primarily on middle-income Americans who I think will tell you they already have enough taxes to worry about.

Let me discuss the specific elements of this bill. The first one is on taxing flexible savings accounts. Under current law, employees can make contributions to flexible spending accounts. Many middle-income families enjoy the benefits of these accounts which allow them to set aside tax-free

income for their medical expenses. In fact, the Employers Council on Flexible Compensation estimates that the median income for those 35 million Americans who have an FSA is \$55,000. The bill would limit their contributions to \$2,500. So the less they can contribute, the more their taxable income rises. The total cost for taxpayers? It is \$15 billion over 10 years.

The Finance bill would also tax many Americans through their insurance plan by imposing a 40-percent excise tax on certain high-cost plans. So while another part of the bill taxes you if you don't buy insurance, this provision will tax you if you buy too much. So tax No. 2, if you don't buy insurance; tax No. 3, if you buy more than Washington thinks you should.

Tax No. 4, Americans who suffer catastrophic illnesses and the chronically ill would face a harmful change in the IRS Code, the Tax Code. Currently, catastrophic medical expenses are deductible if they exceed 7.5 percent of income. The bill would raise that threshold to 10 percent. Mr. President, 87 percent of Americans who would be hit by this tax earn less than \$100,000 a year. Seniors, who already face hardships through Medicare cuts, would be exempt from this tax for only 4 years.

In addition to raising these four taxes, the bill taxes insurance which would be passed on to everyone who buys health insurance. Specifically, the bill would impose an annual \$6.7 billion so-called fee on the insurance industry. The entire amount collected by this tax: \$67 billion over 10 years would be passed on to patients in the form of higher premiums, according to the Congressional Budget Office. That is tax No. 5.

The bill would also impose a new tax on medical devices, \$40 billion over 10 years. The entire cost of this tax, too, would be passed on to patients in the form of higher premiums, according to the CBO.

The medical device tax will be assessed against thousands of products such as contact lenses, stethoscopes, hospital beds, artificial heart valves, and advanced diagnostic equipment, thereby increasing costs for consumers, physician practices, hospitals, and the sickest patients who require the most care.

There is serious, bipartisan concern over this provision. But the last time we looked, it is still in the bill.

So here are six ways Americans earning less than \$250,000 will be taxed, contrary to the President's promise. Some are direct taxes, such as the IRS tax if you don't buy the exact insurance policy Washington says you must. Others are indirect but a tax nonetheless because the first target, be it the device manufacturer or the insurance company, will, according to the CBO, pass it on directly to you.

The bottom line, Mr. President, is that the tax provisions in the bill will, in fact, violate a fundamental promise President Obama has made about

health care—not to raise taxes on middle-income Americans. The American people have a right to expect some guarantees from Washington. Keeping the President's promise on tax increases is one of them. But that is not the direction in which this bill is moving. This bill would increase taxes on working families, seniors, and the chronically ill by more than one-half trillion dollars over 10 years. Republicans have better ideas, starting with protection from taxes and premium increases. The whole point of health care reform is to make things better for American families. These taxes only make things worse.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise to speak about the unemployment insurance issue and the bill that is before the Senate.

Sometimes in a bad economy and when we have so many families, so many communities that are hurting, maybe the best way to convey information, other than a personal story, is in the few words of a headline. Unfortunately, in Pennsylvania today—and I am sure this is true in many communities throughout the country—the headlines in just the last 24 or 48 hours have told the whole story or at least most of the story.

This is a headline you may not be able to see clearly, so I will read it. This is from the Times Tribune, my hometown newspaper. This was from yesterday: "Jobless rate hits 9.5 percent." The subhead says: "Regional unemployment reaches highest level since December '93; highest in 15 years in northeastern Pennsylvania." Then we go to southwestern Pennsylvania—Pittsburgh and that region, some 5 hours by car from where I live—and this is what the Pittsburgh Post-Gazette said on the same day, October 27: "Region's jobless rate hits 23-year high in southwestern Pennsylvania." That is a part of our State that has been hit hard over a couple of decades now by the loss of manufacturing jobs and steel jobs. We know that tragic story. So a corner of the State that was doing much better than the national average is having its numbers go up. Northeastern Pennsylvania is at a 15-year high and southwestern Pennsylvania is at a 23-year high in unemployment.

But this last one might tell the story even more graphically for those who have a sense of the Pennsylvania economy. This is from the Harrisburg Patriot-News. This is from our capital city, Harrisburg, but it is in a region of the State that is more south central Pennsylvania, which has had a lower unemployment rate historically and more recently. "Jobless rate in region hits 26-year high." The subhead reads as follows: The midstate is faring better than the State as a whole and the Nation, but we are still hurting. Professional and retail jobs disappeared while health care and education held steady. But other than those two sec-

tors, all the other sectors are hurting—Dauphin County, 8.4 percent—right where the capital is; Cumberland County, 7.2 percent; Lebanon County 7.4; Perry County, 8.8.

For some parts of our country, one might say: Well, 7.2 or 7.4 sounds a lot better than a lot of communities. But you have to put it in the context of this region of Pennsylvania, where the unemployment rate is usually at 4 or 5 percent. So we are way above that now, and it is in places where we don't expect it.

Unfortunately, in Pennsylvania, as I am sure is true in many States—in the State of Florida, the Presiding Officer's home State, I am sure he sees this—this isn't limited to big urban areas. Philadelphia has a lot of unemployment, but there are small rural counties in northwestern Pennsylvania and now we see even in south central Pennsylvania that are hurting. And in some places, it is not just 7.2 or 7.4 but 11 and 12 and 13 percent in a very small area in terms of population.

So these job figures and these headlines tell the whole story. And we know now, just as we knew weeks ago, that the Senate has stalled too long on providing an extension of unemployment insurance. Think of it this way: Each day, 7,000 Americans lose their unemployment benefits. Over 23,000 Pennsylvanians have lost unemployment insurance just through the month of September, and that number is expected to go to over 60,000 by the end of the year. Pennsylvania ranks fifth highest in the Nation with respect to the number of persons who will lose unemployment benefits by the end of the year if the Senate and the Congress overall do not act.

As I mentioned before, our statewide unemployment rate is about 8.8 percent. Someone living in another State might say: Well, that is not nearly as high as this State or another State. But 8.8 percent in Pennsylvania means roughly half a million people are unemployed. And there are some people here in the Senate who say: Well, we shouldn't act on this now. We don't have time for it. We don't think it is important to act. Well, I would like to have them say that to the half million people in Pennsylvania who are out of work or the tens of thousands right now who are losing their unemployment insurance month after month, week after week.

The legislation that is before the Senate would provide needed relief by extending benefits to all States by 14 weeks. At the expiration of those 14 weeks, if a State has an unemployment rate of higher than 8.5 percent, it would receive an additional 6 weeks of unemployment insurance benefits. So it contemplates an extension for everyone by 14 weeks and then additional help if a State is above the 8.5-percent level.

I have to commend the work of our majority leader, Senator REID, who has made this a central focus, as it should be, in the midst of a recession.

One of the biggest challenges we face in the midst of a recovery—even the beginnings of a recovery—is that you don't see the unemployment rate get much better. You don't see the jobless number come down. The unemployment figure is often the last number to come down during a recession. But for an economist or a Senator or anyone else to say: Well, the unemployment rate is a lagging indicator, that is not much comfort to someone who is out of work, and it is not a very good reflection on the urgency of the problem. So we have to be concerned with the unemployment rate even in what we hope is the beginning of a recovery.

Even though our economy has shown promising signs of a recovery, which I just spoke of, the rate of unemployment is far too high. In order to boost our economy, passage of this unemployment extension would benefit so many communities.

Another way to look at this is not just from the vantage point of the most important thing here, which is helping those who are unemployed, though that is reason alone to get this passed, but also what we will get for the rest of our economy, the kind of positive impact it has. It certainly has a positive impact for someone out of work—that is obvious—for his or her family and their community. But there is another way to measure it as well. Moody's chief economist, Mark Zandi, who is not a partisan either way, is a skilled and capable economist who says that every dollar spent in unemployment benefits generates \$1.63 in new demand. So if you spend \$1, you get \$1.63 back. There is a return on investment for the overall economy when we target resources for unemployment insurance.

The Congressional Budget Office, quoted widely in our health care debate, has also stated that unemployment benefits are one of the most cost-effective forms of economic stimulus. I mentioned some of the rates throughout Pennsylvania, throughout both urban and rural areas. All of these communities—whether a small town, a rural area, suburban or urban area—would benefit by keeping our citizens at work and not facing the threat of joblessness. I think it also helps our overall economy.

We have tried to move the unemployment extension through the Senate two times by the so-called unanimous consent process. A lot of things move through the Senate by agreement on both sides. So you would think that would be the case in the midst of a recession, in the midst of these unemployment numbers, in the midst of week after week of bad news on jobs. And we know the unemployment rate doesn't choose between a Republican area and a Democratic area. The unemployment rate does not have a Republican or Democratic flavor to it. Everyone is out of work no matter who they are or of what party. But what has happened? We tried to move the unemployment extension through the Senate by

unanimous consent, and the Republican side of the Senate blocked it both times. We could have had this done weeks ago but for one reason: the Senate Republicans blocking the unemployment extension going forward.

It is tragically and I think painfully ironic that we are having to face this difficulty with our Republican colleagues because I keep hearing the following argument in the context of another topic. We are having an argument as to what our President should do with regard to our policy in Afghanistan and Pakistan. We hear people on the other side of the aisle, and pundits around Washington, saying the President has to decide on Afghanistan right now. They were saying that 3 or 4 or 5 weeks ago. They didn't want to give him more than a few days to decide on what our policy should be. I have a strong disagreement with that. I think when you are committing men and women on a field of battle, you ought to have a policy that you have thought about and where all the options are analyzed and reviewed thoroughly, completely, and with the kind of scrutiny we should apply to that question. Some Republican Members of the Senate wanted to move very quickly and wanted to have the President decide in a matter of days—not weeks but days. They wanted him to make up his mind on Afghanistan in days. Yet when we went to them with the sense of urgency about unemployment insurance and an extension of that, where you can literally document the impact of a delay on real people's lives and real jobs and real communities across our country, many of them in Republican communities, what do we hear from the other side? No, we don't think we want to do that right now.

So they want what I think is a kind of dangerous and, I would argue, irresponsible speed on a decision about war, the grave question of war, but they want to delay and block and be an impediment to an extension of unemployment insurance, which is an urgent problem. We can document exactly the number of people who are running out of their unemployment insurance. We can document the exact number of people who are out of work in a State or in a community.

So I think they have it backward. I think when it comes to a question such as the President is facing regarding Afghanistan, he should take a couple of weeks to analyze it, and thank goodness he has. But on unemployment insurance, I think it is a much simpler question: We are either going to extend it now and help people who are out of work or not. And I think it is long overdue for the Republicans in the Senate to release their hold or their blockade of this.

So we tried on October 8, and now it is late October. Over 140,000 Americans have lost their coverage in the past 20 days—140,000 Americans—because we have people on the Republican side of the aisle blocking what we have tried

to do. Thousands of Americans have withdrawn their last dollars from their savings accounts over the past 20 days. Thousands of Americans have been wondering for the past 20 days how they are going to provide a meal for their families or keep a roof over their head, pay the mortgage, pay the bill for their electricity, or make an investment in their children's future.

Every day for the last several weeks, Jackie, from Monaca, PA, out in southwestern Pennsylvania, which, as I said, is suffering a 23-year high in unemployment, has called our office. She is wondering whether we are going to pass a bill. Her benefits expired at the end of September. So this isn't theoretical to Jackie and to her family and to many people like her. She used the last of her savings to pay her rent at the beginning of the month and now is struggling to get by on nothing—nothing right now. She waits every day to see if we will provide her with just a lifeline—not some handout, not some promise, but a lifeline to get from here to there, to get her over the bridge, so to speak, from where she is now to where she hopes to be in a couple of weeks or months. She looks for work and she tries to keep up with her bills, but her story is similar to that of thousands of others who have been directly impacted by the Senate Republican blockade. It is vitally important we pass this legislation right now.

Finally, I will conclude with a comment about health care in the context of the unemployment rate and our economy. In addition to the obvious problem with unemployment insurance benefits that we should pass and get done, a lot of people are losing their health care at the same time. The recovery bill, the bill we passed and the President signed back in March, the Recovery and Reinvestment Act, provided a subsidy of 65 percent, where an individual pays 35 percent of the coverage for so-called COBRA coverage for those who were involuntarily terminated from their job. This subsidy only lasted for 9 months and is expected to expire at the end of the year.

Following passage of an unemployment insurance extension, we should also, in addition, push for an extension of the COBRA health care subsidy. If we pass an unemployment insurance extension and do not provide an extension of COBRA health care subsidy, Americans who are out of work will have to decide between using their unemployment check to pay for a drastic increase in their monthly premium or no health insurance, no health coverage at all. I urge the Senate to swiftly pass not only the unemployment extension but, when we get to it in the next couple days or weeks, an immediate extension of COBRA and health care.

We have to do both to protect people from the ravages of this economy which, as I said before, knows no party, which is not a partisan issue. It is an issue that affects all of America, urban

and rural, big city and small town. We have to continue to push hard. I urge my colleagues on the other side of the aisle, the Senate Republicans, to allow this to go forward because, if they do not, I think their own constituents are going to be as harmed as many of my constituents are, in both parties.

I yield the floor and 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. NELSON of Florida. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mr. NELSON of Florida. Mr. President, I think it is important, as we approach this monumental debate on health care reform and health insurance reform, to understand what it is we are trying to achieve at the end of the day. I don't think there are very many people in America who would say the present system of health insurance and health care delivery is sufficient, given the fact there is uncertainty as to whether someone will be able to continue in their health insurance and whether, even if that health insurance is available, it is going to be affordable today. Availability and affordability are two of the goals. As we go through this amendatory process once the bill comes to the floor, we have to remember that is the goal.

If you listen to our good friend, the Senator from Arizona, he ticks off a whole bunch of things he says are additional taxes, fees, and so forth on the people. Let's examine that.

First of all, if you do nothing, we have a system that is not serving our people. I am going to round the percentages, but this is approximately the case: About half the American people get their health insurance through their employer in a group policy. Indeed, what we are finding out, as those policies are being renewed, is employers are coming back to their employees and are saying: We have this humongous increase in premium we are going to have to pay to continue to give you the same benefits in group health insurance policies. One of the executives of one major telecommunications company told me they were forced, by the insurance company, to endure a 47-percent increase in premiums and, he said, we negotiated that down from a 53-percent increase.

Let's not lose sight, as we get into the nits and gnats, of what we are trying to achieve. About half of us are insured through group policies through our employers. Then there is another 16 percent of us or so for whom our health care is taken care of by Medicare. There is another 10 percent of us whose health care is taken care of by Medicaid—because we are either poor enough or we are disabled enough to qualify under the Federal law that has

a joint Federal-State financial responsibility. Generally, that split is about 55 percent of Medicaid paid by the Federal Government and 45 percent paid by the State government.

How much of the entire populous of the country have we already talked about? About half employer-based health insurance, about another 15 or so percent Medicare, another 10 percent—we are up to about three-quarters of the American people.

What is the remaining 25 percent? About 5 percent of us, we don't have an employer or our employer doesn't offer it, but we desperately need health insurance. Where do we get it? We go to an insurance company and we get an individual policy. Of course, since it is only our life, there is not a big pool of people to spread that health risk over. Guess what happens to our premiums if we have an individual policy. The premiums go through the roof. Oh, by the way, don't even try to get an insurance policy on your health if you have a pre-existing condition.

What does that leave in the American population with regard to health care through health insurance? About 20 percent don't have any health insurance. They are uninsured. A major part of this health reform bill that will come to this floor in a few weeks is to try to bring them into the system, the uninsured, and get them insured. Why? First of all, it certainly makes sense, from a quality of life standpoint, that we have someone able to get preventive care from a doctor before it turns into an emergency. But that is not now the case. They don't have health insurance, they can't afford it or they choose not to get it—but they get health care. Where do they get it? They go to the most expensive place, which is the emergency room, at the most expensive time, and that is when the sniffles have turned into pneumonia. Of course, the care is exceptionally more costly.

By the way, who pays for that? All the rest of us back here pay for that. Do you know how we pay for it? With our increased premiums on the policies we are paying for, either individually or through our group employer-sponsored health insurance. Do you know what that cost is? It is, on the average in America, about \$1,000 more per year for a family insurance policy that we are paying to take care of those people who are uninsured but still get health care.

When you come out here for the nits and the gnats, saying: It is wrong here, we are going to have a fee here and a tax there, let's not lose sight of the goal of what we are trying to do, which is bring everybody into the system, let the principle of insurance operate for you, where you spread the health risk over millions of lives so you bring down the health costs, get a system of health insurance for those who are uninsured and those who cannot afford insurance and especially those who are getting stuck in the wallet through individual policies—get them into a

health insurance exchange, where there is competition and where there is no barrier if you have a previous existing condition; so you have a guarantee you can get health insurance, and it is going to be at a competitive price.

We have had a rhubarb in this country over something known as a public option. Most people do not realize that 90 percent of the American people will not be affected by a public option. But the 10 percent who will be getting their health insurance in the previously uninsured or unaffordable group, who is now going to get it in this health insurance exchange, where insurance companies are going to come in and compete for that business—that public insurance company, if it is in existence by the time the final bill passes, will compete in that health insurance exchange against those insurance companies on an even-stein competitive basis.

Let's remember the goal. We are trying to bring in folks who cannot get insurance, the folks who do not have insurance but still get health care that all the rest of us pay for. It lowers our bills over here by not having to pay for them. When we bring them into the system, into this new health insurance exchange, those who do not have health insurance—some of them cannot afford it, but they are not poor enough to qualify for Medicaid in their State—the bill that will come to the floor will provide a series of subsidies according to the person's income, based on their percentage of the poverty level, that will assist them to get that health insurance in the private insurance sector.

I come back to the beginning, the reason I asked the Senator from Pennsylvania if he would sit in the chair so I could come back to my desk and make a response in response to Senator KYL.

Is everyone satisfied with what we have? Clearly no. Is health insurance available to everybody? The answer is no. Is it affordable for everybody? The answer is no. Can it be streamlined by us changing the health delivery system, which we want to do? That clearly is the case.

We can do it with electronic records and accountable care organizations. We can do it by following the patient, instead of the patient going to this specialist and this specialist and this specialist, and none of the specialists are talking to each other and they are duplicating all of the tests. We can put primacy on a primary care physician who will follow that patient. We can do it with those kinds of delivery reforms. This is the desirable goal. This is why we have to have health insurance and health care reform.

My final point is this: The previous Senator who spoke, the Senator from Nevada, said we are going to take a lot of money out of Medicare. In the bill that is coming to this floor, the money that is coming out of Medicare is the money that is going to be contributed

to the reform of the system coming from the Medicare providers, not the Medicare beneficiaries, in other words, not the senior citizens.

The Senator says: But there is \$120 billion that is coming out of Medicare Advantage. Well, what was Medicare Advantage? Medicare Advantage is a fancy term for a Medicare HMO. You know what a Medicare HMO is? It is an insurance company. When it was originally set up 10 or 15 years ago, a Medicare HMO was going to save money to the Federal Government, Medicare, by paying only 95 percent of what Medicare fee for service did.

But then the people in the rural areas did not get it, so it did not work. Along comes this famous prescription drug bill 6 years ago, and added to it is this fancy new thing called Medicare Advantage that creates an advantage for the insurance companies by giving them an additional 14 percent of reimbursement over the standard Medicare fee for service.

Guess who gets to keep most of that. The insurance company gets to decide what they are going to do with most of it. It is true that in the 75 percent that the insurance company keeps per Medicare senior citizen in Medicare Advantage, that money often is given as a break to the senior citizen in things such as copays and the premium payments for Medicare Part B and Medicare Part D.

That is why this Senator in the Finance Committee offered an amendment that would say: Okay, we are going to get Medicare back to being standardized where we are not going to give a cushy 14-percent extra to the insurance companies called Medicare Advantage. Instead, we are going to start getting that on a more competitive basis over time to bring those payments down. But it would not be fair to take it away from the seniors who already have it, so this Senator offered an amendment to grandfather in the seniors who have it now.

So do we need health reform? You bet we do. And the Senator from Utah is over here. I commend him. Because he and I are cosponsors on another health reform bill that is even more visionary than what the two of us think is going to come to the floor. But it is a recognition that we have to reform the present system.

I want to take this opportunity to try to set the record straight on some of the statements that have been made here. I look forward to continuing this debate on all sides of the issues as the bill comes to the floor.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. KAUFMAN. Mr. President, I ask unanimous consent to speak as in morning business for up to 5 minutes.

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

TRIBUTE TO IRIS MORALES

Mr. KAUFMAN. I rise once again to recognize the service of one of Amer-

ica's great Federal employees. Right now the Congress, the President, and the American public are engaged in historic discussions about the future of our health insurance system. This is one of the most important issues facing the country.

The dedicated public servant I will speak about today works for a government-run health insurance program already serving 44 million Americans. Medicare was established in 1965. Its mission is to provide coverage for all Americans over the age of 65. At the time of its creation, Medicare faced criticism from those who were apprehensive of a government-run health insurance program. Today, however, Medicare is praised as a great success. Indeed, its fiercest defenders sit on both sides in this Chamber.

Medicare continues to protect nearly one out of every seven Americans against what would be otherwise prohibitive medical costs. The reason for its success is not only that it provides a much needed service to America's seniors; one of its greatest strengths is that the men and women who administer Medicare benefits are among the most outstanding Federal employees. They work for an agency called the Centers for Medicare and Medicaid Services or CMS. The CMS employee I will talk about today has worked as a Medicare benefits administrator for 11 years. Iris Morales joined the CMS Chicago Regional Office after having first served several years in the Navy. She has been on the front line as a benefits administrator helping to set at ease those who contact the CMS with inquiries about their coverage.

Iris has called her job incredibly rewarding, and she is one of so many Medicare administrators who spend their days solving problems for America's seniors. On one day she might work to make sure a cancer patient has access to lifesaving chemotherapy. On the next Iris might reassure beneficiaries that their copayments are low enough for them to afford critical treatments.

Iris is set to retire next year, and when she does, she will join the ranks of Medicare beneficiaries herself. I know that Iris, as a beneficiary, will receive from those helping her in the years to come the same kind of attention to detail, diligence, and professionalism she has demonstrated through her years at CMS.

Iris Morales and all of the hard-working employees of CMS are proof of the constructive and important role our government already plays in ensuring Americans' access to affordable health care. I hope my colleagues will join me in recognizing this unsung hero and all of the employees at CMS. I honor their contributions, and I thank them for the great job they do every day. I know that America's seniors are grateful for their patience, their caring, and their service to the Nation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah is recognized.

Mr. BENNETT. Mr. President, I ask unanimous consent that I be allowed to proceed as in morning business.

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

TARP

Mr. BENNETT. Mr. President, it has been a little over a year since a group of us met in the Foreign Relations Committee room headed by the distinguished Senator from Connecticut, Mr. DODD, to talk about the financial crisis we were facing and how we would deal with that. We came out of that meeting, held a press conference where we sounded perhaps more optimistic than we should have at the time about having a solution to that problem. And out of that has come now a name that is well known throughout the country called TARP. We did not call it that at the time.

But we talked it through in a completely bipartisan and substantive way and voted for the rescue package that came out of that discussion. I voted for that package. I voted for the original disbursement of TARP. I stand by that vote a year later. It was the right vote, the right situation, the right time, and the right thing to do.

But I will share now some of the thoughts that went into my participation in that particular meeting and some of the things that came out of it. In anticipation of the meeting, I called some people whose judgment I trust and discussed this. I was told Treasury cannot physically push \$700 billion out the door. You cannot sign that many contracts. That is far too much money.

The suggestion I made was: Why don't we give them \$50 billion, because I was told that is the most they could spend in any one month. Why don't we give them \$50 billion for 5 months or \$250 billion and see how it works before we buy into the \$700 billion number that Secretary Paulson was talking about.

No, Secretary Paulson let us know he had to have \$700 billion as the headline. He could not calm down the markets, the international markets, unless he had a number that big. We talked it over in that room and came up with this solution, which I think was a good one. We would give them a \$700 billion headline, because we authorized \$700 billion, but we actually only gave him \$350 billion and said he would have to come back to the Congress for the second 350.

Also in that group—and it was not by any means my suggestion or anyone else's suggestion—it was overwhelmingly the consensus: We have to put some controls in here. We have a congressional oversight committee that we created. We have to create an inspector general. I remember one of the members of the group saying: I do not trust any Treasury Secretary, no matter how bright he is, with \$700 billion and absolutely no reporting or transparency or control situation.

One of the things that was discussed and that I thought was put in the bill was that when the money starts to come back—because, understand, TARP was not a bailout program in the sense that we gave money to people never to recover anything. It was a program where we were acquiring things, either acquiring collateral or acquiring stock. When the money starts to come back, it will be used to pay down the national debt. If we are going to expend \$700 billion to stabilize the system, when the \$700 billion comes back, it goes to reduce the debt that was created when it went out. That was my understanding of the agreement we made.

Well, I voted for the TARP and I voted for the first \$350 billion. After we came to the second tranche, the second \$350 billion, listening to the inspector general and listening to what the congressional oversight committee had to say, and looking at how well the first \$350 billion had worked in stabilizing the situation and getting us past the panic we were facing, I voted against the second \$350 billion because I was afraid it would turn into somewhat of a bailout fund that could be used for things other than acquiring assets that could be liquidated and bring money back to the Treasury. That is indeed what has happened, because much of the money went for things very different than that which we were talking about in that room that morning.

The amendment I will offer to the bill, when we get on the bill, will be to sunset TARP at the end of this year. This is where we are. Treasury is sitting on about \$370 billion in the TARP fund right now. The recession certainly is not over and the challenge in our economy is still there with tremendous force. But the crisis we were facing when we had that meeting is over, and Treasury, to deal with that kind of a crisis, no longer needs that money.

The fear I have is that Treasury is starting to recycle the money and it is not going to pay down the national debt. It has become something of a slush fund to say: All right, if we have a circumstance here where we wish to spend some money, we cannot get it from the Congress, let's take it out of the TARP. If there is a situation over here where we think it might be helpful, and we cannot get the Congress to support us, let's take it out of the TARP. The temptation, sitting on \$370 billion, to spend that money, is overwhelming.

When Secretary Geithner came before the Banking Committee or the Joint Economic Committee—I am sorry, I cannot, with my memory right now, put the exact committee to it—the question arose about repaying the national debt rather than recycling the money. He said the lawyers from the Treasury Department had looked at the act of Congress, and they made it clear we in the Congress had made it clear the money could be recycled, it could be relent, it could go out again.

That came as a great surprise to me because I thought the conversation we had in that room, as the bill was being written, made it clear the money had to go to pay down the national debt. But I am not in a position to sue the Treasury and argue with their lawyers, and even if we did over the actual meaning of what was in the bill, it would take so many years to adjudicate there is no point in it.

But it comes as a great surprise, as I say, to me that as the money comes back in—and money is coming back in from TARP—it does not go to pay down the national debt, and that it is being treated as a revolving fund, almost a revolving credit card, if you will, that the Treasury can use for the purposes it deems well.

So I will offer an amendment that will sunset TARP at the end of this year. I will point out, the inspector general and the congressional oversight committee we set up on that occasion still have a number of questions about TARP and the way it is being used, and there is great concern that the transparency we had hoped for is not there.

I had come to the decision to offer this amendment for myself and Senator THUNE—and we will do so, if we are allowed to, when we get on the bill—long before the Wall Street Journal offered an editorial. But on October 27, the Wall Street Journal had an editorial entitled “Rolling up the TARP,” which I ask unanimous consent be printed in the RECORD following my remarks.

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

(See exhibit 1.)

Mr. BENNETT. The lead paragraph I wish to quote. It says:

The Troubled Asset Relief Program will expire on December 31, unless Treasury Secretary Timothy Geithner exercises his authority to extend it to next October.

They obviously did not know about my amendment or I am sure they would have endorsed it.

We hope he doesn't. Historians will debate TARP's role in ending the financial panic of 2008, but today there is little evidence that the government needs or can prudently manage what has evolved into a \$700 billion all-purpose political bailout fund.

We supported TARP to deal with toxic bank assets and resolve failing banks as a resolution agency of the kind that worked with savings and loans in the 1980s. Some taxpayer money was needed beyond what the FDIC's shrinking insurance fund had available. But TARP quickly became a Treasury tool to save failing institutions without imposing discipline (Citigroup) and even to force public capital onto banks that didn't need it. This stigmatized all banks as taxpayer supplicants and is now evolving into an excuse for the Federal Reserve to micro-manage compensation.

I think we take the decision for Secretary Geithner and we sunset TARP on December 31, and that will be the amendment I will offer when we get on the bill.

EXHIBIT 1

[From the Wall Street Journal, Oct. 27, 2009]

ROLLING UP THE TARP

The \$700 billion for banks has become an all-purpose bailout fund.

The Troubled Asset Relief Program will expire on December 31, unless Treasury Secretary Timothy Geithner exercises his authority to extend it to next October. We hope he doesn't. Historians will debate TARP's role in ending the financial panic of 2008, but today there is little evidence that the government needs or can prudently manage what has evolved into a \$700 billion all-purpose political bailout fund.

We supported TARP to deal with toxic bank assets and resolve failing banks as a resolution agency of the kind that worked with savings and loans in the 1980s. Some taxpayer money was needed beyond what the FDIC's shrinking insurance fund had available. But TARP quickly became a Treasury tool to save failing institutions without imposing discipline (Citigroup) and even to force public capital onto banks that didn't need it. This stigmatized all banks as taxpayer supplicants and is now evolving into an excuse for the Federal Reserve to micro-manage compensation.

TARP was then redirected well beyond the financial system into \$80 billion in “investments” for auto companies. These may never be repaid but served as a lever to abuse creditors and favor auto unions. TARP also bought preferred stock in struggling insurers Lincoln and Hartford, though insurance companies are not subject to bank runs and pose no “systemic risk.” They erode slowly as customers stop renewing policies.

TARP also became another fund for Congress to pay off the already heavily subsidized housing industry by financing home mortgage modifications. Not one cent of the \$50 billion in TARP funds earmarked to modify home mortgages will be returned to the Treasury, says the Congressional Budget Office.

As of the end of September, Mr. Geithner was sitting on \$317 billion of uncommitted TARP funds, thanks in part to bank repayments. But this sum isn't the limit of his check-writing ability. Treasury considers TARP a “revolving fund.” If taxpayers are ever paid back by AIG, GM, Chrysler, Citigroup and the rest, Treasury believes it has the authority to spend that returned money on new adventures in housing or other parts of the economy.

A TARP renewal by Mr. Geithner could thus put at risk the entire \$700 billion. Rep. Jeb Hensarling (R., Texas) and former SEC Commissioner Paul Atkins sit on TARP's Congressional Oversight Panel. They warn that the entire taxpayer pot could be converted into subsidies. They are especially concerned about expanding the foreclosure prevention programs that have been failing by every measure.

TARP inspector general Neil Barofsky agrees that the mortgage modifications “will yield no direct return” and notes charitably that “full recovery is far from certain” on the money sent to AIG and Detroit. Mr. Barofsky also notes that since Washington runs huge deficits, and interest rates are almost sure to rise in coming years, TARP will be increasingly expensive as the government pays more to borrow.

Even with the banks, TARP has been a double-edged sword. While its capital injections saved some banks, its lack of transparency created uncertainty that arguably prolonged the panic. Federal Reserve Chairman Ben Bernanke and former Treasury Secretary Hank Paulson recently admitted to Mr. Barofsky what everyone figured at the time of the first capital injections. Although

they claimed in October 2008 they were providing capital only to healthy banks, Mr. Bernanke now says some of the firms were under stress. Mr. Paulson now admits that he thought one in particular was in danger of failing. By forcing all nine to take the money, they prevented the weaklings from being stigmatized.

Says Mr. Barofsky, "In addition to the basic transparency concern that this inconsistency raises, by stating expressly that the 'healthy' institutions would be able to increase overall lending, Treasury created unrealistic expectations about the institutions' conditions and their ability to increase lending."

The government also endangered one of the banks that they considered healthy at the time. In December, Mr. Paulson pressured Bank of America to complete its purchase of Merrill Lynch. His position is that a failed deal would have hurt both firms, but this is highly speculative. Mr. Barofsky reports that, according to Fed documents, the government viewed BofA as well-capitalized, but officials believed that its tangible common equity would fall to dangerously low levels if it had to absorb the sinking Merrill.

In other words, by insisting that BofA buy Merrill, Messrs. Paulson and Bernanke were spreading systemic risk by stuffing a failing institution into a relatively sound one. And they were stuffing an investment bank into one of the nation's largest institutions whose deposits were guaranteed by taxpayers. BofA would later need billions of dollars more in TARP cash to survive that forced merger, and when that news became public it helped to extend the overall financial panic.

Treasury and the Fed would prefer to keep TARP as insurance in case the recovery falters and the banking system hits the skids again. But the more transparent way to address this risk is by buttressing the FDIC fund that insures bank deposits and resolves failing banks. The political class has twisted TARP into a fund to finance its pet programs and constituents, and the faster it fades away, the better for taxpayers and the financial system.

The PRESIDING OFFICER (Ms. CANTWELL). The Senator from Connecticut.

Mr. DODD. Madam President, I ask unanimous consent that I be allowed to speak as in morning business.

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

Mr. DODD. Madam President, before I get to the substance of my remarks, let me comment briefly, if I can, on the comments of my colleague and friend from Utah, Senator BENNETT. He has been an invaluable Member when it comes to these issues of economics in our country. His background and experience has brought a wealth of talent to this institution at some very critical moments.

I want my colleagues to know, as the new chairman of the Banking Committee after the election of 2006, I happened to have been in the position of being asked to manage a situation that began, as many will recall, back in September of last year. September 18 is a date which will be forever emblazoned in my mind and memory. It was on that evening that a small group of us were asked to gather in the office of the Speaker of the House, where Chairman Bernanke of the Federal Reserve

Bank and Secretary Paulson, the Secretary of the Treasury, announced to us that we had a matter of days to act as a Congress or we would face a meltdown of our financial system in this country and elsewhere.

In some ways, it was the economic equivalent to 9/11. It took all the oxygen out of the room, I can tell you. I was sitting next to DICK SHELBY, my friend from Alabama. As I say, there were about 10 or 12 of us in that room that evening who received that message.

Within 2 weeks, from September 18 to the end of the month, we ended up voting here on the floor that night—we all sat in our chairs, as we do on rare occasions when there is a moment of significant import. Every single Member cast a ballot from their seat.

I knew that evening, by the way, as I listened to the call of the roll, that there were several of our colleagues here who were 40 days away from the election, and that probably they were going to lose their seats if they supported the proposal. And they did. But they did what I thought was the courageous and right thing to do. And 74 people voted that night in favor of it; 25 against. Our colleague from Massachusetts was not here that evening, Ted Kennedy. There were 99 Senators.

As long as I live, I will never forget that vote that evening because I think it is what the Founders sort of had in mind. We recall—those of us who were here, I am sure my friend from Florida remembers, it made the townhall meetings pale by comparison—the reaction over those 2 weeks across the Nation. There will be historians who debate the wisdom of the specifics of the bill.

But I recall with great clarity the morning my friend from Utah just described, with about five of us in the room, and that was S-116, one floor down from where we stand this evening. We met to try and fashion together something on a bipartisan basis that we could present to our colleagues and the administration and others that would incorporate the protections we thought we could pull together in a space of days to respond to this, and with the necessary resources.

BOB BENNETT was the author, as I recall, who insisted we break up this proposal into two parts so we would have a chance to evaluate the success of it. I think it was a remarkable and very valuable suggestion that contributed significantly to the outcome of that vote. It also offered those an opportunity at a later date to determine whether to proceed with it.

There were differences of opinion about that, and, again, historians will debate this. But the people of this country ought to know that a guy named BOB BENNETT from the State of Utah, along with several others, played a role which I think helped save our country at a critical moment. We have a lot of disagreements around here. I am a Democrat from New England. He is a Republican from Utah, although,

as he well knows, my wife's family is from Utah, so I have some Utah connections. But it was one of those moments where I think Americans would like to think we can act around here when a crisis occurs.

While we differ and disagree on a lot of issues, as he knows, despite our friendship—as long as I live, in the years I have served here, that morning, that occasion, and the events that followed in the short days afterwards, I think, helped keep this country on a stable footing and we avoided the kind of depression and collapse that could have occurred.

I did not intend to speak about this, but since he addressed the issue—I have kept a lot of notes about those 2 weeks. I have copious notes, almost 500 pages of them, that describe the events of those 2 weeks in great detail because I was involved in every meeting and every drafting session. So I can tell you down to every dotted "i" and crossed "t" what happened during those 2 weeks. It was a moment of great import, and I thank my friend from Utah for his contribution to all of that.

Madam President, I want to address the issue of the Unemployment Compensation Extension Act. I am sorry we are still here debating this. This legislation was introduced nearly 3 weeks ago, and twice the adoption of this bill has been stopped, despite overwhelming support. Yesterday 87 of us voted to get us one step closer to extending unemployment benefits. We all would prefer to be talking about how we can get people back to work than extending benefits. It would be far better for the Nation if we could talk about what we are doing to create jobs.

But in the interim, while we have not created as many jobs as we would like, providing benefits is crucial. Let me take a moment to add that we would not be here at all without the work of our colleague from New Hampshire, Senator JEANNE SHAHEEN, who has championed this issue over the last month or so as a new Member. We are neighbors in New England, but she speaks for the country when she talks about the importance of this issue and what a difference it has made in the lives of families, as they struggle to keep their homes and provide the necessary resources for their children and others.

As part of this effort—and I know there is some debate—I wanted to also recognize my colleague and friend from Georgia, JOHNNY ISAKSON. The two of us have been working, as many of my colleagues know, on a proposal to extend and expand the first-time home buyer tax credit. Senator ISAKSON has been the leader on this issue. I commend him for it, and I want to thank him and his staff for their work to get this extension before the credit runs out on November 30.

Already we have seen the impact of this credit on jump-starting the housing sector. Sales of existing homes rose

9.4 percent in September—the highest level in 2 years. Extending this credit, in our view, temporarily through the slowest housing sales months would help maintain the recovery.

The great fear everyone has is that without swift action these good signals we have been getting—and while certainly not a recovery yet, they are an indication we may be heading now in the right direction—will stall during these critical cold months, and the winter months are difficult months for the housing sector. I think inaction would be a great mistake.

This legislation he and I have authored would extend the current credit through the spring, increase the income limitations, and provide a slightly smaller credit to the so-called move-up market—not just first-time home buyers, but the move-up market—helping to make more than 70 percent of current home buyers eligible for this credit.

I want to stress, as my colleague from Georgia has on numerous occasions, including during a hearing I held only a few days ago of the Senate Banking Committee—where he testified eloquently, I might add, that this tax credit needs to be temporary. Democrats and Republicans on the committees, I think, were deeply impressed with how knowledgeable JOHN-*NY ISAKSON* is about real estate issues. He spent more than three decades in the business and knows it well, and he impressed, I think, all of us with his knowledge of this industry and what a critical component it is of our economy.

That aspect he advocated for, as I mentioned before, is that the effectiveness of this credit depends on it being temporary, which it is. That will encourage, we believe, prospective home buyers to buy that home now—those who are thinking about it. Extending it continuously would not.

I want to indicate to my colleagues that this credit should remain temporary and not become a tax extender that we extend year after year after year after year, as we do in certain other areas of our economy.

But neither the unemployed nor prospective home buyers will be helped by stalling on the speedy passage of this legislation.

Every night for 3 weeks now—going back to the unemployment compensation issue—we have gone home and not had to worry about how we are going to make those mortgage payments or feed our families. We are Senators, and so we have these jobs that provide us with more than a decent income, and we never have to feel that gnawing worry about whether there is going to be enough money to allow us to keep our homes or to see to it that our families are going to have the basic necessities they need.

Every night—every night—7,000 more Americans in our Nation have exhausted their unemployment benefits. So for 3 weeks—7,000 people a day have

had their jobless benefits run out. They do not have jobs. They do not have benefits to help them. These are hard-working people who contribute to our economy and contribute to our country, their families, and their neighborhoods. They have been good providers. And because of a collapsing economy—which they did not create—they find themselves in the dire circumstances where they are unable to meet those obligations at home.

Over the years I have been in this body, we have come together during critical moments like this—never quite as serious as this one—and have extended those benefits to people because we know how important it is to them. We have been able to come together to get it done. Yet now, for nearly 3 weeks, we have been stalled in our effort to provide needed relief.

I mentioned early we provided relief for the banks, \$700 billion in relief, in less time than it is taking us to provide relief to jobless workers. That is what *BOB BENNETT* and I were doing. We had a crisis in the country. So we worked on the legislation for 2 weeks. From September 18 to October 1, that is how long it took for us to come together and vote 74 to 25 to provide \$700 billion to stabilize the financial institutions in this country. I think we did the right thing. History will debate it. Here we have been nearly 3 weeks and we can't even come up with unemployment compensation for the 7,000 people every day who are losing these benefits.

You explain that to the American public. This collapse occurred in our economy not because they did anything wrong, but because they lost their job. Here we are still 3 weeks later dithering about whether we can get some special amendment we would like added that has nothing to do with this issue—*ACORN* payments or other proposals. I don't question the sincerity of people, but why would they allow that to obstruct an extension of jobless benefits that hundreds of thousands of Americans so desperately need?

In total, since playing politics with this issue, 140,000 Americans have exhausted their benefits. That is my math. We know this is important. Last night we had 87 votes to move to the motion to proceed, but here we are running out 30 more hours while another 7,000 people are losing those benefits.

So I don't have to tell my colleagues how vital this lifeline is for families back home in their states. They all know it. People can't find work. They need a little help to put food on the table and make ends meet until they can find that job again. Unfortunately, this recession is hitting families in all of our States.

According to the National Employment Law Project, nearly 14,500 people in my home State of Connecticut and 400,000 people nationwide have already exhausted all of their unemployment benefits. By the end of the year, that

will rise to 20,000 people in my State, 1.4 million people across the country.

One of my constituents wrote in desperation the following:

I have been without benefits for two months now. I have a family of 5. Every day is a struggle. My husband and I have been looking for work every day. There are no jobs! Something has to change. I ran out of my benefits. Please have someone help not only me, but everyone that is without work.

It is not just these people who will suffer when these benefits run out; it will be their children. It will be the local businesses whose customers can't afford to buy their products anymore. It will be the local governments who lose tax revenues that pay the salaries of our policemen and firefighters.

We have a good bill that I worked on with Senator *BAUCUS*, Senator *REID*, and, as I said, Senator *SHAHEEN* of New Hampshire, who has been our champion on this issue. Our new freshman Senator from New Hampshire has led the way, and again, her leadership has been invaluable.

Madam President, 140,000 people over 3 weeks whose benefits have run out while Republicans have stood in the way of this important legislation, I think, deserve better. We managed to give the banks \$700 billion in 2 weeks; we ought to be able to take care of people who are losing their benefits by passing a bill that they need so desperately.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. *SHAHEEN*. Thank you, Madam President. I wish to thank Senator *DODD* from Connecticut for his kind words and for all of the work he has done to try and move an unemployment extension for people, and for his eloquence in talking about the need to help those people who are currently running out of their benefits. As is the Senator from Connecticut, I am here one more time to voice my support for the Unemployment Compensation Extension Act.

I am pleased, as the Senator from Connecticut is, that yesterday the Senate voted by an overwhelming majority to move this legislation forward. But like the Senator from Connecticut, I remain very disappointed that even with 87 votes to move forward, we are still here today. Another day has gone by, a day when 7,000 more workers have lost their benefits, and the opponents of this extension are still playing politics to hold up the help that so many people around the country need.

During the delay of the past 3 weeks, more than 100,000 Americans have exhausted their unemployment benefits. Without this extension, nearly 2 million jobless workers will lose their benefits by the end of the year. The American people should be outraged by this continued delay.

I would like to read an e-mail I got this morning from Jane McDermott from Stoddard, NH. Jane has been unemployed for over a year, and she will

exhaust her remaining benefits in the next 2 weeks. She writes:

Right now, receiving unemployment means I can eat and I can pay for my medication. Those of us who are still unemployed still have bills and property taxes to pay. With the rug being pulled out from under us, it means being on the edge of homelessness.

She writes to me:

I urge you to make this fight a priority. Here in New Hampshire there are many, including myself, who depend on having heat, lights, and even enough gas in our cars to search for employment each and every day, especially over the holidays.

She signs her e-mail: Sincerely, Jane McDermott from Stoddard.

Jane McDermott is out looking for work every day, but with more than six people out of work for every job opening, she hasn't been able to find that new job. She is like millions of hard-working Americans from every community and every State and every part of our country. This is just one out of dozens of calls and e-mails my office gets every single day.

So I urge my colleagues to stop playing politics and to pass this extension. It is the right thing to do for our unemployed workers, and it is the right thing to do to stimulate our economy. Let's not let one more day go by without extending unemployment benefits for the tens of thousands who need them all across this country.

Madam President, I yield the floor.

Mr. UDALL of New Mexico. Madam President, I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. UDALL of New Mexico. 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. UDALL of New Mexico. Madam President, I ask unanimous consent to speak as in morning business for 1 hour. I also ask unanimous consent to engage in a colloquy with other Senators who may join me.

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

Mr. UDALL of New Mexico. Madam President, first, let me speak on the issue that Senator JEANNE SHAHEEN spoke about before me just briefly. I wish to compliment her for being such a champion for extending unemployment compensation. We are talking about people who, in many cases, through no fault of their own, lost employment. They may well be the only provider for their family. They don't have the wherewithal to support their family.

We have in this recession, this deep recession we are in the middle of, several times for people like that, extended unemployment benefits. Senator SHAHEEN and Senator DODD and others who have spoken have described the personal circumstances people are

in. We can't believe we can't move this legislation along to extend unemployment compensation benefits. These people need help in the recession and most likely they are the dollars that will be spent in the economy.

I wish to describe the procedure that has occurred. We had 87 Senators vote on a motion to proceed. The first thing we did to get on to a piece of legislation such as this unemployment benefits compensation legislation was we filed a motion to proceed because we didn't have the consent of the Republican leadership. We were then required to let that motion for cloture ripen over a 2-day period. So as many have watched, there hasn't been necessarily a lot of debate. It has ripened. We had the vote after 2 days—87 votes. Then, after 87 said we should move forward on the motion to proceed, there was a 30-hour postcloture period.

Well, what has happened with that is we also haven't had that much debate occurring on the Senate floor, but the time continues to run. So these delay tactics—they are called filibuster tactics, but in a way it isn't a filibuster. There is nobody here filibustering most of the time. So it is a delay tactic to do something the Nation needs.

So I compliment all of the Senators who are standing up for this legislation. I know Senator WHITEHOUSE is also one who believes we should pass unemployment compensation legislation very quickly.

HEALTH CARE REFORM

Madam President, we are here again this evening as a group of Senators—Senator WHITEHOUSE has joined me—to strongly support the inclusion of a public option in health care reform legislation. I encourage other Senators who support the public option to come down and join us.

We were heartened earlier this week when majority leader HARRY REID announced that he would include a public option in the bill he is merging from the Senate Finance and HELP Committees. Senator REID showed real leadership in developing a compromise that includes the public option, something that a wide majority of Americans support and want included in this reform.

This is another step in the direction of meaningful reform, but we are by no means finished with this debate. We expect defenders of the status quo, as well as those who continue to put insurance company profits over people, to step up their attacks and step up their misinformation campaign. The bottom line is that a public option is the best proposal on the table to help keep the insurance companies honest. It will insert much needed competition into the insurance market, and it will give Americans another affordable, quality choice for their health insurance needs.

So with all of that said tonight, I want to continue by highlighting a story out of New Mexico. It is a letter I received from a woman from Placitas, NM. She is a small business owner who

wrote to tell me about a rate increase notice she got from her health insurer. She was told to expect a 9- or 10-percent increase next year. For two people, that will mean \$2,300 a month in premiums she will have to pay. Here is what she wrote:

We can't afford it. I am now faced with the likelihood of having to drop insurance which for two cancer survivors is not the right answer.

I know I speak for many of my colleagues here tonight when I say our offices get dozens and dozens of e-mails and letters like this each and every week. Americans are struggling, and they are looking to us for relief from an impossible situation they cannot fight or win.

There was a story in the newspaper over the weekend that I think illustrates how urgent this situation has become. It illustrates why a public option must be a part of this reform. In the newspaper it was reported that many small businesses are facing the steepest rises in insurance premiums they have seen in years. That is saying a lot considering that insurance premiums have already more than doubled over the past 9 years.

In this news story, insurance brokers and benefits consultants said their small business clients are seeing premiums go up an average of about 15 percent for next year and in some places as high as 23 percent. That is double the rate of last year's increases which were already unacceptably high. Do you know why these small businesses are seeing such big increases? This report said it is because insurers are trying to raise their premiums ahead of anything we do legislatively that might reduce their profits.

Health insurance companies are only looking out for themselves and their own profits. It is up to us to look out for hard-working Americans. It is up to us to look out for America's entrepreneurs, those small business men and women whose companies employ some 40 percent of American workers.

With that, I will open the floor to my colleagues. Let's talk about what a public option would mean for small businesses and how difficult it is for American entrepreneurs to keep their heads above water as health insurance companies continue to raise their rates, deny them coverage, or drop them completely when they place a claim to be reimbursed.

I see Senator WHITEHOUSE here. He has been a champion throughout this process in terms of the public option. I will yield to him. I also see Senator DURBIN here, our majority whip, who I hope will join us, who has also been an incredible champion when he stands up in leadership time and throughout the day on the public option.

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

Mr. WHITEHOUSE. Madam President, I thank the Senator from New Mexico for organizing this time.

What do we mean by a public option? To begin with, I will explain a little

what our public option is and why it is so important. Then I have some stories from people in Rhode Island who have contacted me and who are exactly the reason we need to do this.

The first thing you will hear is our friends on the other side saying that the public option is a government takeover of the health care system, that it is going to squeeze out private providers and it will be subsidized by taxpayers and all these things. I know something about the public option that came out of the HELP Committee because, along with SHERROD BROWN and KAY HAGAN, I wrote it. So I know a little bit about what it does. Those things are just not true.

The design of the public option is that it exists State by State. In each State, it has to stay solvent. It can't lose money. The government puts up the money any insurance company needs to start with, the initial capital. After that, the public option in each State, from its revenues, the premiums it charges, has to make money and stay solvent. If not, it fails like any other company. Secretary Sebelius of HHS is mandated to make sure each State's operation runs on a solvent basis. So there is no taxpayer bailout. It is head-to-head competition on a level playing field, and the insurance companies, frankly, should not be frightened of it. They are, but the reason they are has a lot to do with their bad practices and very little to do with anything about the design of the public option.

One of the reasons we need it, to give a little background on this, you have to remember where our national health expenditures are going. Look at this chart. This is how much we spend on health care.

I was born in 1955, when we were spending \$12.5 billion a year on health care in this country. We probably spend that much a day now. In 1979, just after I graduated from college, by then we had gone from roughly \$12 billion a year to \$220 billion a year. In 1987, which was about when my daughter was born, we were over \$500 billion or ½ trillion a year. In 1992, we were at \$849 billion a year. In 2009, we are at \$2.5 trillion a year. You can see the shape of the curve on the chart. It is not going out and leveling off. It is getting steeper and steeper. Costs are going through the roof, and the private insurance industry is driving that.

There are big savings that can be achieved. The President of the United States, President Obama, and his Council of Economic Advisers issued a report in July of this year that said:

Efficiency improvements in the U.S. health care system potentially could free up resources equal to 5 percent of the U.S. GDP.

They continued:

It should be possible to cut total health expenditures by about 30 percent without worsening outcomes . . . which would again suggest that savings on the order of 5 percent of GDP could be feasible.

If you do the math, based on GDP, 5 percent is more than \$700 billion a

year—that is \$700 billion with a “b”—in excess costs in our health care system. So we have a big target this public option can shoot for.

People say: Well, if there is no subsidy involved, how is it that the public option is going to be able to compete against these private insurers and save costs? Well, three ways:

No. 1, no profits necessary; they will be not-for-profit. In Rhode Island, about a year ago, United Health Care, a big private insurance company which has a 16-percent market share in Rhode Island—and we are a small State; we are not like Illinois or even New Mexico; we are only a million people. So this is a company in a State of a million people with only a 16-percent market share, and they asked to remove \$37 million in profits from that 1 year out of the State to go back and pay for salaries of CEOs and shareholders and all that. Think how much \$37 million could have been delivered in health care to 16 percent of the insured population of Rhode Island, a State of only a million people, if it didn't have to go out in profit. So that is one thing. Profits don't have to be sucked out of the system.

Second is administrative costs. One of the reasons this cost keeps going up is because the administrative costs of the insurance companies go up. In 2000, while these costs were going up, they were raising their administrative costs by more than 100 percent. What did they do with those administrative costs? They make it more difficult for you to get care and harder for your doctor to get permission to give you the treatment you need.

You hear the other side talking about government bureaucrats standing between you and health care. They don't stand between you and your health care; insurance company bureaucrats stand between you and your health care. And they are getting better at it all the time. The armamentarium they are creating to make it difficult for providers to get paid and get authority to go forward is getting more complex and expensive every year.

In addition to the fact that those costs have doubled, gone up more than 100 percent, what do the doctors and hospitals have to do? They have to fight back or else they will get rolled.

So you have this whole other cost. I went to the Cranston Community Health Center, a wonderful community health center in Cranston, RI. They told me that 50 percent of their personnel are not dedicated to providing health care but are dedicated to fighting with the insurance companies to get paid and to get prior authorization. On top of that, 50 percent of their personnel—they pay almost \$300,000 a year to fancy consultants whom they have to hire to fight back against the insurance industry.

So one thing they can stop doing is taking the profits out. Another thing they can do is to wind down all that ad-

ministrative cost, stop torturing the doctors and hospitals, let them wind down their administrative costs, and bring down the arms race over claims payments and approval we are living with right now. That is something a public option can do in addition to not taking out profits.

The third thing is to reform the health care system. We have all heard the testimony and seen the steps we put into our legislation to improve the quality of health care. When you improve the quality of health care, it saves money. It is interesting the way that works. When you improve the infection rate in intensive care units, people get out sooner and they don't get those postoperative infections, and it costs about \$60,000 for infections, on average. It saves money. Everybody is out sooner and the costs are less. In Michigan, in 15 months, they saved \$150 million and 1,500 lives just by cleaning up and preventing infections in hospital intensive care units.

So you can save money and save lives if you are focused on improving quality instead of torturing the doctors and the providers and denying care and trying to throw people out when they get sick. It is a different way of going about the business. But it is something a public option can do.

The same logic applies to the prevention of illness. We don't do anywhere near enough to prevent illness in this country. A public option is willing to invest in prevention. We will invest in health information technology and in promoting better public health records for everybody. We will make sure people understand the value of the treatments they get, how much they cost, and whether they work. People will make better decisions about their care.

Finally, through the public option we will be able to stop paying doctors and hospitals for doing more and more tests and procedures and pay them for results. That will help change the direction of American medicine. That is how you get to the \$700 billion a year the President's Council on Economic Advisers said could be saved in our health care system.

People talk about the Lewin Group, which is a knowledgeable group about health insurance and health care costs. Here is what they say:

Current levels of spending could be reduced by limiting excess consumption, managing disease, promoting competition and improving transactions.

Here are the sources of potential excess costs. Right now, they are at \$2.4 billion, the total cost. You can save \$151 billion in excess costs from incentives to overuse services; \$519 billion in excess costs from poor care management and lifestyle factors; \$135 billion from excess costs due to competition and regulatory factors; \$203 billion from excess costs due to transactional inefficiency. That is a fancy way of talking about administrative warfare between insurers and doctors.

There are big savings to be had out there, and this legislation builds in

those tools—quality, prevention, transparency, information technology, and payment reform. The key to making them all work their best is a public option that will pick them up and do the job for the American people.

The question fundamentally for this legislation is, Do you trust the private insurance industry? Do you trust the people who, if you have a preexisting condition, won't let you in the door or will deny coverage for that? Do you trust the people who, the first time you show up after having been a loyal customer for years, the first thing they do is go back to look at the form to see if you filled it out wrong so they can throw you off because suddenly you became ill and expensive? Do you trust the people who, when you get sick and your doctor recommends treatment, butt in and say: No, no, no, we don't want you to get that treatment; we want something different than what your doctor recommends. They will say it is because of quality, but what you will notice is that every single time the insurance company steps in to prevent your care from coming from your doctor, what they recommend is something that is cheaper for them. They have never once said: Wait a minute, what the doctor recommended is not right, you need a more expensive regime of care because we want to treat you right. No, they say: Sorry, that is too expensive; we are cutting you off. Do you trust that industry to lead America out of this cost problem and into this new future? I don't. That is why we need the public option. And I think there are other reasons.

Mr. DURBIN. Will the Senator yield for a question?

Mr. WHITEHOUSE. Yes, I am happy to.

Mr. DURBIN. One of the aspects of the bill now being considered by the Congressional Budget Office is the opt-out provision. We have heard from the Republican side of the aisle for as long as this debate has gone on about their resistance and opposition to the idea of so-called government-run health care.

I have yet to hear the first Republican Senator come to the floor and suggest we eliminate Medicare, which is a government-run health care program which some 40 million Americans use every day to protect themselves when they need health insurance; nor have they suggested eliminating Medicaid, which involves health insurance for the poorest in America. Some 40 million to 50 million Americans are covered by Medicaid. They have not suggested eliminating veterans health care, another government health care program which helps millions of those who served our country; nor have they suggested eliminating the Children's Health Insurance Program, a creation of the Federal Government, so that literally millions of children across America have this kind of protection and the parents have peace of mind.

By my estimation, more than a third of the people in America have protec-

tion from government health insurance. Although our friends on the Republican side are critical of government health insurance, they do not want to eliminate any part of it, but they are arguing that basically Americans do not like it.

The polls say otherwise. When you ask the American people, throughout this debate, they say: We are generally confused, but we do know one thing; that is, if we have a chance to get Medicare for everybody, two out of three would like to see that. That is a government health program that two out of three Americans would like.

Senator HARRY REID, the Democratic majority leader, prepared a bill with a public option with an opt-out provision. I ask the Senator from Rhode Island what the opt-out provision will mean for those political leaders or people or legislatures or Governors in the States who might come to the same conclusion as our Republicans here, that they are opposed to any form of a public option that might involve the government.

Mr. WHITEHOUSE. The opt-out plan, as I understand it, would allow States to decide they don't want a public option in their State, so they don't have to have one. Each of us comes here representing a State. My colleague is the very distinguished majority whip, but he is also the Senator from Illinois. Our distinguished friend, Mr. UDALL, is the Senator from New Mexico.

The health care our constituents get is delivered to them almost entirely in our States. So one would think it would be satisfying to the people on the other side who object to a public option that they could go home and they could say: You know what. This public option is a terrible idea. You know what I have done. I have worked out an opt-out and have protected you from it. It is only these crazies in places such as Rhode Island who want to take advantage of the public option. But I have saved you, and it is their funeral.

The way we designed it, as I mentioned earlier, is State to State it has to be solvent. There is no cross-subsidization, that one State has to carry the water for another State. They would not have to pay for Rhode Island's costs if they got out of control, whether they have a public option or they do not. So they are protected.

One would think that would be an adequate argument for them. The fact that it is not an adequate argument suggests to me there is a little bit more at stake; that the real party in interest is not the constituents of their own States, it is the private insurance industry.

Mr. DURBIN. If the Senator will yield, to put clarity and a final point on this, if this is enacted into law and a Governor or some leaders in any given State decide that the public option in their State, giving the people who live in that State an additional choice when it comes to the health in-

surance they want to buy, if they decide that is too extreme, too socialistic, too French—whatever they happen to decide—they could initiate an effort to eliminate the public option under this law so it would not apply to anyone living in their State. Whether these are the folks inspired by the tea party folks or others, they have their chance. They have the last word as to whether there will be a public option in their State.

Mr. WHITEHOUSE. Absolutely, it is wide open, as the distinguished majority whip has pointed out. The choice would entirely be theirs.

I suspect what we would see is, many people who are railing against the public option right here would find that their States, when they actually had the choice, would take it. Ninety-four percent of U.S. insurance markets are deemed highly concentrated by the U.S. Department of Justice. That is like the alarm going off in those markets, saying that if you find anti-competitive behavior, because that market is highly concentrated, you focus on it. You have to act.

Ninety-four percent of our major urban areas are in that situation. So to add another choice for those consumers I think is something that when practical people look at it in real life and see what its effects will be in real people's homes and in their jobs and in their finances and in their world, it will be a lot harder to keep it going, but it will be their choice.

Mr. DURBIN. If I can make one last point in a question. I know the Senator from Rhode Island is a former prosecutor, as is the Senator from New Mexico. When we come to the competitive nature of insurance companies—I know the Senator from Rhode Island was with me at a hearing recently in the Senate Judiciary Committee on the McCarran-Ferguson law, which in the 1940s exempted insurance companies—in this case, health insurance companies and medical malpractice insurance companies—from antitrust regulations, so that literally the executives of insurance companies—in this case health insurance companies—could all meet in a room and decide what the premiums would be in any given place in America, across the Nation. They could meet together and come to a common agreement as to which States would be dominated by which companies and, as I understand the McCarran-Ferguson law, the Federal Government would have no power to stop them.

We can stop virtually any other group of companies trying to do the same anticompetitive things, but there is no power to stop the health insurance companies because of McCarran-Ferguson under our Federal antitrust laws.

I say to the Senator from Rhode Island, does this not also suggest that when the health insurance companies threaten they are going to raise premiums, we ought to take them seriously? They have the power to do it,

and they certainly have a long, rich history of doing that. So when they say: If you pass health care reform, we are going to raise premiums, count on it; they are going to do it.

If we do not create the competition of a not-for-profit public option health insurance company, they literally will not face competition.

Mr. WHITEHOUSE. Yes, exactly correct. Unless they are involved in boycott or coercion, they can fix prices, carve up territories, do innumerable anticompetitive things that any other industry in America would have to answer for in a court of law. They get a pass on it because of the McCarran-Ferguson Act. But it shows, as the Senator from Illinois is pointing out, how vitally important competition is because that public option, I doubt it is going to sit down with private insurance industry and fix prices or carve up territories. It will have a public purpose and a public function, and it will be serving the people rather than the shareholders of the insurance company.

Mr. UDALL of New Mexico. Madam President, I say to Senator WHITEHOUSE, let me join in here with him and Senator DURBIN because the thing he pointed out—and that is the crux of this argument, right here on this chart—that when we talk about a public option—and the Senator has hit it over and over again and Senator DURBIN mentioned it—it is competitiveness. That is what we want to see, competitiveness. We are not talking about a government takeover. We are not talking about single payer. We are not talking about all these things our friends on the other side of the aisle say about this reform. We are talking about making the system more competitive.

People may not realize that in many of our States, when you talk about insurance company monopolies, there are States where more than 75 percent are covered by just two insurers. So we have the State of Montana with two insurers, more than 75 percent of the market. Look at Minnesota, Iowa, all these darker States, Maine. These States have very little competition going on.

What the Senator talked about is, No. 1, the Federal Government cannot move in. I don't know if Senator DURBIN heard this. But at the beginning, there was a big national news article that said the insurance companies are getting ready to raise the rates because they know reform is coming, and there is not a single thing the Federal Government can do about it. We have a great antitrust unit over in the Justice Department, but they cannot do anything about it because we have these laws in place.

This is, once again, what we are going to see. This is the pattern in the past: Skyrocketing insurance premiums, sky-high insurance company profits. In the last 7 years, a 428-percent increase, and all that is going on while these 47 million Americans are

without insurance, premiums doubled in 9 years, and these huge CEO salaries.

I think the public option is the key to bringing competitiveness to this market. I am glad the Senator from Rhode Island and the Senator from Illinois are working in committee to see that our antitrust units may be able to get involved in these kinds of situations in the future.

(Mr. BENNET assumed the chair.)

Mr. WHITEHOUSE. If the distinguished Senator will yield, the way this works out in individual people's lives—it is important for us as policy-makers to understand what the Senator from New Mexico pointed out; that is, a 428-percent increase in insurance company profits in just 7 years, while they are turning people down and pushing them off coverage, even 47 million Americans uninsured, denying their claims, while the profits are going up like that. That is a very important story.

But then you get down to the actual people who get tangled up in this and what it does to their lives. Nicole from Providence, RI, wrote to me. In 2008, her doctor prescribed a number of tests she needed to take because she was experiencing stomach problems. Similar to many Americans who have gotten into these nightmares, they come in thinking they are all set, they have good health insurance.

Nicole thought she had good health insurance. She never imagined she would have any problem covering her medical costs. But the insurance company, once it started getting the bills, went scurrying around through its files and started to look for a way to get out of having to pay. Sure enough, they decided that her condition was "pre-existing." The magic word so they don't have to pay. Sure enough, they denied thousands of dollars of Nicole's claims.

So now there is Nicole. She thought she had insurance. She thought everything was fine. She had this stomach illness. She had to take these tests. She sends in the bills to the insurance company and they say: No, sorry, that is preexisting. So she is scrambling to pay off thousands and thousands in debt. That starts you off into the whole set of other problems, those administrative costs I was talking about. Those administrative costs are spent fighting patients, fighting their clients.

Here is Nicole constantly on the phone trying to get the correct documentation from her doctor to the insurance company, trying to get it to match up, and it never does and the bills keep coming. It is not only that she did not get the health care she needed and the company would not pay for it, it is when she tries to sort it out, she gets into this bureaucratic nightmare with that bureaucracy that grew 109 percent just in this decade arming up to fight people such as Nicole.

Here is what she concluded. This is a regular person from Providence, RI,

snarled in the health insurance system. She says:

I have a full-time job with a good salary. I own a home. I have health insurance. I am a middle-class American doing everything I think I should. And yet I am now saddled with thousands of dollars in medical bills that I cannot afford to pay.

The stories go on and on of people in this system. Coreen from Cranston, RI, wrote me. She has health insurance through her employer, but the insurance company jacked up its premiums so high this year that her husband's employer was forced to switch to a high-deductible plan. She has a deductible of \$2,000. So now Coreen and her husband take turns who is going to see the doctor, depending on which one of them they think is the most ill. The healthier one doesn't go and lets the one they think is sicker go. Do they know? Of course not, they are not experts, they are not doctors, but they have to make this decision because they have had this limitation put on their policy.

She wrote to me:

We have no other option but to be held hostage by our insurer. In our current system, people come second and profits come first.

For all the big picture stuff we are talking about, it is important to remember that all these big pictures come down to homes and families and people and workers all across this country, all of whom find that this health care system is a nightmare for them under the private health insurance regime.

Mr. DURBIN. If the Senator will yield, I would like to note that I received a similar letter from a man in Illinois who had a \$5,000 deductible because he had a history of illness. So in order to buy health insurance he could afford, he had to be willing to first put out \$5,000 in cash out before they would cover the first dollar. He was told by his doctor, because of an examination, that he would need a colonoscopy, which is rather common and certainly a thoughtful thing to do when there is an indication. But he found it would cost him \$3,000 out-of-pocket for a colonoscopy, and he would have to pay that because the insurance plan didn't cover it. He didn't have the \$3,000.

Mr. WHITEHOUSE. May I inquire back if the insurance company, to the Senator's knowledge, actually checked to see if by taking the \$3,000 colonoscopy they might find out something about his health so that in the long run everybody would save money because they did the test at the right time?

Mr. DURBIN. Well, I don't know the answer to that, but I would suspect that they did not because the concern for that insurance company is the bottom line for that quarter. They are not concerned, as they should be, about the long-term health of this man. If there is an indication that leads to a colonoscopy, it makes common sense that you would do it because things

discovered early can often be treated successfully, and things that you don't treat can turn into very expensive and deadly diseases.

Mr. WHITEHOUSE. The public option, therefore, might be much more adept and likely at making that investment in the constituent's health because it is worth spending \$3,000 for a colonoscopy if it will help prevent a catastrophic illness later on.

Mr. DURBIN. That is the key word, "prevent." We have to move toward a new mindset that health insurance companies don't think about—wellness and prevention. If we put a little money into those, we can keep people healthier and keep costs down.

I am sure the Senator from Rhode Island and the Senator from New Mexico will recall the visit we had from the CEO of a major grocery store chain—Safeway/Dominix—and how they decided for their management to try to do preventive care. I recall the CEO telling us that because of preventive care, they have been able to keep their health insurance, which is a self-insured plan, even for 3 straight years without increases.

So prevention and wellness not only keep people healthier but reduce cost. But if you were trying to drive the bottom line and just said no to people who need a colonoscopy or need a mammogram or prostate cancer treatment, diabetes maintenance—if you are saying no to all of those things and those people—the ultimate cost in human life and in dollars goes through the roof.

Mr. UDALL of New Mexico. If the Senator will yield, the Senator from Illinois has hit on an example that comes home to me because I had a gentleman write to me from a small community in New Mexico—Pena Blanca—about his wife. He said his wife had reached the age of 50, and she wanted to do what she could in preventive care, which is what we want to encourage, as the Senator is talking about, to get out in front of illnesses and try to do that preventive care. So she wanted a colonoscopy, and she went to the insurance company that said: Well, it is going to cost you \$3,000. They didn't have \$3,000, so she had to forgo the colonoscopy. That was when she was 50 years of age.

At 54 years of age, she was diagnosed with colon cancer. So he writes to me saying that his wife is dying and he is in this situation now where he realizes if they had had that kind of preventive care, he would have his wife with him and would have her with him a lot longer.

It demonstrates what the Senator has just said, that if we reorient our health care system to prevention, to wellness, if we use the public option—we use the nonprofit method—we will then be moving in the direction of getting way out in front of these illnesses rather than having tragedies such as this gentleman from the small town of Pena Blanca, NM, describes. It is a crying shame to see that kind of thing happen to a family.

As Senator WHITEHOUSE has said, we talk about all these things—sky-rocketing premiums and profits and everything—but it comes down to families and individuals with serious health care problems. In many cases, those problems are not being dealt with in our health care system.

Mr. WHITEHOUSE. The story the Senator just told, reminds me of one. I do regular community dinners around Rhode Island. I go to a community, and we put out nothing fancy—pasta and meatballs, a salad and punch, and we invite people to come in and just have a general discussion about the issues that concern them.

At one of my recent community dinners, a lady spoke about some difficult run-ins with the health care system. The worst part of it was about her sister, who had the same situation as the Senator's constituent. She did not have health coverage and she missed an appointment with the doctor. She didn't want to put out the money, so she went without. By the time she actually did go to the doctor, the condition had worsened.

The doctor told the woman at my dinner: Your sister's condition, if she had come in earlier, we could have cured her. But as advanced as it is now, I don't think there is much we can do about it. They tried what they could, and it was very expensive, obviously, but ultimately they could not save her.

So when we don't get this right, and when people forgo health care because they can't afford it, and because our system is set up to not pay for things that are essential preventive care, people lose their lives. It is a matter of statistics and it is a matter of cost and it is a matter of tragedy, but ultimately it is also a matter, for many people, of life and death.

Mr. DURBIN. If the Senator would yield once again, I would like to make note for the record that we are on the Senate floor this evening, and we have time to speak on this important issue because the Republicans are blocking our efforts to pass a bill that sends unemployment compensation to literally hundreds of thousands of Americans who have been out of work for a long time and need these checks to keep their families together. They have now resisted us for 21 days to extend unemployment benefits to these people across America. I am sure in each of our States, as I found in Illinois, many of these unemployed people have also lost their health insurance as a result of losing their jobs.

I would like to ask either or both of the Senators to comment on what this health care reform proposal that we are talking about would do for a person who has either lost a job or is in a low-income category; someone who is scraping by with a low-wage job, hoping for something better, or maybe that is the best they can come up with.

Would either of the Senators like to respond as to what this legislation, our health care reform bill, is proposing?

Mr. UDALL of New Mexico. Well, Mr. President, to talk a little about that situation, I think it is important to understand, first of all, that we have so many people out there who are uninsured—absolutely uninsured. As Senator DURBIN has described, many times they lose their job and they lose their insurance, and that is what this reform is all about. We are not going to have that connection any longer. We are going to say to Americans: You are going to have your health care coverage, and if you go from job to job, you are going to be able to continue your health care coverage. If you are unemployed, you are going to be able to continue your health care coverage.

That is a big new step for us, to take people who didn't have insurance, who were subject to the vagaries of existence out there, and point the way to where they are going to get insurance. They are going to get help for their families, and I would just say that we are at the right place at the right time. Things have aligned.

We have President Obama, we have a Democratic Senate, we have a Democratic House, and we need to get this done in this time period. We know we are going to be opposed. Our friends on the other side are going to do the same thing the Senator mentioned on unemployment benefits. They are going to stand up and use every trick in the book. They are going to use all these filibuster rules, and they are going to make us file everything. But we will stay here long nights, we will stay through to the end so that we can help the individuals like those we have been talking about to get insurance regardless of what their personal circumstances are, regardless of things such as preexisting conditions and serious illnesses and getting dropped by insurance companies.

Senator WHITEHOUSE.

Mr. WHITEHOUSE. I would add another element in responding to Senator DURBIN's question. They may very well be eligible for Medicaid or Medicare, in which case they would go on to those programs. But, if not, they would very likely be eligible under this health care reform for a significant subsidy to help them pay for health insurance.

What is interesting about the way that works is that they do not have to go into a government program to get the subsidy. We are trying to make health insurance more available to more middle-class families. So what they do is go to the health insurance exchange, which is like a market for health insurance or, if they work for a big company or the State or county or Federal Government, there is a period where they go and sign up for the health insurance they want.

Your H.R. person says: OK, now is the time to choose your policy for the coming year. They give you your choices and you select from your choices. You have a labor agreement or a contract agreement or a statutory provision that lets you know how much

your employer is going to contribute, but you get to choose, just like the Federal Employees Health Benefits Plan we are in—that all Federal employees are in.

That is the model, so that somebody who can't afford the insurance they want will get their stipend from the government and then they will go to the exchange and be able to choose. That is why it is called the public option. If there is a public option in that State, they will be able to choose the public option. If they do not like the public option, they can choose Aetna or Blue Cross or Wellpoint or Cigna or whoever is doing business in that State and buy through the exchange.

So for people in the circumstance the Senator talks about, who are in economic straits, this will be an easier way to buy health insurance. It will be a way they can afford health insurance, and it is a way that leaves the choice up to them. That is where the public option comes in because when they have that choice, I think for a lot of Americans looking at the way costs are going and looking at the way they get treated by the health insurance companies, they are going to say: The choice between all those for-profit health insurers, that is no choice at all. That is, which enemy do you have to sign up for? I use the word "enemy" because I have had people tell me the terrible thing about getting ill in this country is that they have to, on the one hand, fight the disease and, on the other hand, fight the insurance company. And they do see them, when they get involved in that, as the enemy.

When they have a choice between a whole bunch of insurance companies and they all share the purpose of trying to throw them off coverage if they are sick, trying to deny them coverage when they get sick, trying to deny the claims their doctor puts in, trying to interfere with what their doctor wants them to do to get better, if those are all their choices, that is not much of a choice.

That is where the public option can provide a real choice to people when they come in. They will have the dignity of being able to make that choice for themselves and their family through this program in our reform.

I see we are joined by the distinguished Senator from Colorado, Mr. BENNET.

(Mr. UDALL of New Mexico assumed the chair.)

Mr. BENNET. I have been listening to the debate, and I wanted to join in and respond to Senator DURBIN's question about people leaving their insurance carrier and going on Medicare and Medicaid today, if they are eligible; and if they are not eligible, they are just out of luck. I think it is important, as we think about what this reform will bring, to remind people about what is happening with the status quo as it exists right now.

We are having all this debate about whether a public option is a good idea,

whether the other insurance reforms are a good idea, accusations that this is just a government takeover of health care. What people are ignoring is what is happening right before our eyes.

In my State, median family income has actually declined by over \$800 over the last 10 years. That is before this recession we are in right now. In the country it has gone down \$300. In my State, the cost of health premiums over that same period of time went up 97 percent—it doubled. We are saying to working families, you are going to earn less but the cost of health insurance is going to go up by twice. Not only that, but the cost of higher education is going to go up 50 percent. Working families are getting squeezed.

What is happening is—because they are having double-digit cost increases every year, because small businesses are spending 18 percent more than large businesses to cover their employees—we are seeing already fewer and fewer people getting insurance from their employer. The number of people who are insured by employers in my State is dropping like a stone. The number of small businesses that are able to offer insurance anymore to their employees is dropping like a stone, which is heartbreaking to a lot of people because a lot of these businesses are family businesses where they pride themselves on having offered insurance for many years.

Where do these people end up in this debate we are having right now about a public option versus not? If they are poor enough, they end up on Medicaid, a government program. If they are not, they end up going to the emergency room where they get uncompensated care that we all pay for as taxpayers.

In the case of my city, in Denver, we have an excellent public hospital. They did a study 3 years ago that showed that in 1 year they spent \$180 million treating people who were uncompensated, who were employed by small businesses. These are people working for a living every day but who do not have insurance. Who pays that bill? We, the taxpayers.

What I would say to people on the other side, or even on our side who are saying this is a bad idea, to give people more choice, more option, is that the system we have right now is landing people in public government options or landing them in the emergency room where the taxpayers are having to cover them with uncompensated care. We are just doing it in the least intentional way possible. We are doing it in the least thoughtful way possible and in many respects doing it in the most expensive way possible. People are not getting the kind of preventive care they ought to be getting, the screenings they ought to be getting on the front end so they don't show up in the hospital emergency room when they are dreadfully sick.

When I hear the objections to this and I realize how painful the status quo is right now for working families and

small businesses—in the State of Colorado, but I also know in other States as well—I wonder sometimes what people are fighting against. What we are fighting for is a much more intentional approach to coverage, a much more intentional approach to quality, a much more intentional and rational approach to how we finance all of this.

It has been a pleasure to hear you tonight. I wanted to come and be part of the discussion.

Mr. WHITEHOUSE. Of course, anybody in the situation Senator BENNET described, if they don't like the idea of a public option under this legislation they are completely free to not sign up for it. Nobody in America will be forced into the public option. We don't even connect the subsidy, the stipend that makes health care affordable for American families, to the public option. We give it at the exchange in this legislation.

If you want to spend your government stipend to help make health care more affordable on Blue Cross, on Aetna, on Cigna, on whoever does business in your home State, you are welcome to do that. The public option is an absolute free choice. There is not a single person in this room, not a single person in the United States who, if the public option passes and they choose not to participate, has any adverse consequence at all.

The one thing they may have happen to them if the public option is successful is—if it is not sucking profits out of the system, if it is not building that huge administrative superstructure to fight with the doctors and hospitals so that they have to build a matching one to fight back from, if they are actually investing in, as you say, prevention and quality improvement and electronic health records and paying doctors in a sensible way so they don't have to run up procedures to get paid—if they do all that successfully, they will drive down the cost. Because it is competitive, those private insurance companies will have to follow. What you may get if you do not like the public option is you will get your stipend just like anybody else, if you are in the right income category. You will say I don't like the public option. I have no business with anything to do with the government health care, I don't want any part of it, I am going to the private sector—and you can buy that. You may in that circumstance actually see your private sector insurance rates come down because of nothing you did but because of the public option being out there and being competitive.

If the public option is uncompetitive and its rates go up, that is not going to hurt you. You are still in that private insurance company anyway. It is a "heads I win, tails you lose" situation for you; you are the winner on both sides.

Mr. BENNET. If the Senator will yield, there is one other important component to this that people in my State have been talking to me about a

lot over the last 6 weeks or so. It has become clear that as part of this reform, because this is the way insurance needs to work if you are going to cover everything, as part of this reform there is a requirement that everybody have insurance.

People are saying to me: MICHAEL, I want you to make sure you give me as many options as possible. If you are going to make a requirement as part of this, I want to maximize my choice. I want to be able to look at everything, whatever you call it—whether it is private insurance or public option, non-profit plans—I want to be able, they say, to make the best decision that is in the interest of my family or make the best decisions in the interests of my business.

I don't know why we would want to say on the one hand we are going to require you to have insurance and on the other hand say we are going to constrain the range of choices that you can make on behalf of your family. We should not be making those choices here in Washington. Those are choices our families should be making for themselves.

Mr. DURBIN. If the Senator from Rhode Island will yield, on his chart on national health expenditures, I have heard my colleagues on the other side of the aisle, the Republican side, come to the floor many times and decry this whole effort because it was going to cost \$1 trillion. We are not sure if that will be the exact number, but take it as an example. We are talking about \$1 trillion over the next 10 years. If you accumulate the cost of health care in America over the next 10 years, starting this year at \$2.5 trillion, and assuming it goes up to at least \$3 trillion, maybe \$3.5 trillion, it seems to me we are dealing, over that period of time, with an accumulated cost of health care in America over 10 years of \$30 to \$35 trillion, I think, is probably a fair estimate.

Mr. WHITEHOUSE. I agree.

Mr. DURBIN. One trillion dollars as a percent of that comes out to less than 3 percent of the overall cost of the system and the savings we are trying to build into this approach, by trying to find ways to reduce costs, to reduce the fraud and waste that is part of health care today, to give people options so that they have more competition, bringing down the cost of premiums—I would say to my friends on the other side of the aisle arguing that \$1 trillion is a huge sum, certainly when you deal with \$1 trillion it is, but in comparison to the overall cost of health care over the next 10 years it is less than 3 percent of what we anticipate. And it is largely made up of savings within the current system. I think that is the point they miss when they use that figure on the floor so frequently.

Mr. WHITEHOUSE. I think the Senator has made a very good point. I add to it by going back to the figures from the President's Council of Economic Advisers that suggest we could save

\$700 billion every year out of this health care system if we could wring the excess costs out of it—the unnecessary MRIs because you don't have an electronic health record and you have to go out and replicate it because you don't have the file with you; the totally unnecessary staff fighting with each other over who should get paid and who should not get paid; the \$60,000 it requires, on average, when you get a hospital-acquired infection in the intensive care unit. If you could prevent it, you save. Those are the kinds of numbers that add up to these numbers. If you could save \$700 billion a year—I am not saying you could do it, but it is a big target out there—investing \$1 trillion over 10 years to get a piece of that back only makes sense. It is plain business sense.

If you were in the manufacturing sector and if you had an assembly line and that assembly line was creating costs like this, so the price of your product had to go up and up and you were having all those casualties, people were getting their hands caught in the machine and mangled and it was lighting up on fire because it was running out of oil, and you were having all these problems with the system, somebody would come in and say: You know what, you ought to spend a little money upfront to get a good system put in to fix up your assembly line because you will save costs in the long run. That is all we are expecting to do right now, is get those. There are so many disasters in the health care system right now, and to get that cleaned up and put a little money down for that, that is only good common business sense, particularly when there is a big target such as that \$700 billion a year savings and, as you said, the cost of the next 10 years will be well north of \$30 trillion if we do not do anything about this.

(Mr. BENNET assumed the Chair.)

Mr. UDALL of New Mexico. Mr. President, the example on the savings is right there, in the examples before us. We just talked about Medicaid. Medicaid has a 3-percent administrative cost. We are talking about a program, when I go into my townhall meetings and visit with people, people say they like Medicaid, they like what they have. Here is a program that is running with 3 percent administrative costs.

When we talk about the insurance companies, because of what the Senator mentioned, how they fight the claims and you have to get all these people in the doctor's office trying to prove claims, and then back and forth—doctor's offices many times told me 50 percent of the people in the office are there doing this administrative work because of what the insurance companies have created.

When you ask the big question to insurance companies, how much is your administrative cost on the health insurance industry—30 percent. I think there is enormous room for improvement when we are talking about the

hundreds of billions of dollars that are out there, from 3 percent in Medicare to 30 percent or more in the health insurance industry.

There is no doubt that the savings can be squeezed out of this system. That is what the public option does. That is what we have been tonight talking about, night after night. I am so thankful that Senator WHITEHOUSE, in the HELP Committee, his service in the HELP Committee, volunteered to write the public option for that health bill. That contributed so much to this debate. It gave us the outside parameters for what we are debating right now, and our leader, Senator REID, has now stepped forward and said he wants a public option with this opt-out provision.

Mr. WHITEHOUSE. If I may step in—

Mr. UDALL of New Mexico. Please.

Mr. WHITEHOUSE. It was a team effort. I want to make sure that Senator BROWN of Ohio, our friend SHERROD BROWN gets recognized. He had a very important role in it. As the Senator knows, he is very committed on this issue and fights very hard to protect the interests of consumers. Senator KAY HAGAN, our friend from North Carolina, also was extremely helpful. Because she has a more conservative perspective than we do, there was a wide range of views that were brought together. I think that is reflected in the fact that when the so-called Blue Dogs, the conservative Democrats over in the House, wanted to work out a public option, the public option they signed off on was the Senate HELP public option.

I think it has good appeal for conservative Democrats as well as progressive Democrats, that it reaches across the whole aisle. I hope by the time the dust settles, reasonable Senators of the other party will also join us in this because it only makes sense. If, as the President's Council of Economic Advisers says, it is "possible to cut total health expenditures by about 30 percent without worsening outcomes," if there is 30 percent of waste and fighting you are talking about, and it adds up to \$700 billion as the President's Council of Economic Advisers said, and if you add up the numbers from the Lewin Group, this here—they actually anticipate bigger savings, they anticipate \$1 trillion a year in potential savings if—you could get all the excess costs out—it is \$1 trillion a year—it is a phenomenal target to shoot for.

That is why making the public option competitive is such a good idea.

With this cost we cannot keep doing the same old thing and subsidizing. We have to change the direction of the health care system and the public option will do that.

Mr. UDALL of New Mexico. We are near the end of our hour right here. I wish to read one more letter and then Senator WHITEHOUSE may have some concluding remarks. But I think this letter drives home what we have been talking about all night. I received a

letter from a man in Carlsbad, NM. This man's wife was denied insurance benefits after she fell at the school where she is a teacher. And here is what he said:

Her orthopedic surgeon told us that her fall aggravated her degenerative condition in her knees and spine. He felt he could no longer treat her without surgery and recommended that she have both knees replaced. She had one knee replaced . . . , but before she could have the other knee replaced or her back treated, she was summoned to Albuquerque where she had to appear before a panel of three doctors.

The lead doctor on this panel rules that she needed no further treatment of any kind. One of the doctors wrote a dissenting opinion, but her coverage was cut off. The dissenting doctor later apologized to my wife, stating that he hated serving on those panels because the lead doctor always ruled in favor of the insurance company and against the patient.

The health insurance industry cannot be trusted. Without the public option the American people will not have the choice they deserve. The public option would bring needed competition to the industry. I strongly urge you to support the public option.

That is my constituent writing me. He has really hit it on the head. I think the gentleman from Carlsbad said it best when he said: The public option would bring needed competition to the industry.

You saw this chart earlier here about the lack of competition and how we have these insurance companies with a monopoly. Right now health insurance companies are basically monopolies or duopolies, at best. In New Mexico, we have two companies that hold 65 percent of the market. This kind of control means there is no incentive for competition. There is no incentive to drive down those costs. A public option would insert that competition back into the market and it would keep those insurance companies honest.

I thank Senator WHITEHOUSE, Senator DURBIN, Senator BENNET from Colorado, for being down here. We have been doing this for weeks now and we are going to continue this. I do not know if you have any concluding remarks. But I think this has been a very productive session. I hope we will continue until we get health care reform done and with a public option as part of it.

Mr. WHITEHOUSE. Only to thank the Senator for organizing this time so we could engage in this colloquy on a matter that is so important to Americans on a matter where so much of what has been said has been so misleading and unhelpful.

The chance we have to talk about the actual public option as it is in real life, not some overheated imaginary public option that has been cooked up by the other side for the purpose of knocking it down, I think is very helpful to help the American people understand the direction we are trying to go. The Senator's role in getting this done is very much appreciated.

Mr. UDALL of New Mexico. Mr. President, 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. WHITEHOUSE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

AFGHANISTAN

Mr. WHITEHOUSE. Mr. President, I have just returned from Afghanistan. I was there over the weekend. I wanted to take a moment and share a few impressions. I traveled with Senator BURR, who is a colleague of mine on the Intelligence Committee, and with Senator LEMIEUX of Florida. We visited Kabul, Jalalabad, and a military location further out in the field.

It was my third trip to Afghanistan. That makes me no expert. But I do hope my observations might be of some interest or use to my colleagues. Before I begin, our colleagues should know the perception in Kabul of how extremely valuable the efforts of our colleague Senator KERRY have been. It was clear the resolution that we saw to the election dilemma could not have happened without Senator KERRY.

The more our officials in Afghanistan knew about that situation, the stronger their views were about Senator KERRY's irreplaceable role. Even President Karzai commented on it in our meeting with him. So a well earned "well done" to our colleague and friend.

While the situation in Afghanistan is obviously complex and difficult, the best news for us is that the Taliban remains very unpopular. The Taliban's strength comes from the fact, not unreasonably, that many Afghans are terrified of them.

If the Taliban are willing to ride into town and cut off the ears of the village elder's son in front of the whole village, it requires considerable courage and confidence on their part in us and the Afghan Government for that village to stand up to those Taliban.

The Afghan people do not lack courage. Indeed, their courage and resistance in standing up to the Soviet invasion are among the reasons the Cold War is over, and why America is largely out of the shadow of that nuclear threat. When we think of our role in Afghanistan, it is worth considering our obligations in the light of what their struggle against the Soviet Union has meant for our country, our safety and our liberty. So courage is not something that Afghans lack.

But there is a compelling need for the Afghan people to feel confidence in their government and confidence in us. The best avenue to increasing Afghani confidence in their government will be reducing government corruption. It is a pernicious cancer throughout much of the Afghan Government.

Once this election is settled—and I will assume that President Karzai will emerge victorious—President Karzai can then turn his attention to his new

administration. And then I think it is vital—and it is unanimously seen to be vital by the officials I spoke to—that vigorous efforts against corruption be a leading part of President Karzai's commitment to the Afghan people.

Confidence in us is equally important, but confidence in us must be measured against its counterweight, which is dependence on us. President Karzai, his ministers, and his challenger, Dr. Abdullah, are extremely grateful for the sacrifice that America has made for the benefit of their people, and they do not hesitate to say so. But at the same time, it is a realistic human impulse to be pleased if someone else will do something for you that you would otherwise have had to do yourself.

So, on the one hand, assuring the Afghan people of our reliable and enduring commitment to their struggle, while, on the other hand, ensuring that the Afghan Government meets its responsibilities, rather than just relying on us to fight their war, is the difficult balance we must achieve.

The more President Karzai—after this election is settled—can assume the mantle of a wartime President and accept responsibility that he is the military leader of this struggle, as well as the newly elected leader of Afghanistan, the better it will be. But it also seems to me that a strategic agreement with the Afghan Government, a strategic agreement that more clearly lays out the responsibilities and the commitments on either side, would be a good vehicle to set that balance.

The confidence of the Afghan people in our steadfastness is necessary to their willingness to fight this enemy, and the Afghan Government stepping up clearly to its responsibilities is necessary to our willingness to fight this enemy. Together, where those goals intersect, we can win. Divided, we cannot.

Sorting this out will not be easy. For too many years, we have been "muddling through" in Afghanistan. President Obama's appointee, General McChrystal, has now called for a new strategy. I think the President is wise and patient to think this through carefully as he leads us out of the muddle and develops a winning strategy.

No one I spoke to in Afghanistan thought the need for new troops was immediate. The 21,000 additional troops President Obama sent are still being absorbed. Winter is coming with its seasonal lull in the violence. Questions about Pakistan's role supporting the Taliban in Afghanistan are unresolved, questions whose answers will make our challenge in Afghanistan either far more easy or far more difficult. This is not simple and should not suddenly be rushed now, after years of muddling.

In evaluating the decision that President Obama faces, it is worth considering the actual report that General McChrystal provided. We have heard a lot about it, and most of it has had to do with the immediate deployment of troops.

The report, if you look at it, has a slightly different cast. In his report, General McChrystal identified “two fundamental changes”—that is his quote—“two fundamental changes” that are required.

One is this—and I quote—

ISAF must focus on getting the basics right.

ISAF is International Security Assistance Force. It is the international force that America leads in Afghanistan. Here is one: “ISAF must focus on getting the basics right.”

Two:

ISAF must also adopt a new strategy.

Those are his one and two points—“getting the basics right” and “adopt a new strategy.”

To continue quoting General McChrystal’s report:

The key take away from this assessment is the major need for a systematic change to our strategy and the way we think and operate.

Let me quote that again:

The key—

This is the McChrystal report quoted verbatim—

The key take away from this assessment is the major need for a systematic change to our strategy and the way we think and operate.

That is the task on which the President has embarked, and after years of muddling, I think he is entitled to a reasonable time to get it right.

I would like to highlight three of the areas that General McChrystal emphasized in his report.

I will quote again. One:

Four lengths should be long enough to build continuity and ownership of success.

Afghan society is deeply complex, personal, and it is governed by codes of conduct and honor. Our decisionmakers on the ground need to know the social terrain to be effective. That message has been loud and clear from my trips to that country. But the conclusion from the general is that “Four lengths should be long enough to build continuity and ownership of success.” This will be hard on our troops and their families, and it will also be hard on the back-office bureaucracies that have to accommodate this. But that is what he said. There it is.

This is another quote. Two:

ISAF must operate differently. Preoccupied with force protection, ISAF has operated in a manner that distances itself, both physically and psychologically, from the people they seek to protect.

An example of this is that the reconstruction of a bridge or a school is good and important and valuable, but if the convoy of MRAPs ran everybody off the road in all the villages that they went through on the way to that school or bridge, the signal that we are there to help is lost.

This is a hard point that General McChrystal has made: reducing the cocoon of force protection around our civilian and military personnel creates greater exposure to casualties. General

McChrystal has faced this point squarely.

Third, and somewhat amazingly—I will quote again—

Major insurgent groups outperform GIROA and ISAF at information operations.

Again, ISAF is the International Security Assistance Force. GIROA is the acronym for the Government of the Islamic Republic of Afghanistan. So I plug that into the quote and it says: Major insurgent groups outperform the Government of the Islamic Republic of Afghanistan and the International Security Assistance Force at information operations.

I will tell you, for a country that invented Madison Avenue advertising and public relations, this is a bitter pill. And this was confirmed during our trip. Although we saw a few areas that gave us hope, overall, officials acknowledged that information operations appear to be operating with far less sophistication and energy than tactical military operations.

I have the impression that for too long this function has been seen really as information supply rather than information combat. Everybody in this Chamber has gotten here—or at least almost everybody has gotten here—after having won an election in which they had to engage in prolonged information combat against the other side to get their message across. Our information operations do need to be improved in Afghanistan, and it is commendable that General McChrystal has recognized it.

Let me be clear. This is not propaganda. This is not making up a lot of spin. This is getting the facts out faster and better. As General McChrystal noted in his report—and I quote again—“this is ‘a deeds-based’ information environment,” but we do have the deeds. We have villages peaceful. We have markets opened. We have Taliban fighters turning in their guns to seek reconciliation.

We have, on the negative side, horrific Taliban atrocities that offend Afghan culture as well as our own—so that we can tell a winning and truthful story to the Afghan people, but, as General McChrystal has acknowledged, we have to get better at this.

I will conclude with an expression of gratitude and a final observation. We should be extraordinarily grateful to our Americans serving in Afghanistan, not just for their courage and sacrifice, which are remarkable in themselves, but also for their skill to fight an enemy of lunatics, criminals, and fanatics for whom no brutality is too offensive, while, at the same time, protecting the civilian population within which the enemy operates—all while protecting the values we Americans hold dear. That is no small trick.

The men and women who have developed this to an unprecedented level of competence—even mastery—deserve our commendation: the Rangers, on long and arduous patrols through harsh terrain; the special operations teams,

working by night to disable enemy leaders; the interrogators, working far from home to develop intelligence about this enemy, well within the bounds of decency and the norms of military conduct, and very successfully; the analysts, at work 24/7, processing that intelligence to maintain nearly immediate situational awareness for our forces; the pilots, delivering goods and personnel wherever and whenever required; and the vast support structure that keeps those aircraft operational in one of the harshest environments on Earth; the marines, clearing and rebuilding villages in Helmand Province, not just rebuilding villages but rebuilding trust and security for those families; our silent services, whose only reward is their success and the respect of their peers; the reconstruction teams, working to bridge barriers of culture and language, and our own bureaucratic barriers, to rebuild the infrastructure of civilized life: schools for girls, roads to market—that is all just a slice of the courage, devotion, and skill that Americans are bringing to this challenge.

My final observation is this: Whenever I have been on three visits now, American soldiers of all ranks have a tangible respect and affection for their Afghan counterparts. The Afghan soldier could be centuries behind us technologically, but he comes from a martial tradition lasting thousands of years, producing men who are brave, resourceful, hardy, principled, and willing to fight.

I remember a bearded special forces officer telling me about the commandoes he was training, that when he went out on patrol with them, he had no hesitation. They called each other brothers. And he said there was not a man in his group who would not lay down his life to protect him. For all the difficulties we will face—and this is not easy—I think this aspect provides a platform for some optimism about growing an effective Afghan national military and police to assume its necessary role protecting Afghanistan’s security and sovereignty and speeding our return home.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. WHITEHOUSE. Mr. 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. WHITEHOUSE. Mr. President, 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.

ENGAGEMENT WITH BURMA AND
THE 2010 ELECTIONS

Mr. McCONNELL. Mr. President, I rise today on the floor of the Senate to discuss events involving the troubled country of Burma.

Earlier this year, I encouraged Secretary of State Clinton to make Burma a priority and to see how the United States could better achieve its policy objectives toward the regime. Several weeks ago, the administration unveiled its review of existing Burma policy. The result is that the administration has undertaken a diplomatic effort with the State Peace and Development Council, SPDC, in pursuit of the fundamental U.S. goals of peace, democracy and reconciliation in Burma.

Let me say that I wish the administration well with its diplomatic efforts. I am hopeful this policy will meet with some success. In addition, I believe that this interaction should not be limited to talks merely with the SPDC but should also include discussions with the National League for Democracy, NLD, and representatives from Burma's ethnic minorities. That said, I am not sanguine about the prospects for engagement with the regime. The military junta has shown no inclination whatsoever to compromise on any issue that might jeopardize the regime's hold on power. According to news reports, in July of this year, just weeks before the unveiling of the new Burma policy, the State Department at the highest levels offered to drop the U.S. investment ban against Burma if the regime released Aung San Suu Kyi. This was a major test of how the regime would respond to diplomatic engagement, providing a golden opportunity for the SPDC to demonstrate that it had indeed changed its spots. Instead of accepting this offer and freeing Suu Kyi, the regime promptly sentenced her to an additional 18 months of imprisonment. That does not augur well for diplomatic engagement.

As part of its new strategy, the administration indicated that, while it will place a high priority on diplomatic engagement, it will maintain the economic sanctions in place against the regime. It seems to me that, as matters now stand, there are three significant tests of whether or not the junta's relationship with the United States has improved to the degree that we should even consider moving away from a policy of sanctions: No. 1, the release of all political prisoners, including Suu Kyi; No. 2, the free and fair conduct of the 2010 elections; and No. 3, Burma's compliance with its international obligations to end any prohibited military or proliferation related cooperation with North Korea. Short of tangible and concrete progress in these areas, the removal of sanctions seems to make little sense. It is after all the most significant leverage our government has over the SPDC. Sanctions make clear that the military junta has not achieved legitimacy in the eyes of the West.

It is that search for international legitimacy that has apparently driven the SPDC to hold elections next year. But the 2010 elections are fraught with problems. As a preliminary matter, for these elections to be meaningful, the new "constitution" should be amended to provide for truly open electoral competition and democratic governance. As it stands now under the junta's charter, if Suu Kyi's party the NLD won 100 percent of the contestable parliamentary seats in next year's election it would still not control the key government ministries: Defence and Home Affairs. No matter what they will remain firmly under military control. Moreover, the NLD cannot amend the constitution to improve the charter because the military is guaranteed a quarter of the parliament's seats. That means the junta can block any constitutional change. Finally, Suu Kyi may not even hold a position in the government; she is excluded from office by the charter. I would say to my Senate colleagues, this is hardly a prescription for democratic governance.

But putting the flaws in the constitution to one side, there would need to be a profound change in the political environment in Burma for next year's elections to be meaningful. For example, candidates would need to be permitted to freely speak, assemble, and organize. So far as I can tell, none of that has occurred. There would also need to be international election monitors allowed in the country well in advance of election day. This was not permitted during the 2008 "referendum." Simply holding an election is not enough; the elections must pass muster.

With respect to next year's balloting, the NLD, the clear winner of the 1990 elections which the regime abrogated, faces a Hobson's choice. It can either participate in the elections which are almost certain to be unfair and thereby legitimize the flawed constitution or boycott the elections and be treated as a member of an unlawful organization. Participation means casting aside its 1990 victory; nonparticipation means becoming outlaws. I am likely to support the NLD in whatever decision the party makes in this regard though I am not blind to the profound dilemma it faces.

I would just close by paying special tribute to Aung San Suu Kyi. Her grace and courage are an inspiration not only to the people of Burma but to us all. Her imprisonment is a reminder of the paramount importance of the need for freedom and justice in her homeland. I want her to know that I stand with her in her efforts to bring freedom and reconciliation to the people of Burma.

ADDITIONAL STATEMENTS

TRIBUTE TO DR. PAIGE BAKER

• Mr. JOHNSON. Mr. President, today I pay tribute to Dr. Paige Baker, super-

intendent of Badlands National Park. Dr. Baker is retiring from the National Park Service at the end of this year, and his leadership at the park will be greatly missed. I have enjoyed working with Dr. Baker in his capacity as superintendent and want to take this opportunity to recognize his dedication to public service.

Dr. Baker grew up on the Fort Berthold Indian Reservation in western North Dakota. Education has been a strong theme throughout his life, and his commitment to educating others is evident in his work at the Badlands. He attended college at the University of Mary in Bismarck and went on to earn both his master's and doctorate in education administration at Pennsylvania State University. Prior to joining the National Park Service, he worked at several universities and for the Bureau of Indian Affairs. In 2004, he became superintendent of the Casa Grande Ruins National Monument in Arizona. In late 2005, Dr. Baker came to southwestern South Dakota to serve as superintendent of the Badlands National Park. The Baker family has been kind to the National Park Service and South Dakota; his brother Gerard Baker serves as superintendent of Mount Rushmore National Memorial.

At the Badlands, Dr. Baker has overseen the management of a unique and treasured landscape visited by more than a million people each year. Badlands National Park encompasses 244,000 acres of some of the most spectacular scenery in the world. The Badlands formations contain rich geology and paleontological resources, and the mixed-grass prairie within the park offers visitors from around the world the chance to view bison, bighorn sheep, and other wildlife. Dr. Baker's charismatic and respected leadership has no doubt had a positive impact on the experience of each visitor to the park.

The Badlands also have strong historical and spiritual significance to the Lakota people. Dr. Baker has expanded visitors' understanding of the Badlands through interpretation programs that recognize the cultural significance of the area. Among his most significant contributions, Dr. Baker has helped to improve relationships with tribes and bridge cultural divides. He has brought Native and non-Native students to the Badlands to learn from one another and find common ground. He has also fostered greater communication with tribes, particularly with regard to the South Unit of the Badlands that is currently comanaged with the Oglala Sioux Tribe. Dr. Baker has brought a level of understanding and respect to these multi-faceted issues that deserves recognition.

In closing, I thank Dr. Baker for his service at Badlands National Park and wish him all the best in his retirement. Dr. Baker's work at the Badlands will leave a lasting legacy, and I congratulate him on his accomplishments. •

RECOGNIZING IBEC CREATIVE

• Ms. SNOWE. Mr. President, our Nation has long recognized that small businesses are the true innovators in our economy. Indeed, according to the U.S. Small Business Administration, our Nation's 27 million small firms generate a majority of the innovation coming from American businesses and produce 13 times more patents per employee than their larger counterparts. But to continue this trend, we need a new, younger generation of entrepreneurs to rise to the forefront and open their own small businesses. That is why I am proud to rise today to recognize the entrepreneurial spirit and ingenuity of a young woman from my home State of Maine whose graphic and Web design company is providing clients with, in her words, "fresh ideas that grow results."

iBec Creative was founded in 2006 by entrepreneur Becky Stockbridge. As a senior at the University of Southern Maine, Ms. Stockbridge wrote a business plan to start a Web and graphic design business for medical professionals. She realized that this critical segment of our economy was in desperate need of innovative and creative ways to promote their expertise, including through brochures, logos, and informational Web sites. With a \$4,200 grant from the Libra Future Fund, a Maine-based nonprofit organization that supports young entrepreneurs, as well as free office space awarded by the Maine Center for Enterprise Development, she embarked upon her fledgling entrepreneurial career. To overcome a slow start, Ms. Stockbridge soon began designing Web sites and graphic designs for small businesses in other fields and by seizing upon these additional opportunities, she greatly broadened her client base.

In her continued efforts to present clients with cutting-edge technology, Ms. Stockbridge's innovative assortment of development, design, and monitoring services have turned iBec Creative into a well-respected five-person small company with an expected \$350,000 in revenue for 2009. iBec currently specializes in providing a wide range of marketing and consulting services to its clients, such as Web design and search engine optimization, SEO, consulting, branding, internet marketing, traditional marketing, and project management. Additionally, iBec Creative utilizes emerging media to promote its clients various brands.

Ms. Stockbridge's creativity, vigor, and entrepreneurial commitment were recently recognized by BusinessWeek as she was named a 2009 finalist in the America's Best Young Entrepreneurs competition. She is the only person nominated from my home State of Maine and the first finalist from Maine since the contest began 5 years ago. Ms. Stockbridge is competing against 24 other young entrepreneurs from around the Nation in this unique online challenge, and I look forward to hearing about her successful outcome at the end of the competition.

iBec Creative is a remarkable small business whose story demonstrates how community involvement and encouragement can help entrepreneurs of all ages realize their aspirations and dreams. I commend Becky Stockbridge for her innovation and determination and wish Ms. Stockbridge and everyone at iBec Creative the best of luck with their burgeoning business.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGES FROM THE HOUSE

At 9:33 a.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 2489. An act to authorize a national cooperative geospatial imagery program through the United States Geological Survey to promote use of remote sensing data.

The message also announced that the House has passed the following bill, without amendment:

S. 832. An act to amend title 36, United States Code, to grant a Federal charter to the Military Officers Association of America, and for other purposes.

The message further announced that the House disagrees to the amendment of the Senate to the bill (H.R. 2996) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2010, and for other purposes; it agrees to the conference asked by the Senate on the disagreeing votes of the two Houses thereon, and appoints Messrs. DICKS, MORAN of Virginia, MOLLOHAN, CHANDLER, HINCHEY, OLVER, PASTOR, PRICE of North Carolina, OBEY, SIMPSON, CALVERT, LATOURETTE, COLE, and LEWIS of California as managers of the conference on the part of the House.

At 11:40 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, with an amendment, in which it requests the concurrence of the Senate:

S. 1929. An act to provide for an additional temporary extension of programs under the Small Business Act and the Small Business Investment Act of 1958, and for other purposes.

ENROLLED BILL AND JOINT RESOLUTION SIGNED

The President pro tempore (Mr. BYRD) reported that he had signed the following enrolled bill and joint resolution, which had previously been signed by the Speaker of the House:

H.R. 1209. An act to require the Secretary of the Treasury to mint coins in recognition and celebration of the establishment of the Medal of Honor in 1861, America's highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Services of the United States, to honor the American military men and women who have been recipients of the Medal of Honor, and to promote awareness of what the Medal of Honor represents and how ordinary Americans, through courage, sacrifice, selfless service and patriotism, can challenge fate and change the course of history.

H.J. Res. 26. A joint resolution proclaiming Casimir Pulaski to be an honorary citizen of the United States posthumously.

At 6:12 p.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 3632. An act to provide improvements for the operations of the Federal courts, and for other purposes.

The message also announced that the House has passed the following bill, without amendment:

S. 1694. An act to allow the funding for the interoperable emergency communications grant program established under the Digital Television Transition and Public Safety Act of 2005 to remain available until expended through fiscal year 2012, and for other purposes.

The message further announced that the House has agreed to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 177. Concurrent resolution raising the awareness of the need for crime prevention in communities across the country and expressing support for designation of October 1, 2009, through October 3, 2009, as "Celebrate Safe Communities" Week, and October as "Crime Prevention Month".

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 3632. An act to provide improvements for the operations of the Federal courts, and for other purposes; to the Committee on the Judiciary.

The following concurrent resolution was read, and referred as indicated:

H. Con. Res. 177. Concurrent resolution raising the awareness of the need for crime prevention in communities across the country and expressing support for designation of October 1, 2009, through October 3, 2009, as "Celebrate Safe Communities" Week, and October as "Crime Prevention Month"; to the committee on the Judiciary.

MEASURES READ THE FIRST TIME

The following bill was read the first time:

H.R. 3617. An act to provide an extension of Federal-aid highway, highway safety, motor

carrier safety, transit, and other programs funded out of the Highway Trust Fund pending enactment of a multiyear law reauthorizing such programs.

S. 1963. A bill to amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. LEAHY, from the Committee on the Judiciary:

Report to accompany S. 1692, a bill to extend the sunset of certain provisions of the USA PATRIOT Act and the authority to issue national security letters, and for other purposes (Rept. No. 111-92).

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. LIEBERMAN for the Committee on Homeland Security and Governmental Affairs.

*Rafael Borrás, of Maryland, to be Under Secretary for Management, Department of Homeland Security.

*David S. Ferriero, of North Carolina, to be Archivist of the United States.

*Susan Tsui Grundmann, of Virginia, to be Chairman of the Merit Systems Protection Board.

*Susan Tsui Grundmann, of Virginia, to be a Member of the Merit Systems Protection Board for the term of seven years expiring March 1, 2016.

*Anne Marie Wagner, of Virginia, to be a Member of the Merit Systems Protection Board for the term of seven years expiring March 1, 2014.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. ISAKSON:

S. 1941. A bill to suspend temporarily the duty on certain acrylic synthetic staple fiber; to the Committee on Finance.

By Mr. ISAKSON:

S. 1942. A bill to suspend temporarily the duty on certain acrylic synthetic staple fiber; to the Committee on Finance.

By Mr. ISAKSON:

S. 1943. A bill to suspend temporarily the duty on certain acrylic synthetic staple fiber; to the Committee on Finance.

By Mr. ISAKSON:

S. 1944. A bill to suspend temporarily the duty on Regent 800; to the Committee on Finance.

By Mr. ISAKSON:

S. 1945. A bill to suspend temporarily the duty on Triticonazole; to the Committee on Finance.

By Mr. ISAKSON:

S. 1946. A bill to extend the temporary suspension of duty on Solvent Red 227; to the Committee on Finance.

By Mr. ISAKSON:

S. 1947. A bill to extend the temporary suspension of duty on 2-Aminothiophenol; to the Committee on Finance.

By Mr. ISAKSON:

S. 1948. A bill to extend the temporary suspension of duty on 3,4-Dimethoxybenzaldehyde; to the Committee on Finance.

By Mr. ISAKSON:

S. 1949. A bill to extend the temporary suspension of duty on Pyromellitic Dianhydride; to the Committee on Finance.

By Mr. ISAKSON:

S. 1950. A bill to suspend temporarily the duty on mixtures of Chlorsulfuron (2-Chloro-N-[(4-methoxy-6-methyl-1, 3, 5-triazin-2-yl)aminocarbonyl]benzenesulfonamide) and metsulfuron methyl (Methyl 2[[[(4-methoxy-6-methyl-1, 3, 5-triazin-2-yl)amino]carbonyl]amino]sulfonyl] benzoate) and inert ingredients; to the Committee on Finance.

By Mr. ISAKSON:

S. 1951. A bill to suspend temporarily the duty on Gum Rosin; to the Committee on Finance.

By Mr. ISAKSON:

S. 1952. A bill to suspend temporarily the duty on Firestorm; to the Committee on Finance.

By Mr. CASEY:

S. 1953. A bill to suspend temporarily the duty on p-toluidine; to the Committee on Finance.

By Mr. CASEY:

S. 1954. A bill to suspend temporarily the duty on p-nitrotoluene; to the Committee on Finance.

By Mr. CASEY:

S. 1955. A bill to suspend temporarily the duty on acrylic resin solution; to the Committee on Finance.

By Mr. CASEY:

S. 1956. A bill to suspend temporarily the duty on Benzenamine, 4 Dodecyl; to the Committee on Finance.

By Mr. SCHUMER:

S. 1957. A bill to amend the Public Utility Regulatory Policies Act of 1978 to authorize the Secretary of Energy to make loans to publicly owned electric utilities to finance and refinance projects to comply with any Federal energy efficiency resource standard, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. CASEY:

S. 1958. A bill to suspend temporarily the duty on medium molecular weight solid epoxy resin; to the Committee on Finance.

By Mr. KAUFMAN (for himself, Mr. LEAHY, Mr. SPECTER, Mr. KOHL, Mr. SCHUMER, and Ms. KLOBUCHAR):

S. 1959. A bill to improve health care fraud enforcement; to the Committee on the Judiciary.

By Ms. COLLINS:

S. 1960. A bill to suspend temporarily the duty on propylene glycol alginates; to the Committee on Finance.

By Ms. COLLINS:

S. 1961. A bill to suspend temporarily the duty on certain alginates; to the Committee on Finance.

By Ms. COLLINS:

S. 1962. A bill to reduce temporarily the duty on sodium alginate; to the Committee on Finance.

By Mr. AKAKA:

S. 1963. A bill to amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes; read the first time.

By Mr. AKAKA:

S. 1964. A bill to require disclosure of financial relationships between brokers and dealers and mutual fund companies, and of

certain commissions paid by mutual fund companies; to the Committee on Banking, Housing, and Urban Affairs.

By Ms. LANDRIEU:

S. 1965. A bill to authorize the Secretary of the Interior to provide financial assistance to the State of Louisiana for a pilot program to develop measures to eradicate or control feral swine and to assess and restore wetlands damaged by feral swine; to the Committee on Environment and Public Works.

By Mr. DODD (for himself, Mr. CORKER, and Mr. DURBIN):

S. 1966. A bill to provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes; to the Committee on Foreign Relations.

By Mr. CRAPO:

S. 1967. A bill to extend the suspension of duty on formulations of thiamethoxam, difenoconazole, fludioxonil, and mefenoxam; to the Committee on Finance.

By Mr. CRAPO:

S. 1968. A bill to extend the suspension of duty on mixtures of difenoconazole and mefenoxam; to the Committee on Finance.

By Mr. CRAPO:

S. 1969. A bill to extend the suspension of duty on difenoconazole; to the Committee on Finance.

By Mr. CRAPO:

S. 1970. A bill to suspend temporarily the duty on mixtures containing ethyl (R)-2-[4-(6-chloro-1,3-benzoxazol-2-yl)oxy]phenoxy]propionate (Fenoxaprop-ethyl) (CAS No. 71283-80-2), 5-hydroxy-1,3-dimethylpyrazol-4-yl 2-mesyl-4-(trifluoromethyl)phenyl ketone (Pyrasulfotole) (CAS No. 365400-11-9), 2,6-dibromo-4-cyanophenyl octanoate (Bromoxynil octanoate) (CAS No. 1689-99-2), and 2,6-dibromo-4-cyanophenyl heptanoate (Bromoxynil heptanoate) (CAS No. 56634-95-8) (provided for in subheading 3808.93.15); to the Committee on Finance.

By Mr. CRAPO:

S. 1971. A bill to extend the suspension of duty on Mesosulfuronmethyl; to the Committee on Finance.

By Mr. CRAPO:

S. 1972. A bill to extend the temporary suspension of duty on mixtures of methyl 4-iodo-2-[3-(4-methoxy-6-methyl-1,3,5-triazin-2-yl)ureidosulfonyl] benzoate, sodium salt (Iodosulfuron methyl, sodium salt) and application adjuvants; to the Committee on Finance.

By Ms. CANTWELL:

S. 1973. A bill to extend the temporary suspension of duty on suspension system stabilizer bars; to the Committee on Finance.

By Ms. CANTWELL:

S. 1974. A bill to suspend temporarily the duty on certain flavored green tea in immediate packings of a content not exceeding 3 kilograms; to the Committee on Finance.

By Ms. CANTWELL:

S. 1975. A bill to suspend temporarily the duty on flavored green tea (not fermented); to the Committee on Finance.

By Ms. CANTWELL:

S. 1976. A bill to extend the temporary suspension of duty on magnesium peroxide; to the Committee on Finance.

By Ms. CANTWELL:

S. 1977. A bill to extend and modify the temporary suspension of duty on 9,10-Anthracenedione; to the Committee on Finance.

By Ms. CANTWELL:

S. 1978. A bill to suspend temporarily the duty on modified steel leaf spring leaves; to the Committee on Finance.

By Mr. CASEY:

S. 1979. A bill to suspend temporarily the duty on certain fiberglass sheets used to make ceiling tiles; to the Committee on Finance.

By Mr. CASEY:

S. 1980. A bill to suspend temporarily the duty on certain fiberglass sheets used to make flooring substrate; to the Committee on Finance.

By Mr. CASEY (for himself and Mr. SPECTER):

S. 1981. A bill to provide for the liquidation or reliquidation of certain line items in entries of tailored garments from Costa Rica; to the Committee on Finance.

By Mr. BROWN (for himself, Ms. STABENOW, Mr. LEVIN, Mr. FEINGOLD, and Mr. SPECTER):

S. 1982. A bill to renew and extend the provisions relating to the identification of trade enforcement priorities, and for other purposes; to the Committee on Finance.

By Mr. WICKER:

S. 1983. A bill to extend the temporary suspension of duty on certain used compression-ignition internal combustion piston engines used in remanufacture; to the Committee on Finance.

By Mr. WICKER:

S. 1984. A bill to extend the temporary suspension of duty on certain used fuel pumps used in remanufacture; to the Committee on Finance.

By Mr. WICKER:

S. 1985. A bill to extend the temporary suspension of duty on certain used gear boxes used in remanufacture; to the Committee on Finance.

By Mr. FEINGOLD (for himself, Ms. KLOBUCHAR, Mr. TESTER, Mr. HARKIN, and Mr. KERRY):

S. 1986. A bill to amend the Help America Vote Act of 2002 to require States to provide for same day registration; to the Committee on Rules and Administration.

By Ms. KLOBUCHAR:

S. 1987. A bill to suspend temporarily the duty on certain aluminum vacuum mugs with lids; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1988. A bill to suspend temporarily the duty on certain bamboo vases; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1989. A bill to suspend temporarily the duty on certain children's wallets; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1990. A bill to suspend temporarily the duty on certain plastic children's wallets; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1991. A bill to suspend temporarily the duty on certain coupon holders; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1992. A bill to suspend temporarily the duty on certain inflatable air mattresses; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1993. A bill to suspend temporarily the duty on certain reusable fabric [cotton] bags; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1994. A bill to suspend temporarily the duty on certain reusable fabric bags; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1995. A bill to suspend temporarily the duty on certain soap and lotion pumps; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 1996. A bill to suspend temporarily the duty on certain swimming pools; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 1997. A bill to extend the temporary suspension of duty on Propargite; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 1998. A bill to extend temporarily the suspension of duty on cerium sulfide pigments; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 1999. A bill to extend temporarily the suspension of duty on certain high tenacity rayon filament yarn; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2000. A bill to suspend temporarily the duty on 3-Bromo-N-[4-chloro-2-methyl-6-[(methylamino)carbonyl]phenyl]-1 H-pyrazole-5-carboxamide (Chlorantraniliprole); to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2001. A bill to extend temporarily the suspension of duty on certain high tenacity rayon filament yarn; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2002. A bill to reduce temporarily the rate of duty on 2-chloro-N-(4'-chlorobiphenyl-2-yl)-nicotinamide; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2003. A bill to reduce temporarily the rate of duty on Methyl N-(2-[[1-(4-chlorophenyl)-1H-pyrazol-3-yl]-oxymethyl]phenyl)-N-methoxycarbanose; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2004. A bill to suspend temporarily the duty on certain acrylic synthetic staple fiber; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2005. A bill to suspend temporarily the duty on certain acrylic synthetic staple fiber; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2006. A bill to reduce temporarily the duty on certain acrylic synthetic staple fiber; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2007. A bill to suspend temporarily the duty on 2-butylene-1,4-diol, polymer with (chloromethyl)oxirane, brominated, dehydrochlorinated, methoxylated and triethyl phosphate; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2008. A bill to extend temporarily the suspension of duty on 4,4N-Oxydipthalic anhydride; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2009. A bill to extend temporarily the suspension of duty on 3,3',4,4'-Biphenyltetracarboxylic dianhydride; to the Committee on Finance.

By Mr. CHAMBLISS:

S. 2010. A bill to suspend temporarily the duty on Daminozide; to the Committee on Finance.

By Mr. BARRASSO:

S. 2011. A bill to extend temporarily the suspension of duty on nylon woolpacks used to package wool; to the Committee on Finance.

By Mrs. LINCOLN:

S. 2012. A bill to extend the temporary suspension of duty on triacetoneamine; to the Committee on Finance.

By Mrs. LINCOLN:

S. 2013. A bill to extend the temporary suspension of duty on crotonaldehyde; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mrs. HUTCHISON (for herself and Mr. CORNYN):

S. Res. 326. A resolution recognizing the 40th anniversary of the George Bush Intercontinental Airport in Houston, Texas; considered and agreed to.

By Ms. KLOBUCHAR (for herself, Mr. LEAHY, Mr. KOHL, Mr. FEINGOLD, Mrs.

GILLIBRAND, Mr. CRAPO, Ms. COLLINS, Mr. SPECTER, Ms. LANDRIEU, Ms. STABENOW, Mr. KAUFMAN, Mr. DURBIN, Mr. BROWN, Mr. BURRIS, Mr. WHITEHOUSE, Mr. LAUTENBERG, Mrs. BOXER, and Mrs. HAGAN):

S. Res. 327. A resolution supporting the goals and ideals of National Domestic Violence Awareness Month 2009 and expressing the sense of the Senate that Congress should continue to raise awareness of domestic violence in the United States and its devastating effects on families and communities, and support programs designed to end domestic violence; considered and agreed to.

ADDITIONAL COSPONSORS

S. 384

At the request of Mr. LUGAR, the name of the Senator from Delaware (Mr. KAUFMAN) was added as a cosponsor of S. 384, a bill to authorize appropriations for fiscal years 2010 through 2014 to provide assistance to foreign countries to promote food security, to stimulate rural economies, and to improve emergency response to food crises, to amend the Foreign Assistance Act of 1961, and for other purposes.

S. 546

At the request of Mr. REID, the name of the Senator from Florida (Mr. LEMIEUX) was added as a cosponsor of S. 546, a bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation.

S. 801

At the request of Mr. AKAKA, the names of the Senator from Montana (Mr. BAUCUS) and the Senator from Florida (Mr. NELSON) were added as cosponsors of S. 801, a bill to amend title 38, United States Code, to waive charges for humanitarian care provided by the Department of Veterans Affairs to family members accompanying veterans severely injured after September 11, 2001, as they receive medical care from the Department and to provide assistance to family caregivers, and for other purposes.

S. 827

At the request of Mr. ROCKEFELLER, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 827, a bill to establish a program to reunite bondholders with matured unredeemed United States savings bonds.

S. 870

At the request of Mrs. LINCOLN, the name of the Senator from Louisiana (Mr. VITTER) was added as a cosponsor of S. 870, a bill to amend the Internal Revenue Code of 1986 to expand the credit for renewable electricity production to include electricity produced from biomass for on-site use and to modify the credit period for certain facilities producing electricity from open loop biomass.

S. 1030

At the request of Mrs. LINCOLN, the name of the Senator from Louisiana (Mr. VITTER) was added as a cosponsor of S. 1030, a bill to amend the Internal Revenue Code of 1986 to eliminate the reduction in the credit rate for certain facilities producing electricity from renewable resources.

S. 1055

At the request of Mrs. BOXER, the names of the Senator from Rhode Island (Mr. REED), the Senator from Louisiana (Mr. VITTER) and the Senator from Massachusetts (Mr. KIRK) were added as cosponsors of S. 1055, a bill to grant the congressional gold medal, collectively, to the 100th Infantry Battalion and the 442nd Regimental Combat Team, United States Army, in recognition of their dedicated service during World War II.

S. 1076

At the request of Mr. MENENDEZ, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1076, a bill to improve the accuracy of fur product labeling, and for other purposes.

S. 1147

At the request of Mr. KOHL, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1147, a bill to prevent tobacco smuggling, to ensure the collection of all tobacco taxes, and for other purposes.

S. 1301

At the request of Mr. MENENDEZ, the name of the Senator from Florida (Mr. LEMIEUX) was added as a cosponsor of S. 1301, a bill to direct the Attorney General to make an annual grant to the A Child Is Missing Alert and Recovery Center to assist law enforcement agencies in the rapid recovery of missing children, and for other purposes.

S. 1422

At the request of Mrs. MURRAY, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1422, a bill to amend the Family and Medical Leave Act of 1993 to clarify the eligibility requirements with respect to airline flight crews.

S. 1553

At the request of Mr. GRASSLEY, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1553, a bill to require the Secretary of the Treasury to mint coins in commemoration of the National Future Farmers of America Organization and the 85th anniversary of the founding of the National Future Farmers of America Organization.

S. 1556

At the request of Mrs. FEINSTEIN, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 1556, a bill to require the Secretary of Veterans Affairs to permit facilities of the Department of Veterans Affairs to be designated as voter registration agencies, and for other purposes.

S. 1660

At the request of Ms. KLOBUCHAR, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 1660, a bill to amend the Toxic Substances Control Act to reduce the emissions of formaldehyde from composite wood products, and for other purposes.

S. 1681

At the request of Mr. LEAHY, the name of the Senator from Illinois (Mr. BURRIS) was added as a cosponsor of S. 1681, a bill to ensure that health insurance issuers and medical malpractice insurance issuers cannot engage in price fixing, bid rigging, or market allocations to the detriment of competition and consumers.

S. 1756

At the request of Mr. HARKIN, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 1756, a bill to amend the Age Discrimination in Employment Act of 1967 to clarify the appropriate standard of proof.

S. 1822

At the request of Mr. MERKLEY, the name of the Senator from Michigan (Mr. LEVIN) was added as a cosponsor of S. 1822, a bill to amend the Emergency Economic Stabilization Act of 2008, with respect to considerations of the Secretary of the Treasury in providing assistance under that Act, and for other purposes.

S. 1833

At the request of Mr. UDALL of Colorado, the names of the Senator from California (Mrs. BOXER), the Senator from Rhode Island (Mr. WHITEHOUSE) and the Senator from Pennsylvania (Mr. CASEY) were added as cosponsors of S. 1833, a bill to amend the Credit Card Accountability Responsibility and Disclosure Act of 2009 to establish an earlier effective date for various consumer protections, and for other purposes.

S. 1834

At the request of Mr. AKAKA, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1834, a bill to amend the Animal Welfare Act to ensure that all dogs and cats used by research facilities are obtained legally.

S. 1927

At the request of Mr. DODD, the names of the Senator from Colorado (Mr. BENNET), the Senator from Michigan (Mr. LEVIN), the Senator from New Hampshire (Mrs. SHAHEEN), the Senator from California (Mrs. BOXER) and the Senator from Iowa (Mr. HARKIN) were added as cosponsors of S. 1927, a bill to establish a moratorium on credit card interest rate increases, and for other purposes.

S. 1928

At the request of Mr. BAUCUS, the name of the Senator from Arizona (Mr. KYL) was added as a cosponsor of S. 1928, a bill to extend and modify the temporary suspension of duty on golf bag bodies made of woven fabrics of

nylon or polyester sewn together with pockets, and dividers or graphite protectors, accompanied with rainhoods.

S. 1930

At the request of Mr. CASEY, the names of the Senator from New Hampshire (Mrs. SHAHEEN) and the Senator from New York (Mrs. GILLIBRAND) were added as cosponsors of S. 1930, a bill to amend the Internal Revenue Code of 1986 to enhance the administration of, and reduce fraud related to, the first-time homebuyer tax credit, and for other purposes.

S. RES. 316

At the request of Mr. MENENDEZ, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. Res. 316, a resolution calling upon the President to ensure that the foreign policy of the United States reflects appropriate understanding and sensitivity concerning issues related to human rights, ethnic cleansing, and genocide documented in the United States record relating to the Armenian Genocide, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KAUFMAN (for himself, Mr. LEAHY, Mr. SPECTER, Mr. KOHL, Mr. SCHUMER, and Ms. KLOBUCHAR):

S. 1959. A bill to improve health care fraud enforcement; to the Committee on the Judiciary.

Mr. KAUFMAN. Mr. President, it is no longer a secret that fraud represents one of the fastest growing and most costly forms of crime in America today. In no small part, our current economic crisis can be attributed to unchecked mortgage fraud. Mortgage fraud itself was spurred by rampant accounting fraud, which enabled crooked executives to fatten their larders on a bubble of fake equity. And on the back-end, securities fraud, in the form of market manipulation and insider trading, hastened the eventual market crash and maximized its impact on Main Street and average American investors. In response, this body passed the Fraud Enforcement Recovery Act, FERA, which directed critical resources and tools to anti-financial fraud efforts.

FERA was passed in response to an unprecedented financial crisis. Americans should expect Congress to do more than simply react to crises after their most destructive impacts have already been felt. We owe it to our constituents to be proactive and to seek out and solve problems on the horizon so that disaster can be averted.

In the midst of the debate concerning comprehensive health care reform, we must be proactive in combating health care fraud and abuse. Each year, criminals drain between \$72 and \$220 billion from private and public health care plans through fraud. We pay these costs as taxpayers and through higher health insurance premiums. As we take

steps to increase the number of Americans who are covered by health insurance, and to improve the health care system for everyone, we must also ensure that law enforcement has the tools that it needs to deter, detect, and punish health care fraud.

The Finance and HELP committees have worked long and hard to find ways to fight fraud and bend the cost curve down. They have done a great job. There's more work to be done, however, which is why today I, along with Senators LEAHY, SPECTER, KOHL, SCHUMER, and KLOBUCHAR, introduce the Health Care Fraud Enforcement Act of 2009.

This bill makes straightforward but critical improvements to the Federal sentencing guidelines, to health care fraud statutes, and to forfeiture, money laundering, and obstruction statutes. The bill would also make available more Federal resources to activities specifically designed to target health care fraud. Taken together, these measures send a strong and unmistakable signal to those who would engage in health care fraud that they will be caught, and they will be punished.

The bill makes important changes to the Federal sentencing guidelines to ensure that health care fraud offenses will be punished commensurate with the cost that these offenders inflict upon our health care system. Health care represents 1/3 of our national economy, and so unchecked health care fraud has the potential to inflict devastating harm to our national prosperity.

Despite the enormous losses in many health care fraud cases, analysis from the United States Sentencing Commission suggests that health care fraud offenders often receive shorter sentences than other white collar offenders in cases with similar loss amounts. And according to statements from cooperating health care fraud defendants, many criminals are drawn to health care fraud because of this low risk-to-reward ratio. For this reason, the bill directs the Sentencing Commission to increase the offense score of health care fraud offenses by two to four levels, depending on the dollar amount involved in the crime.

The bill also clarifies that courts should refuse to entertain arguments by defendants that they can avoid stiff punishment because only a portion of their fraudulent claims were likely to be paid.

In addition, the bill updates the definition of "health care fraud offense" in the Federal criminal code to include violations of the anti-kickback statute, the Food, Drug and Cosmetic Act, and certain provisions of ERISA. These changes will allow the full panoply of law enforcement tools to be used against all health care fraud.

The bill also strengthens whistleblower actions based on medical care kickbacks, which tempt by health care providers to churn unnecessary medical care at great risk to patients and great cost to the taxpayer. By making

all payments that stem from an illegal kickback subject to the False Claims Act, this bill leverages the private sector to help detect and recover money paid pursuant to these illegal practices.

The Department of Justice has had success both prosecuting illegal kickbacks and pursuing False Claims Act matters based on underlying violations of the Anti-Kickback Statute. Nevertheless, defendants in such FCA cases continue to mount legal challenges that sometimes defeat legitimate enforcement efforts.

For example, a court recently held that, even though a device company may have paid a kickback to a doctor to use a particular medical device, the bill to the government for the procedure to implant the device was not false or fraudulent because the claim was submitted by the innocent hospital, and not by the guilty doctor. In other words, a claim that results from a kickback and that is fraudulent when submitted by a wrongdoer is laundered into a "clean" claim when an innocent third party finally submits the claim to the government for payment. This has the effect of insulating both the payor and the recipient of the kickback from False Claims Act liability. This obstacle to a successful action particularly limits the ability of the Department of Justice to recover from pharmaceutical and device manufacturers, because in such instances the claims arising from the illegal kickbacks typically are not submitted by the doctors who received the kickbacks, but by pharmacies and hospitals that had no knowledge of the underlying unlawful conduct.

This bill remedies the problem by amending the anti-kickback statute to ensure that all claims resulting from illegal kickbacks are "false or fraudulent," even when the claims are not submitted directly by the wrongdoers themselves. I want to emphasize that in such circumstances, neither anti-kickback nor False Claims Act liability will lie against the innocent third party that submitted the claim.

The bill also addresses confusion in the case law over the appropriate meaning of "willful" conduct in health care fraud. Both the anti-kickback statute and the health care fraud statute include the term "willfully." In both contexts, the Ninth Circuit Court of Appeals has read the term to require proof that the defendant not only intended to engage in unlawful conduct, but also knew of the particular law in question and intended to violate that particular law.

This heightened mental state requirement may be appropriate for criminal violations of hyper-technical regulations, but it is inappropriate for these crimes, which punish simple fraud. The Finance Committee health care reform bill, America's Healthy Future Act, addresses this problem for the anti-kickback statute, but not for the general health care fraud offense. Accordingly, the Health Care Fraud Enforcement Act tracks the Finance

bill and clarifies that "willful conduct" in this context does not require proof that the defendant had actual knowledge of the law in question or specific intent to violate that law. As a result, health care fraudsters will not receive special protection that they don't deserve.

Next, the bill provides the Department of Justice with critical subpoena authority for investigations conducted pursuant to the Civil Rights for Institutionalized Persons Act, also known as CRIPA.

Pursuant to that important statute, the Civil Rights Division of the Department of Justice investigates conditions in publicly operated institutions, such as nursing homes, mental health institutions, facilities for persons with disabilities, residential schools for children with disabilities, as well as jails and prisons, where there has been an allegation of pattern or practice of violating residents' Federal civil rights. Under CRIPA, only injunctive relief is available; the statute does not provide for the award of damages.

CRIPA investigations commonly concern allegations of inadequate medical and mental health care, unsafe living conditions, and the failure to protect residents from harm. The majority of CRIPA investigations are conducted with the voluntary cooperation of state and local jurisdictions. When unlawful conditions are identified, CRIPA investigations are typically resolved through a negotiated settlement agreement that addresses the reforms necessary to correct policies, procedures and practices to address the identified deficiencies.

Some jurisdictions, however, have refused to cooperate with the Division. CRIPA does not authorize the Department of Justice to issue subpoenas for documents, records, or even for access into the institution that is the target of the investigation. As a result, investigations have been hamstrung and the effectiveness of CRIPA to remedy systemic abuse of institutionalized persons has been unnecessarily limited.

For example, in a CRIPA investigation of a county nursing home in New Jersey, the local jurisdiction would not cooperate. The Division's investigation revealed inadequate medical and mental health care, unlawful restraint, and inadequate nutrition and hydration. In one particularly serious incident, which occurred weeks after a meeting with the county officials to request their cooperation with the investigation, a resident was fed so quickly by staff that she aspirated and died. Emergency room physicians extracted a volume of mashed potatoes from the resident's lungs that filled a Ziploc bag. Another nursing home resident slowly starved to death because staff improperly positioned that resident's feeding tube. The Division was compelled to file suit, resulting in a negotiated settlement more than 4 years after the investigation began. To be sure, these

abuses are a civil rights issue that demand attention even in the absence of fraud prevention. But standard care also represents fraud and waste, because taxpayers have paid for the provision of satisfactory medical services at facilities that fall under CRIPA jurisdiction.

The absence of subpoena authority enables non-cooperating jurisdictions to obstruct and delay the Division in its mission to ensure that the Federal rights of persons in the custody of state and local officials are respected. The resultant litigation when jurisdictions exploit the absence of subpoena power is extraordinarily costly, yet the substantive outcome, appropriate injunctive relief, is the same.

The bill addresses the problem by authorizing the Department of Justice to issue subpoenas for access to any institution that is the subject of an investigation related to a violation of CRIPA, and for any documents, records, materials, files, reports, memoranda, policies, procedures, investigations, video or audio recordings, and quality assurance reports of such institution.

In a final substantive change, the bill corrects an apparent drafting error by providing that obstruction of criminal investigations involving administrative subpoenas under HIPAA, the Health Insurance Portability and Accountability Act of 1996, should be treated in the same manner as obstruction of criminal investigations involving grand jury subpoenas.

Finally, the Health Care Fraud Enforcement Act provides the resources needed for law enforcement to uncover and go after these frauds. Health care fraud cannot be fought effectively without more investigators and prosecutors. This bill authorizes the appropriation of \$20,000,000 each year from 2011 through 2016 for investigations, prosecutions, and civil or other proceedings relating to fraud and abuse in connection with any health care benefit program. The bill authorizes the United States Attorneys' Offices to be appropriated an additional \$10,000,000 each year for this purpose, the Criminal Division of the Department of Justice, \$5,000,000 each year, and the Civil Division of the Department of Justice, \$5,000,000 each year.

As we move toward meaningful health care reform, we must ensure that criminals who engage in health care fraud, and those who contemplate doing so, understand that they face swift prosecution and substantial punishment. Congress should move quickly to pass this legislation so that American taxpayers can be confident that their government has the tools and resources necessary to protect its investment in the health and welfare of our Nation.

I urge my colleagues to support the Health Care Fraud Enforcement Act of 2009.

Mr. LEAHY. Mr. President, I am pleased to join Senator KAUFMAN, as

well as Senators SPECTER, KOHL, SCHUMER, and KLOBUCHAR, to introduce the Health Care Fraud Enforcement Act of 2009. This legislation builds on the impressive steps the administration has already taken to step up health care fraud prevention and enforcement, and on the real progress represented by the anti-fraud provisions of the Finance and Health, Education, Labor and Pension Committee bills already before Congress. I was glad to contribute to those efforts.

I feel strongly, though, that more needs to be done. This bill will provide prosecutors with needed tools for the effective investigation, prosecution, and punishment of health care fraud. By making modest but important changes to the law, it ensures that those who drain our health care system of billions of dollars each year, driving up costs and risking patients' lives, will go to jail, and that their fraudulent gains will be returned to American taxpayers and health care beneficiaries.

For more than 3 decades, I have fought in Congress to combat fraud and protect taxpayer dollars. This spring, I introduced with Senator GRASSLEY and Senator KAUFMAN the Fraud Enforcement and Recovery Act, the most significant anti-fraud legislation in more than a decade. When that legislation was enacted, it provided law enforcement with new tools to detect and prosecute financial and mortgage fraud. Now, as health care reform moves through the Senate, I want to make sure we do all we can to tackle the fraud that has contributed greatly to the skyrocketing cost of health care.

The scale of health care fraud in America today is staggering. According to conservative estimates, about three percent of the funds spent on health care are lost to fraud—more than \$60 billion a year. In the Medicare program alone, the Government Accountability Office estimates that more than \$10 billion was lost to fraud just last year. While Medicare and Medicaid fraud is significant, it is important to remember that health care fraud does not occur solely in the public sector. Private health insurers also see billions of dollars lost to fraud. That fraud is often harder for the Government to track. Private companies have less incentive to report it, and in some cases, are responsible for the fraudulent practices themselves. Reining in private sector fraud must be a part of any comprehensive health care reform.

The Health Care Fraud Enforcement Act of 2009 makes a number of straightforward, important improvements to existing statutes to strengthen prosecutors' ability to combat health care fraud. The bill would increase the Federal sentencing guidelines for health care fraud offenses. Despite the enormous losses in many health care fraud cases, offenders often receive shorter sentences than other white collar criminals. This lower risk is one reason

criminals are drawn to health care fraud. By increasing the Federal sentencing guidelines for health care fraud offenses, we send a clear message that those who steal from the Nation's health care system will face swift prosecution and substantial punishment.

The bill also provides for a number of statutory changes to strengthen fraud enforcement. For example, it would expand the definition of a "Federal health care fraud offense" to include violations of the anti-kickback statute and several other key health care-related criminal statutes, which will allow for more vigorous enforcement of those offenses, including making their proceeds subject to criminal forfeiture. It would also amend the anti-kickback statute to ensure that all claims resulting from illegal kickbacks are considered false claims for the purpose of civil action under the False Claims Act, even when the claims are not submitted directly by the wrongdoers themselves. All too often, health care providers secure business by paying illegal kickbacks, which needlessly increase health care risks and costs. This change will help ensure that the government is able to recoup from wrongdoers the losses caused by false health care fraud claims. The bill clarifies the intent requirement of another key health care fraud statute in order to facilitate effective, fair, and vigorous enforcement.

The bill also provides the Department of Justice with limited subpoena authority for civil rights investigations conducted pursuant to the Civil Rights for Institutionalized Persons Act. This provision allows the Government to more effectively investigate conditions in publicly operated institutions, such as nursing homes, mental health institutions, and residential schools for children with disabilities, where there have been allegations of civil rights violations.

Lastly, the bill provides needed resources for criminal and civil enforcement of health care fraud laws. It authorizes the appropriation of \$20,000,000 a year to the Department of Justice from 2011 through 2016 for investigations, prosecutions, and civil or other proceedings relating to fraud and abuse in connection with any health care benefit program. Studies indicate a return on investment of anywhere from \$6 to \$15 in Government recovery of fraud proceeds for every \$1 spent on health care fraud enforcement, so this is a prudent and needed investment.

We all agree that reducing the cost of health care for American citizens is a critical goal of health care reform. We in Congress must do our part by ensuring that, when we pass a health care reform bill, it includes all the tools and resources needed to crack down on the scourge of health care fraud. This bill is an important part of that effort.

By Mr. AKAKA:

S. 1963. A bill to amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes; read the first time.

Mr. AKAKA. Mr. President, today I am introducing landmark legislation that will provide critical assistance to veterans and their family caregivers. The Caregiver and Veterans Omnibus Health Services Act of 2009, contains provisions from S. 252, the Veterans Health Care Authorization Act of 2009, and S. 801, the Caregiver and Veterans Health Services Act of 2009. The Committee reported both S. 252 and S. 801, and but they are being held by a single Senator. Today, I reintroduce these vital improvements to veterans' health care as S. 1963.

The bipartisan provisions contained in S. 1963 provide needed assistance and support to family members and others who are serving as caregivers for the most seriously injured veterans of the conflicts in Iraq and Afghanistan. This assistance includes health care, counseling, support and a living stipend. They also expand services for women veterans, those with traumatic brain injury, and veterans that live in rural areas. Because the Nation's veterans and their caregivers cannot wait any longer for this help, I am introducing S. 1963, and asking that it be immediately placed on the Calendar.

S. 1963 has one simple theme: that every veteran deserves access to high quality health care, whether that care is provided by VA, or by a family caregiver. The Congress has previously recognized the contributions of caregivers. S. 1963 also contains many other important veterans' health improvements, including expanding services for women veterans; telemedicine technologies; transportation grants; and scholarship and loan repayment programs; and eliminating copayments for catastrophically disabled veterans. States which have an especially high number of veterans living in rural areas, such as Montana, Nevada, Wyoming, Florida, Arizona, Arkansas, Virginia, Idaho, Oklahoma, and New Mexico, would benefit greatly from the provisions in the bill which are designed to improve health care for rural veterans.

By Mr. AKAKA:

S. 1964. A bill to require disclosure of financial relationships between brokers and dealers and mutual fund companies, and of certain commissions paid by mutual fund companies; to the Committee on Banking, Housing, and Urban Affairs.

Mr. AKAKA. Mr. President, today, I am introducing the Mutual Fund Transparency Act of 2009. Mutual funds are vital investment vehicles for middle-income Americans that provide diversification and professional money management. Many working families rely on their mutual fund investments

to pay for their children's education, prepare for retirement, and attain other financial goals.

I first introduced a version of this legislation in 2003. That fall, appalling abuses of investor trust were exposed. Ordinary investors were being harmed by the greed of brokers, mutual fund employees, and institutional and large investors. The transgressions made it clear that the boards of mutual fund companies were not providing sufficient oversight and failed to adequately protect the interests of their shareholders.

After the introduction of my bill, Securities and Exchange Commission, SEC, Chairman William Donaldson proposed several rules that mirrored the provisions in my bill, including a requirement that funds relying on certain exemptive rules have an independent chairman and that 75 percent of board directors be independent. However, legal actions taken against the SEC by the Chamber of Commerce and subsequent inaction under his successor, Chairman Christopher Cox, have prevented the adoption of these rules. The SEC needs additional statutory authority to finish these reforms and ensure that investors can rely on independent mutual fund boards to protect their interests.

My bill will ensure the independence of mutual fund boards, increase the transparency of fees and expenses of mutual funds, and impose a fiduciary duty on all investment advisors.

I have included in this legislation a number of provisions intended to ensure the independence of mutual fund boards. Poor board governance was a contributing factor to the mutual fund scandals in 2003. Independent directors must have a dominant presence on the board to ensure that investors' interests are the top priority. Once again, my legislation requires mutual fund boards to have an independent chairman and that 75 percent of their members be independent. The legislation strengthens the definition of an independent director. These changes will ensure that the interest of investors will be the paramount priority of the board.

My legislation will ensure that investors are provided with relevant and meaningful disclosures from which they can make better informed decisions. Mr. President, my bill will increase the transparency of the complex financial relationship between brokers and mutual fund companies in ways that are both meaningful and easy to understand for investors. Shelf-space payments and revenue-sharing agreements between mutual fund companies and brokers present conflicts of interest that must be disclosed to investors. Without such disclosures, investors cannot make informed financial decisions. Investors may believe that brokers are recommending funds based on the expectation of solid returns or low volatility, when the broker's recommendation may be influenced by

hidden broker commissions. I have included a point-of-sale disclosure requirement in my legislation. In my bill, investors would have to be provided with the amount of differential payments and average fees for comparable transactions. My legislation also requires that confirmation notices be provided for mutual fund transactions, which will indicate how their broker was compensated.

Investors are not provided with a complete and accurate idea of the expenses involved with owning a particular fund. Consumers often compare the expense ratios of funds when making investment decisions. However, expense ratios fail to take into account the cost of commissions in the purchase and sale of securities. To further increase the transparency of the actual costs of the fund, brokerage commissions must be counted as an expense in filings with the SEC and included in the calculation of the expense ratio. Currently, brokerage commissions are disclosed to the SEC, but not to individual investors. Brokerage commissions are only disclosed to investors upon request. My bill strengthens brokerage commission disclosure provisions and ensures that commissions will be included in a document that investors have access to and can utilize. The inclusion of brokerage commissions in the expense ratio creates an incentive to reduce the use of soft dollars. Soft dollars can be used to lower expenses since most purchases using soft dollars do not count as expenses and are not calculated into the expense ratio. This change will make it easier for investors to know the true cost of the fund and compare the expense ratios of funds meaningfully.

When I reintroduced a version of this bill in 2005, I added a provision pertaining to the fiduciary duty of brokers. Although I have modified that provision for the current bill, my intent to apply a fiduciary duty to brokers remains the same. This is an essential provision because it ensures that all financial professionals have the same responsibility to act in the best interests of their clients whether they are an investment advisor or a broker.

We must improve the financial literacy of mutual fund investors so that they can make more sound investment decisions. I have included a requirement that the SEC study financial literacy among mutual fund investors. The SEC would be required to develop a strategy to increase the financial literacy of investors that results in positive change in investor behavior. In addition, the bill requires the Comptroller General of the United States to conduct a study on mutual fund advertising and make recommendations to improve investor protections and ensure that investors can make informed financial decisions when purchasing shares.

We must enact this vital legislation to help protect the investments that our working families make in mutual

funds. These reforms are long overdue. I will build upon the administration's regulatory modernization proposal on fiduciary duty for brokers and pre-sale disclosure of mutual fund expenses.

I look forward to working with my friend, SEC Chairman Mary Schapiro, to bring about structural reform in the mutual fund industry and increase disclosures in order to provide useful and relevant information to mutual fund investors.

Mr. President, I ask unanimous consent that the text of the bill and letters of support be printed in the RECORD.

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

S. 1964

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Mutual Fund Transparency Act of 2009".

SEC. 2. DISCLOSURE OF FINANCIAL RELATIONSHIPS BETWEEN BROKERS AND DEALERS AND MUTUAL FUND COMPANIES.

(a) IN GENERAL.—Section 15(b) of the Securities Exchange Act of 1934 (15 U.S.C. 78o(b)) is amended by adding at the end the following:

"(13) CONFIRMATION OF TRANSACTIONS FOR MUTUAL FUNDS.—

"(A) IN GENERAL.—Each broker and dealer shall disclose in writing to customers that purchase the shares of any open-end or closed-end company registered under section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8) or any interest in a unit investment trust or municipal securities registered under this title used for education savings plans—

"(i) the amount of any compensation received or to be received by the broker or dealer in connection with such transaction from any sources; and

"(ii) such other information as the Commission determines appropriate.

"(B) REVENUE SHARING.—The term 'compensation' under subparagraph (A) includes any direct or indirect payment made by an investment adviser (or any affiliate of an investment adviser) to a broker or dealer for the purpose of promoting the sales of securities of an entity described in subparagraph (A), and payments made by an underwriter of the fund to a broker or dealer.

"(C) TIMING OF DISCLOSURE.—The disclosure required under subparagraph (A) shall be provided or sent to a customer not later than the date of the completion of the transaction.

"(D) LIMITATION.—The disclosures required under subparagraph (A) may not be made exclusively in—

"(i) a registration statement or prospectus of an entity described in subparagraph (A); or

"(ii) any other filing of an entity described in subparagraph (A) with the Commission.

"(E) COMMISSION AUTHORITY.—

"(i) IN GENERAL.—The Commission shall issue such final rules or regulations as are necessary to carry out this paragraph, not later than 1 year after the date of enactment of the Mutual Fund Transparency Act of 2009.

"(ii) FORM OF DISCLOSURE.—Disclosures under this paragraph shall be in such form as the Commission shall require by rule.

"(F) DEFINITIONS.—In this paragraph—

"(i) the terms 'open-end company' and 'closed-end company' have the same mean-

ings as in section 5 of the Investment Company Act of 1940 (15 U.S.C. 80a-5);

"(ii) the term 'unit investment trust' has the same meaning as in section 4 of the Investment Company Act of 1940 (15 U.S.C. 80a-4); and

"(iii) the term 'education savings plan' means a qualified tuition program described in section 529(b)(1)(A)(ii) of the Internal Revenue Code of 1986."

(b) DISCLOSURE OF BROKERAGE COMMISSIONS.—Section 30 of the Investment Company Act of 1940 (15 U.S.C. 80a-29) is amended by adding at the end the following:

"(k) DISCLOSURE OF BROKERAGE COMMISSIONS.—The Commission, by rule, shall require that brokerage commissions as an aggregate dollar amount and percentage of assets paid by an open-end or closed-end company or a unit investment trust or issuer of municipal securities during the 5-year period preceding the date of the transaction be included in any disclosure of the amount of fees and expenses that may be payable by the holder of the securities of such company for purposes of—

"(1) the registration statement of that company; and

"(2) any other filing of that company with the Commission, including the calculation of expense ratios."

SEC. 3. MUTUAL FUND GOVERNANCE.

(a) INDEPENDENT FUND BOARDS.—Section 10(a) of the Investment Company Act of 1940 (15 U.S.C. 80a-10(a)) is amended—

(1) by striking "shall have" and inserting the following: "shall—

"(1) have";

(2) by striking "60 per centum" and inserting "25 percent";

(3) by striking the period at the end and inserting a semicolon; and

(4) by adding at the end the following:

"(2) have as chairman of its board of directors an interested person of such registered company; or

"(3) permit any person (other than an interested person, as described in paragraph (1)) to serve as a member of its board of directors, unless that person—

"(A) is approved or elected by the shareholders of such registered investment company at least once every 5 years; and

"(B) has been found, on an annual basis, by a majority of the directors who are not interested persons, after reasonable inquiry by such directors, not to have any material business or familial relationship with the registered company, a significant service provider to the company, or any entity controlling, controlled by, or under common control with such service provider, that could reasonably be interpreted as a conflict of interest or cast doubt on the independence of the director."

(b) ACTION BY INDEPENDENT DIRECTORS.—Section 10 of the Investment Company Act of 1940 (15 U.S.C. 80a-10) is amended by adding at the end the following:

"(i) ACTION BY BOARD OF DIRECTORS.—No action taken by the board of directors of a registered investment company may require the vote of a director who is an interested person of such registered investment company.

"(j) INDEPENDENT COMMITTEE.—

"(1) IN GENERAL.—The members of the board of directors of a registered investment company who are not interested persons of such registered investment company shall establish a committee comprised solely of such members, which committee shall be responsible for—

"(A) selecting persons to be nominated for election to the board of directors; and

"(B) adopting qualification standards for the nomination of directors.

"(2) DISCLOSURE.—The standards developed under paragraph (1)(B) shall be disclosed in the registration statement of the registered investment company."

(c) DEFINITION OF INTERESTED PERSON.—Section 2(a)(19) of the Investment Company Act of 1940 (15 U.S.C. 80a-2(a)(19)) is amended—

(1) in subparagraph (A)—

(A) in clause (iv), by striking "two" and inserting "5"; and

(B) by striking clause (vii) and inserting the following:

"(vii) any natural person who has served as an officer or director, or as an employee within the preceding 10 fiscal years, of an investment adviser or principal underwriter to such registered investment company, or of any entity controlling, controlled by, or under common control with such investment adviser or principal underwriter;

"(viii) any natural person who has served as an officer or director, or as an employee within the preceding 10 fiscal years, of any entity that has within the preceding 5 fiscal years acted as a significant service provider to such registered investment company, or of any entity controlling, controlled by, or under the common control with such service provider;

"(ix) any natural person who is a member of a class of persons that the Commission, by rule or regulation, determines is unlikely to exercise an appropriate degree of independence as a result of—

"(I) a material business or professional relationship with the investment company or an affiliated person of such investment company;

"(II) a close familial relationship with any natural person who is an affiliated person of such investment company; or

"(III) any other reason determined by the Commission"; and

(2) in subparagraph (B)—

(A) in clause (iv), by striking "two" and inserting "5"; and

(B) by striking clause (vii) and inserting the following:

"(vii) any natural person who is a member of a class of persons that the Commission, by rule or regulation, determines is unlikely to exercise an appropriate degree of independence as a result of—

"(I) a material business or professional relationship with such investment adviser or principal underwriter or affiliated person of such investment adviser or principal underwriter;

"(II) a close familial relationship with any natural person who is an affiliated person of such investment adviser or principal underwriter; or

"(III) any other reason, as determined by the Commission."

(d) DEFINITION OF SIGNIFICANT SERVICE PROVIDER.—Section 2(a) of the Investment Company Act of 1940 (15 U.S.C. 80a-2(a)) is amended by adding at the end the following:

"(54) SIGNIFICANT SERVICE PROVIDER.—

"(A) IN GENERAL.—Not later than 270 days after the date of enactment of the Mutual Fund Transparency Act of 2009, the Commission shall issue final rules defining the term 'significant service provider'.

"(B) REQUIREMENTS.—The definition developed under paragraph (1) shall include, at a minimum, the investment adviser and principal underwriter of a registered investment company for purposes of paragraph (19)."

SEC. 4. FINANCIAL LITERACY AMONG MUTUAL FUND INVESTORS STUDY.

(a) IN GENERAL.—The Securities and Exchange Commission shall conduct a study to identify—

(1) the existing level of financial literacy among investors that purchase shares of open-end companies, as that term is defined

under section 5 of the Investment Company Act of 1940, that are registered under section 8 of that Act;

(2) the most useful and understandable relevant information that investors need to make sound financial decisions prior to purchasing such shares;

(3) methods to increase the transparency of expenses and potential conflicts of interest in transactions involving the shares of open-end companies;

(4) the existing private and public efforts to educate investors; and

(5) a strategy to increase the financial literacy of investors that results in a positive change in investor behavior.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Securities and Exchange Commission shall submit a report on the study required under subsection (a) to—

(1) the Committee on Banking, Housing, and Urban Affairs of the Senate; and

(2) the Committee on Financial Services of the House of Representatives.

SEC. 5. STUDY REGARDING MUTUAL FUND ADVERTISING.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study on mutual fund advertising to identify—

(1) existing and proposed regulatory requirements for open-end investment company advertisements;

(2) current marketing practices for the sale of open-end investment company shares, including the use of unsustainable past performance data, funds that have merged, and incubator funds;

(3) the impact of such advertising on consumers; and

(4) recommendations to improve investor protections in mutual fund advertising and additional information necessary to ensure that investors can make informed financial decisions when purchasing shares.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit a report on the results of the study conducted under subsection (a) to—

(1) the Committee on Banking, Housing, and Urban Affairs of the United States Senate; and

(2) the Committee on Financial Services of the House of Representatives.

SEC. 6. POINT-OF-SALE DISCLOSURE.

(a) IN GENERAL.—Section 15(b) of the Securities Exchange Act of 1934 (15 U.S.C. 78o(b)), as amended by section 2 of this Act, is amended by adding at the end the following:

“(14) BROKER AND DEALER DISCLOSURES IN MUTUAL FUND TRANSACTIONS.—

“(A) IN GENERAL.—Each broker and dealer shall disclose in writing to each person that purchases the shares of an open-end or closed-end company registered under section 8 of the Investment Company Act of 1940 (15 U.S.C. 80a-8) or any interest in a unit investment trust or municipal securities registered under this title—

“(i) the source and amount, in dollars and as a percentage of assets, of any compensation received or to be received by the broker or dealer in connection with such transaction from any sources;

“(ii) the amount, in dollars and as a percentage of assets, of compensation received in connection with transactions in shares of other investment company shares offered by the broker or dealer, if materially different from the amount under clause (i);

“(iii) comparative information that shows the average amount received by brokers and dealers in connection with comparable transactions, as determined by the Commission; and

“(iv) such other information as the Commission determines appropriate.

“(B) REVENUE SHARING.—The term ‘compensation’ under subparagraph (A) shall include any direct or indirect payment made by an investment adviser (or any affiliate of an investment adviser) to a broker or dealer for the purpose of promoting the sales of securities of a registered investment company.

“(C) TIMING OF DISCLOSURE.—The disclosures required under subparagraph (A) shall be made to permit the person purchasing the shares to evaluate such disclosures before deciding to engage in the transaction.

“(D) LIMITATION.—The disclosures required under subparagraph (A) may not be made exclusively in—

“(i) a registration statement or prospectus of a registered investment company; or

“(ii) any other filing of a registered investment company with the Commission.

“(E) COMMISSION AUTHORITY.—The Commission shall promulgate such final rules as are necessary to carry out this paragraph not later than 1 year after the date of enactment of the Mutual Fund Transparency Act of 2009.”

(b) FIDUCIARY DUTIES.—Section 15 of the Securities Exchange Act of 1934 (15 U.S.C. 78o) is amended by adding at the end the following new subsection:

“(k) STANDARD OF CARE.—Notwithstanding any other provision of this title or the Investment Advisers Act of 1940, the Commission shall promulgate rules, not later than 1 year after the date of enactment of the Mutual Fund Transparency Act of 2009 to provide that the standard of care for all brokers and dealers in providing investment advice about securities to retail customers or clients (and such other customers or clients as the Commission may by rule provide) shall be the fiduciary duty established under the Investment Advisers Act of 1940, including, without limitation, the duty to act solely in the best interest of the customer or client, without regard to the financial or other interest of the broker or dealer providing the advice.”

OCTOBER 21, 2009.

Hon. DANIEL K. AKAKA,
Hart Senate Office Building,
Washington, DC.

DEAR SENATOR AKAKA: We are writing to express our strong support for your efforts to ensure that professionals who advise America's investors are held to the highest standard of care—the fiduciary standard. Section 6(b) of the Mutual Fund Transparency Act of 2009 (“MFTA”) would clearly establish that brokers are subject to a fiduciary duty with respect to investment advice provided to retail investors. This provision eliminates a regulatory gap that has long exposed investors to unscrupulous and harmful sales practices by brokers.

Under current law, brokers are subject to a general suitability standard when providing investment advice to their retail clients. Under a suitability standard, a broker is not required to ensure that his recommendations are what is best for his clients, but only what is generally suitable. The suitability standard allows brokers to recommend investments, for example, based on the amount of compensation the broker receives rather than what is in the best interest of the client. The suitability standard does not even require brokers to disclose their compensation so that their clients can evaluate conflict of interest payments for themselves.

In contrast, investment advisers are subject to a strict fiduciary duty under the Advisers Act. As such, they are required to make recommendations only if they are in the client's best interest and to disclose all material conflicts. By applying the fiduciary standard under the Advisers Act to brokers, Section 6(b) of the MFTA ensures that the

protection of a fiduciary standard for retail advisory clients will not depend on an arbitrary regulatory distinction between brokers and investment advisers, but will be applied rationally to provide all Americans who receive investment advice with the regulatory protection that they expect and deserve.

We wish to express our enthusiastic support for your proposal to establish a fiduciary duty for brokers and are available to provide whatever assistance you may need in this respect.

Respectfully submitted,

MERCER BULLARD,
Founder and President,
Fund Democracy, Inc.

BARBARA ROPER,
Director of Investor Protection,
Consumer Federation of America.

DENISE VOIGT CRAWFORD,
Texas Securities Commissioner and President,
North American Securities Administrators Association, Inc.

ELLEN TURF,
CEO, National Association of Personal Financial Advisors.

KEVIN R. KELLER,
Chief Executive Officer, Certified Financial Planner Board of Standards, Inc.

MARVIN W. TUTTLE JR.,
CAE, Executive Director and CEO, Financial Planning Association.

OCTOBER 21, 2009.

Hon. DANIEL K. AKAKA,
Hart Senate Office Building,
Washington, DC.

DEAR SENATOR AKAKA: We are writing to express our enthusiastic support for the Mutual Fund Transparency Act of 2009 because your bill will benefit fund shareholders in three significant respects. First, it will strengthen the independence of mutual fund boards to help ensure that the gross abuses of trust committed by fund managers in connection with the recent mutual fund scandal will not be repeated. Second, the bill will require that fund shareholders be provided with full and understandable disclosure of brokers' fees and conflicts of interest, and that when brokers provide individualized investment advice they will be held to the same fiduciary standards to which all other investment advisers are held. Third, the bill will promote competition through increased price transparency, and thereby improve services and reduce costs for the almost 100 million Americans who have entrusted their financial security to mutual funds.

FUND GOVERNANCE

The mutual fund scandal that erupted in September 2003 and continues to be litigated to this day revealed “a serious breakdown in management controls in more than just a few mutual fund complexes.” As noted by the Securities and Exchange Commission: The breakdown in fund management and compliance controls evidenced by our enforcement cases raises troubling questions about the ability of many fund boards, as presently constituted, to effectively oversee the management of funds. The failure of a board to play its proper role can result, in addition to serious compliance breakdowns, in excessive fees and brokerage commissions, less than forthright disclosure, mispricing of

securities, and inferior investment performance.”

The Act directly addresses the governance weaknesses revealed by the scandal by strengthening the independence of fund directors. It plugs loopholes that have allowed former executives of fund managers and other fund service providers, among others, to qualify as “independent” directors when their independence is clearly compromised by their former positions. The Act also ensures that the board’s agenda will be set by an independent chairman, and not by the CEO of the fund’s manager, as is common practice today, and that independent directors will control board matters and the evaluation of independent nominees. The Act’s requirement that independent directors seek shareholder approval at least every five years will enhance the accountability of independent directors to the shareholders whose interests they are supposed to serve.

The Act’s requirement that funds have an independent chairman and a 75 percent independent board of directors is critical in light of the SEC’s failure to take final action on rules imposing similar requirements. Even if these rules were adopted, they would not prevent fund managers from terminating independent chairmen or reducing independent representation on the board to the statutory minimum of 40 percent. The SEC’s rules would apply only when the funds choose to rely on certain exemptive rules. If there were a conflict between the fund’s independent directors and the fund manager, the fund manager could simply stop relying on the rules and seek to install its own executives in a majority of board positions. More importantly, independent directors know that the protection given them by the SEC is limited, and they therefore will be less likely to stand up for shareholders than they would be if—as you have proposed—the SEC’s proposals were codified.

FIDUCIARY DUTIES AND FULL DISCLOSURE FOR ALL INVESTMENT ADVISERS

Recent regulatory investigations and enforcement actions have uncovered persistent and widespread sales abuses by brokers. Regulators have found that brokers have systematically overcharged investors for commissions, routinely made improper recommendations of B shares, accepted undisclosed directed brokerage payments in return for distribution services, and received revenue sharing payments that create incentives to favor funds that pay the highest compensation rather than funds that are the best investment option for their clients.

Five years ago, the Commission promised that it would address the problems that have so long plagued brokers’ sales practices, but the Commission’s efforts have fallen far short of the mark. Its proposals failed to require full disclosure of brokers’ compensation, much less the disclosure of information that would enable investors to fully evaluate their brokers’ conflicts of interests. The new disclosure requirements that you have proposed will ensure that brokers will be subject to a fiduciary duty and their conflicts of interest will be fully transparent to investors. Investors will be able to view the amount the broker is being paid for the fund being recommended compared with the (often lesser) amount the broker would receive for selling a different fund, which cannot help but direct investors’ attention to the conflict of interest created by differential compensation structures. We especially applaud your proposal to ensure that all broker compensation, including revenue sharing payments, is disclosed in the point-of-sale document, which ensures that disclosure rules will not create an incentive for brokers to favor revenue sharing as a means of avoiding disclosure.

Remarkably, in the wake of a longstanding pattern of brokers’ sales abuses, the Commission has effectively repealed Congress’s narrow exemption from advisory regulation for brokers who provide only “solely incidental” advice. The Commission’s strained interpretation of “solely incidental” advice to include any advice provided “in connection with and reasonably related to a broker’s brokerage services” has effectively stripped advisory clients of the protections of an entire statutory regime solely on the ground that the investment advice happens to be provided by a broker. The Commission’s position flatly contradicts the text and purpose of the Investment Advisers Act, which, as the Supreme Court has stated: “reflects a congressional recognition ‘of the delicate fiduciary nature of an investment advisory relationship,’ as well as a congressional intent to eliminate, or at least to expose, all conflicts of interest which might incline an investment adviser—consciously or unconsciously—to render advice which was not disinterested.”

Your proposal restores crucial components of Congress’s carefully constructed regulatory scheme for the distinct and complementary regulation of brokerage and advisory services. It properly recognizes that a “fiduciary, which Congress recognized the investment adviser to be,” is also what consumers expect an investment adviser to be, as is generally the case when professional services are provided on a personalized basis. The Act also recognizes the importance of “expos[ing] all conflicts of interest which might incline an investment adviser—consciously or unconsciously—to render advice which was not disinterested,” by requiring full disclosure of such conflicts of interests and other material information at the time that the prospective client is deciding whether to enter into the relationship.

FEE DISCLOSURE AND PRICE COMPETITION

Your fee disclosure provisions will do double duty, by addressing conflicts of interest and brokers’ sales abuses while also promoting competition, thereby improving services and driving down expenses. Requiring brokers to disclose the amount of differential payments and average fees for comparable transactions will provide the kind of price transparency that is a necessary predicate for price competition and the efficient operation of free markets. In addition, the requirement that funds disclose the amount of commissions they pay will ensure that the fund expense ratio includes all of the costs of the fund’s operations and will enable investors to make more informed investment decisions. The best regulator of fees is the market, but the market cannot operate efficiently when brokers and funds are permitted to hide the actual cost of the services they provide.

FINANCIAL LITERACY AND FUND ADVERTISEMENTS

Finally, we strongly agree that there is a need for further study of financial literacy, including especially information that fund investors need to make informed investment decisions and methods to increase the transparency of fees and potential conflicts of interest. Your proposed study of mutual fund advertisements is also timely, as the regulation of fund ads continues to permit misleading touting of outsized short-term performance and other abuses.

Mutual funds are Americans’ most important lifeline to retirement security. The regulation of mutual funds, however, has not kept pace with their enormous growth. We applaud your continuing efforts to enhance investor protection, promote vigorous market competition and create wealth for Amer-

ica’s mutual fund investors through effective disclosure and truly independent board oversight.

Respectfully submitted,

MERCER BULLARD,
Founder and President, Fund Democracy, Inc.

BARBARA ROPER,
Director of Investor Protection, Consumer Federation of America.

KEN MCELDOWNEY,
Executive Director, Consumer Action.

IRENE E. LEECH,
Virginia Citizens Consumer Council.

WALTER DARTLAND,
Consumer Federation of the Southeast.

DAMON SILVERS,
Director of Policy and Special Counsel, AFL-CIO.

DENISE VOIGT CRAWFORD,
Texas Securities Commissioner and President, North American Securities Administrators Association, Inc.

By Ms. LANDRIEU:

S. 1965. A bill to authorize the Secretary of the Interior to provide financial assistance to the State of Louisiana for a pilot program to develop measures to eradicate or control feral swine and to assess and restore wetlands damaged by feral swine; to the Committee on Environment and Public Works.

Ms. LANDRIEU. Mr. President, I rise today to introduce a bill that will be an important component in our efforts to rebuild Louisiana’s vast wetlands. Today, the coastline of my home state is the site of one of the Nation’s most pronounced ecological disasters: the massive erosion of Louisiana’s coastal wetlands. Few are aware that the marsh and wetlands along Louisiana’s coast comprise some 40 percent of the Nation’s total salt marshes. Louisiana’s coastline is a national treasure. Yet, this national treasure is disappearing at an alarming rate due to a number of natural and man-made factors, including the destruction of wetlands caused by non-native feral pig populations that are literally eating away the coast. The loss of our wetlands threatens not only our teeming wildlife, but also land, lives, energy infrastructure, and navigation.

That is why I rise today, to introduce the Feral Swine Eradication and Control Pilot Program Act of 2009, address the challenges these species pose to our efforts to reverse coastal wetland deterioration.

Every 30 minutes, a portion of Louisiana’s coast the size of a football field is converted from healthy marsh into open water. Since 1930, 1.2 million acres have been lost—an area roughly the size of Delaware. Scientists predict that Louisiana will lose another 700 square miles of coastal wetlands by 2050—an area the size of the greater

Washington, D.C. and Baltimore metro areas.

Louisiana's coastal land loss problems are caused by a number of natural and man-made factors. The primary factor has been the leveeing of the Mississippi River for purposes of flood control and navigation. Historically, the river would flood seasonally, taking silt from the Midwest and depositing it across the Mississippi Delta. Levees provided the needed flood protection, yet prevented vital land-building sediments and nutrients from replenishing and elevating deteriorating marshes. Additional activity added to the problem, including dredging thousands of miles of access canals for petroleum extraction and navigation. Those canals accelerated saltwater intrusion, further weakening the marsh.

Another human activity that resulted in significant wetland loss was the introduction of two invasive species to the marshland habitat: the nutria and the feral pig. These non-native species are consuming our wetlands at an alarming rate. Nutria were initially introduced by those who wanted to raise them for their furs. Their population exploded in the wild and their appetite for marsh grass is boundless. Scientists estimate that nutria are currently affecting an estimated 100,000 acres of coastal wetlands.

The feral hog is another exotic species which has expanded its range throughout most of Louisiana. Feral swine cause extensive damage to natural wildlife habitat. In Louisiana, the wild omnivores compete with native wildlife for food resources; prey on young domestic animals and wildlife; and carry diseases that can affect pets, livestock, wildlife and people. Scientists now believe that the feral hogs are not only wreaking enormous damage to the marsh, but are also negatively impacting native freshwater mussels and insects by contributing *E. coli* to water systems.

According to the Louisiana Department of Wildlife and Fisheries, the wild pig is the most prolific large mammal in North America and given adequate nutrition, its populations in an area can double in just 4 months.

As I mentioned earlier, Louisiana's landscape has already been ravaged by the nutria rodent. In 2002, the first program was created to combat the increasing nutria populations. This program, the Coast-wide Nutria Control Program, CNCP, incentivized trappers to catch nutria in return for monetary compensation. This program has proven successful at decreasing nutria populations and significantly reducing their impact to coastal wetlands.

However, more effort was needed to further reduce the nutria damage to wetlands, both in Louisiana and in other marshy environments, including Maryland's Chesapeake Bay. The Nutria Eradication and Control Act was enacted in 2003 to provide a critical supplement of funding to strengthen the Coast-wide Nutria Control Pro-

gram. In July, I joined my friend and colleague Senator CARDIN in introducing the reauthorization of the Nutria Eradication and Control Act. These two measures have been instrumental in reducing the nutria damage to Louisiana's wetlands.

Now, it is my hope that we can achieve similar success with the problem of feral hogs. Feral swine are listed by the World Conservation Union, IUCN, as one of the top 100 invasive species worldwide. If action is not taken to control the feral swine population, our biologists fear these animals will undo much of the progress Louisiana has made in controlling the nutria population. It is my hope that with the help of my colleagues, we can pass this bill to help eradicate these pests from our vanishing coastline once and for all.

The bill I am introducing today authorizes the Secretary of the Interior to allocate funding to create a pilot program modeled off of the Nutria Eradication and Control Act. This program will assess the nature and extent of damage to the wetlands in Louisiana and develop methods to eradicate or control the feral swine population, and restore the coastal areas damaged by this invasive species.

It is a small program, but rewards it could reap are potentially vast. Consider this, Louisiana's wetlands are not only the home to our famed wildlife, they are also the most effective protection we have against future storm damage.

Coastal wetlands are the last barrier between the sea and the land. Wetlands reduce high winds and absorb the deadly storm surges that often accompany hurricanes. Scientists estimate that every 3 to 4 miles of wetlands can absorb enough water to reduce the height of a storm surge by 1 foot. That protects the millions of hardworking men and women who live along Louisiana's coast.

But I would also like to remind my colleagues of the vital strategic importance these wetlands serve to the Nation's energy security: Louisiana is one of the economy's largest producers of energy. Without wetlands as a buffer, storms could devastate the Nation's critical energy infrastructure.

It is for all of these reasons that this legislation is crucial. I ask that my colleagues support its prompt passage.

By Mr. FEINGOLD (for himself,
Ms. KLOBUCHAR, Mr. TESTER,
Mr. HARKIN, and Mr. KERRY):

S. 1986. A bill to amend the Help America Vote Act of 2002 to require States to provide for same day registration; to the Committee on Rules and Administration.

Mr. FEINGOLD. Mr. President, today I will reintroduce, along with Senators KLOBUCHAR, TESTER, HARKIN and KERRY, the Same Day Registration Act of 2009, a bill that would significantly increase voter participation by allowing all eligible citizens to register to

vote in federal elections on Election Day or the same day that they vote.

In many ways, the machinery of our democracy needs significant repair. We live in an age of low turnout and high cynicism. The American people have lost faith in our election system, in part because they are not confident that their votes will be counted or that the ballot box is accessible to each and every voter regardless of ability, race, or means.

What we see instead are long lines at polling places; faulty voting machines; under-trained, under-paid, over-worked poll workers; partisan election administrators; suspect vote tallies; caging lists; intimidation at the polling place; misleading flyers; illegal voter-file purges; and now, the Supreme Court approving discriminatory voter ID laws. If people cannot trust their elections, why should they trust their elected officials?

Three years ago, Professor Dan Tokaji, a leading election law expert, called for a "moneyball approach to election reform." Named after Michael Lewis' book about the Oakland A's data-driven hiring system, Tokaji's approach is quintessentially progressive, as that term was understood at the turn of the century. "I mean to suggest a research-driven inquiry," Tokaji wrote, "in place of the anecdotal approach that has too often dominated election reform conversations. While anecdotes and intuition have their place, they're no substitute for hard data and rigorous analysis."

This bill embodies the moneyball approach to election reform. In stark contrast to many so-called election reform proposals, this bill addresses a real problem—low voter turnout; it targets a major cause of the problem—archaic registration laws; and it offers a proven solution—same day registration SDR sometimes known as Election Day registration, EDR.

The bill is very simple: it amends the Help America Vote Act to require every state to allow eligible citizens to register and vote in a Federal election on the day of the election, or on any day where voting is permitted, like during early voting. Voters may register using any form that satisfies the requirements of the National Voter Registration Act, including the Federal mail in voter registration form and any state's standard registration form. North Dakota, which does not have voter registration, is exempted from the bill's requirements.

The bill itself is simple, but it addresses a significant problem: the low voter turnout that has plagued this country for the last 40 years. We live in a participatory democracy, where our government derives its power from the consent of the governed, a consent embodied in the people's exercise of their fundamental right to vote. It is self evident that a participatory democracy depends on participation.

This may be a government of the people, Mr. President, but the people are

not voting. Since 1968, American political participation has hovered around 50 percent for Presidential elections and 40 percent for congressional elections. Even in 2008, a record-breaking year, national turnout was only 61.7 percent of the voting age population. The U.S. may be the only established democracy in the world where the fact that nearly 40 percent of the electorate stayed home is considered cause for celebration.

In fact, our predecessors in the Senate would be surprised to find us celebrating such low turnout: a 1974 report by the Senate Committee on the Post Office and Civil Service bemoaned the “shocking” drop in turnout in the 1972 election. And what was the number that so troubled the Committee? Fifty-five percent.

The report went on: “[i]t is the Committee’s conviction that our disquieting record of voter participation is in large part due to the hodgepodge of registration barriers put in the way of the voter. Such obstacles have little, if anything, to recommend them. At best, current registration laws in the various states are outmoded and simply inappropriate for a highly mobile population. At worst, registration laws can be construed as a deliberate effort to disenfranchise voters who desperately need entry into the decision-making processes of our country.”

What a shame, that the Committee’s findings are still valid. Our archaic registration laws have been reformed, but they are still archaic. We have passed a number of important bills designed to combat low turnout, but turnout is still low. America is even more mobile than it was in 1974, and yet our registration laws are still out of touch with the reality that more than 40 million Americans move every year. Worst of all, our registration laws still fall especially hard on the young, the old, and the poor.

We have long known that complicated voter registration requirements constitute one of the major barriers to voting. In fact, many states adopted voter registration in order to prevent certain segments of the population from voting. Alexander Keyssar, the preeminent scholar on the history right to vote in this country, writes that although “[r]egistration laws emerged in the nineteenth century as a means of keeping track of voters and preventing fraud; they also served—and were intended to serve—as a means of keeping African-American, working-class, immigrant, and poor voters from the polls.”

It is time for a fundamental change. A large body of research tells us that unnecessarily burdensome voter registration requirements are the single largest factor in preventing people from voting. Simply put, voter registration restrictions should not keep eligible Americans from exercising their right to vote. The solution to this problem is same day registration.

Decades of empirical research confirm same day registration’s positive

impact on turnout. As one academic paper states, “the evidence on whether EDR augments the electorate is remarkably clear and consistent. Studies finding positive and significant turnout impacts are too numerous to list.” Mr. President, studies indicate that same day registration alone increases turnout by roughly 5 to 10 percentage points.

In general, States with same day registration boast voter turnout that is 10–12 percentage points higher than States that require voters to register before Election Day. Turnout in Minnesota and Wisconsin, which implemented same day registration over 35 years ago has been especially high: in 2004, for example, when national turnout was just 55 percent, 78 percent of eligible Minnesotans and 75 percent of eligible Wisconsinites went to the polls. The last time national voter turnout was above 70 percent, it was 1896, there were only 45 States, and the gold standard was the dominant campaign issue.

Critics might worry about the possibility of fraud, but same day registration actually makes the registration process more secure. Voters registering when they vote do so in the presence of an elections official who verifies the voter’s residency and identity on the spot. Mark Ritchie, Minnesota’s Secretary of State, points out that same day registration “is much more secure because you have the person right in front of you—not a postcard in the mail. That is a no-brainer. We have 33 years of experience with this.”

In contrast to most election reforms, the cost of same day registration is negligible. A recent survey of 26 local elections officials in six same day registration States found that “officials agreed that incidental expense of administering EDR is minimal.” In fact, same day registration may actually result in a net savings because it significantly reduces the use of provisional ballots. Provisional ballots, which are required by the Help America Vote Act, are expensive to administer. The Congressional Budget Office estimates that provisional ballots cost State and local governments about \$25 million a year.

In some States the number of provisional ballots cast is surprisingly large. For example, in 2004, more than 4 percent of California’s registered voters cast provisional ballots—that is 644,642 provisional ballots. In Ohio, 157,714 provisional ballots were cast, about 2 percent of all registered voters.

In contrast, in 2004 only 0.03 percent of voters in SDR states cast a provisional ballot. In Wisconsin, only 374 provisional ballots were cast. In Maine, only 95 provisional ballots were cast. In fact, only 952 provisional ballots were cast in all the SDR states combined in 2004. To be sure, this bill is no cure-all: it does not address long lines, deceptive flyers, and faulty voting machines. Other bills, good bills, address those issues.

The bottom line is this: the Same Day Registration Act would substantially increase civic participation, improve the integrity of the electoral process, reduce election administration costs, and reaffirm that voting is a fundamental right. It has been proven effective by more than 30 years of successful implementation in Minnesota and Wisconsin and decades of empirical research. Same day registration is good for voters, good for taxpayers, and good for democracy.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1986

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Same Day Registration Act”.

SEC. 2. SAME DAY REGISTRATION.

(a) IN GENERAL.—Title III of the Help America Vote Act of 2002 (42 U.S.C. 15481 et seq.) is amended—

(1) by redesignating sections 304 and 305 as sections 305 and 306, respectively; and

(2) by inserting after section 303 the following new section:

“SEC. 304. SAME DAY REGISTRATION.

“(a) IN GENERAL.—

“(1) REGISTRATION.—Notwithstanding section 8(a)(1)(D) of the National Voter Registration Act of 1993 (42 U.S.C. 1973gg–6), each State shall permit any eligible individual on the day of a Federal election and on any day when voting, including early voting, is permitted for a Federal election—

“(A) to register to vote in such election at the polling place using a form that meets the requirements under section 9(b) of the National Voter Registration Act of 1993; and

“(B) to cast a vote in such election.

“(2) EXCEPTION.—The requirements under paragraph (1) shall not apply to a State in which, under a State law in effect continuously on and after the date of the enactment of this section, there is no voter registration requirement for individuals in the State with respect to elections for Federal office.

“(b) ELIGIBLE INDIVIDUAL.—For purposes of this section, the term ‘eligible individual’ means, with respect to any election for Federal office, an individual who is otherwise qualified to vote in that election.

“(c) EFFECTIVE DATE.—Each State shall be required to comply with the requirements of subsection (a) for the regularly scheduled general election for Federal office occurring in November 2010 and for any subsequent election for Federal office.”.

(b) CONFORMING AMENDMENTS.—

(1) Section 401 of such Act (42 U.S.C. 15511) is amended by striking “and 303” and inserting “303, and 304”.

(2) The table of contents of such Act is amended—

(A) by redesignating the items relating to sections 304 and 305 as relating to sections 305 and 306, respectively; and

(B) by inserting after the item relating to section 303 the following new item:

“Sec. 304. Same day registration.”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 326—RECOGNIZING THE 40TH ANNIVERSARY OF THE GEORGE BUSH INTERCONTINENTAL AIRPORT IN HOUSTON, TEXAS

Mrs. HUTCHISON (for herself and Mr. CORNYN) submitted the following resolution; which was considered and agreed to:

S. RES. 326

Whereas the George Bush Intercontinental Airport in the City of Houston, Texas (referred to in this resolution as "IAH"), was first opened for operation on June 8, 1969;

Whereas in 1997, IAH was named in honor of the Nation's 41st President, George Herbert Walker Bush, a longtime resident of Houston who, as a member of the Houston congressional delegation, was present at the 1969 opening of the airport;

Whereas IAH is the largest airport in Houston, serving over 43,000,000 passengers in 2008, is the 8th largest airport in the United States and the 16th largest in the world for total passengers served;

Whereas more than 700,000,000 people have passed through IAH's gates since its opening;

Whereas IAH has grown to become a world-class international gateway offering service to more than 109 domestic and 65 nonstop international destinations in over 32 countries;

Whereas in 1990, the city of Houston named the IAH international arrivals building, now the IAH Terminal D, in honor of the distinguished Congressman for the 18th District of Texas, George Thomas "Mickey" Leland, a renowned antipoverty activist who died tragically in 1989 while on a humanitarian visit to Ethiopia;

Whereas IAH operates the largest passenger international arrivals facility in the Nation and was selected by the Department of State and the Department of Homeland Security as the first "Model Port" for its efficiency in welcoming international passengers arriving in the United States;

Whereas IAH is a regional and world leader in air cargo processing, consolidation, and distribution;

Whereas IAH is a critical component of the Houston economy, supporting more than 151,000 jobs and contributing over \$24,000,000,000 in economic benefits to the Houston region; and

Whereas IAH serves 30 airlines and is the headquarters and major hub for award-winning Continental Airlines, which is celebrating its 75th anniversary in 2009: Now, therefore, be it

Resolved that the Senate—

(1) recognizes the 40th anniversary of the founding of the George Bush Intercontinental Airport; and

(2) congratulates officials of the George Bush Intercontinental Airport, the Houston Airport System, and the city of Houston, Texas, for the airport's record of excellent service to the citizens of Houston and the national air transportation system.

SENATE RESOLUTION 327—SUPPORTING THE GOALS AND IDEALS OF NATIONAL DOMESTIC VIOLENCE AWARENESS MONTH 2009 AND EXPRESSING THE SENSE OF THE SENATE THAT CONGRESS SHOULD CONTINUE TO RAISE AWARENESS OF DOMESTIC VIOLENCE IN THE UNITED STATES AND ITS DEVASTATING EFFECTS ON FAMILIES AND COMMUNITIES, AND SUPPORT PROGRAMS DESIGNED TO END DOMESTIC VIOLENCE

Ms. KLOBUCHAR (for herself, Mr. LEAHY, Mr. KOHL, Mr. FEINGOLD, Mrs. GILLIBRAND, Mr. CARPO, Ms. COLLINS, Mr. SPECTER, Ms. LANDRIEU, Ms. STABENOW, Mr. KAUFMAN, Mr. DURBIN, Mr. BROWN, Mr. BURRIS, Mr. WHITEHOUSE, Mr. LAUTENBERG, Mrs. BOXER, and Mrs. HAGAN) submitted the following resolution; which was considered and agreed to:

S. RES. 327

Whereas the President has designated October 2009 as "National Domestic Violence Awareness Month";

Whereas domestic violence affects people of all ages as well as racial, ethnic, gender, economic, and religious backgrounds;

Whereas females are disproportionately victims of domestic violence, and 1 in 4 women will experience domestic violence at some point in her life;

Whereas on average, more than 3 women are murdered by their husbands or boyfriends in the United States every day;

Whereas in 2005, 1,181 women were murdered by an intimate partner constituting 78 percent of all intimate partner homicides that year;

Whereas women ages 16 to 24 experience the highest rates, per capita, of intimate partner violence;

Whereas 1 out of 3 Native American women will be raped and 6 out of 10 will be physically assaulted in their lifetimes;

Whereas the cost of intimate partner violence exceeds \$5,800,000,000 each year, \$4,100,000 of which is for direct medical and mental health care services;

Whereas $\frac{1}{4}$ to $\frac{1}{2}$ of domestic violence victims report that they have lost a job due, at least in part, to domestic violence;

Whereas the annual cost of lost productivity due to domestic violence is estimated at \$727,800,000 with over 7,900,000 paid workdays lost per year;

Whereas some landlords deny housing to victims of domestic violence who have protection orders or evict victims of domestic violence for seeking help after a domestic violence incident, such as by calling 911, or who have other indications that they are domestic violence victims;

Whereas 92 percent of homeless women experience severe physical or sexual abuse at some point in their lifetimes;

Whereas approximately 40 to 60 percent of men who abuse women also abuse children;

Whereas approximately 15,500,000 children are exposed to domestic violence every year;

Whereas children exposed to domestic violence are more likely to attempt suicide, abuse drugs and alcohol, run away from home, and engage in teenage prostitution;

Whereas one large study found that men exposed to physical abuse, sexual abuse, and adult domestic violence as children were almost 4 times more likely than other men to have perpetrated domestic violence as adults;

Whereas nearly 1,500,000 high school students nationwide experienced physical abuse from a dating partner in a single year;

Whereas 13 percent of teenage girls who have been in a relationship report being hit or hurt by their partners and 1 in 4 teenage girls has been in a relationship in which she was pressured by her partner into performing sexual acts;

Whereas adolescent girls who reported dating violence were 60 percent more likely to report one or more suicide attempts in the past year;

Whereas there is a need for middle schools, secondary schools, and post-secondary schools to educate students about the issues of domestic violence, sexual assault, dating violence, and stalking;

Whereas 88 percent of men in a national poll reported that they think that our society should do more to respect women and girls;

Whereas a recently released multi-State study shows conclusively that the Nation's domestic violence shelters are addressing victims' urgent and long-term needs and are helping victims protect themselves and their children;

Whereas a 2008 National Census Survey reported that 60,799 adults and children were served by domestic violence shelters and programs around the Nation in a single day;

Whereas those same understaffed programs were unable to meet 8,927 requests for help that day;

Whereas there is a need to increase funding for programs aimed at intervening and preventing domestic violence in the United States; and

Whereas individuals and organizations that are dedicated to preventing and ending domestic violence should be recognized: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of National Domestic Violence Awareness Month 2009; and

(2) expresses the sense of the Senate that Congress should continue to raise awareness of domestic violence in the United States and its devastating effects on families and communities, and support programs designed to end domestic violence.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2708. Mr. CASEY (for himself and Mrs. GILLIBRAND) submitted an amendment intended to be proposed to amendment SA 2699 submitted by Mr. ISAKSON (for himself and Mr. DODD) and intended to be proposed to the bill H.R. 3548, to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes; which was ordered to lie on the table.

SA 2709. Mr. UDALL of Colorado (for himself, Mr. SCHUMER, Mr. TESTER, Mr. MERKLEY, Mr. WHITEHOUSE, and Mr. LEVIN) submitted an amendment intended to be proposed by him to the bill H.R. 3548, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2708. Mr. CASEY (for himself and Mrs. GILLIBRAND) submitted an amendment intended to be proposed to amendment SA 2699 submitted by Mr. ISAKSON (for himself and Mr. DODD) and intended to be proposed to the bill H.R. 3548, to amend the Supplemental Appropriations Act, 2008 to provide for

the temporary availability of certain additional emergency unemployment compensation, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 5, line 4, strike all through page 7, line 9, and insert the following:

(a) AGE LIMITATION.—

(1) IN GENERAL.—Subsection (b) of section 36 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(3) AGE LIMITATION.—No credit shall be allowed under subsection (a) with respect to the purchase of any residence unless the taxpayer has attained age 18 as of the date of such purchase and is otherwise not eligible to be claimed as a dependent (as defined in section 152) on another tax return. In the case of any taxpayer who is married (within the meaning of section 7703), the taxpayer shall be treated as meeting the age requirement of the preceding sentence if the taxpayer or the taxpayer’s spouse meets such age requirement.”.

(2) CONFORMING AMENDMENT.—Subsection (g) of section 36 of such Code is amended by striking “subsections (c) and (f)(4)(D)” and inserting “subsection (b)(3), (c), and (f)(4)(D)”.

(b) DOCUMENTATION REQUIREMENTS.—

(1) IN GENERAL.—Subsection (d) of section 36 of the Internal Revenue Code of 1986 is amended by striking “or” at the end of paragraph (1), by striking the period at the end of paragraph (2) and inserting a comma, and by adding at the end the following new paragraphs:

“(3) the taxpayer fails to attach to the return of tax for such taxable year a properly executed copy of the settlement statement used to complete such purchase, or

“(4) the taxpayer fails to attach to the return of tax for such taxable year a certified statement of the taxpayer’s eligibility for the tax credit issued by the real estate reporting person (as defined in section 6045(e)(2)) with respect to such purchase. Such certified statement shall be issued in such form and manner as prescribed by the Secretary and prepared based on the reasonable facts and circumstances made known to the reporting person from the taxpayer. The reporting person shall not be held liable due to false statements or facts made by the taxpayer, unless such reporting person had reasonable means to determine such statements or facts were false.”.

(2) ENSURING ELECTRONIC FILING.—The Commissioner of Internal Revenue shall develop rules that enable the Internal Revenue Service to enforce the documentation requirements resulting from the amendments made by paragraph (1) without hindering electronic means of filing tax returns.

(c) RESTRICTION ON MARRIED INDIVIDUAL ACQUIRING RESIDENCE FROM FAMILY OF SPOUSE.—Clause (i) of section 36(c)(3)(A) of the Internal Revenue Code of 1986 is amended by inserting “(or, if married, such individual’s spouse)” after “person acquiring such property”.

(d) CERTAIN ERRORS WITH RESPECT TO THE FIRST-TIME HOMEBUYER TAX CREDIT TREATED AS MATHEMATICAL OR CLERICAL ERRORS.—Paragraph (2) of section 6213(g) of the Internal Revenue Code of 1986 is amended by striking “and” at the end of subparagraph (M), by striking the period at the end of subparagraph (N) and inserting “, and”, and by inserting after subparagraph (N) the following new subparagraph:

“(O) an entry on a return claiming the credit under section 36 if—

“(i) the Secretary obtains information from the person issuing the TIN of the tax-

payer that indicates that the taxpayer does not meet the age requirement of section 36(b)(3),

“(ii) information provided to the Secretary by the taxpayer on an income tax return for at least one of the 2 preceding taxable years is inconsistent with eligibility for such credit, or

“(iii) the taxpayer fails to attach to the return the form described in paragraph (3) or (4) of section 36(d).”.

(e) INVESTIGATION AND PROSECUTION; REPORT.—The Commissioner of Internal Revenue shall take such steps as are necessary to investigate and prosecute instances of fraud related to the first-time homebuyer tax credit under section 36 of the Internal Revenue Code of 1986. The Commissioner of Internal Revenue shall provide reports to Congress on the status of the investigatory and prosecutorial actions not later than 90 days after the date of the enactment of this Act, and quarterly thereafter.

(f) EFFECTIVE DATE.—

SA 2709. Mr. UDALL of Colorado (for himself, Mr. SCHUMER, Mr. TESTER, Mr. MERKLEY, Mr. WHITEHOUSE, and Mr. LEVIN) submitted an amendment intended to be proposed by him to the bill H.R. 3548, to amend the Supplemental Appropriations Act, 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ EXPEDITED CARD REFORM FOR CONSUMERS ACT.

(a) SHORT TITLE.—This section may be cited as the “Expedited CARD Reform for Consumers Act of 2009”.

(b) EARLIER EFFECTIVE DATE FOR THE CREDIT CARD ACT OF 2009, GENERALLY.—Section 3 of the Credit Card Accountability Responsibility and Disclosure Act of 2009 (15 U.S.C. 1602 note) is amended by striking “become effective 9 months after the date of enactment of this Act,” and inserting “take effect on December 1, 2009, except that for a depository institution, as defined in section 19(b)(1)(A) of the Federal Reserve Act (12 U.S.C. 461(b)(1)(A)), with fewer than 2 million credit cards in circulation on the date of the enactment of the Expedited CARD Reform for Consumers Act of 2009, the effective date shall be February 22, 2010.”

(c) EARLIER EFFECTIVE DATES FOR SPECIFIC PROVISIONS TO PREVENT FURTHER ABUSES.—

(1) REVIEW OF PAST CONSUMER INTEREST RATE INCREASES.—Section 148(d) of the Truth in Lending Act (15 U.S.C. 1665c(d)) (as added by section 101(c) of the Credit Card Accountability Responsibility and Disclosure Act of 2009) is amended—

(A) by striking “9 months after the date of enactment of this section” and inserting “December 1, 2009, except that for a depository institution, as defined in section 19(b)(1)(A) of the Federal Reserve Act (12 U.S.C. 461(b)(1)(A)), with fewer than 2 million credit cards in circulation on the date of the enactment of the Expedited CARD Reform for Consumers Act of 2009, the effective date shall be February 22, 2010.”; and

(B) by striking “become effective 15 months after that date of enactment” and inserting “take effect on December 1, 2009, except that for a depository institution, as defined in section 19(b)(1)(A) of the Federal Reserve Act (12 U.S.C. 461(b)(1)(A)), with fewer than 2 million credit cards in circulation on the date of the enactment of the Expedited CARD Reform for Consumers Act of

2009, the effective date shall be August 22, 2010”.

(2) REQUIREMENT THAT PENALTY FEES BE REASONABLE AND PROPORTIONAL TO THE VIOLATION.—Section 149(b) of the Truth in Lending Act (15 U.S.C. 1665d(b)) (as added by section 102(b) of the Credit Card Accountability Responsibility and Disclosure Act of 2009) is amended—

(A) by striking “9 months after the date of enactment of this section,” and inserting “December 1, 2009, except that for a depository institution, as defined in section 19(b)(1)(A) of the Federal Reserve Act (12 U.S.C. 461(b)(1)(A)), with fewer than 2 million credit cards in circulation on the date of the enactment of the Expedited CARD Reform for Consumers Act of 2009, the effective date shall be February 22, 2010.”; and

(B) by striking “become effective 15 months after the date of enactment of the section” and inserting “take effect on December 1, 2009, except that for a depository institution, as defined in section 19(b)(1)(A) of the Federal Reserve Act (12 U.S.C. 461(b)(1)(A)), with fewer than 2 million credit cards in circulation on the date of the enactment of the Expedited CARD Reform for Consumers Act of 2009, the effective date shall be August 22, 2010”.

NOTICES OF HEARINGS

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Senate Committee on Energy and Natural Resources. The hearing will be held on Tuesday, November 10, 2009, at 10 a.m., in room SD-366 of the Dirksen Senate Office Building.

The purpose of this hearing is to receive testimony on policy options for reducing greenhouse gas emissions.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record may do so by sending it to the Committee on Energy and Natural Resources, United States Senate, Washington, D.C. 20510-6150, or by email to Gina_Weinstock@energy.senate.gov

For further information, please contact Jonathan Black at (202) 224-6722 or Gina Weinstock at (202) 224-5684.

SUBCOMMITTEE ON NATIONAL PARKS

Mr. BINGAMAN. Mr. President, the Subcommittee on National Parks had previously announced a hearing to be held on Wednesday, November 4, 2009, at 2:30 p.m., in room SD-366 of the Dirksen Senate Office Building in Washington, DC. In addition to the bills previously listed, the following bill will be included:

H.R. 1287, to authorize the Secretary of the Interior to enter into a partnership with the Porter County Convention, Recreation and Visitor Commission regarding the use of the Dorothy Buell Memorial Visitor Center as a visitor center for the Indiana Dunes National Lakeshore, and for other purposes.

Because of the limited time available for the hearing, witnesses may testify

by invitation only. However, those wishing to submit written testimony for the hearing record should send it to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150, or by email to allison_seyferth@energy.senate.gov.

For further information, please contact David Brooks at (202) 224-9863 or Allison Seyferth at (202) 224-4905.

SUBCOMMITTEE ON WATER AND POWER

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Subcommittee on Water and Power of the Committee on Energy and Natural Resources. The hearing will be held on Thursday, November 5, 2009, at 2:30 p.m., in room SD-366 of the Dirksen Senate Office Building in Washington, DC.

The purpose of the hearing is to receive testimony on the following bills: S. 1757, to provide for the prepayment of a repayment contract between the United States and the Uintah Water Conservancy District, and for other purposes; S. 1758, to provide for the allocation of costs to project power with respect to power development within the Diamond Fork System, and for other purposes; and S. 1759, to authorize certain transfers of water in the Central Valley Project, and for other purposes.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record should send it to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150, or by email to Gina_Weinstock@energy.senate.gov.

For further information, please contact Tanya Trujillo at (202) 224-5479 or Gina Weinstock at (202) 224-5684.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

Ms. STABENOW. Mr. President, I ask unanimous consent that the Committee on Banking, Housing, and Urban Affairs be authorized to meet during the session of the Senate on October 28, 2009, at 9:30 a.m., to conduct a hearing entitled "Dark Pools, Flash Orders, High Frequency Trading, and Other Market Structure Issues."

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

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Ms. STABENOW. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on October 28, 2009, at 2:30 p.m. in room 253 of the Russell Senate Office Building.

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

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Ms. STABENOW. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate on October 28, 2009, at 10 a.m., in room SD-366 of the Dirksen Senate Office Building.

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

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Ms. STABENOW. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works be authorized to meet during the session of the Senate on October 28, 2009, at 9:30 a.m., in room 406 of the Dirksen Senate Office Building to hold a hearing entitled "Legislative Hearing on S. 1733, Clean Energy Jobs and American Power Act."

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

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Ms. STABENOW. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on October 28, 2009.

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

COMMITTEE ON THE JUDICIARY

Ms. STABENOW. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on October 28, 2009, at 10 a.m., in room SD-226 of the Dirksen Office Building, to conduct a hearing entitled "Effective Strategies for Preventing Health Care Fraud."

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

AD HOC SUBCOMMITTEE ON CONTRACTING OVERSIGHT

Ms. STABENOW. Mr. President, I ask unanimous consent that the Ad Hoc Subcommittee on Contracting Oversight of the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on October 28, 2009, at 2:30 p.m. to conduct a hearing entitled, "Achieving the President's Objectives: New OMB Guidance to Combat Waste, Inefficiency, and Misuse in Federal Government Contracting."

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

SPECIAL COMMITTEE ON AGING

Ms. STABENOW. Mr. President, I ask unanimous consent that the Special Committee on Aging be authorized to meet during the session of the Senate on October 28, 2009, from 2-4:30 p.m. in room 562 of the Dirksen Senate Office Building.

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

SUBCOMMITTEE ON NATIONAL PARKS

Ms. STABENOW. Mr. President, I ask unanimous consent that the Subcommittee on National Parks be au-

thorized to meet during the session of the Senate on October 28, 2009, at 2 p.m. in room SD-366 of the Dirksen Senate Office Building.

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

PRIVILEGES OF THE FLOOR

Ms. STABENOW. Mr. President, on behalf of Senator MARK UDALL, I ask unanimous consent that a fellow in his office, Matt Bowen, be granted floor privileges for the duration of the month of October.

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

Mr. CARDIN. Mr. President, I ask unanimous consent that Lauren Bate-man, Caren Street, and Maria Urbina, from Senator REID's office, be granted the privilege of the floor for the month of October.

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

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the Senate proceed to executive session to consider Calendar Nos. 504, 505, 506 to and including 511, except the nomination of BG Michael J. Walsh, 512 to and including 514, 519, 520, and all nominations on the Secretary's desk in the Air Force, Army, Coast Guard, Marine Corps, and Navy; that the nominations be confirmed en bloc; the motions to reconsider be laid upon the table en bloc; that no further motions be in order; that any statements relating to the nominations be printed in the RECORD; provided further that the President be immediately notified of the Senate's action; and the Senate then return to legislative session.

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

The nominations considered and confirmed en bloc are as follows:

NOMINATIONS

IN THE DEPARTMENT OF DEFENSE

Gladys Commons, of Virginia, to be an Assistant Secretary of the Navy.

Christine H. Fox, of Virginia, to be Director of Cost Assessment and Program Evaluation, Department of Defense.

IN THE AIR FORCE

The following named officer for appointment in the United States Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be general

Lt. Gen. Mark A. Welsh, III

IN THE ARMY

The following named officers for appointment to the grade indicated in the United States Army under title 10, U.S.C., section 624:

To be brigadier general

Colonel Kelly J. Thomas

The following named officer for appointment in the Reserve of the Army to the

grade indicated under title 10, U.S.C., section 12203:

To be brigadier general

Col. David L. Weeks

The following named officer for appointment in the United States Army to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Lt. Gen. William B. Caldwell, IV

The following named officer for appointment in the United States Army to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Keith M. Huber

The following named officers for appointment in the United States Army to the grade indicated under title 10, U.S.C., section 624:

To be major general

Brigadier General Joseph J. Anderson
 Brigadier General Mark S. Bowman
 Brigadier General Robert B. Brown
 Brigadier General Edward C. Cardon
 Brigadier General Walter L. Davis
 Brigadier General Genaro J. Dellarocco
 Brigadier General William F. Grimsley
 Brigadier General Michael T. Harrison, Sr.
 Brigadier General David R. Hogg
 Brigadier General Karl R. Horst
 Brigadier General Reuben D. Jones
 Brigadier General Brian A. Keller
 Brigadier General Stephen R. Lanza
 Brigadier General Michael S. Linnington
 Brigadier General Francis G. Mahon
 Brigadier General Joseph E. Martz
 Brigadier General William C. Mayville, Jr.
 Brigadier General James C. McConville
 Brigadier General James M. McDonald
 Brigadier General Phillip E. McGhee
 Brigadier General Patricia E. McQuiston
 Brigadier General William N. Phillips
 Brigadier General Dana J. H. Pittard
 Brigadier General David E. Quantock
 Brigadier General Michael S. Repass
 Brigadier General Todd T. Semonite
 Brigadier General Thomas W. Spoehr
 Brigadier General Kurt J. Stein
 Brigadier General Michael J. Terry
 Brigadier General Simeon G. Trombitas
 Brigadier General Keith C. Walker
 Brigadier General Perry L. Wiggins

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be vice admiral

Vice Adm. David J. Dorsett

The following named officer for appointment in the United States Navy to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be vice admiral

Vice Adm. Robert S. Harward, Jr.

The following named officer for appointment in the United States Navy to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be vice admiral

Vice Adm. Harry B. Harris, Jr.

IN THE COAST GUARD

The following named officer for appointment in the United States Coast Guard Reserve to the grade indicated under title 10, U.S.C., section 12203:

To be rear admiral (lower half)

Capt. John S. Welch

The following named officers for appointment in the United States Coast Guard to the grade indicated under title 14, U.S.C., section 271:

To be rear admiral (lower half)

Captain Daniel B. Abel
 Captain Vincent B. Atkins
 Captain Stephen E. Mehling
 Captain Karl L. Schultz
 Captain Sandra L. Stosz
 Captain Cari B. Thomas
 Captain Christopher J. Tomney

IN THE AIR FORCE

PN981 AIR FORCE nominations (51) beginning ROBERT B. O. ALLEN, and ending TED K. WINRIGHT, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN1099 AIR FORCE nomination of Christopher J. Ogrady, which was received by the Senate and appeared in the Congressional Record of October 15, 2009.

PN1100 AIR FORCE nomination of Michael R. Spencer, which was received by the Senate and appeared in the Congressional Record of October 15, 2009.

PN1101 AIR FORCE nominations (4) beginning SCOTT A. PAFFENROTH, and ending ROBERT M. TAYLOR, which nominations were received by the Senate and appeared in the Congressional Record of October 15, 2009.

PN1102 AIR FORCE nominations (4) beginning MISAEEL C. ALONSO, and ending DERICK B. WILLSEY, which nominations were received by the Senate and appeared in the Congressional Record of October 15, 2009.

PN1103 AIR FORCE nominations (6) beginning DANA J. ALBALATE, and ending LUZ E. RODRIGUEZ, which nominations were received by the Senate and appeared in the Congressional Record of October 15, 2009.

IN THE ARMY

PN366 ARMY nomination of Charles T. Kirchmaier, which was received by the Senate and appeared in the Congressional Record of April 23, 2009.

PN984 ARMY nomination of Bruce P. Crandall, which was received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN985 ARMY nominations (5) beginning KENNETH E. DUVAL, and ending RANDALL M. ZEEGERS, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN986 ARMY nominations (11) beginning JENNIFER E. CHOATE, and ending RODNEY E. RUDOLPH, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN1039 ARMY nominations (11) beginning LEAR E. DUTTON, and ending MARCUS C. WHITE, which nominations were received by the Senate and appeared in the Congressional Record of September 30, 2009.

PN1040 ARMY nominations (19) beginning DANIEL T. AMES, and ending THOMAS B. WHEATLEY, which nominations were received by the Senate and appeared in the Congressional Record of September 30, 2009.

PN1104 ARMY nominations (2) beginning KENNETH E. LAWSON, and ending KRISTINA D. MOELLER, which nominations were received by the Senate and appeared in the Congressional Record of October 15, 2009.

PN1105 ARMY nominations (5) beginning LAWRENCE C. DENNIS, and ending JOHN H. TATUM, which nominations were received by the Senate and appeared in the Congressional Record of October 15, 2009.

PN1106 ARMY nominations (13) beginning BARRY R. BARON, and ending ISTVAN SZASZ JR., which nominations were received by the Senate and appeared in the Congressional Record of October 15, 2009.

IN THE COAST GUARD

PN889 COAST GUARD nomination of Thomas J. Riley, which was received by the Senate and appeared in the Congressional Record of August 6, 2009.

PN890 COAST GUARD nomination of Shadrack L. Scheirman, which was received by the Senate and appeared in the Congressional Record of August 6, 2009.

PN891 COAST GUARD nomination of Chad R. Harvey, which was received by the Senate and appeared in the Congressional Record of August 6, 2009.

PN892 COAST GUARD nomination of Michele L. Schallip, which was received by the Senate and appeared in the Congressional Record of August 6, 2009.

PN977 COAST GUARD nominations (9) beginning Edgars Auzenbergs, and ending Michael F. Wilson, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN978 COAST GUARD nominations (4) beginning Melinda D. McGurer, and ending Royce W. James, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN979 COAST GUARD nominations (64) beginning Nicholas A. Bartolotta, and ending Jerald L. Woloszynski, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN1035 COAST GUARD nominations (114) beginning Ladonn A. Allen, and ending James A. Williamson, which nominations were received by the Senate and appeared in the Congressional Record of September 30, 2009.

PN1095 COAST GUARD nominations (256) beginning Jennifer L. Adams, and ending Bradford W. Youngkin, which nominations were received by the Senate and appeared in the Congressional Record of October 15, 2009.

IN THE MARINE CORPS

PN987 MARINE CORPS nomination of Bradley L. Lowe, which was received by the Senate and appeared in the Congressional Record of September 21, 2009.

IN THE NAVY

PN988 NAVY nomination of Daniel A. Freilich, which was received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN989 NAVY nominations (5) beginning ROBERT R. LIU, and ending NATASHA L. FLEMENS, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN990 NAVY nominations (11) beginning IRWIN ELSTEIN, and ending DOUGLAS A. TOMLINSON, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN991 NAVY nominations (7) beginning RUSSELL P. BATES, and ending TIMOTHY G. NASELLO, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN992 NAVY nominations (58) beginning OSCAR D. ANTILLON, and ending MATTHEW T. WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN993 NAVY nominations (55) beginning DOYLE S. ADAMS, and ending EUGENE WOZNIAK, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN994 NAVY nominations (30) beginning RYAN M. ANDERSON, and ending BRENT E. TROYAN, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN995 NAVY nominations (90) beginning RUBEN A. ALCOCER, and ending MICHAEL

P. YUNKER, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN996 NAVY nominations (87) beginning ANACLATO B. ANCHETA JR., and ending LAWRENCE S. ZOBACK, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN997 NAVY nominations (136) beginning OSMEL ALFONSO, and ending MARJORIE A. WYTKA, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN998 NAVY nominations (28) beginning WILLIAM M. ANDERSON, and ending JEFFREY R. WESSEL, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN999 NAVY nominations (201) beginning PAUL J. ALEA, and ending GEOFFREY W. WILSON, which nominations were received by the Senate and appeared in the Congressional Record of September 21, 2009.

PN1107 NAVY nomination of Raul L. Barrientos, which was received by the Senate and appeared in the Congressional Record of October 15, 2009.

PN1108 NAVY nominations (4) beginning RICARDO B. EUSEBIO, and ending DAVID L. WILKEY, which nominations were received by the Senate and appeared in the Congressional Record of October 15, 2009.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now return to legislative session.

RECOGNIZING THE 40TH ANNIVERSARY OF THE GEORGE BUSH INTERCONTINENTAL AIRPORT

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of S. Res. 326, which was submitted earlier today.

The PRESIDING OFFICER. The clerk will report the title of the resolution.

The bill clerk read as follows:

A resolution (S. Res. 326) recognizing the 40th anniversary of the George Bush Intercontinental Airport in Houston, Texas.

There being no objection, the Senate proceeded to consider the resolution.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table.

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

The resolution (S. Res. 326) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 326

Whereas the George Bush Intercontinental Airport in the City of Houston, Texas (referred to in this resolution as "IAH"), was first opened for operation on June 8, 1969;

Whereas in 1997, IAH was named in honor of the Nation's 41st President, George Herbert Walker Bush, a longtime resident of Houston who, as a member of the Houston congressional delegation, was present at the 1969 opening of the airport;

Whereas IAH is the largest airport in Houston, serving over 43,000,000 passengers in 2008,

is the 8th-largest airport in the United States and the 16th-largest in the world for total passengers served;

Whereas more than 700,000,000 people have passed through IAH's gates since its opening;

Whereas IAH has grown to become a world-class international gateway offering service to more than 109 domestic and 65 nonstop international destinations in over 32 countries;

Whereas in 1990, the city of Houston named the IAH international arrivals building, now the IAH Terminal D, in honor of the distinguished Congressman for the 18th District of Texas, George Thomas "Mickey" Leland, a renowned antipoverty activist who died tragically in 1989 while on a humanitarian visit to Ethiopia;

Whereas IAH operates the largest passenger international arrivals facility in the Nation and was selected by the Department of State and the Department of Homeland Security as the first "Model Port" for its efficiency in welcoming international passengers arriving in the United States;

Whereas IAH is a regional and world leader in air cargo processing, consolidation, and distribution;

Whereas IAH is a critical component of the Houston economy, supporting more than 151,000 jobs and contributing over \$24,000,000,000 in economic benefits to the Houston region; and

Whereas IAH serves 30 airlines and is the headquarters and major hub for award-winning Continental Airlines, which is celebrating its 75th anniversary in 2009: Now, therefore, be it

Resolved, by the Senate, That the Senate—
(1) recognizes the 40th anniversary of the founding of the George Bush Intercontinental Airport; and

(2) congratulates officials of the George Bush Intercontinental Airport, the Houston Airport System, and the city of Houston, Texas, for the airport's record of excellent service to the citizens of Houston and the national air transportation system.

SUPPORTING THE GOALS OF THE NATIONAL DOMESTIC VIOLENCE AWARENESS MONTH 2009

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 327, which was submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The bill clerk read as follows:

A resolution (S. Res. 327) supporting the goals and ideals of National Domestic Violence Awareness Month 2009 and expressing the sense of the Senate that Congress should continue to raise awareness of domestic violence in the United States and its devastating effects on families and communities, and support programs designed to end domestic violence.

There being no objection, the Senate proceeded to consider the resolution.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that any statements related to the resolution be printed in the RECORD.

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

The resolution (S. Res. 327) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 327

Whereas the President has designated October 2009 as "National Domestic Violence Awareness Month";

Whereas domestic violence affects people of all ages as well as racial, ethnic, gender, economic, and religious backgrounds;

Whereas females are disproportionately victims of domestic violence, and 1 in 4 women will experience domestic violence at some point in her life;

Whereas on average, more than 3 women are murdered by their husbands or boyfriends in the United States every day;

Whereas in 2005, 1,181 women were murdered by an intimate partner constituting 78 percent of all intimate partner homicides that year;

Whereas women ages 16 to 24 experience the highest rates, per capita, of intimate partner violence;

Whereas 1 out of 3 Native American women will be raped and 6 out of 10 will be physically assaulted in their lifetimes;

Whereas the cost of intimate partner violence exceeds \$5,800,000,000 each year, \$4,100,000 of which is for direct medical and mental health care services;

Whereas ¼ to ½ of domestic violence victims report that they have lost a job due, at least in part, to domestic violence;

Whereas the annual cost of lost productivity due to domestic violence is estimated at \$727,800,000 with over 7,900,000 paid workdays lost per year;

Whereas some landlords deny housing to victims of domestic violence who have protection orders or evict victims of domestic violence for seeking help after a domestic violence incident, such as by calling 911, or who have other indications that they are domestic violence victims;

Whereas 92 percent of homeless women experience severe physical or sexual abuse at some point in their lifetimes;

Whereas approximately 40 to 60 percent of men who abuse women also abuse children;

Whereas approximately 15,500,000 children are exposed to domestic violence every year;

Whereas children exposed to domestic violence are more likely to attempt suicide, abuse drugs and alcohol, run away from home, and engage in teenage prostitution;

Whereas one large study found that men exposed to physical abuse, sexual abuse, and adult domestic violence as children were almost 4 times more likely than other men to have perpetrated domestic violence as adults;

Whereas nearly 1,500,000 high school students nationwide experienced physical abuse from a dating partner in a single year;

Whereas 13 percent of teenage girls who have been in a relationship report being hit or hurt by their partners and 1 in 4 teenage girls has been in a relationship in which she was pressured by her partner into performing sexual acts;

Whereas adolescent girls who reported dating violence were 60 percent more likely to report one or more suicide attempts in the past year;

Whereas there is a need for middle schools, secondary schools, and post-secondary schools to educate students about the issues of domestic violence, sexual assault, dating violence, and stalking;

Whereas 88 percent of men in a national poll reported that they think that our society should do more to respect women and girls;

Whereas a recently released multi-State study shows conclusively that the Nation's domestic violence shelters are addressing

victims' urgent and long-term needs and are helping victims protect themselves and their children;

Whereas a 2008 National Census Survey reported that 60,799 adults and children were served by domestic violence shelters and programs around the Nation in a single day;

Whereas those same understaffed programs were unable to meet 8,927 requests for help that day;

Whereas there is a need to increase funding for programs aimed at intervening and preventing domestic violence in the United States; and

Whereas individuals and organizations that are dedicated to preventing and ending domestic violence should be recognized: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of National Domestic Violence Awareness Month 2009; and

(2) expresses the sense of the Senate that Congress should continue to raise awareness of domestic violence in the United States and its devastating effects on families and communities, and support programs designed to end domestic violence.

MEASURES READ THE FIRST TIME—H.R. 3617 AND S. 1963

Mr. WHITEHOUSE. Mr. President, I understand there are two bills at the desk, and I ask for their first reading en bloc.

The PRESIDING OFFICER. The clerk will state the bills by title.

The bill clerk read as follows:

A bill (H.R. 3617) to provide an extension of Federal-aid highway, highway safety, motor carrier safety, transit, and other programs funded out of the Highway Trust Fund pending enactment of a multiyear law reauthorizing such programs.

A bill (S. 1963) to amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes.

Mr. WHITEHOUSE. Mr. President, I ask for a second reading en bloc and object to my own request.

The PRESIDING OFFICER. Objection is heard. The bills will receive their second reading on the next legislative day.

APPOINTMENT

The PRESIDING OFFICER. The Chair, on behalf of the President of the Senate, and after consultation with the Republican leader, pursuant to Public Law 106-286, appoints the following Member to serve on the Congressional-Executive Commission on the People's Republic of China: The Honorable GEORGE LEMIEUX of Florida.

ORDERS FOR THURSDAY, OCTOBER 29, 2009

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m. tomorrow, Thursday, October 29; that following the prayer and 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, and the Senate proceed to a period for the transaction of morning business, with Senators permitted to speak for up to 10 minutes each, with the Republicans controlling the first hour and the majority controlling the second hour; further, that any time during morning business, adjournment or recess of the Senate count postcloture.

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

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. WHITEHOUSE. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 8:06 p.m., adjourned until Thursday, October 29, 2009, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

EXECUTIVE OFFICE OF THE PRESIDENT

PHILIP E. COYLE, III, OF CALIFORNIA, TO BE AN ASSOCIATE DIRECTOR OF THE OFFICE OF SCIENCE AND TECHNOLOGY POLICY, VICE ROSINA M. BIERBAUM.

SELECTIVE SERVICE SYSTEM

LAWRENCE G. ROMO, OF TEXAS, TO BE DIRECTOR OF THE SELECTIVE SERVICE, VICE WILLIAM A. CHATFIELD, RESIGNED.

IN THE ARMY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL SPECIALIST CORPS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be colonel

ANULI L. ANYACHEBELU
MYRNA C. CALLISON
DANNY B. JAGHAB
JOHN M. STANG

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY VETERINARY CORPS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be colonel

ANTHONY C. BOSTICK
BRIAN J. GENTILE
CHRIS E. HANSON
ANNETTE K. HILDABRAND
KELLY A. MANN
JAMES T. SHEETS
JOSEPH G. WILLIAMSON

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY NURSE CORPS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be colonel

RISA D. BATOR
MONA O. BINGHAM
ANN M. BLUNT
TRACI E. CRAWFORD
MARGARET A. DIXON
RICHARD L. EVANS, JR.
KEVIN T. GALLOWAY
LENA F. GAUDREAU
STEPHEN K. HALL
RICHARDSON D. JAMES
GARY M. LANG
GLENDA J. LOCK
WILLIAM J. MORAN, JR.
MARIE C. MORENCY
JOHN A. NERGES
JENNIFER L. PETERSEN
SHELLEY A. RICE
KIMBERLY A. SMITH
ORTIZ S. TILLMAN
STEPHANIE C. WILCHER
THOMAS R. YARBER

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY MEDICAL SERVICE CORPS UNDER TITLE 10, U.S.C., SECTIONS 624 AND 3064:

To be colonel

JAMES R. ANDREWS

PAUL D. BLIESE
KARL C. BOLTON
MARK W. BOWER
JOHN D. BUTLER
NOEL J. CARDENAS
SCOTT A. CARPENTER
THOMAS C. DELK
RICK G. DICKINSON
RAYMOND S. DINGLE
WILLIAM S. DRENNON
EMERY B. FEHL
CHERYL L. FILBY
JONATHAN C. FRISTOE
WILLIAM T. GOFORTH
WENDY L. HARTER
EVELYN JACKSON
RONALD L. KROGH
JOHN P. LAMOUREUX
ALEJANDRO LOPEZDUKE
TIMOTHY P. LYONS
MATTHEW E. MATTNER
REBECCA I. PORTER
DAVID G. RICHARDSON
CAROL Z. RYMER
JOHN A. SMITH
ANDREA M. STAHL
KEVIN J. STEVENS
RANDY STORY
SCOTT A. SVABEK
MICHAEL A. SWALKO
MICHAEL J. TALLEY
JERRY S. THOMAS
STEVEN A. TOFT
VICKIE L. TUTEN
ROBERT L. VONTERSCH
SHANDA M. ZUGNER

CONFIRMATIONS

Executive nominations confirmed by the Senate, Wednesday, October 28, 2009:

DEPARTMENT OF DEFENSE

GLADYS COMMONS, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF THE NAVY.

CHRISTINE H. FOX, OF VIRGINIA, TO BE DIRECTOR OF COST ASSESSMENT AND PROGRAM EVALUATION, DEPARTMENT OF DEFENSE.

IN THE COAST GUARD

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES COAST GUARD RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be rear admiral (lower half)

CAPT. JOHN S. WELCH

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES COAST GUARD TO THE GRADE INDICATED UNDER TITLE 14, U.S.C., SECTION 271:

To be rear admiral (lower half)

CAPTAIN DANIEL B. ABEL
CAPTAIN VINCENT B. ATKINS
CAPTAIN STEPHEN E. MEHLING
CAPTAIN KARL L. SCHULTZ
CAPTAIN SANDRA L. STOSZ
CAPTAIN CARI B. THOMAS
CAPTAIN CHRISTOPHER J. TOMNEY

THE ABOVE NOMINATIONS WERE APPROVED SUBJECT TO THE NOMINEES' COMMITMENT TO RESPOND TO REQUESTS TO APPEAR AND TESTIFY BEFORE ANY DULY CONSTITUTED COMMITTEE OF THE SENATE.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be general

LT. GEN. MARK A. WELSH III

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general

COLONEL KELLY J. THOMAS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. DAVID L. WEEKS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

LT. GEN. WILLIAM B. CALDWELL IV

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. KEITH M. HUBER

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIGADIER GENERAL JOSEPH J. ANDERSON
 BRIGADIER GENERAL MARK S. BOWMAN
 BRIGADIER GENERAL ROBERT B. BROWN
 BRIGADIER GENERAL EDWARD C. CARDON
 BRIGADIER GENERAL WALTER L. DAVIS
 BRIGADIER GENERAL GENARO J. DELLAROCO
 BRIGADIER GENERAL WILLIAM F. GRIMSLEY
 BRIGADIER GENERAL MICHAEL T. HARRISON, SR.
 BRIGADIER GENERAL DAVID R. HOGG
 BRIGADIER GENERAL KARL R. HORST
 BRIGADIER GENERAL REUBEN D. JONES
 BRIGADIER GENERAL BRIAN A. KELLER
 BRIGADIER GENERAL STEPHEN R. LANZA
 BRIGADIER GENERAL MICHAEL S. LINNINGTON
 BRIGADIER GENERAL FRANCIS G. MAHON
 BRIGADIER GENERAL JOSEPH E. MARTZ
 BRIGADIER GENERAL WILLIAM C. MAYVILLE, JR.
 BRIGADIER GENERAL JAMES C. MCCONVILLE
 BRIGADIER GENERAL JAMES M. MCDONALD
 BRIGADIER GENERAL PHILLIP E. MCGHEE
 BRIGADIER GENERAL PATRICIA E. MCQUISTION
 BRIGADIER GENERAL WILLIAM N. PHILLIPS
 BRIGADIER GENERAL DANA J. H. PITTARD
 BRIGADIER GENERAL DAVID E. QUANTOCK
 BRIGADIER GENERAL MICHAEL S. REPP
 BRIGADIER GENERAL TODD T. SEMONITE
 BRIGADIER GENERAL THOMAS W. SPOEHR
 BRIGADIER GENERAL KURT J. STEIN
 BRIGADIER GENERAL MICHAEL J. TERRY
 BRIGADIER GENERAL SIMEON G. TROMBITAS
 BRIGADIER GENERAL KEITH C. WALKER
 BRIGADIER GENERAL PERRY L. WIGGINS

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

VICE ADM. DAVID J. DORSETT

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

VICE ADM. ROBERT S. HARWARD, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

VICE ADM. HARRY B. HARRIS, JR.

IN THE AIR FORCE

AIR FORCE NOMINATIONS BEGINNING WITH ROBERT B. O. ALLEN AND ENDING WITH TED K. WINRIGHT, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

AIR FORCE NOMINATION OF CHRISTOPHER J. OGRADY, TO BE LIEUTENANT COLONEL.

AIR FORCE NOMINATION OF MICHAEL R. SPENCER, TO BE LIEUTENANT COLONEL.

AIR FORCE NOMINATIONS BEGINNING WITH SCOTT A. PAFFENROTH AND ENDING WITH ROBERT M. TAYLOR, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE

AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 15, 2009.

AIR FORCE NOMINATIONS BEGINNING WITH MISAEAL C. ALONSO AND ENDING WITH DERRICK B. WILLSEY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 15, 2009.

AIR FORCE NOMINATIONS BEGINNING WITH DANA J. ALBALATE AND ENDING WITH LUZ E. RODRIGUEZ, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 15, 2009.

IN THE ARMY

ARMY NOMINATION OF CHARLES T. KIRCHMAIER, TO BE LIEUTENANT COLONEL.

ARMY NOMINATION OF BRUCE P. CRANDALL, TO BE COLONEL.

ARMY NOMINATIONS BEGINNING WITH KENNETH E. DUVAL AND ENDING WITH RANDALL M. ZEEGERS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

ARMY NOMINATIONS BEGINNING WITH JENNIFER E. CHOATE AND ENDING WITH RODNEY E. RUDOLPH, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

ARMY NOMINATIONS BEGINNING WITH LEAR E. DUTTON AND ENDING WITH MARCUS C. WHITE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 30, 2009.

ARMY NOMINATIONS BEGINNING WITH DANIEL T. AMES AND ENDING WITH THOMAS B. WHEATLEY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 30, 2009.

ARMY NOMINATIONS BEGINNING WITH KENNETH E. LAWSON AND ENDING WITH KRISTINA D. MOELLER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 15, 2009.

ARMY NOMINATIONS BEGINNING WITH LAWRENCE C. DENNIS AND ENDING WITH JOHN H. TATUM, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 15, 2009.

ARMY NOMINATIONS BEGINNING WITH BARRY R. BARON AND ENDING WITH ISTVAN SZASZ, JR., WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 15, 2009.

IN THE COAST GUARD

COAST GUARD NOMINATION OF THOMAS J. RILEY, TO BE LIEUTENANT.

COAST GUARD NOMINATION OF SHADRACK L. SCHEERMAN, TO BE LIEUTENANT.

COAST GUARD NOMINATION OF CHAD R. HARVEY, TO BE LIEUTENANT.

COAST GUARD NOMINATION OF MICHELE L. SCHALLIP, TO BE LIEUTENANT.

COAST GUARD NOMINATIONS BEGINNING WITH EDGARS AUZENBERGS AND ENDING WITH MICHAEL F. WILSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

COAST GUARD NOMINATIONS BEGINNING WITH MELINDA D. MCGURER AND ENDING WITH ROYCE W. JAMES, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

COAST GUARD NOMINATIONS BEGINNING WITH NICHOLAS A. BARTOLOTTA AND ENDING WITH JERALD L. WOLOSZYNSKI, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

COAST GUARD NOMINATIONS BEGINNING WITH LADONN A. ALLEN AND ENDING WITH JAMES A. WILLIAMSON,

WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 30, 2009.

COAST GUARD NOMINATIONS BEGINNING WITH JENNIFER L. ADAMS AND ENDING WITH BRADFORD W. YOUNGKIN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 15, 2009.

IN THE MARINE CORPS

MARINE CORPS NOMINATION OF BRADLEY L. LOWE, TO BE COLONEL.

IN THE NAVY

NAVY NOMINATION OF DANIEL A. FRELICH, TO BE CAPTAIN.

NAVY NOMINATIONS BEGINNING WITH ROBERT R. LIU AND ENDING WITH NATASHA L. FLEMENS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH IRWIN ELSTEIN AND ENDING WITH DOUGLAS A. TOMLINSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH RUSSELL P. BATES AND ENDING WITH TIMOTHY G. NASELLO, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH OSCAR D. ANTILLON AND ENDING WITH MATTHEW T. WILLIAMS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH DOYLE S. ADAMS AND ENDING WITH EUGENE WOZNIK, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH RYAN M. ANDERSON AND ENDING WITH BRENT E. TROYAN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH RUBEN A. ALCOCER AND ENDING WITH MICHAEL P. YUNKER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH ANACLATO B. ANCHETA, JR. AND ENDING WITH LAWRENCE S. ZOBACK, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH OSMEAL ALFONSO AND ENDING WITH MARJORIE A. WYTZKA, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH WILLIAM M. ANDERSON AND ENDING WITH JEFFREY R. WESSEL, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATIONS BEGINNING WITH PAUL J. ALEA AND ENDING WITH GEOFFREY W. WILSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 21, 2009.

NAVY NOMINATION OF RAUL L. BARRIENTOS, TO BE LIEUTENANT COMMANDER.

NAVY NOMINATIONS BEGINNING WITH RICARDO B. EUSEBIO AND ENDING WITH DAVID L. WILKEY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 15, 2009.