

HEALTH CARE REFORM

Mr. HATCH. Mr. President, I would like to take my time to talk about the critical issue of health care reform as this body stands at a historic crossroad on this national challenge.

We have never seen anything like the issues facing our country right now. The line between private businesses and public government has never been so blurred. Just look at this chart I have in the Chamber. Government effectively owns several of our Nation's institutions: insurance companies, financial institutions, banks and automobile manufacturers. CEOs have been fired by government bureaucrats, and Washington is now in the business of dictating salaries in the private sector. With government takeovers on the rise, drastic labor law changes being pushed forward, and sweeping new corporate taxes circling overhead, we are truly moving toward a European-style government at a time when most European countries are moving away from it.

I deliver these remarks with a heavy heart because what could have been a strong, bipartisan bill reflecting our collective and genuine desire for responsible health care reform on one-sixth of the American economy continues to be an extremely partisan exercise, pushing for more Federal spending, bigger government, and higher taxes as a flawed solution.

At the outset, let me make one point as clearly as possible. We are all for reform, everybody on this floor. Every Republican colleague whom I have talked to wants to reform our current health care system. Ensuring access to affordable and quality health care for every American is not a Republican nor is it a Democrat issue or idea; it is an American issue. Our Nation expects us to solve this challenge in an open, honest, and responsible manner.

Clearly, health care spending continues to grow too fast. This year will mark the largest ever 1-year jump in the health care share of our GDP—a full percentage point, to 17.6 percent. Growing health care costs translate directly into higher coverage costs.

Since the last decade, the cost of health coverage has increased by 120 percent—three times the growth of inflation and four times the growth of wages. Rising costs is the primary driver behind why we continue to see a rising number of uninsured in our country and why an increasing number of businesses find it hard to compete in a global market. Without addressing this central problem, we cannot have a real and sustainable health care reform bill.

Unfortunately, the Senate health bill, according to the nonpartisan Congressional Budget Office, will actually increase Federal spending by \$160 billion in the next 10 years instead of lowering it. Mr. President, you heard me right: It will increase spending.

After the rushed stimulus bill, Americans are rightly concerned about what is being pushed through this Demo-

cratic Congress. The rush to pass something that will affect every American life and business has raised concerns all around our Nation. In a recent Gallup Poll, a majority of Americans believed their health care costs could actually get worse under the Democratic health care plans. So why are Americans so skeptical and concerned? Because they are being promised the impossible. They are being told that this trillion-dollar addition of taxpayer dollars to our health care system will actually preserve their current benefits, not raise their taxes, and it will reduce the Federal deficit. Even David Copperfield would be hard pressed to pull off this trick.

Many Americans recently had a firsthand encounter with the efficiency of the Federal Government in administering the H1N1 vaccination around the country. Their experience consisted of standing in long lines for several hours in sterile government buildings, only to be told they were suddenly out of doses.

Republicans in Congress agree with the majority of Americans who believe that just throwing more hard-earned taxpayer dollars at a problem will not deliver meaningful reform. Simply telling the American people that the solution for solving a \$2 trillion health care system is to simply spend another \$2.5 trillion just does not make sense.

With nearly a half trillion dollars in new taxes, this big stack of papers is a textbook example of the liberal tax-and-spend philosophy. Now compare that with the Constitution of the United States. This little booklet contains the whole Constitution of the United States. Yet we have a health care bill that is 2,024 pages long. Come on. That is an example of the liberal tax-and-spend philosophy we see around here.

Here are some of the highlights of this piece—this piece of equipment, this bill, this massive, massive bill; I can hardly lift the darn thing—\$28 billion in new taxes on employers through a mandate that will disproportionately affect low-income Americans, and all at a time when our unemployment rate stands at an unacceptable 10.2 percent; \$8 billion in new taxes on Americans who fail to buy a Washington-defined level of health care coverage; \$372 billion in new taxes on everything from insurance premiums, to prescription drugs, to hearing devices and wheelchairs—all of which are going to be passed on to the consumers, most all of whom are earning less than \$200,000 a year. As I said, there is no such thing as a free lunch, especially when Washington is inviting you over.

Representatives from both the Congressional Budget Office, CBO, and the Joint Committee on Taxation, JCT, have testified before the Finance Committee that these taxes will be passed on to the consumers. That is you and me. That is you and me and every other constituent in this country. So even though the bill tries to hide these

costs as indirect taxes, average Americans who purchase health plans, use prescription drugs, and buy medical devices—everything from hearing aids to crutches—will end up footing the bill.

By the way, we all know when this bill is fully implemented it will cost significantly more. Every time Washington tells you something will cost \$1, you can count on it costing \$10. History is prologue. Medicare started off with a \$65 million—that is with an “m”—a year budget and now it has a \$400 billion budget. So look for these taxes only to go up in the future, as we have just given the Federal Government a whole new checkbook, if we pass this bill.

Let me also talk a little bit about the myth of this health care reform proposal actually reducing the deficit. Here is the harsh reality: The Congressional Budget Office recently reported that our national deficit for fiscal year 2009 alone was a shocking \$1.4 trillion.

Let me put this in perspective. We have exploding deficits. In 2008, it was \$459 billion—the last year of the Bush administration. In the first year of the Obama administration, it is \$1.4 trillion. It is more than three times our deficit from last year and almost 10 percent of the entire economy. This is the largest yearly deficit since 1945. This should send shivers down the spine of every American out there. We are literally drowning this Nation and the future of this Nation in a sea of red ink.

The biggest bait-and-switch on the American people about the bill's impact on the deficit is a simple math trick. If something is expensive to do for a full 10-year period, just do it for 5 years and call it 10 years. Most of the major spending provisions of the bill do not go into effect until 2014 or even later—coincidentally, after the 2012 Presidential elections. So what we are seeing is not a full 10-year score but, rather, a 5- to 6-year score.

Now chart 3: This is the real cost of the Senate plan. The CBO score—because it only scores, really, basically 5 or 6 years because major provisions of the bill are not implemented until 2014, in some respects up to 2015—they claim, is only \$849 billion, or less than \$1 trillion. But the full 10-year score, according to the Senate Budget Committee, fully implemented, if you do it for 10 years, is \$2.5 trillion. The House bill is even at a more astonishing level of \$3 trillion.

Let me go to chart 4, because in our current fiscal environment, where the government will have to borrow nearly 43 cents of every \$1 it spends this year, let's think hard about what we are doing to our country and our future generations.

For months, I have been pushing for a fiscally responsible and step-by-step proposal that recognizes our current need for spending restraints while starting us on a path to sustainable health care reform. There are several areas of consensus that can form the

basis for a sustainable, fiscally responsible, and bipartisan reform. These include reforming the health insurance market for every American by making sure no American is denied coverage simply based on a preexisting condition; protecting the coverage for almost 85 percent of Americans who already have coverage they like by making it more affordable—this means reducing costs by rewarding quality and coordinated care, by giving families more information on the cost and choices of their coverage and treatment options, by discouraging frivolous lawsuits, and by promoting prevention and wellness measures.

We should give States flexibility to design their own unique approaches to health care reform in accordance with their own demographics. Utah is not New York and New York is not Utah. Actually, what works in New York will most likely not work in New York, let alone Utah. As we move forward on health care reform, it is important to recognize that every State has its own unique mix of demographics and each State has developed its own institutions to address its challenges. And each has its own successes.

There is an enormous reservoir of expertise, experience, and field-tested reform out there. We should take advantage of that by placing States at the center of health care reform efforts so they can use approaches that best reflect their needs and challenges. We should utilize the principle of federalism by having 50 State laboratories where we can look at the other States and see what works and what does not. Utah is a State where we have a tremendous health care system. It is rated one of the top three in this Nation. Wouldn't other States be benefited by looking at the Utah system, or Minnesota? The Minnesota system is a very good system, according to what they tell me. We could learn from them. You could learn from all 50 States what to do and what not to do. Utah has taken important and aggressive steps toward sustainable health care reform. The current efforts to introduce a defined contribution health benefits system and implement the Utah Health Exchange are laudable accomplishments.

Just like you, I strongly believe a one-size-fits-all Washington solution is not the right approach. We should empower small businesses and self-employed entrepreneurs—the job-creating engines and lifeblood of our economy—to buy affordable coverage by giving them the same purchasing advantages as the large companies.

Unfortunately, the path we are taking in Washington right now is simply spend another \$2.5 trillion of taxpayer money to further expand the role of the Federal Government. Republicans want to sit down and write a bill together to achieve sustainable reform that we can all afford. We do not believe in the “our way or the highway” approach on an issue that will affect every American life and every American business.

Republicans have put forth ideas, both comprehensive and incremental, through this health care reform debate, especially during committee considerations.

These ideas were either summarily rejected on party line votes or simply stripped out in the dark of the night before the final version was released. And this version is no exception. This version was done in the back rooms of the Capitol with the White House and very few Senators cobbling together what they thought would be a compromise between the HELP bill and the Finance Committee bill, and maybe even with some consideration to the House bill. There was no real bipartisan work on this bill. There was no real attempt to try and bring people together. It was strictly a partisan bill, as have been the HELP Committee bill, primarily the Finance Committee bill, and above all, the House bill.

I am especially disappointed that the President and the Democratic leadership in the House and the Senate have chosen to pursue the creation of a new government-run plan—one of the most divisive issues in health care reform—rather than focusing on broad areas of compromise that can lead us toward bipartisan health care reform legislation. At a time when major government programs such as Medicare and Medicaid are already on a path to fiscal insolvency, creating a brandnew government program will only worsen our long term financial outlook. To put this in perspective, as of this year, Medicare has a liability of almost \$38 trillion, which, in turn, translates into a financial burden of more than \$300,000 per American family over time.

So what is the Washington solution to address this crisis? We will take up to \$500 billion out of this bankrupt program and use it to expand another bankrupt program—Medicaid—and create a brandnew Washington-run plan, a Washington government-run plan. I am not an economist, but I know that taking money out of one bankrupt program to create another is not a good idea. We should be reforming Medicare and Medicaid for our people, but instead we keep spending, and to take \$500 billion out of Medicare which has a \$38 trillion unfunded liability to create another government run program I think is immoral. It is certainly not very economically sound. I could keep going, but the point here is simple: Washington is not the answer.

The impact of a new government program on families who currently have private insurance of their choice is also alarming. A recent study estimated that cost shifting from government payers already costs families with private insurance nearly \$1,800 more per year. This is nothing more than another hidden government tax. Do you all get that? Because Medicare pays doctors 20 percent less and pays hospitals 30 percent less, and other providers even less, those who have private health insurance have to pick up

the cost, and it averages \$1,800 per family. Think about that. That is because government has been running those programs. Creating another government plan will further increase these costs on our families in Utah and across this country.

Let me take a couple of minutes to talk about process. The Democratic leadership spent almost—well, they took 6 weeks behind closed doors to write this bill. It is only fair to expect that we will at least have 72 hours to review these—I said 2,024 but it is 2,074—pages. This thing right here. This is the bill. My gosh, 2,074 pages. Tolstoy's “War and Peace” was about a little more than 1400 pages. This is a bill—we ought to have at least 72 hours to review these 2,074 pages before beginning any Senate floor action.

We are going to vote on Saturday at 8 o'clock on whether we should proceed, but it won't be proceeding to this bill, it is going to be proceeding to a shell bill. If they are able to proceed, then they will bring up a substitute bill which will be the bill they have worked on for 6 weeks in closed rooms. It will be a shell bill that will get it going. It is a shell game, between you and me, one that is done right here in Washington by people who believe the Federal Government is the last answer to everything.

As a bill that affects every American life and every American business, 2,074 pages is too big and it is too important not to have full public review. In fact, I think 72 hours is not enough. We need a lot more time. We are talking about one-sixth of the American economy.

To enact true health care reform, we have to come together as one to write a responsible bill for the American families who are faced with rising unemployment and out-of-control health care costs.

Our national debt is ready to double in the next 5 years. Look at that. The red lines are the projected national debt under the current administration. That debt is projected to double in the next 5 years and triple in the next 10 years. Let me tell you who catches onto this. It is our friends over in China to whom we owe \$800 billion. Think about it. They are concerned about the devaluation of the American dollar because they see us being profigate here in Washington.

Let's slow down and think about what we are doing to our future generations. I think there is still time to press the reset button and write a bill together that every one of us can support and be proud of. Right now, Republicans aren't just standing in the way. We actually believe we can do a bipartisan bill if we had a chance, if we had a real, good faith effort by both sides. The HELP Committee bill wasn't done that way. We did have a markup in the HELP Committee and almost every substantive amendment was voted down on a party line vote. The same thing basically happened in the Finance Committee, although I have to

say that the distinguished Senator from Montana, the chairman of the Finance Committee, made every effort to try and bring people together. I give him a lot of credit for it. But he was so severely restricted by his side that there was no way people could support it. I was a member of the Gang of 7, but I began to realize what the final bill was going to be. I couldn't support it, so I thought the honorable thing to do, instead of coming out of every one of our meetings and finding fault with what they were talking about, was to leave the Gang of 7, and I did that. I felt bad doing it because I wanted to help work on a bipartisan bill. But the distinguished chairman was so restricted by his side that there was no way we could have a bipartisan bill out of that committee. It is disappointing to me, as somebody who has worked on so many health care matters over the years—everything from Hatch-Waxman to the orphan drug bill to the CHIP bill—you can name it—that we didn't have the guts or the ability to sit down and work this thing out together.

Now we are going to get sold a bill of goods here that doesn't make sense. This is a travesty. It is a travesty. It is hard to believe they think they can pawn this off on the American people. My gosh. I know some of the folks who have done this are well intentioned, but not for this stuff. I was going to say something else, but I want to be very kind here.

The Constitution—this is the whole Constitution, the most important document, political document in the history of the world. Plus it has a lot of interesting material in the back, plus an index and so forth, but that is it, right there. Here is what one-sixth of the American economy is going to be if we allow it to go forward. I personally believe we ought to kill this bill and then we ought to sit down and work it out together. If there were a real bonafide attempt to do that, I have no doubt we could do it. We have done it in the past.

One of the things I found most disappointing is that the polls show that 85 percent of the people who have insurance are relatively happy with it. Yes, they would like premiums to go down, they would like to be able to have it be even better, but they are basically happy with their health care coverage. If you deduct the 6 million people who work for businesses that provide health insurance but they don't take it—they would rather have the money—and you deduct the 11 million people who qualify for CHIP, the child health care program, which is a Hatch-Kennedy bill, by the way; or they qualified for Medicaid—if you deduct those 11 million people, and then you deduct the 9 million people who earn over \$75,000 a year and can afford their own health insurance, and then you take away the illegal aliens, it comes down to 7 million to 12 million people who need health insurance. Think about that. We are going to

throw out the whole system of health care that 85 percent of the people basically believe is worthwhile over, 7 to 12 million people whom we could help in a way that would be reasonable; and we are going to change our health care system from State-run systems and bring it right here to Washington where a bunch of Federal bureaucrats who are far removed from people in the States will determine every aspect of health care in our lives, and run our health care system into the ground even further, as they have Medicare and Medicaid, without the appropriate reforms that would keep those programs that could be great programs and are great programs in some ways, going. They will say, well, aren't those government programs? Yes, they are government programs, and they are both deeply in debt. Medicare goes into insolvency by 2017. Medicaid is also going bankrupt. What are we going to do, saddle our young people for the rest of their lives with untold expenses? We are going to saddle them with this huge stack of paper? My gosh. No wonder we are in such deep financial difficulties in this country.

If we are going to rely on the Federal Government to solve our problems, we are making the most tragic mistake we possibly can. The Federal Government could participate, but let me tell you, if we work on a bipartisan bill—let me make one last point. If you have a bill that affects one-sixth of the American economy—and whatever passes here, if it does, will be a bill that will be concerned with one-sixth of our American economy—if you have a bill that is that important and you can't get 75 or 80 votes in the Senate, you know that is a lousy bill, and you know it is a partisan bill, and you know it hasn't been well thought out, and you know it is one sided, and you know it is going to cause an uproar throughout this country that has never been seen before—it already is—and you know it won't work, yet we are going to saddle this country with this monstrosity. I have to tell you, I can hardly believe it. I can hardly lift it. I am not exactly weak. All I can say is that it is a huge monstrosity.

Think of the Constitution. There is the whole Constitution right there, yet we have a health care bill this big. I am concerned about it, as you can see, and I am worked up about it, because there are some of us who would like to work together and do a bipartisan bill, but we have to be honest about it, there hasn't been any chance to do it. This bill in particular has been worked on in the back rooms between the White House and very few Senators, and without any input from our side at all, frankly, ignoring many of the good things that have been expressed on our side.

I hope we will think this through and I hope we won't pass this. I hope we can then sit down and do a bill that will work, that will not burden our future generations.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas is recognized.

Mr. BROWNBACK. Mr. President, I am glad to follow my colleague from Utah. I have great admiration and affection for him. He has done a lot of good, bipartisan legislation. I hope my colleagues will heed his word. He is good to his word, and he would be willing to do a bipartisan bill.

On top of that, if the Democratic leadership would back up and do a bipartisan bill, the American people would cheer. They would think this was extraordinary, and we could get something substantive done and not this monster.

I am ranking member of the Joint Economic Committee, and we had Secretary Geithner in to testify today. I disagree with a number of things he has done. He is a bright and energetic man with a lot of experience. I noted to him—and he knows this is the case—that we are \$12 trillion in the hole. We are hemorrhaging money at the Federal level. Why on Earth we would do the fiscally insane thing of adding a multitrillion dollar entitlement program, when we are \$12 trillion in the hole and hemorrhaging Federal money, and you have the President just back from seeing the bankers in China, who have nearly a trillion dollars of our debt? As a Senator and as an American, I don't like that we are dependent upon the Chinese for that much money. I don't think the American people like that. Why on Earth would we do this? He said that people are mad out there. We talked ahead of time, and he said that people are upset across the country. I said, yes, they are, and it is because of this. They are mad and they are scared. Neither of those is a situation where you ought to try to force something through on people who are mad and scared about it. They are mad about things being rammed through, and they are scared about the level of debt and deficit, and they are adding this scale of entitlement on top of an already broken fiscal situation.

The rest of the world is yelling at the United States to get your fiscal house in order, and we are going to add a multitrillion dollar entitlement program, when we all know we ought to get our fiscal house in order. Then the way it is paid for is to raise taxes $\frac{1}{2}$ trillion in a weak economy. That is going to hurt the economic expansion and job creation we need. Then you are supposedly going to save \$400 billion out of Medicare, which I noted to him. That song has been tried in the past. We had these fixes that we were going to reduce payments to providers, to the physician community. For 4 years now in a row we have changed and said we were going to do this provider cut—a minor provider cut—and then Congress said that is too much, we are not going to do that. We will fill that back up. For three or four of those, I have voted for that.

Then there is the idea that we are going to cut \$400 billion out of Medicare, which is already on a fiscally irresponsible track and going broke. We are going to take \$400 billion out of that. That is not going to happen. If it did happen, it would wreck Medicare. This is a bad idea at a bad time. We should not do this. We should not do it this way.

I want to focus more of my comments on a narrower piece of this, which has gotten a lot of focus in the House and should get focus in the Senate. It is the radical expansion of Federal funding of abortions that is in this bill. Let's put it on its bottom line. They should put the Stupak language in the Senate bill, and instead the Capps language is in the bill. The Capps language will expand Federal financing of abortion—Federal taxpayer funding of abortion. The Stupak language is something we have supported here for 30 years. It is the Hyde language—the language that 64 Democrats voted for in the House. Instead, in this bill you have Federal taxpayer funding of abortions, something we have not done for 30 years. They are going to build it into this bill. The President has said that he wants—he has said multiple times it is one of his goals to lower the incidence of abortion. This bill, if we pass it, will provide, for the first time in 30 years, taxpayer funding of abortion and will expand abortions—counter to what the President has said multiple times.

Nobody who is pro-life should vote for this bill. This is a radical expansion of abortion funding. It is a radical expansion of abortion. I was and remain very disappointed that the Senate leadership and my Democratic colleagues have attempted to insert radical abortion policy through the Democratic health care bill. Abortion is not health care. Any Senator who votes on the motion to proceed to this health care bill is voting in favor of abortion and the expansion of abortion and against life.

This is the biggest pro-life vote in the Senate in years. This will have more impact on abortions in the United States—an expansion of it—than anything we have seen in years. We have been on a downward trajectory on abortion because both sides have agreed; Democrats have said abortions should be safe, legal, and rare. Former President Clinton and others have said this will make taxpayer funding of abortion—this will expand it. And there is nothing rare about it.

Relevant abortion language in the health care bill to which I am referring could be found on pages 116 to 124. The National Right to Life Committee described the language and said it is completely unacceptable. The Democratic health care bill would explicitly authorize abortion to be covered under the government option, and there must be abortion coverage in every insurance market in the country. The abortion language included in the bill is a

radical departure from over 30 years of bipartisan Federal policy prohibiting Federal taxpayer dollars from paying for elective abortions. The language in the bill explicitly authorizes the Secretary of Health and Human Services to include abortion in the public option and permits government subsidies in plans that pay for abortion. We have had a long dispute in Congress and in this body about abortion. We have not had a dispute to near that degree—some, but not near the level of dispute on the taxpayer funding of abortion, because most people are opposed to that—most people in America. They may say, OK, I am all right with abortion, but I don't support Federal taxpayer funding of it. That has been a broad, bipartisan support here for some time. It is explicitly in this bill. It is the Capps language. It is commonly referred to as that. It is in the Senate bill and contains a clever accounting gimmick that proponents say separates private and public funds for abortion coverage.

However, it has been proven that the Capps measure would include both abortion coverage and funding in the government-run public option, as well as for those plans in the insurance exchange.

The only acceptable abortion language is the Stupak-Pitts amendment that passed the House this fall with a quarter of the Democrat caucus voting for it—64 Democrats voted for the Stupak-Pitts compromise language. Representative Bart Stupak, the Democratic author, tailored the true compromise amendment on abortion with the principles set forth in the Hyde amendment, which has been the long-standing position of the Congress.

The Hyde amendment simply says we will not use Federal funds for abortion, which is what a vast majority of Americans support. The Hyde amendment has always enjoyed bipartisan support since its inception in 1977, over three decades ago.

What we should have in the health bill is language that applies the Hyde amendment as it already applies to all other federally funded health care programs, including SCHIP, Medicare, Medicaid, Indian health services, veterans health, military health care programs, and the Federal Employees Health Benefits Program. That is what should be in this.

Representative STUPAK explained the issue very clearly in an op-ed. He wrote yesterday:

The Capps amendment [which is the basis of the Senate language] departed from Hyde in several important and troubling ways: by mandating that at least one plan in the health insurance exchange provide abortion coverage, by requiring a minimum \$1 monthly charge for all covered individuals that would go toward paying for abortions and by allowing individuals receiving federal affordability credits to purchase health insurance plans that cover abortion . . . Hyde currently prohibits direct federal funding of abortion . . . The Stupak amendment is a continuation of this policy—nothing more, nothing less.

I commend Representative STUPAK for his hard work and ability to reach across the aisle to engage his Democratic and Republican colleagues on this issue. A quarter of the Democrats found the Stupak-Pitts compromise worthy of support. But a majority of the American people support keeping the Hyde principles in the Senate health care bill.

I hope we can convince our colleagues in the Senate to follow Mr. STUPAK's lead and do the right thing and vote against the motion to proceed. Voting for the motion to proceed is to endorse the Capps language, which is an expansion of Federal taxpayer funding of abortion.

The American people agree with the Stupak compromise, not the phony language in the Senate bill that would federally fund abortions.

The American people agree it is wrong to smuggle radical abortion policy into this health care bill. The American people agree we should not allow funds to flow from a U.S. Treasury account to reimburse for abortion services.

A CNN/Opinion Research Corporation poll showed that more than 6 in 10 Americans favor the Stupak-Pitts prohibition on the use of Federal funds for abortion. A recent study conducted by International Communications Research found that more than two-thirds of Americans are opposed to using Federal dollars to fund abortion. The American people feel this way because they know that forcing taxpayers to fund abortions is fiscally irresponsible and morally indefensible.

Beyond the funding issue, the Senate bill also does not include the codification of the Hyde-Weldon conscience provision. Instead, it replaces real conscience protections with language that violates the human dignity and religious freedom of organizations and religious institutions that have moral objections to participating in abortion.

A provision on page 123 reads:

No individual health care provider or health care facility may be discriminated against because of a willingness or unwillingness, if doing so is contrary to the religious or moral beliefs of the provider or facility, to provide, pay for, provide coverage of, or refer for abortion.

One other objection for the pro-life community is that there is nothing in the bill that would prevent school-based health clinics from referring for abortion or helping minors make arrangements for abortions without parental knowledge.

The administrators running the Medicaid Program from 1973 to 1976 funded as many as 300,000 abortions per year, until the Hyde amendment was enacted in 1976. In the past, in that period from 1973 to 1977, when there was Federal funding of abortions, the Federal government—the taxpayers—funded as many as 300,000 abortions per year with taxpayer dollars. That was until the Hyde amendment was enacted in 1976, because the American people despise

doing this. They disagree with that. Whether they are pro-choice or pro-life, they don't want taxpayer dollars to go for this. If they are pro-life, they are saying those are my taxpayer dollars and I am funding this, which I so disagree with doing. This is a beautiful, dignified human life, and my dollars are being used to kill it.

When the Commonwealth of Massachusetts recently passed its State-mandated insurance, Commonwealth Care, without an explicit exclusion of abortion, abortions there were also funded immediately. In fact, according to the Commonwealth Care Web site, abortion is considered covered "outpatient medical care." The Federal Government should not go down this road.

As stated earlier, the President has stated on multiple occasions that it is his goal to lower the incidence of abortion. If that is what he wants to do, if we want to do more than pay lip service to that reality, we should consider the fact that when Federal funding is not available, fewer abortions occur, or when Federal funding is available, as we have seen in the past, many thousands more occur.

Only the Stupak amendment would lower the incidence of abortion. The current language of the Senate bill would accomplish the opposite and increase abortions. If you are a pro-life Senator, you cannot vote for this bill. This is an expansion. You cannot vote for the procedural vote to go to the bill for the expansion that this will do.

In summary, I will make it clear that the Stupak language is what we need to fix the shell game that would allow public funds to pay for the destruction of innocent human life in the Senate health bill. Unfortunately, language currently within the health bill is a nonstarter and is wrong. It doesn't apply to the longstanding principles of the Hyde amendment. Let's maintain the status quo and not get into the business of publicly funding abortions in America.

I urge my colleagues to think seriously about the precedent being lined out in the health bill if the Senate decides it is going to force the American public to pay for abortions, whether they agree or not.

I urge my colleagues to vote against the motion to proceed to this health care bill. This is not just a procedural vote. It is an enormously important vote because it is the one opportunity for the Senate to stand for life and against taxpayer funding of abortions. Voting in favor of this motion to proceed is a vote against life.

I remind my colleagues, this is the biggest vote on abortion in the Senate in years. Let's not change our current Federal policy to force the American public to pay for government-subsidized abortions, please.

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. 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.

Mr. WHITEHOUSE. Mr. President, I rise in this great Chamber of debate, this greatest deliberative body, to speak about the upcoming debate on health care on which, thanks to the extraordinary work of our leader, Senator HARRY REID, we are about to embark. I am here to urge that we in the Senate lift the tone and direction of our national debate.

Let me start by saying I appreciate and enjoy vigorous debate. Senator BYRD gave an eloquent eulogy for Senator Kennedy, noting that our beloved, late colleague saw politics as a contact sport. There is nothing wrong with a clean hit in the public arena. Nobody here needs to tiptoe around. A well-marshaled argument, buttressed by the facts, is a beautiful thing, even when delivered hot. Dynamic and vigorous debate is how a democracy sorts through the thorny issues we face. What an ideal time now would be for strong, reasoned arguments about health care reform in the Senate in the coming weeks.

Contrast what we have heard for months on the airwaves and in town-hall meetings: charged buzzwords such as "death panels," "socialized medicine," "benefits for illegal immigrants," and "rationing of care"—words that inflame passions and ignite fear rather than making a reasoned case for advancing an alternative.

Worse, these messages have been delivered with a crudeness and a venom; for example, the President portrayed with a Hitler mustache. That is unprecedented in my experience in government. Many of us felt President Bush was less than truthful, but for 8 years, no one yelled out in a State of the Union Address: "You lie." Yet this September, 179 Republicans in the House of Representatives of the Congress of the United States voted to support their heckler comrade.

The media, so often in our history a check on the use of falsehood and distortion by powerful interests, has too often been a part of the problem, not part of the solution. For significant parts of the media, facts do not need to be true to be repeated, conclusions do not need to be logical to be reached, and spin is the order of the day.

FOX News the other day launched an attack on President Obama for having too many so-called czars. Let's set aside that George Bush had more. FOX showed a graphic of 30 officials whom, it said, "didn't have to be confirmed," 9 of whom actually had been confirmed by this Senate. My young niece did a better fact-checking job at her summer job for a literary magazine than that.

Recently, FOX used footage from a different event to make attendance at a Republican rally look bigger. A constituent sent me a letter expressing concern that she heard on the Glenn

Beck show that President Obama was planning a national civilian security force that would report only to him, akin to the Nazi SS. What did I think of that, she asked. This was a well-meaning Rhode Islander.

We checked, and it turned out the President had given a speech about expanding the Peace Corps, AmeriCorps, the Foreign Service, and other government service programs. I ask you, Mr. President, in what fevered and distorted imagination does national service to AmeriCorps, to the Peace Corps or in the Foreign Service become an SS-type militia? Yet Mr. Beck actually said that.

Another rightwing piece on President Obama's support for AmeriCorps suggested a parallel with Hitler Youth.

Its author said:

If I need to make my point, I'm going to make it in a provocative manner, because that's how it attracts attention.

The truth should provide terrets through which arguments must run—but not now. As a very well-regarded Philadelphia columnist wrote of the Republican right, "if they can get some mileage . . . nothing else matters."

He went on to decry the "conservative paranoia" and "lunacy" afoot in our national debate.

The editor of the Manchester Journal Inquirer editorial page wrote of the GOP, which he called this "once great and now mostly shameful party," that it "has gone crazy," that it is "more and more dominated by the lunatic fringe," and that it has "poisoned itself with hate."

He concluded:

They no longer want to govern. They want to emote.

The respected Maureen Dowd of the New York Times, in her column eulogizing her friend, the late William Safire, lamented the "vile and vitriol of today's howling pack of conservative pundits."

Even the staid, old U.S. Chamber of Commerce has descended into such irresponsible advocacy that Apple, PG&E, Levi Strauss & Company, PNM Resources, Nike, and Exelon have distanced themselves from it, PNM citing the Chamber's "recent theatrics."

There comes a point when debate unhinges from reality. When that happens, you leave the sunlit fields of argument and deliberation and you enter a shadowy realm of sloganeering, fear mongering, and propaganda. In these dark and twisted Halls, democracy suffers as debate seeks to scare people or deceive them rather than informing or explaining. It is so easy if you want to go there.

Of course, you can get seniors up in arms by telling them their final years will be subject to the whims of death panels. Of course, you can inflame the passions of people without health insurance by telling them their tax dollars will go to provide health insurance to illegal immigrants. Of course, you can provoke people's attention by telling them reform will keep them from

their doctors. But none of these claims is true.

The respected head of the Mayo Clinic recently described the health care antics we have witnessed as “mud” and “scare tactics.”

A well-regarded Washington Post writer with a quarter century of experience, married to a Bush administration official, noted about the House health care bill: “The appalling amount of misinformation being peddled by its opponents.” She called it a “flood of sheer factual misstatements about the health-care bill” and noted of the House Republicans that “[t]he falsehood-peddling began at the top.

Her ultimate question was this:

Are the Republican arguments against the bill so weak that they have to resort to these misrepresentations and distortions?

Where does this lead? The ill-informed, the gullible, those already on the razor’s edge of anger about the very election of this President may well be tipped by all this poisonous propaganda into actions we would all regret—I hope we would all regret. When do anger and frustration fomented in this debate begin to spill over into dangerous or violent acts? When does some havoc occur, such that we all look back with sorrow and wish we had better leashed our dogs of rhetorical war? Where do we restore civility and reason to the health care debate before it gets too late?

I say history’s charge to the Senate is to rise above the poison of our recent public debate. This greatest deliberative body is intended to set an example for public argument, not get swept into its downward spiral. We may find agreement; we may not. At the end of the day, some of us may be happy and others of us not. Some may lose and some may win. But the Senate will go on.

After the health care debate has raged through this great Chamber,

other debates will follow, and ultimately what will matter more than the outcome of those debates is whether our proud American democracy has come through them with its head held high.

When debate and our democracy lose its footing in the facts, when things are said for public effect without regard to whether they are true, when the din of strife blots out the voice of reason, something of great and lasting value to America is sacrificed.

Democracy does not prosper on a diet of propaganda and fear. The current tone of much of our debate is, frankly, unworthy of us. Most in America agree something must be done to fix our health care system. If we can agree something must be done, it should not be difficult to debate our differences as to what must be done in a civil, thoughtful, and factual manner. Let the Senate be the place where we take a stand, rejecting the incivility and falsehood that has surrounded us on our public airwaves. Through history, that is what this Chamber, at its best, has always achieved and needs now to achieve again.

UNANIMOUS CONSENT AGREEMENT—H.R. 3590

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the Senate resume the motion to proceed to H.R. 3590 at 10 a.m. under the debate limitations previously ordered.

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

Mr. WHITEHOUSE. 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.

ADJOURNMENT UNTIL 9:45 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 9:45 a.m. tomorrow.

Thereupon, the Senate, at 7:51 p.m., adjourned until Friday, November 20, 2009, at 9:45 a.m.

NOMINATIONS

Executive nominations received by the Senate:

BROADCASTING BOARD OF GOVERNORS

VICTOR H. ASHE, OF TENNESSEE, TO BE A MEMBER OF THE BROADCASTING BOARD OF GOVERNORS FOR A TERM EXPIRING AUGUST 13, 2010, VICE JAMES K. GLASSMAN, RESIGNED.

WALTER ISAACSON, OF LOUISIANA, TO BE A MEMBER OF THE BROADCASTING BOARD OF GOVERNORS FOR A TERM EXPIRING AUGUST 13, 2012, VICE STEVEN J. SIMMONS, TERM EXPIRED.

WALTER ISAACSON, OF LOUISIANA, TO BE CHAIRMAN OF THE BROADCASTING BOARD OF GOVERNORS, VICE JAMES K. GLASSMAN, RESIGNED.

MICHAEL LYNTON, OF CALIFORNIA, TO BE A MEMBER OF THE BROADCASTING BOARD OF GOVERNORS FOR A TERM EXPIRING AUGUST 13, 2012, VICE MARK MCKINNON, TERM EXPIRED.

SUSAN MCCUE, OF VIRGINIA, TO BE A MEMBER OF THE BROADCASTING BOARD OF GOVERNORS FOR A TERM EXPIRING AUGUST 13, 2011, VICE JOAQUIN F. BLAYA, TERM EXPIRED.

MICHAEL P. MEEHAN, OF VIRGINIA, TO BE A MEMBER OF THE BROADCASTING BOARD OF GOVERNORS FOR A TERM EXPIRING AUGUST 13, 2010, VICE D. JEFFREY HIRSCHBERG, TERM EXPIRED.

DENNIS MULHAUPT, OF CALIFORNIA, TO BE A MEMBER OF THE BROADCASTING BOARD OF GOVERNORS FOR A TERM EXPIRING AUGUST 13, 2011, VICE BLANQUITA WALSH CULLUM, TERM EXPIRED.

DANA M. PERINO, OF THE DISTRICT OF COLUMBIA, TO BE A MEMBER OF THE BROADCASTING BOARD OF GOVERNORS FOR A TERM EXPIRING AUGUST 13, 2012, VICE EDWARD E. KAUFMAN, RESIGNED.

S. ENDERS WIMBUSH, OF VIRGINIA, TO BE A MEMBER OF THE BROADCASTING BOARD OF GOVERNORS FOR A TERM EXPIRING AUGUST 13, 2010, VICE NORMAN J. PATTIZ, TERM EXPIRED.

CONFIRMATION

Executive nomination confirmed by the Senate, Thursday, November 19, 2009:

THE JUDICIARY

DAVID F. HAMILTON, OF INDIANA, TO BE UNITED STATES CIRCUIT JUDGE FOR THE SEVENTH CIRCUIT.