

we are that far into our debt service payments—basically for the average American family this is similar to, thinking of this like a credit card, when you can't pay the minimum balance and every month the amount you owe keeps cascading more and more. That is where the American Government is headed.

When we get to \$800 billion or \$900 billion a year in interest payments, the government will not function. As Erskin Bowles said today, the world markets will not wait for that point. So what you are seeing in Europe right now with Greece and Ireland and Portugal and Spain will happen here, except there will not be a European Union or anybody else to bail out the United States of America.

It is a crisis. Yet this Congress is not doing anything about it. We are talking about adopting a continuing resolution because this Congress will not do an appropriations bill. A continuing resolution at its best will freeze spending at last year's level.

Some of my colleagues will say: That is good. See, we are not increasing the spending.

It is not an accomplishment, when last year we were more than \$1 trillion in deficit, to freeze spending at that level.

The two issues the American people want us to deal with are jobs and out-of-control government spending. Yet we are failing to do both. There is a lot of frustration in this Chamber. I watched some of my colleagues on the other side today come speak on the floor, and they are frustrated that we are not getting things done. I am frustrated too. Two of my colleagues are proposing a change to the way the procedures of this body work. They do not think it should take 60 votes for us to do some things.

I do not agree with them, but I share their frustration because, as much as I am privileged to be here—and I am in awe of this institution—the way this Congress works and this body works is dysfunctional. The way it should work and the way it used to work, from what people tell me who were here before, is that a proposal would come up, a piece of legislation, and it would come to the floor and we would all have a chance to offer an amendment. We would all have a chance to make it better.

My constituents in Florida think I have the opportunity to offer amendments and let their voices be heard through my actions. If my proposal is not good or not worthy, then it should not pass. But it should see the light of day. This was a time when Senators stayed by their desks and listened to the proposals and amendments of other Senators and were able to quickly call home to the group that the proposal might affect. Say it was an agricultural proposal. They might call their local farmers or if it would affect banks, they might call banks to see how it would affect their constituents in their home State, and the level of discourse was better.

The people of this country expect us to get to work. They expect us to get to work on the issues that matter most. They are suffering and we should get about the work that they want us to do because the future of the country is at stake.

I yield the floor.

ADVANCED PRACTICE REGISTERED NURSE PROGRAMS

Mr. INOUE. Mr. President, today I rise to recognize the need to transition the Advanced Practice Registered Nurse—APRN—programs at the Uniformed Services University of the Health Sciences—USUHS—to the Doctorate of Nursing Practice. It was my hope to establish a program to educate advanced practice nurses at USUHS and in 1993 Congress founded the Uniformed Services University of the Health Sciences Graduate School of Nursing, GSN. Doctoral nursing programs are designed to prepare advanced practice nurses and Ph.D.s for the unique challenges of military health care. The GSN students explore the fields of nursing through a signature blend of science, research, and field training. The lessons learned on the USU campus and beyond the traditional classroom prepare the GSN graduates to take on a diverse range of challenges that have led to their success in any environment.

The American Association of Colleges of Nursing—AACN—Position Statement on the Doctorate of Nursing Practice, DNP, dated October 2004, identified 13 advanced practice degree recommendations in response to the increasing complexity of healthcare and rising patient acuties. In recommendation 10 of its position statement, the AACN stated, “the practice doctorate be the graduate degree for advanced nursing practice preparation including, but not limited, to the four current APRN roles: clinical nurse specialist, nurse anesthetist, nurse midwife and nurse practitioner.” Additionally, the American Association of Colleges of Nursing and the American Association of Nurse Anesthetists, Council on Accreditation have stated that APRN programs should be converted from the master's degree to Doctorate of Nursing Practice programs by 2015 and 2025, respectively. These endorsements were preceded by almost 4 years of research and consensus-building by an AACN task force charged with examining the need for the practice doctorate with a variety of stakeholder groups. Of the 388 APRN programs in the country, 72 percent are offering or planning DNP programs. To maintain professional standards for military APRNs and remain competitive for high quality students, the Graduate School of Nursing at USUHS must transition to the DNP for its APRN programs. A report is requested from USUHS, within 180 days, outlining the GSN's progress toward DNP program transition and planned implementation.

WORLD AIDS DAY

Mr. DURBIN. Mr. President, next year marks the 30th anniversary of the first diagnosis by the Centers for Disease Control of acquired immune deficiency syndrome or AIDS. This year, 33.3 million people are living with HIV. Last year 2.6 million people were infected with HIV, and 1.8 million people died from AIDS. And today we commemorate World AIDS Day, acknowledging the suffering and death that AIDS has caused and reaffirming our commitment to fight the global AIDS pandemic.

For three decades this preventable disease has devastated families and communities. But there also has been a global response from the research community, government, health workers, and patient advocates to fight this disease and save lives. This battle has yielded notable victories. Fewer people are becoming infected with HIV, biomedical innovations have created drugs that can transform AIDS into a chronic disease rather than a death sentence, more people have access to HIV treatment, and mothers can prevent their babies from becoming infected with HIV. A recent CDC report, indicating that 11.4 million more people were tested for HIV in 2006 compared to 2009, highlights the advancements that have been made.

The U.S. has been at the frontline combating the AIDS pandemic. We have established aggressive and effective programs, notably the Ryan White HIV/AIDS Program and the Tom Lantos and Henry J. Hyde U.S. Global Leadership against HIV/AIDS, Tuberculosis and Malaria Act, known more commonly as PEPFAR. These programs provide funding and support to initiatives combating AIDS and providing critical services to people in the U.S. and developing countries.

Progress has certainly been made, but the U.S. must continue to be a leader in the fight against HIV/AIDS. In the United States over 1.1 million people have HIV, but one in five of these people do not know they are infected. Each year 56,300 Americans become infected with HIV.

We can bring this number to zero. While Black Americans represent 12 percent of the U.S. population, they account for almost half of people living with HIV and half of new infections each year. We can alter the trajectory of this disease and eliminate these disparities.

World AIDS Day causes us to remember those who have been lost to this disease, but it is also an opportunity to renew our commitment to fighting the AIDS pandemic, to eliminating stigma against those with this disease, and to stopping the spread of HIV.

I look forward to working with my colleagues to make these goals a reality.