

what Democrats did with their health care law, but it is what Republicans are offering. We have suggested ideas to get people the care they need from a doctor they choose at lower costs—not higher costs with a subsidy for some people, but actually lowering the cost for everyone.

Republicans are going to keep coming to the floor. We are going to keep offering real solutions for better health care without all of these tragic side effects.

I am sure that tomorrow there will be another headline and another one the day after that of people who have been harmed by the health care law as we see more and more and hear from more and more Americans who feel the President has not kept his promises, that the Democrats who voted for the health care law have failed the American people and have failed to answer the concerns of the American people, which was affordable quality care.

Madam President, I yield the floor and I suggest the absence of a quorum.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:31 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Ms. BALDWIN).

BIPARTISAN SPORTSMEN'S ACT OF 2014—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. Under the previous order, the time until 3:15 p.m. will be controlled by the majority and the time from 3:15 p.m. to 4:15 p.m. will be controlled by the Republicans.

The Senator from Vermont.

COST OF WAR

Mr. SANDERS. Madam President, I wanted to say a few words about the conference committee in terms of legislation protecting the health of our veterans. We are working hard on it in the Senate, the House is working hard on it, and our staffs have been meeting. I have been in touch often with Chairman MILLER in the House. We had, I thought, a very productive conference committee before we left.

As we continue to proceed, if there is anything I have learned since I have been chairman of the Senate Committee on Veterans' Affairs, it is that I think as a people, as a nation, we underestimate the cost of war, and before anyone votes to go to war again I think they should fully appreciate the repercussions of that vote.

What going to war means is not—as in the case of Afghanistan and Iraq—losing some 6,700 brave men and women. That is a terrible loss, but I also want people to remember the families, the wives, the kids, the mothers, and the impact that loss has had on their lives and the need for us to pro-

tect those wives and those children to make sure they can have the quality of life they are entitled to despite their loss.

But it is not only loss of life. We have had in this war a horrendous epidemic of men and women coming home with post-traumatic stress disorder. I am not sure of exactly the number, but it could be as high as 500,000 men and women coming home from war with PTSD and that is a very difficult illness which needs a lot of care and that illness, again, impacts the entire family—wives, kids. It impacts the ability of a worker to go out and get a job to earn an income. That is a cost of war.

Needless to say, the cost of war is the many who came home without legs, who came home without arms, who came home without eyesight. The cost of war is a high divorce rate for folks who come home who cannot readjust well into their family life. The cost of war is an extremely high rate of suicides. The cost of war is widows who are now having to rebuild their lives. And on and on it goes. The bottom line is the cost of war is enormous in terms of human suffering and the impact on not only the individual who fought in that war but on the entire family.

As I think our colleagues know, several weeks ago Senator MCCAIN and I put together a proposal to deal with the current crisis at the VA, and I am very proud that legislation passed the Senate by a vote of 93 to 3.

What are we dealing with? What is the cost of this proposal? This is an expensive proposal because the cost of war is expensive. What a VA audit told us is that more than 57,000 veterans are waiting to be scheduled for medical appointments. These are the folks who are on these waiting lists, some of which were secret, some of which had data manipulated. These are folks who should have been getting into the VA for timely health care but who were not. On top of that, there is an unknown number of veterans who are on no lists because of poor work being done at the VA. They were not on any list. How many there are we don't know, but many of those people need to be seen.

So what our legislation does is say we are going to make certain that all of these veterans who are waiting for health care—who have waited far too long for health care—will, in fact, get health care as soon as they possibly can, and they will get that health care either through private physicians, they will get that health care in community health centers, they will get that health care at the Department of Defense military bases, they will get that health care at the Indian Health Service, but they will get that health care in a timely manner, and that is going to be an expensive proposition. We cannot provide health care to tens and tens of thousands of veterans in a short period of time outside of the VA without spending a substantial sum of money.

No. 2, long-term, what is clear to me and I think to anybody who has studied the issue is that if we are serious about eliminating these waiting lists and getting people into the VA in a timely manner, we have to make sure that at every facility in this country the VA has the requisite number of doctors, nurses, and other types of personnel they need in order to accommodate the growing numbers of people who are coming into the VA.

If we are talking about hiring thousands of doctors in a moment, by the way, where we have a very serious doctor shortage in this country, that is going to be an expensive proposition, as well as hiring the nurses and other personnel and building or leasing the space we need. That is issue No. 2. That is going to be expensive, but long term, if we are serious about keeping our commitment to the men and women who put their lives on the line to defend this country, that is exactly what we have to do.

The third area in this legislation which is going to be expensive is we have now for the first time said to veterans that if they are living a distance away from a VA facility, more than 40 miles, they are going to be able to go to a private doctor. That will cost us some money as well.

Mr. DURBIN. Will the Senator from Vermont yield for a question through the Chair?

Mr. SANDERS. I am happy to yield the floor to the Senator from Illinois.

Mr. DURBIN. I don't ask the Senator to yield the floor, but I would, through the Chair, address the Senator from Vermont.

First, I thank the Senator for his bipartisan effort with Senator JOHN MCCAIN which led to an overwhelmingly bipartisan vote on the floor of the Senate to address what we consider to be a crisis in the Veterans' Administration. Press reports have suggested in the most extreme situation that some veterans' lives were being compromised because of the failure of providing timely care to these veterans. It resulted in an investigation of VA facilities all across the United States. It resulted in the resignation of the Secretary of the Veterans' Administration and promises for dramatic reform, but I have to say to the Senator from Vermont what he has accomplished with Senator MCCAIN is tangible.

I would like to ask him two or three questions about the current state of affairs. How long ago was it that we passed on the floor of the Senate this bipartisan measure?

Secondly, did this measure involve emergency spending to deal with the emergency in the Veterans' Administration?

Third, did the House version of their VA reform include the resources the Senator from Vermont mentioned, the new doctors, the new nurses, the new facilities to accommodate this wave of veterans. Those are the three questions that I think are critical.